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### Honor the Past



### Key Moments in History

**1996:** GSA launches a website located at [www.geron.org](http://www.geron.org). Over the last 24 years, this online resource has evolved to include the GSA Connect networking platform (launched in 2014), a searchable directory with member profiles, electronic editions of the Society's publications and peer-reviewed journals, an online store, newsfeeds, settings for email subscription preferences, and membership renewal and meeting registration capabilities.

### New Trends Report Gives Insight from GSA Sections

Just released: GSA's 2020 Trends in Gerontology report focuses on the top trends in gerontology that lead to meaningful lives for older adults. The trends are examined from the perspectives of leaders from GSA's six sections: Academy for Gerontology in Higher Education, Behavioral and Social Sciences, Biological Sciences, Emerging Scholar and Professional Organization, Health Sciences, and Social Research, Policy, and Practice.

## JOIN THE CONVERSATION

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 [www.facebook.com/geronsociety](http://www.facebook.com/geronsociety)

 [www.twitter.com/geronsociety](http://www.twitter.com/geronsociety)

Engage with GSA on social media!

## GSA Creates COVID-19 Decision Aid for Social Situations

GSA has developed a COVID-19 decision aid to help people make an informed decision when they consider interacting with other people or taking part in activities outside their home.

[This interactive tool](#) (also available in PDF format in [English](#), [Spanish](#), [Portuguese](#), and [Mandarin](#)) is designed to help people determine what their risk tolerance and risk factors are. It guides users through a series of questions that are based on their interests and the activity's level of risk. Working step-by-step through this decision aid may help individuals clarify the reasons for doing or not doing an activity where other people are present.

"The need for this type of decision aid became clear as GSA COVID-19 Task Force



members talked to colleagues, friends, and family," said Lisa M. Brown, PhD, ABPP, FGSA, of Palo Alto University, who was one of the decision aid's authors. "While it cannot tell a person to do or not do an activity, the aid is very helpful in getting a full picture of risk."

Cities are imposing a variety of rules or guidelines to slow the spread of COVID-19 such as promoting physical distancing and using face masks. These rules and guidelines

*Continued on page 9*

## Kelley Chosen as GSA's Next Social Sciences Journal Editor

GSA has named Jessica A. Kelley, PhD, FGSA, of Case Western Reserve University as the next editor-in-chief of the social sciences section of *The Journal of Gerontology, Series B: Psychological Sciences and Social Sciences*, effective January 2021.

"We are fortunate to have the opportunity to work more closely with Dr. Kelley in the role of editor-in-chief due to her immeasurable experience as a leader in aging research and her editorial experience," said Ishan C. Williams, PhD, FGSA, the chair of GSA's Program, Publications, and Products Committee. "She brings to this role a high level of quality in her own research science and keen attention to take the journal to new levels of prestige by exploring key areas of aging research that will span areas of inclusion and diversity, contributing to the interests of our global readership."

*The Journal of Gerontology, Series B* is published by Oxford Journals on behalf of GSA. Its social sciences section publishes peer-reviewed articles using a variety of theoretical and methodological approaches encompassing quantitative, qualitative, experimental, and



Kelley

non-experimental research. They cover such areas as anthropology, demography, economics, epidemiology, geography, health services research, political science, public health, social history, social work, and sociology.

The journal, with an impact factor of 3.502, is currently ranked third out of 36 titles in the gerontology category of *Journal Citation Reports: Social Sciences Edition*.

"The journal has long been home to very high-quality social science on age, aging, and life course, and its reputation is strong and continues to grow," Kelley said. It is a great honor to be selected as editor-in-chief, following the long line of prestigious scholars who have brought this publication to its highly visible and important place in our field. I look forward to working with the contributors, reviewers, and Editorial Board as we build on the journal's current momentum in visibility, impact, and prestige."

Kelley is a professor in the Department of Sociology and director of the Graduate

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# From the CEO



## Channeling Disruption into Transformation — GSA 2020 Online

By James Appleby, BSPHarm, MPH • [jappleby@geron.org](mailto:jappleby@geron.org)

The COVID-19 pandemic has simultaneously disrupted every facet of our lives while providing an unexpected opportunity to rethink our priorities and reimagine how we do things. As researchers, clinicians, and educators, we have all had to modify our daily activities whether conducting research studies, providing care to older individuals, or educating the next generation of aging scholars.

This opportunity to reimagine is part of what you do every day as scientists — you develop creative solutions. And it also applies to how GSA will support its members in advancing the field through engagement at the GSA Annual Scientific Meeting *Online*.

As we prepare to launch GSA's first-ever online conference, I know many will miss the in-person interactions that people look forward to each November. The serendipity of seeing an old friend during sessions or in the hallway is one of the many uplifting features of the meeting. While these random events aren't simply transitioned to the online environment, many aspects of the meeting can be provided by using available technologies to transform the meeting experience.

While the format of our meeting is changing, our field will continue to march forward. Long-time *Gerontology News* readers may recall me saying that all politics is local, but all science is international. Our meeting is all about the advancement of science — even in the face of COVID-19, science continues, and science prevails. GSA members from 54 countries can present their research and first-time attendees, regardless of location, can engage with the scholars who share similar interests.

This transformed meeting experience provides attendees with new benefits including:

- **Ease of participation:** GSA made the commitment that any scholar with an accepted abstract would have the ability to present during the meeting. As long as you have a laptop, tablet, or mobile phone, you'll be able to participate. The elimination of meeting-related travel and hotel expenses means that engaging in

the 2020 meeting has few barriers. And take a look at pages 6 and 7 in this issue of *Gerontology News* to become familiar with how the meeting will flow.

- **Interactivity with other scholars:** Reimagining the interactivity that happens during sessions led to the creation of new *Presenter Discussions* where interested meeting attendees can connect in real time with session presenters. And for the first time at a GSA meeting, poster presenters will have a forum for a group dialog.
- **Access to programming for two months.** Meeting content will be available beginning October 28 to enable registrants to enjoy the programming for one week before the official Opening Plenary Session on November 4. This will enable attendees to select which of the *Presenter Discussions* noted above they wish to attend. And meeting content will remain available until the end of 2020.
- **Networking with colleagues.** There will be ample networking events, interest group meetings, webinars, section business meetings and award presentations, and pre-conference workshops. [Visit GSA's website](#) for the full schedule, which begins in early October!

Just as you're developing creative solutions to the challenges you're facing, GSA is breaking new ground in how it helps you share your research through the Annual Scientific Meeting. The in-person event has been transformed into many weeks of activities. And it will be an exciting first time for all of us, [as I shared in my column last month](#).

It's likely that many of the innovations we've collectively adopted over the past six months will have a lasting impact on how we do things in the years ahead. The Society's response to the circumstances we've faced this year has provided us the insight needed to develop the theme for the 2021 Annual Scientific Meeting: "From Disruption to Transformation."

We look forward to "seeing" you when the 2020 GSA Annual Scientific Meeting *Online* gets underway later this month.

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## In Memoriam



**James S. Jackson, PhD, FGSA**, passed away on September 1. He had a distinguished career based at the University of Michigan, where he was the Daniel Katz Distinguished University Professor Emeritus of Psychology and professor emeritus of psychology in the College of Literature, Science, and the Arts, and research professor emeritus in the Institute for Social Research's Research Center for Group Dynamics.

His research focused on issues of racial and ethnic influences on life course development, attitude change, reciprocity, social support, and coping and health among African Americans. He co-directed the Michigan Center for Urban African American Aging Research, and was a founder and leader of the Program for Research on Black Americans. His pioneering National Survey of Black Americans, begun in 1977, has generated a wide range of influential research.

He previously served as director of the Institute for Social Research, director of the Center for African and African American Studies, member of the National Science Board, and a past president of the Association of Black Psychologists and Society for the Psychological Study of Social Issues.

Jackson was a mentor to numerous students, postdoctoral scholars, and junior faculty. He was the recipient of GSA's Robert W. Kleemeier Award, the Minority Issues in Gerontology Committee Outstanding Mentorship Award, and Behavioral and Social Sciences Section Distinguished Mentorship in Gerontology Award.

Among his other honors, he received the James McKeen Cattell Fellow Award for Distinguished Career Contributions in Applied Psychology from the Association for Psychological Sciences; a presidential citation from the American Psychological Association; the Solomon Carter Fuller Award from the American Psychiatric Association; an Investigator Award from the Robert Wood Johnson Foundation; and the Medal for Distinguished Contributions in Biomedical Sciences from the New York Academy of Medicine. In 2002, he was elected to the Institute of Medicine and was the W.E.B. DuBois Fellow from the American Academy of Political and Social Science and a fellow of the American Academy of Arts and Sciences.

He is survived by two daughters, Ariana and Kendra, and his wife, former GSA President Toni Antonucci, PhD, FGSA.



**Madelyn "Micki" Iris, PhD, FGSA, FSfAA**, passed away on January 7 at age 73. Born and raised in Chicago, she received her PhD in Anthropology from Northwestern University. Early research interests in social and cultural aspects of medieval England shifted to southwestern U.S. and language acquisition among Navajo children, and eventually to older adults in Chicago.

Driven by a passion for understanding and improving aging services, she joined the Northwestern Medical School Alzheimer's Disease Center as a research scientist, later becoming Acting Director of Northwestern University's Buehler Center on Aging, where she developed a research and evaluation training program for social service providers. She transitioned to Council for Jewish Elderly (CJE) SeniorLife to direct the Leonard Schanfield Research Institute.

As a researcher situated in a community-based organization, her work informed the design and delivery of a wide range of services and programs both at CJE SeniorLife and for the Illinois aging services network. Her research on elder abuse and self-neglect was recognized nationally and internationally. She served as president of both the National Association for the Practice of Anthropology and the Association for Anthropology and Gerontology and received the Rosalie Wolf Memorial Award from the National Committee for the Prevention of Elder Abuse and National Adult Protective Services Association.

The mother of a son with severe disabilities, she was deeply involved with Keshet, a non-profit organization in the Chicago area that provides educational, recreational, and vocational programs for children and young adults with developmental challenges. She served on its Board of Directors and as co-president for four years. Preceded in death by son David, she is survived by her husband of 44 years, Mark, their son Ari, daughter-in-law Julia, three grandchildren, and a large network of devoted and beloved colleagues, mentees, and friends. (Submitted by Rebecca Berman, PhD, and Margaret Perkinson, PhD, FGSA, FAGHE.)

## Colleague Connection

This month's \$25 amazon.com gift certificate winner:

**Andrea L. Rosso, PhD, MPH**

The recipient, who became eligible after referring new member **Anisha Suri, MS, BS**, was randomly selected using randomizer.org.

For more details on the Colleague Connection promotion visit [www.geron.org/connection](http://www.geron.org/connection).

## Member Spotlight

GSA's website features monthly Q&A sessions with distinguished members. The current spotlight shines on:

**Michael Harris-Love, PT, MPT, DSc, FGSA**

## Members in the News

- In late August, several news outlets quoted Eileen Crimmins, PhD, FGSA, regarding a study she co-authored that reported almost three times more Americans are killed by dementia than previously thought.
- A September 3 Kaiser Health News article titled "Why Black Aging Matters, Too" included quotes from Keith Whitfield, PhD, FGSA, Karen Lincoln, PhD, FGSA, and Robert Joseph Taylor, PhD.

## Thomas, Kirkland, Curran Earn AFAR Recognition

The American Federation for Aging Research has bestowed awards to three GSA members. Kali Thomas, MA, PhD, has received the inaugural Terrie Fox Wetle Rising Star Award in Health Services and Aging Research. Thomas is currently is an associate professor of health services, policy and practice at Brown University's School of Public Health and a research health science specialist in the Center of Innovation in Long-Term Services and Supports at the Providence VA Medical Center. James L. Kirkland, MD, PhD, FGSA, has been named the recipient of the Irving S. Wright Award of Distinction. Kirkland is the director of the Robert and Arlene Kogod Center on Aging and Noaber Foundation Professor of Aging Research at the Mayo Clinic. And Sean Curran, PhD, FGSA, has been named the recipient of the Vincent Cristofalo Rising Star Award in Aging Research. Curran is an associate professor of gerontology, molecular and computational biology and the associate dean of research at the University of Southern California Leonard Davis School of Gerontology.

## GSA Members Lead National Summit on Dementia

According to at least one authority, September is (was) World Alzheimer's Month and so I feel a sense of responsibility to "raise awareness and challenge the stigma that surrounds dementia." Turns out that my GSA colleagues have been doing that all year long and all I need to do is report on their excellent work leading the Summit Virtual Meeting Series: 2020 National Research Summit on Care, Services, and Supports for Persons with Dementia and Their Caregivers. Once again, GSA members are on the forefront of policy and research into dementia care and services.



Reuben

**First some history:** Many of you will recall the first National Research Summit on Care, Services, and Supports for Persons With Dementia and Their Caregivers, with its Co-Chairs Laura N. Gitlin, PhD, FGSA, and Katie Maslow, MSW, FGSA, held in 2017.

In addition to the powerful recommendations from the summit, there were a number of other positive outcomes from that meeting, including the fact that National Institute on Aging (NIA) Director Richard Hodes, MD, saw the value of the summit, its multi-year process, and the broad support and interest in the outcomes. So, he decided to replicate and build upon it every three years. This approach enables NIA to use the work and recommendations of the summits to inform its research direction. In addition, the first summit provided a foundation of knowledge, recommendations, and experiences that have been used to improve the process.

This time the event was pulled together more quickly, the sections/themes were consolidated from 12 to six, and the draft recommendations were developed with stakeholder input prior to the summit. Both NIA and the Office of the Assistant Secretary for Planning and Evaluation, along with outside groups, helped pay for the summit.

**GSA leadership** was once again making its mark on the process and outcomes of the summit with Jennifer Wolff, PhD, of Johns Hopkins University and David Reuben, MD, FGSA, of the University of California, Los Angeles serving as Steering Committee co-chairs. In addition, the Steering Committee included Maslow (a visiting scholar at GSA) and several other GSA members: María Aranda, PhD, LCSW, MPA, MSW, FGSA, of the University of Southern California; Elena Fazio, PhD, of the National Institute on Aging; Lori Frank, PhD, of the RAND Corporation; Jason



Wolff

Karlawish, MD, of the University of Pennsylvania; Vincent Mor, PhD, FGSA, of Brown University; Robyn Stone, DrPH, of LeadingAge; and Sheryl Zimmerman, PhD, FGSA, of the University of North Carolina.

**The goal of the summit**, according to NIA, was "to bring together individuals with a variety of backgrounds to identify evidence-based programs, strategies, approaches, and other research that can be used to improve the care, services, and supports of persons with dementia and their caregivers."

Wolff addressed the necessary change in approach: "The meeting shifted from a two-day in-person meeting on the NIH campus in late March to three virtual meetings that were interspersed throughout the summer. Overall, I was impressed by the high caliber of the research presentations and dialogue among the presenters and participants. Throughout the planning process we paid special attention to making the Summit accessible to those living with and affected by dementia and although the coordination of the meetings was quite involved, the virtual meeting format had an upside of alleviating logistical challenges of participating."

**The modified process** included three-hour on-line meetings that were surprisingly robust and filled with spontaneous discussion among the presenters and participants. Of course, the networking, hallway interactions, and post-session brainstorming near the podium did not take place, but we are all learning to look for other opportunities to connect.

The moderated discussions included presentations on the draft research "Gaps and Opportunities" that had been developed by the Summit Steering Committee with input from stakeholder groups and organized into six themes for future research in the fields of dementia care and caregiving.

It is worth noting that Maslow was asked to organize the all-important stakeholder groups, which included family caregivers, payors, persons living with dementia, service providers, and workforce development. Each had co-chairs and were asked to move only 10 recommendations forward into the report drafting process.

NIA staff, Wolff, and Reuben worked to incorporate the summit discussions and comments, and that draft was sent to the steering committee for its comments and edits in September. The final report is due to be published in January 2021.

Reuben commented, “We were impressed by the breadth of Gaps and Opportunities identified through the Summit, which reflect diverse input and careful crafting by the Steering Committee. These will build upon and extend the work of the 2017 Summit. There is so much to be done to improve the care and lives of persons living with dementia and their care partners.”

NIA, the National Alzheimer’s Project Act Advisory Council, and other federal agencies will benefit from this summit’s work products.

When I asked Wolff how this will move the field forward, she was very pleased with the outcomes. “The primary outcome of the 2020 summit is the identification of gaps and opportunities for research priorities to inform federal agencies, foundations, and private sector organizations . . . to inform the development of future funding opportunities. Big takeaways for me are the impressive stakeholder engagement of those living with and affected by dementia, and the strong and growing consensus of active partnerships with these communities to ensure the significance and impact of the research enterprise.”

The six themes this year were: Impact of Dementia; Long-Term Services and Supports in Home, Community, and Residential Care Settings for Persons with Dementia and their Caregivers; Services and Supports in Medical Care Settings for Persons with Dementia; Participation of Persons with Dementia and their Caregivers in Research; Intervention Research, Dissemination, and Implementation; and Research Resources, Methods, and Data Infrastructure.

You will need to review the detailed recommendations for yourself, but I will comment on a couple things that stood out to me. They were very much in tune with the need to do more research around the impact of health disparities and social determinants of health on diverse populations. Many recommendations included addressing differences in outcomes based on race and ethnicity, gender, socioeconomic status, and more.

For policymakers, issues around social determinants of health such as housing, transportation, education, social and economic resources, and services infrastructure are becoming particularly important. Further, several recommendations address the need to know more about how one’s economic situation relates to the care people living with dementia receive and the challenges of their caregivers, including choices about diagnosis, treatment and support services, and research participation.

Social isolation was an area of research mentioned in the recommendations also. This has become a more significant and understood issue during the pandemic, along with the need to do more to evaluate the various care settings for persons with dementia and their care partners. Of course, there were many recommendations related to one of our largest challenges, understanding how to better ensure that direct care workers, their training, competencies, and

their quality of life lead to improved health, quality of life, financial, and social outcomes for persons living with dementia (PWD) and their caregivers.

I also found interesting the recommendations related to payment models for comprehensive care and barriers to receiving the supportive, palliative, and end-of-life care services. There are those pushing adoption of various payment models through the health care system, and my bias is toward a balance that includes resources directed toward community-based supports and services for PWD and their caregivers.

The last version of the recommendations or Gaps and Opportunities that are under consideration [is available on NIA’s website](#).

Finally, given the nature of this article, I would be remiss not to remind you of another wonderful contribution to this space: [Best Practice Caregiving](#). This is a web-based resource for organizations that serve family caregivers to help select evidence-based programs for dementia caregiving. This is a collaboration with the Benjamin Rose Institute on Aging’s Center for Research & Education; Family Caregiver Alliance’s National Center on Caregiving; and GSA, and funded by The John A. Hartford Foundation, Archstone Foundation, and RRF Foundation for Aging. Our Change AGents continue to do awesome work!

## Recent Policy Actions

**GSA** signed on to a [letter with 78 other national organizations](#) directed to the leaders of federal health care agencies — urging them to focus on providing the American public with information about the well-established guidelines in place to ensure safe and effective COVID-19 prevention, detection, and treatment. The letter was published in the Washington, DC, edition of the *Wall Street Journal* on September 22. This initiative was led by the Alliance for Aging Research.

**GSA** supported a Leadership Council of Aging Organization (LCAO) chair’s letter urging congressional leadership to take steps necessary — be they administrative, legislative, or otherwise — to support the United States Postal Service (USPS) and to sustain the role of the USPS as the first, best, and only source of universal delivery service to 65 million older people. These older adults depend on USPS daily to deliver essential communications and goods that are integral to their health, independence, and quality of life.

**GSA** Vice President for Professional Affairs Patricia M “Trish” D’Antonio, BSPHarm, MS, MBA, BCGP, served as a discussant for the Innovations in Workforce Education for Family Caregiving Virtual Summit held on September 16 and 17. The summit was hosted by the Family Caregiving Institute at the Betty Irene Moore School of Nursing at UC Davis, led by GSA President-Elect Theresa A. Harvath, PhD, RN, FAAN, FGSA, and included many GSA members as presenters and participants.



# Schedule-at-a-Glance

All times are Eastern Time

## Wednesday, November 4

11:30 a.m. to 12:15 p.m.	Opening Plenary
12:45 to 1:30 p.m.	Streaming Symposia
12:45 to 1:15 p.m.	Presenter Discussions
1:45 to 2:30 p.m.	Streaming Symposia
1:45 to 2:15 p.m.	Presenter Discussions
2:45 to 3:30 p.m.	Streaming Symposia
2:45 to 3:15 p.m.	Presenter Discussions
3:45 to 4:30 p.m.	Streaming Symposia
3:45 to 4:15 p.m.	Presenter Discussions
4:45 to 5:30 p.m.	Networking Events and Discussions

## Thursday, November 5

11:30 a.m. to 12:30 p.m.	Momentum Discussions
11:30 a.m. to 12:30 p.m.	Exhibitor Networking
12:45 to 1:30 p.m.	Streaming Symposia
12:45 to 1:15 p.m.	Presenter Discussions
1:45 to 2:30 p.m.	Streaming Symposia
1:45 to 2:15 p.m.	Presenter Discussions
2:45 to 3:30 p.m.	Streaming Symposia
2:45 to 3:15 p.m.	Presenter Discussions
3:45 to 4:30 p.m.	Streaming Symposia
3:45 to 4:15 p.m.	Presenter Discussions
4:45 to 5:30 p.m.	Networking Events and Discussions

## Friday, November 6

11:30 a.m. to 12:30 p.m.	Momentum Discussions
11:30 a.m. to 12:30 p.m.	Exhibitor Networking
12:45 to 1:30 p.m.	Streaming Symposia
12:45 to 1:15 p.m.	Presenter Discussions
1:45 to 2:30 p.m.	Streaming Symposia
1:45 to 2:15 p.m.	Presenter Discussions
2:45 to 3:30 p.m.	Streaming Symposia
2:45 to 3:15 p.m.	Presenter Discussions
3:45 to 4:30 p.m.	Streaming Symposia
3:45 to 4:15 p.m.	Presenter Discussions
4:45 to 5:30 p.m.	Networking Events and Discussions

## Saturday, November 7

11:00 to 11:30 a.m.	GSA Business Meeting
11:30 a.m. to 12:30 p.m.	Kent and Kleemeier Award Lectures
12:45 to 1:30 p.m.	Streaming Symposia
12:45 to 1:15 p.m.	Presenter Discussions
1:45 to 2:30 p.m.	Streaming Symposia
1:45 to 2:15 p.m.	Presenter Discussions
2:45 to 3:30 p.m.	Streaming Symposia
2:45 to 3:15 p.m.	Presenter Discussions

Schedule of events subject to change

## During the Meeting

While the meeting is taking place, you will have the opportunity to view streaming symposia and on-demand presentations, have live discussions with presenters, engage in live Momentum Discussions, and see colleagues “face-to-face” in our video chat networking events. You will also have the chance to visit the Virtual Exhibit Hall to see new products, services, and education that organizations offer to professionals in aging.

## Session Types

The meeting’s online format allows GSA to offer several educational formats for learning and discussion sessions that will provide the convenience of attending what you want when you want.



**Streaming Symposia:** These symposia are be video streamed and include a live discussion or Q&A to engage with presenters.



**On-Demand Presentations:** All accepted symposia, papers, and posters will be available before, during, and after the conference through an on-demand library.



**Presenter Discussions:** Every presenter will have a live discussion related to their program.



**Live Momentum Discussions:** These are discussion panels that stimulate dialogue on trends with great momentum to advance gerontology.



**Virtual Exhibit Hall:** The GSA Virtual Exhibit Hall offers attendees the opportunity to network with exhibitors via informal one-on-one video chats and to download resource materials.

## After the Meeting

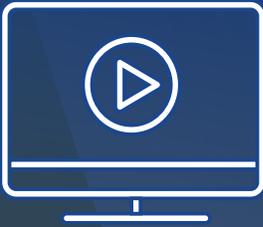
All papers, presentations and symposia will be available on demand through December 31, 2020.

Even though GSA 2020 will be presented in a different format, the Annual Scientific Meeting will still be an immersive experience that will allow you to focus on essential research and current aging issues.

## Continuing Education

- This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of CME Outfitters, LLC and The Gerontological Society of America. CME Outfitters, LLC is accredited by the ACCME to provide continuing medical education for physicians. CME Outfitters, LLC designates this live activity for a maximum of 15 *AMA PRA Category 1 Credit(s)*<sup>TM</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- Provider approved by the California Board of Registered Nursing, Provider Number CEP 15510, for 15.0 contact hours.





# GSA Webinars

## Hear From Leading Experts in Aging

Join GSA for exceptional education delivered by the best and brightest minds in gerontology and geriatrics. GSA webinars offer cutting-edge information on all aspects of aging.

Stay up to date with current trends and advancements, including:

- Methodological innovations
- Data resources
- US policies
- Professional development

## Re-Creating "Normal" During the 2020 Annual Scientific Meeting Online

By Shelbie Turner, MPH

In optimism, people are increasingly sharing stories of the "silver linings" of the COVID-19 pandemic. Maybe spending more time with family. Maybe picking up a new hobby, or dropping a bad habit. Maybe learning something new about oneself — something that would not have otherwise been unearthed had we not been in quarantine.

Indeed, I am starting to hear "What have you enjoyed?" more and more. My answer is that I have loved watching how creative people are being. The challenge of the pandemic has forced us to pivot; while we are certainly striving to maintain the normalcy of some aspects of our lives, in other spaces we are re-creating what "normal" even is.

This year, all of us associated with GSA are being forced to pivot. With its Annual Scientific Meeting, GSA is having to re-create "normal." Like many other conferences this fall, GSA's 2020 Annual Scientific Meeting will be entirely online, filled with on-demand symposia and live Q&A sessions.

Some of you may be excited. Even without the COVID-19 pandemic, maybe you would not have been able to attend an in-person conference this year. Maybe in-person conferences exhaust you, and you are thrilled at the idea of learning about new research from the comfort of your home and on your own time. Others of you may be disappointed. Maybe you were excited to break out of your comfort zone by presenting to a large crowd and doing so online just won't be the same. Maybe you were excited about meeting new colleagues.

Others of you may be like me: somewhere in between. Like many, I have relied on GSA's Annual Scientific Meeting as a yearly

touchpoint with colleagues who have become friends. Walking to sessions together, sharing new ideas over lunch, exploring a new city together during downtime are all things I will miss this year.

Yet, sometimes at the in-person conferences there are two — maybe even three — sessions interesting and relevant to me that happen at the same time. So, the idea of being able to access the plethora of cutting edge ideas without having to miss any is a relief. And, I am happy to know I'm contributing to my own and others' health and safety by not traveling.

Regardless of how you feel — excited, disappointed, happy, or a little bit of everything — navigating this year's Annual Scientific Meeting offers us an opportunity to pivot together. Your ESPO leaders have embraced creativity to strike a balance between maintaining "normal" in some spaces and re-creating it in other spaces.

So ESPO-sponsored events will continue during the online conference. We encourage you to plug in and we are available for questions on how to do so. We'll continue to have informal chats covering a variety of topics. So far, we have six planned. Topics range from securing an internship or post-doc, receiving funding from the National Institute on Aging, and navigating our field as an LGBTQ+-identifying person and/or an international emerging scholar. We will also have ESPO-sponsored symposia.

We will share specific details about these and additional events as the conference draws closer. Continue to visit the [GSA Annual Scientific Meeting webpage](#) or the [ESPO webpage](#) for more information.

We're excited to "see" you in November!

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*Continued from page 1 – GSA Creates COVID-19 Decision Aid for Social Situations*

will continue to change over time. For example, rules may change in response to increased numbers of people with COVID-19, new findings from research studies, or poor control of a COVID-19 outbreak in a specific area.

As a result of these ongoing changes, some may feel uncertain when choosing whether to visit friends and family members in person, or when to participate in activities in public places. The decision aid is intended to help users make a more informed decision. It is intended for people who do not have COVID-19

symptoms nor have been exposed to a person with COVID-19 during the previous two weeks. It is not intended to replace the advice of a health care provider.

"This type of tool follows the science of both COVID-19 and risk communication with adults," said Aaron Scherer, PhD, of the University of Iowa, another decision aid co-author. "We have received a lot of positive feedback and are hopeful that it will continue to help people as they navigate the pandemic."

# new resources

## Census Bureau Releases New Report on Aging in Africa

A new report released by the U.S. Census Bureau provides analysis of the demographic, economic, social and health characteristics of the older African population, with a focus on sub-Saharan Africa.

The report, "[Africa Aging: 2020](#)," looks at the implications of population aging for Africa as a region, subregions, and countries at present and in the future. It provides comprehensive and up-to-date statistics on current and projected future population aging trends and patterns in Africa and sub-Saharan Africa.

Highlights include:

- Between 2020 and 2050, the older African population is projected to triple from 74.4 million to 235.1 million. Its growth in the next three decades will outpace that of any other region of the world.
- A majority of African countries have less than 7% older population in 2020; by 2050 it is projected that just over one-fifth of countries in the region will still have the low proportion of older population.
- Nigeria has the 19th largest older population in the world in 2020, which is projected to rise to the eleventh largest in 2050.
- Africa has the highest total dependency ratio in the world, with children representing a much heavier societal support burden than older people.
- Whether in rural or urban areas, the large majority of older Africans have limited geographic mobility, having stayed in the same locality for 10 years or more.
- Seven in 10 adults ages 60 to 64 and almost half of those age 65 and older in sub-Saharan Africa remain in the labor force, a higher share than in all other world regions.
- Noncommunicable diseases dominate in older adults in Africa, as they do globally, but infectious diseases are still relevant as causes of mortality in this older population.

- Older African women have reported higher rates of disability or functional limitations compared to men. They are also more likely to report a greater severity of difficulties performing activities of daily living.
- Health systems for African older adults, rural residents in particular, suffer from understaffing of health workers, insufficient financial resources, inadequate legal health coverage, and high out-of-pocket payments.

This report follows the United Nations definitions of world regions and subregions. For more information go to Geographic Regions for Statistical Use. Demographic estimates and projections data come from the International Data Base, which is maintained and updated by the Census Bureau's Population Division and current as of November 2019. All comparative statements in the text have undergone statistical testing, and comparisons are significant at the 90 percent confidence level, unless noted otherwise.

Research for, and production of, this report were supported by the Division of Behavioral and Social Research of the National Institute on Aging.

## Online Curriculum Module Examines Role of Public Health in Addressing Alzheimer's

The Alzheimer's Association, Centers for Disease Control and Prevention, and Emory University's Rollins School of Public Health are offering a free, online, self-paced module — titled [Alzheimer's Disease: What Is the Role of Public Health?](#) — that faculty can readily adapt into existing courses.

The new module is the third online module in the set of free, flexible curricular resources available to help prepare the future and current public health workforces to address dementia and its growing impact.

*Continued from page 1 – Kelley Chosen as GSA's Next Social Sciences Journal Editor*

Program in Sociology at Case Western Reserve University. She studies the causes and consequences of health disparities over the life course, particularly those related to race, socioeconomic status, and disability. She has expertise in the quantitative analysis of longitudinal and panel data, including latent trajectories and multilevel modeling. Her recent research has focused on life course influences on later-life functional disparities among Black and White adults; how cohort trends and social change affect later-life health profiles; social influences on the experience of disability; and neighborhoods and social exclusion of older adults.

She currently serves as co-editor (with Roland J. Thorpe Jr., PhD, FGSA) of the series *Annual Review of Gerontology and Geriatrics*. She served as volume editor for Volume 40, 2020, "Economic Inequality in Later Life."

Kelley's own work has appeared in *The Journals of Gerontology, Series B*, *Research on Aging*, *Journal of Health and Social Behavior*,

and *American Sociological Review*. Her 2017 article in *The Journals of Gerontology, Series B* with Jielu Lin, PhD, "From Noise to Signal: Capturing the Age and Social Patterning of Intra-Individual Variability in Late-Life Health" received the 2019 Outstanding Publication Award from the Section on Aging and the Life Course of the American Sociological Association.

She is currently an associate editor of the social sciences section of *The Journals of Gerontology, Series B* and serves on the editorial boards of *Journal of Aging and Health*, *Research on Aging*, and *Journal of Aging and Social Policy*. Kelley also serves on the Advisory Board for the Resource Center for Minority Data at the Inter-university Consortium for Political and Social Research. And she recently completed terms as chair of the Section on Aging and the Life Course in the American Sociological Association and member-at-large for GSA's Behavioral and Social Sciences Section.

# gsa journal news

## GSA Integrates Clinical Trial Registration Guidelines in Published Article Templates

GSA has issued a new requirement for journal manuscript submissions: authors reporting results from clinical trials should consider the International Committee of Medical Journal Editors' (ICMJE) [recommendations for registration of clinical trials in a public trials registry prior to the enrollment of patients](#). Clinical trials are defined as those involving prospective assignment of persons to a health-related intervention intended to affect biomedical or other health-related outcomes. The National Institutes of Health has also issued guidelines for its [newly funded clinical trials](#).

The corresponding author will be asked to provide the registry's URL and the trial's registration number in the submission portal and in the manuscript. In accordance with ICMJE recommendations, this information will be published in the journal if the article is accepted.

## Series A Seeks Papers on Minority Health

The Medical Sciences section of *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences* is planning a special issue titled "Minority Health and Health Disparities in Aging."

As stated in the [call for papers](#):

"Recent acts of violence aimed at people of color and the disproportionate burden of COVID-19 infections among racial/ethnic minority populations have highlighted the enduring health inequities and social injustices in the U.S. and the world. While there is a burgeoning body of literature focusing on health disparities and minority aging, explanations remain elusive. A better understanding of minority aging and the health disparities that persist between racial/ethnic groups across the life course is needed to better inform the development of culturally relevant and respectful health promotion and intervention efforts aimed at eliminating disparities and achieving health equity. Additional research on minority aging that represents diverse populations is needed to pave the way for all to have equal opportunity to age successfully."

Roland J. Thorpe Jr., PhD, FGSA, and Michelle Odden, PhD, FGSA, are serving as the guest editors. They are seeking papers that move beyond merely documenting established racial/ethnic differences in health and functional outcomes. Qualitative and quantitative papers will be accepted. They strongly encourage papers from authors from backgrounds underrepresented in the social and biomedical sciences.

Manuscripts must be [submitted via the ScholarOne website](#) by November 15. Full manuscripts will be evaluated using the journal's usual peer-review process.

# funding opportunities

## Predocctoral Students Eligible for NIA Award

The National Institute on Aging (NIA) invites outstanding graduate students from a wide range of broad research areas — including, but not limited to, statistics, neuroscience, physics, immunology, microbiology, informatics, data sciences, psychology, (bio)behavioral science, anthropology, demography, sociology, social epidemiology, economics, public health, and engineering — to apply for its Transition to Aging Research Award for Predocctoral Students. Its purpose is to increase, retain, and diversify the pool of trainees in aging and geriatric research. This two-phase award will allow awardees to complete doctoral dissertation projects and provides a variety of training supports to facilitate the smooth transition of doctoral graduates into competitive, aging-focused postdoctoral positions. Applications are due by October 22. [Visit the full funding opportunity announcement for additional details](#).

## Beeson Award Partnership Will Support Career Development

The National Institute on Aging (NIA), the American Federation for Aging Research, and the John A. Hartford Foundation are collaborating on [The Paul B. Beeson Emerging Leaders Career Development Award in Aging \(K76\)](#), with the goal of developing of a cadre of talented scientists prepared and willing to take an active leadership role in transformative change that will lead to improved health care outcomes.

Emerging leaders are clinically trained (primarily physician) early-stage investigators who have begun to establish research careers and

have shown signs of leadership potential who will use this award to further develop the tools, skills and resources to have a significant impact in their field of expertise.

The National Institute on Aging is pursuing this initiative to recruit talented new investigators who have begun to establish research programs and through this award will be ready to assume leadership roles in their field of expertise and well poised to change theory, practice and health outcomes related to the health of older individuals. Unlike other mentored K awards, candidates for this award must have received competitively awarded research support as a PD/PI at the faculty level and have had prior leadership responsibilities in the clinical or research domain.

It is anticipated that seven to ten awards will be granted in 2021. Each award is up to five years, with up to \$225,000 in direct costs per year.

There are two Funding Opportunity Announcements (FOA):

- [RFA-AG-21-020](#) is designed specifically for applicants proposing research that does not involve leading an independent clinical trial, a clinical trial feasibility study, or an ancillary clinical trial. Applicants to this FOA are permitted to propose research experience in a clinical trial led by a mentor or co-mentor.
- [RFA-AG-21-021](#) is designed for applicants proposing a clinical trial or an ancillary clinical trial as lead investigator.

The application deadline is February 3, 2021.

