

gerontology news

The Gerontological Society of America®

August 2021

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Register for the Next COVID Conversation

Building on the work of the GSA COVID-19 Task Force, a new COVID Conversations web series is featuring GSA member scientists who have published research on COVID-19 and focuses on the following topics: how bad the pandemic was for older adults (July), how the pandemic deepened health inequities for minority older adults (August), what worked and what didn't work for older people in our response to the pandemic (September), and how well older people and LTC workforce adapted to the pandemic (October). The conversations, curated and moderated by Innovation in Aging Editor-in-Chief Steven Albert, PhD, FGSA, will come together in a special session at the 2021 GSA Annual Scientific Meeting.

Join a GSA Interest Group

Did you know GSA has more than 50 interest groups covering a range of topics? They are a great way for members to connect with others who share their interests. They also help members stay informed about topics outside their areas of expertise. Each GSA interest group has its own GSA Connect Community to share information and resources. Visit www.geron.org/interestgroups to learn more.

JOIN THE CONVERSATION

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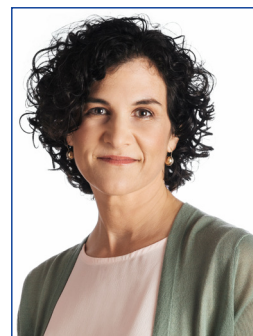
Engage with GSA on social media!

Zitter to Deliver Phoenix Keynote; Late Breaking Abstracts Welcomed

GSA has selected critical and palliative care specialist Jessica Nutik Zitter, MD, MPH, as the keynote speaker for this November's Annual Scientific Meeting in Phoenix, Arizona.

After two decades of caring for critically ill patients, Zitter is a strong advocate for a new approach to caring for the dying. She currently is a practicing physician with Highland Hospital of the Alameda Health System in Oakland, California, and a co-founder of Vital Decisions, a telephone counseling service for patients with life-limiting illnesses. Her medical training includes an internal medicine residency at Harvard's Brigham and Women's Hospital and a fellowship in pulmonary/critical care at the University of California, San Francisco.

"I am excited that Dr. Zitter will be our keynote speaker," said GSA President Theresa Harvath, PhD, RN, FAAN, FGSA. "She has an unusual capacity to engage an audience in



Zitter

complex issues in ways that are accessible and thought-provoking. She has a unique blend of medical knowledge, emotional intelligence, and the gift of story-telling that is compelling."

Zitter's first book, "Extreme Measures: Finding a Better Path to the End of Life," offers an insider's view of intensive care in the U.S. and its impact on how people die. Her work is featured in the Oscar and Emmy-nominated Netflix documentary "Extremis," which follows Zitter, her team, and several patients and their families in the intensive care unit at Highland Hospital.

She also co-produced and directed another

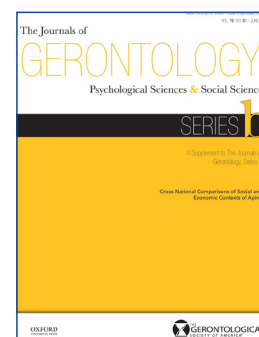
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International Comparisons Provide New Insights on Aging

By Orli Belman, USC Leonard Davis School of Gerontology

As lifespans increase and fertility rates decrease in most countries around the world, population aging has the potential to become what the United Nations calls one of the most significant social transformations of the twenty-first century.

International comparisons of the aging experience offer a unique opportunity to advance understanding of social and economic influences on aging, say University of Southern California (USC) researchers Jennifer Ailshire, PhD, FGSA, and Jinkook Lee, PhD, who served as the editors of "[Cross-National Comparisons of Social and Economic Contexts of Aging](#)," a supplement to the June issue of the *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*.



"We are at a pivotal moment for increasing our capacity to use a global perspective to meet the challenges and opportunities of our rapidly aging world," said Ailshire, an associate professor of gerontology and sociology and assistant dean of international programs and global initiatives at the USC Leonard Davis School of Gerontology. "Better aging outcomes in one country may provide evidence for the efficacy of the country's policies and programs for supporting health and aging, while comparative research also can be used

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From the CEO



At GSA 2021, Your Research is Key to "Transformation"

By James Appleby, BSPharm, MPH • jappleby@geron.org

Congratulations to all readers out there who had their scholarly abstracts accepted for GSA's 2021 Annual Scientific Meeting! The Society received more than 3,500 abstract submissions from 38 countries. And let's say a big collective "thank you" to the more than 900 GSA members who volunteered as peer reviewers!

For readers who did not submit an abstract, there's still a chance to be part of our 2021 program, thanks to the [current call for abstracts for the Late Breaking Poster Sessions](#). This is an opportunity for scholars to present research results that weren't available as of the regular abstract deadline in March. As many of your research projects may have encountered pandemic-related disruptions, I hope the late breaking poster channel will now allow you to enrich our lineup of sessions in November. The deadline to submit is **August 26**.

If you clicked the link above to the call for abstracts, you saw that we now have a new dedicated website just for the Annual Scientific Meeting at www.gsa2021.org. Don't forget to register there by September 1 to take advantage of early bird discounts and book your hotel. This new user-friendly site provides a nice glimpse into how GSA is evolving its meeting experience overall.

We'll be convening in Phoenix, Arizona, from Wednesday, November 10 through Saturday, November 13 for our first in-person meeting since the COVID-19 pandemic emerged. The theme chosen by President Terri Harvath is "Disruption to Transformation: Aging in the 'New Normal.'" And GSA will be among the first large organizations to host a conference in this "new normal."

And we have to acknowledge that we're still in the midst of both disruption and transformation. As with the field of scientific inquiry in general, the situation is dynamic, and GSA will continue to adapt as developments unfold.

GSA is committed to promoting the safety of all meeting participants. We are closely monitoring the latest COVID-19 insights reported by the U.S. Centers for Disease Control and Prevention, World Health Organization, and the City of Phoenix. We will implement all appropriate

safety measures based on the guidance of health and government authorities.

We also know that some participants may prefer to not attend in person. GSA is committed to enabling individuals who have an abstract accepted for the meeting to share their scholarship, whether they attend and present in-person or access the on-demand platform to review prerecorded sides with audio along with the abstract. The online on-demand access will supplement the presentations being made in Phoenix, and provide a "plan b" option should the pandemic disrupt the in-person meeting. Therefore, all speakers are being asked to upload their poster, paper, or symposium presentations to the on-demand platform. This supplemental format will dramatically increase discoverability of their research findings as all meeting registrants will have access to these on-demand presentations until December 31.

For those joining us in Phoenix, GSA is committed to providing Annual Scientific Meeting attendees with the opportunity to engage with other researchers, clinicians, educators, and professionals in the aging field — in a safe manner. I know so many of you are looking forward to the rich networking experience that our meeting provides. And those of you who will be first-time attendees will learn why so many of our members call GSA their professional "home."

There are a lot more communications that we'll provide our attendees in the next three months about the program, the on-demand platform, and safety precautions. As GSA has done for more than 75 years, we will support our members in the commitment to advancing scholarship on aging, which has taken on new relevance as the global community emerges from the pandemic.

Regardless of whether you'll be with us in Phoenix or accessing the on-demand programming, all attendees will have extended access to the meeting content via our online platform until the end of the year. There will be plenty of time to absorb it all.

James

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In Memoriam

Arnold Mitnitski, PhD, FGSA, passed away on May 26. He was a professor emeritus of medicine and former university research professor of medicine at Dalhousie University in Halifax, Nova Scotia, Canada. Born and educated in Russia, his expertise encompassed mathematical modeling of complex biomedical systems, advanced data analysis, and data mining. He was a co-developer of an integrated individualized measure of human health known as the Frailty Index, which allows quantifying the rate of aging in individuals and populations. Mitnitski was the author of more than 100 peer reviewed publications, an associate editor of *BMC Geriatrics* and *Current Gerontology and Geriatrics Research*, and a reviewer for approximately two dozen journals, including *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*.

Members in the News

- S. Jay Olshansky, PhD, FGSA, was quoted in a May 19 Kaiser Health News article titled "Racism Derails Black Men's Health, Even as Education Levels Rise."
- Sheila Molony, PhD, FGSA, was quoted in a May 30 *Hartford Courant* article titled "Families are struggling to care for elderly parents or loved ones with disabilities. President Biden wants to tax corporations to fund efforts to help out."
- On June 1, a *Time* article titled "4 Ways Exercise Helps Fight Aging" featured quotes from Steven Austad, PhD, FGSA, and Nathan LeBrasseur, PhD, FGSA.
- S. Jay Olshansky, PhD, FGSA, and Morgan Levine, PhD, were quoted in a June 3 opinion piece in *The New York Times* titled "You May Live a Lot Longer."
- On July 8, Bei Wu, PhD, FAGHE, was quoted in a CNN article titled "Flossing your teeth may protect against cognitive decline, research shows."
- Laura Carstensen, PhD, FGSA, was quoted in a July 9 *USA Today* article titled "Furious at your parents for aging? You're not alone."
- On July 16, Matt Kaeberlein, PhD, FGSA, authored an op-ed for *The Hill* titled "Scientists are demystifying aging — funding could add decades to our lives"

Colleague Connection

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

Wendy Rogers, PhD, FGSA

The recipient, who became eligible after referring new member **Brian Pastor, MS**, was randomly selected using randomizer.org.

For more details on the Colleague Connection promotion visit www.geron.org/connection.

Member Spotlight

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

Ted G. Graber, PhD

AACN Bestows Happ with Lecturer Honor

The American Association of Critical-Care Nurses (AACN) recently selected Mary Beth Happ, PhD, RN, FAAN, FGSA, as its 2021 Distinguished Research Lecturer. AACN established the award in 1982 to honor nurses who make significant contributions to acute and critical care research. The annual award recognizes research that changes or improves patient outcomes, and advances nursing education and practice.

Happ is the Nursing Distinguished Professor of Clinical Care Research and associate dean for research and innovation at The Ohio State University College of Nursing. There she has built a program of interdisciplinary, practice-based research focused on improving care and communication with communication-impaired patients, their families and clinicians during critical illness and at the end of life, particularly with patients receiving mechanical ventilation.

As the Distinguished Research Lecturer, Happ discussed her career and research journey as part of AACN's 2021 National Teaching Institute & Critical Care Exposition, which took place in late May.

Kohanski Tapped to Lead NIA's Division of Aging Biology

Ronald Kohanski, PhD, has been appointed as the new director of the Division of Aging Biology of the National Institute on Aging (NIA). In this capacity, he will provide strategic vision, expertise, and oversight for the division's scientific portfolio, including all grants and cooperative agreement research activities, as well as administrative, budget and staffing management. He also will serve in an advisory role to the NIA director, deputy director and executive officer.

Kohanski started with the division as a program officer in 2005 and became its deputy director in 2007. He is a co-founder and the current leader of the trans-National Institutes of Health Geroscience Interest Group.

Manning Takes New Post with Dele Health Tech

In March, fall technology specialist Dele Health Tech announced the appointment of Lydia Manning, PhD, as its vice president of gerontology. In this new role, Manning will focus on driving the organization's clinical endeavors across gerontology, gerontechnology, and age-friendliness. Coming from the position of professor of gerontology at Concordia University Chicago, Manning brings expertise from her career as a gerontologist, entrepreneur, and educator.

Her contributions to the field of aging include national and international presentations and over 30 publications including more than 300 citations. She holds a PhD in social gerontology from the Department of Sociology and Gerontology at Miami University.

The Promise of the ARPA-H

“Accelerate the pace.” “Flexible and nimble.” “Undeterred by the possibility of failure.” Although we have been watching the Olympics a lot lately, these are not quotes about Olympic athletes. They are from the concept paper prepared by Assistant to the President for Science and Technology Eric Lander and National Institutes of Health (NIH) Director Francis Collins on the topic of the [Advanced Research Project Agency for Health \(ARPA-H\)](#).

ARPA-H is a new entity to function within the NIH proposed by the Biden-Harris Administration. The idea for it was inspired by the Department of Defense’s Defense Advanced Research Projects Agency (DARPA), which has been driving research and results at the Department of Defense for 60 years. Created in response to Sputnik and national security needs and characterized by boldness and risk taking, DARPA has played a key role in technological advances that have had broad ramifications: the Internet, GPS, and self-driving cars.

What can the world’s premier biomedical research powerhouse learn from a DoD program?

Several things, according to Collins and Lander in their concept paper. One is to hire program managers from across all industries and research centers who bring bold, risky ideas. At DARPA, these managers come for a limited term of three to five years and focus on creating breakthroughs, not incremental progress. Another is the collaboration across multiple sectors (industry, national labs, university) on research, technology development, and funding. Another is a nimble approach that does not shy away from early failures.

Collins and Lander point out that “a DARPA-like approach is radically different from NIH’s standard mechanisms of operation and will require a new way of thinking. The creation of ARPA-H will benefit from transparency, accountability, and a healthy skepticism to ensure that the entity does not become a typical NIH institute.”

There are of course many differences between DARPA and NIH, where the focus involves biological systems not engineered systems, and the customers are a vast and multifaceted ecosystem of “patients, hospitals, physicians, biopharma companies and payers.”

Why ARPA-H and why now?

The impetus for ARPA-H seems to have come from what we learned was possible during the pandemic. In many ways, NIH, in particular, responded quickly and successfully with life-saving programs: the Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV) program that supported the development and testing of several of the vaccines, and the Rapid Acceleration of Diagnostics (RADx) program that supported new technology platforms for COVID-19 testing. Lander and Collins note that “Although these programs have been successful, they required bespoke solutions and herculean efforts to get them off the ground.

Because NIH lacks a regular framework for such projects, many bold ideas are hard to realize. That’s where ARPA-H can help.”

The vision for ARPA-H

Traditionally, progress in medicine and health can be attributed to fundamental research, usually performed in university and nonprofit labs, and funded by the federal government, and the commercial biotechnology sector which focuses on the research, development, and marketing of specific products. This combination has yielded many beneficial treatments and untold knowledge over the years.

“It’s becoming clear, though, that some of the most innovative project ideas, which could yield bold breakthroughs, don’t always fit existing support mechanisms,” stated Lander and Collins, noting the incremental, hypothesis driven research supported by NIH and the return-on-investment required by commercial business plans.

The goal with ARPA-H is to create a new division within NIH that has a unique structure, approach, and leadership. Ideally, the new entity would draw on the benefits of placement at the nation’s topnotch research institution while integrating the bold approach of its Department of Defense model.

One aspect of the new ARPA-H that appears to be uniquely its own is the goal to include equity considerations throughout its work — “with some projects focused directly at addressing equity and all projects considering equity in their design.”

We have learned yet again and even more starkly from the pandemic that health outcomes and healthcare access are not a given in our society and they are not equitably distributed throughout. The focus on equity in the ARPA-H design may end up being the most enduring contribution to the biomedical field.

GSA leads with geroscience

Trust me on this, the ARPA-H is on the top of many fine minds here in the nation’s capital, including GSA’s own CEO, James Appleby. He recently (on July 23) addressed ARPA-H at a listening session organized by the NIH and the White House Office of Science and Technology (OSTP). They have organized a series of listening sessions to get feedback from patient advocacy groups, industry, scientific professional organizations, and other stakeholders. This one was titled “Advocates for Research on Aging, Arthritis, and Musculoskeletal and Skin Disorders.”

As James pointed out, “GSA applauds the administration for taking the bold step of creating ARPA-H and believes it will complement the established biomedical research community. We are pleased to see the recognition of the importance of a strong relationship between the current research ecosystem and the enterprising opportunities that exist with ARPA-H. We are also pleased at NIH’s and OSTP’s statements committing to ensuring that funding remains robust for the NIH Centers.”

He made the point that if the ARPA-H is to truly transform health, “GSA recommends ARPA-H embrace a geroscience approach. Geroscience seeks to understand the fundamental aging process and how it contributes to the many chronic diseases that accompany older ages. ‘Age’ is the greatest risk factor for most chronic diseases. Developing new insights into the biology of aging, and developing related applications, holds the promise of preventing the onset of multiple chronic diseases simultaneously. Fortunately, current geroscience research provides many opportunities to be exploited.”

Further, James made the case for inclusion of opportunities for behavioral and social sciences within the ARPA-H, which could also advance health equity. His positive remarks also mentioned the importance of a culture of collaboration with private sector partners and other government agencies.

Congressional outlook for the ARPA-H looks positive

First, the House Labor, Health and Human Services, Education, and Related Agencies Subcommittee and full Appropriations Committee have passed their FY 2022 funding bill, which includes increased funding for NIH: \$6.5 billion, including an increase of \$3.5 billion for basic biomedical research at existing NIH institutes and centers and \$3 billion to support President Joe Biden’s request to establish the ARPA-H, which “will invest in large high-risk, high-reward research projects that have the potential to achieve breakthroughs in the treatment of diseases such as cancer, Alzheimer’s disease, diabetes, and amyotrophic lateral sclerosis (ALS).”

Although the Committee provided \$3.5 billion less than the president requested in his budget, it stated, “The Committee strongly supports the goals and vision behind the proposal for ARPA-H ... and expects to expand its capacity to support innovative projects in future fiscal years.” Although the appropriations bill was partisan, this research approach is likely to be bipartisan in the future.

Build Back Better

The concept of applying learnings from disasters to plan ahead for potential problems was first officially described in the [United Nations’ Sendai Framework for Disaster Risk Reduction](#). Called “Building Back Better (BBB),” Wikipedia defines BBB as “a strategy aimed at reducing the risk to the people of nations and communities in the wake of future disasters and shocks. The BBB approach integrates [disaster risk reduction](#) measures into the restoration of physical infrastructure, social systems and shelter, and the revitalization of livelihoods, economies and the environment.”

So, what about the president’s Build Back Better? Frankly, it is not that far from the official BBB description. The administration is taking on the rebuilding or strengthening of many structures and institutions, including some with which we are quite intimate.

The Biden-Harris team has a strong trust in the role of government to help individual Americans to secure a better life and the private sector to succeed with its innovations. The team believes

that the foundational support of government will benefit us all. Biden’s personal experiences with science and its current limitations to cure some diseases have inspired him to advocate for the Obama-era 21st Century CURES Act (P.L.114-255) and now the Advanced Research Projects Agency for Health.

For a completely different take on the ARPA-H and pumping this kind of money into the research world, [see a recent *Nature* piece](#) that addresses the potential for another boom-and-bust cycle for researchers and challenges for the system to create long-term career prospects.

As for the Olympics ... here is a hint about the team for which I am rooting in women’s soccer: Hejdå för nu!

Recent GSA Policy Actions

GSA, working through the Friends of National Institute on Aging (FoNIA) coalition, continues to advocate for National Institutes of Health (NIH)/NIA funding with members of the Senate as FY 2022 budget discussions continue on Capitol Hill. FoNIA is requesting:

- \$46.1 billion, a \$3.3 billion increase, in FY 2022 for total spending at NIH, which aligns with the overall recommendation of the Ad Hoc Group for Medical Research;
- Within this amount, an increase of at least \$500 million specifically dedicated to support cross-institute aging research at the NIH, including but not limited to biomedical, behavioral, and social sciences aging research; and
- a minimum increase of \$289 million specific to research on Alzheimer’s disease and related dementias. NIA is the primary federal agency supporting and conducting Alzheimer’s disease and related dementias research.

GSA signed on to a letter from the Leaders Engaged on Alzheimer’s Disease (LEAD) Coalition encouraging members of Congress to co-sponsor the CHANGE Act (S.1692/H.R.3354), which is bipartisan legislation that encourages early detection and diagnosis of Alzheimer’s and related dementias, as well as access to interventions. Earlier detection, diagnosis and intervention can improve opportunities for people living with Alzheimer’s and related dementias to make informed choices to strengthen both their own quality of life and that of their family caregivers.

GSA supported two letters from the chair of the Leadership Council of Aging Organizations (LCAO). The first was to urge members of Congress to support the Supplemental Security Income (SSI) Restoration Act (H.R. 3824/S. 2065), which would update the current rules and eligibility requirements that have not been changed since 1972. The second letter was sent to members of Congress to urge their support of the Equality Act ([H.R. 5](#)), a comprehensive federal nondiscrimination law that promotes equal treatment for LGBT people of all ages.

new resources

WHAM Report Advocates Further Alzheimer's Investment for Women

Women's Health Access Matters (WHAM) recently released "[The WHAM Report: Societal Impact of Research Funding for Women's Health in Alzheimer's Disease and Alzheimer's Disease-Related Dementias](#)," which includes new research conducted by the RAND Corporation showing that doubling the current federal investment in women-focused Alzheimer's disease and related dementia (ADRD) research would add over \$930 million to the economy, producing 15 percent greater economic benefits and health outcomes than investing in general Alzheimer's research.

Women make up over 50 percent of the population above age 35, and 66 percent of the 7 million people living with Alzheimer's disease. Yet in 2019, just 12 percent of the Alzheimer's research

budget from the National Institutes of Health, the largest federal source of Alzheimer's research funding, went to projects specifically focused on women.

IES Issues Revised Guide to Home Illumination for Older Adults

The Illuminating Engineering Society (IES) recently published the newly revised "[Consumer Guide IES CG-1-20, Lighting Your Way to Better Vision](#)." It reports that visual acuity and age-related changes to vision can be managed in part by planning the lighted surroundings in homes. This brochure describes some of the changes that can be made to existing lighting to make a home more comfortable and secure. Some solutions are easily accomplished, such as changing to an LED light bulb or plugging a new LED fixture into an electric outlet. Others require changing light fixtures or providing additional electrical boxes for new fixtures.

funding opportunities

NIA Will Enable Teams to Lead AD/ADRD Therapy Development

A [new funding opportunity announcement](#) from the National Institute on Aging (NIA) seeks to enable the development of a diverse, translational research workforce capable of participating and/or leading cross-disciplinary team science programs focused on advancing therapy development for Alzheimer's disease (AD) and AD-related dementias (ADRD).

This opportunity will support institutional training programs for predoctoral and postdoctoral level researchers with diverse educational backgrounds (i.e., basic biology, translational and

clinical research, data science and behavioral research). The program invites eligible institutions to develop interdisciplinary training programs that will provide trainees with the knowledge and skills in data science, disease biology, and traditional and emerging drug discovery disciplines necessary to conduct rigorous and cutting-edge basic, translational, and clinical research for AD and ADRD.

The grant does not allow appointed trainees to lead an independent clinical trial, but does allow them to obtain research experience in a clinical trial led by a mentor or co-mentor. The next application due date is September 27.

Continued from page 1 – Zitter to Deliver Phoenix Keynote; Late Breaking Abstracts Welcomed

documentary, "Caregiver: A Love Story," examining the rising public health crisis of family caregiver burden. This short film will be screened for the GSA audience in Phoenix and will form the basis for her keynote.

Her talk will deliver a comprehensive overview of the challenges faced by family caregivers as they navigate medical, financial, and personal obstacles in their roles as caregivers.

"With the aging of our baby boomers, more people will be needing help while fewer will be available to provide it. It's time to disrupt the state of caregiving, before every one of us becomes a victim of family caregiver burden," said Zitter.

She said the GSA audience will leave with a better understanding of the issues facing family caregivers in many sectors, be better prepared to initiate conversations around family caregiver support strategies, and leave with a few key action items to better support family caregivers.

The GSA Annual Scientific Meeting will take place from Wednesday, November 10, to Saturday, November 13. Zitter's talk will take place on the morning of Thursday, November 11 — as part of the President's Opening Plenary Session, which is being sponsored by the AARP Foundation — and will be streamed for meeting registrants not attending in person.

GSA also is accepting abstract submissions for the [Late Breaking Poster Sessions](#) until Thursday, August 26. This is an opportunity for scholars to present research results that were not yet available at the time of GSA's original March abstract deadline. The program areas open for late breaking submissions include Academy for Gerontology in Higher Education, Behavioral and Social Sciences, Biological Sciences, Health Sciences, and Social Research, Policy, and Practice.

GSA invites its attendees to register for the meeting by Wednesday, September 1, to take advantage of [early bird discounted registration fees](#).

Careers in Aging Research Outside Academia: Exploring Your Options

By Claire Pendergrast, MPH, PhD student, and Sarah Dys, MPA, PhD candidate

GSA's mission is to cultivate excellence in interdisciplinary aging research and education to advance innovations in practice and policy. The Society's exceptional members conduct rigorous and groundbreaking aging research on a wide array of topics across diverse settings and populations.

Many GSA members do excellent and important work in academic environments, but there are also opportunities for fulfilling and impactful careers in aging research in other arenas, including government, non-profits, and the private sector. As your junior co-leaders of the Social Research, Policy, and Practice (SRPP) section, we want to emphasize the importance of careers in policy and practice that are central to creating change in systems and policies that shape the experiences of aging at multiple levels.

We briefly outline some initial strategies for early-career researchers to learn about and pursue non-academic careers. We invite you all to join us in society-wide dialogue on opportunities for building careers that intersect gerontology, research, policy, and practice outside of academia.

Identifying Your Values and Skills

Whether you are pursuing a master's degree, PhD program, or looking to switch careers, reflexivity can be helpful. What are your values? Really, take a minute and jot them down on paper or a computer. Think back over the internships, fellowships, projects, assistantships, or jobs you have experienced. Did any of these opportunities align with the values you listed? And think about the skills you've developed through your graduate training that you find most energizing. You use so many skills in your everyday work, including project management, collaboration, data analysis, writing, public speaking, mentorship, even if these aren't formally part of your role. Consider career options that allow you to leverage your skills and emphasize the work you find most fulfilling. If you had to write a job description that matched your values and skillset, what would it say? Get specific!

Aligning Your Values and Skills with Organizations

Now you have an idea of what you are looking for in a job. You will need to learn who is doing the kind of work that matches your values! Sometimes government agencies contract with private or nonprofit organizations to conduct research and evaluation projects. Next time you are reviewing a report or learn about a program that you find exciting, take a look at the organization who did the work and explore their website. Also, tap into your networks by asking your colleagues and mentors for contacts or organizations doing aging-related work outside of the academy. Faculty are well-

connected, and many will be willing to brainstorm with you and connect you with their colleagues and community partners in non-academic roles.

Be Curious and Ask Questions

During your online sleuthing or brainstorming with faculty and colleagues, you might discover someone, see their title and the work they do, and think "That is the job for me!" Informational interviews can be an excellent semi-formal way to grow your network and learn some helpful tips and tricks. Though we are all busy and it may feel uncomfortable to cold call (or email) someone you have never met before, you will gain key insights into how that person came into their role. Who knows, one conversation could lead to two, and quite possibly a mentor-mentee relationship?

Scratching the Surface

There are a wealth of resources to support researchers interested in non-academic careers. Did you know GSA has a mentor-mentee match program through GSA Connect? Whether you are seeking some individualized attention or able to offer experience and advice, enroll today! Additionally, [GSA's career center](#) hosts resources including job postings, tips sheets, and personal narratives from other members.

Also check out [ImaginePhD](#), a career exploration and planning tool for researchers, and [Beyond the Professoriate](#), an organization that helps grad students and PhDs leverage their education into meaningful careers, whether in academia or beyond.

Network and Engage!

Our goal for this article is to discuss non-academic careers in aging research, practice, and policy. And we want to hear from you (espo@geron.org)! Early career GSA members: what are your career goals? Non-academic GSA members: what advice do you have for those interested in pursuing a career path like yours? As future professional members of GSA, it is important to cultivate a sense of community across disciplines (and careers). Let's keep the conversation going!

This month, keep an eye out for a [GSA Career Conversation](#) focused on thinking about jobs in aging and gerontology a little differently. (The recorded program will be posted if you miss the live event.) We also would like to invite SRPP/ESPO members to join the annual SRPP business meeting, which will be held virtually the last week in October, followed by a SRPP/ESPO member meetup in Phoenix. We look forward to seeing you virtually and in-person!

Your Vote, Your Society

GSA congratulates the following candidates

Board of Directors



Vice President
James F. Nelson,
PhD, FGSA
UT Health San Antonio



Treasurer-Elect
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Preparing Students for the Administration of Long-Term Care Services

By Darren Liu, DrPH, MS, MHA, FGSA, Des Moines University (darren.liu@outlook.com)

The field of long-term care is changing. Once dominated by institutional and quasi-institutional services, community-based services are rapidly becoming the care delivery model that yields the greatest satisfaction to clients and their families (Grabowski, 2021). However, whether long-term care services are institutionally and/or community-based, growing shortages in the marketplace for direct care workers continues to lend additional complexities to the tasks completed by long-term care administrators (Scales, 2021).

For educators in health professions programs who integrate gerontology/geriatrics content into their courses, it becomes essential for them to ask, “What are some key areas that are under-taught in the preparation of students for positions as long-term care administrators who work with older adults?” While the list of responses is quite extensive, a few areas of need have not yet been added to the practitioner’s agenda.

1. Assessing “the needs”

At the very first level, long-term care needs assessment is an area that is currently under-taught in long-term care administration programs. As is known, students are introduced to resident assessment as an activity that should be completed within two weeks of admission for determining eligibility and payment. This detailed assessment is needed in order to determine whether community-based services can be delivered as an alternative to quasi-institutional and/or institutional services.

While it is true that [HR.1455](#) and [S.785](#) specifically requires that assessment activities be externally conducted, it is critical that assessment training be included in student preparation if the needs of older adults are to be meaningfully understood and addressed. Additionally, such **training must exceed merely assessing whether potential clients can execute basic activities of daily living (ADL)**. The area of unmet needs is the integration of greater knowledge of anatomy, disease and illness, and overall medical needs into long-term care instruction. For example, to better meet the needs of older adults, clinical training would allow illnesses and/or diseases that may require enteral and/or parental feeding to be identified without such needs being “spelled out” in the individuals’ medical records.

Furthermore, students are also under-prepared in **cultural needs assessment**. For example, students trained in health care administration in Nevada, California, and/or other states that serve as home to Native Americans such as the Navajo, Widiigi, Icafiui, Apache and/or others know little about the food taboos of such groups. Accordingly, community-based services such as Meals-On-Wheels are not managed by persons who understand or can adjust to accommodate these cultural norms.

2. Health care disparities

Students of long-term care administration are often inappropriately trained to **identify and analyze health and health care disparities** that occur among older adults across long-term care institutions. Health care administration students are taught the “business side” of health care. However, they are not trained to statistically link publicly-displayed disparate outcomes in nursing home performance with disparities that exist on the “business side” for those institutions that have lower Nursing Home Compare ratings. Relatedly, students of health care administration are not provided with the knowledge of the sophisticated statistical tools that are needed to be able to converse with a statistician in order to isolate “causes and correlates” of poor Nursing Home Compare ratings. This is because health services research methods courses are not routinely included in the curriculum for long-term care administration students. Yet, such courses are sorely needed as the methods and approaches for assessing health services differ from those that are required in public health.

While the number of nursing homes are decreasing, long-term care as a subsystem of the U.S. health care system is rapidly expanding in size and complexity. Moreover, the market structure for long-term care has become more complex. However, many long-term care administration programs fail to teach students how to engage in the marketing of their services or even how accounting or finance for nonprofit long-term care facility may differ from the methods used in for-profit accounting. Yet, long-term care facilities include both for-profit and not-for-profit institutions.

3. Diversity, equity, and inclusion literacy

Numerous other areas could be mentioned such as ensuring **diversity, equity, and inclusion in workplaces**. For example, a rigid system of social stratification exists in long-term care between certified nursing assistants (CNAs) who are arguably the very foundation of the long-term care delivery system, and the registered nurses (RNs) and nurse practitioners (NPs) who offset the very few hours of care provided by a part-time medical director and the nursing team. Nevertheless, the human resources training provided to long-term care administration students does not include the assessment of the socio-economic determinants of factors that may hamper the work performance of the low-wage CNAs who are so critical to this industry. Indeed, we must teach students the importance of knowing that social determinants of health not only affect physical health outcomes, they also impact the workplace performance of higher and lower income workers. Thus, unique human resources support systems are needed in order to address the employment pathway of employees who are already the “casualties” of the country’s socially stratified system.

educational news

4. Creativity and innovation

Finally, one of the most important “lessons” that is needed for preparing students for long-term care administration is the importance of creative and innovative approaches. Managed care, an innovation in health care delivery that accrued from the “business side” of health care, was resisted by health care administrators as well as clinicians for many decades. Yet, managed care has simultaneously improved access, costs, and quality — three components that are oftentimes inversely related. It is health care administrators who must be trained to understand the aging process and the unique needs of older adults, while partnering with clinicians and public health

personnel to design a health care delivery system that can serve a rapidly aging population. Though, this outcome cannot be achieved without complex changes in what and how educators prepare the health care administrators of the future.

References

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journal news

GSA Journals Continue to Lead: Latest Impact Factors Announced

The Web of Science Group, part of Clarivate Analytics, has released the 2021 update to its annual *Journal Citation Report*, which includes impact factor rankings for 2020. It shows that GSA's journals, which took three of the top five spots in the Social Sciences Citation Index's Gerontology category, continue to lead with all-time high impact factors.

- *The Journals of Gerontology, Series A: Biological Sciences & Medical Sciences* remains number one with an impact factor of 6.053 (Editors-in-chief: Rozalyn Anderson, PhD, FGSA, David LeCouteur, MBBS, FRACP, PhD, and Lewis Lipsitz, MD, FGSA)
- *The Gerontologist* ranks third with an impact factor of 5.271 (Editor-in-chief: Suzanne Meeks, PhD, FGSA)
- *The Journals of Gerontology, Series B: Psychological Sciences & Social Sciences* ranks fifth with an impact factor of 4.077 (Editors-in-chief: Derek Isaacowitz, PhD, FGSA, and Jessica Kelley, PhD, FGSA)

To mark the continued growth of GSA's prestigious publications, a selection of top-cited and top-mentioned articles can be found on the [website of GSA's publisher, Oxford University Press](#).

Innovation in Aging Opens Abstract Call for Issue on Nursing Science Interventions

Innovation in Aging has issued a call for papers for a special issue titled “[Nursing Science Interventions in Aging](#).” [The National Institute of Nursing Research \(NINR\) Strategic Plan for 2022–2026](#) identifies three goals for nursing science: dismantling structures that perpetuate racism and impede health equity; addressing social determinants of health using multilevel methods; and advancing precision health and health care. In this call for papers, the editors

seek cutting-edge nursing science research that addresses these challenges in the setting of aging and lifespan health. Manuscripts should be empirically based but may make projections for a possible future vision for the field. Abstracts are due October 1.

The Gerontologist Welcomes Submissions Issue on Implementation Science

Researchers in gerontology and geriatrics have long studied the efficacy of clinical interventions, with the focus on individual adopters, but with less attention to implementation. Implementation scientists explore factors that influence adopting evidence-based interventions on a larger scale, such as characteristics of organizational, political, and cultural contexts. With significant gerontological research focused on interventions to modify the course of developmental trajectories, improve disease conditions, and promote lifestyle changes, applying implementation science can accelerate translation of effective programs and policies into practice. *The Gerontologist* invites papers for a special issue, “[Implementation Science in Gerontology](#),” covering implementation science in aging research, education, and practice, including challenges and considerations for practitioners and researchers, innovative methods, and opportunities for training and education. The editors welcome papers that reflect how researchers and practitioners are applying implementation science frameworks and methods across disciplines. Works by persons belonging to underrepresented groups or studying diverse and underrepresented older adults are encouraged. Successful papers will use or build upon frameworks for implementation science practice and research and, as with all papers accepted in *The Gerontologist*, demonstrate theoretical, conceptual, and methodological rigor regardless of the manuscript type. Abstracts are due October 1.

to identify social and economic determinants of aging that are common across countries, highlighting important directions in which to focus our efforts to improve health and well-being at older ages.”

The papers presented in the issue examine social and economic factors across the life course from a variety of perspectives. Topics include comparative research on the impacts of early-life socioeconomic position on later-life cognitive functioning, younger-life work trajectories on health at older ages, and the availability of family caregivers on end of life care. Each paper leverages the [Gateway to Global Aging Data](#), a USC-based a platform for population survey data on aging around the world.

“This research shows the promise of cross-national comparative research on aging with harmonized data and highlights potential new lines of inquiry for the research community,” said Lee, the

principal investigator of the Gateway to Global Aging Data and director of the Global Aging, Health and Policy program at the USC Dornsife Center for Economic and Social Research. “Significant differences in family, social environment and health indicators across countries call for research attention, and the Gateway is a valuable resource for these types of investigations.”

The supplement will be followed by a series of webinars and discussions to continue conversation and collaboration around facilitating future cross-national analyses.

“The papers published in this supplement provide new and innovative insights into the complex ways that micro- and macrosocial factors shape the experiences of older adults worldwide,” said Deborah Carr, PhD, FGSA, the outgoing editor-in-chief of the *Journal of Gerontology: Social Sciences* and a professor of sociology at Boston University. “Addressing obstacles to cross-

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