

## inside this issue:

- President's Message on Ageism Awareness . . . . . 2
- Federal Budget: Policy, Politics, Process . . . . . 4
- New GSA Awardees . . . . . 8

### Board of Directors Meets

The GSA Board of Directors met May 21 via Zoom, led by Chair Terri Harvath, PhD, RN, FAAN, FGSA. The CEO provided an update on key activities related to COVID-19, the Annual Scientific Meeting, diversity and justice, staff reorganization, and recent interactions with prospective funders, partners, colleague organizations, key stakeholders, and the Reframing Aging Initiative. The GSA Diversity & Justice Working Group and the Programs, Publications, and Products Committee also provided updates. The Board discussed options for this year's Annual Scientific Meeting and approved holding an in-person meeting with on-demand content, plus two streamed sessions (Opening Plenary and the Kent and Kleemeier Award lectures). The Board also began a development discussion on future trends for association meetings/convenings, participated in the first of four interactive workshops on Reframing Aging core elements, and approved the creation of the new Boaz Kahana Student Poster Award.

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## Bernard Now Leading NIH Diversity Efforts, Shares Details with GSA

National Institute on Aging (NIA) Deputy Director and GSA member Marie A. Bernard, MD, FGSA, FAGHE, has been named the new chief officer for scientific workforce diversity (COWSD) at the National Institutes of Health (NIH) by Director Francis Collins, MD, PhD. She had been serving in an acting capacity since October 2020.



Bernard

In this position, according to an NIH statement, "She will lead NIH's effort to promote diversity, inclusiveness, and equity

throughout the biomedical research enterprise."

Bernard, who has earned many GSA distinctions over the years — including chair of the Health Sciences Section, president of the Academy for Gerontology in Higher Education, and recipient of the Donald P. Kent Award — gave an exclusive interview with *Gerontology News* that continues on pages 12 and 13 of this issue.

She joined the NIA as deputy director in 2008, after serving as the endowed professor and founding chair of the Donald W. Reynolds Department of Geriatric Medicine at the University of Oklahoma College of Medicine and associate chief of staff for geriatrics and extended care at the Oklahoma City Veterans Affairs Medical Center.

Bernard has been a longstanding champion for diversity and inclusion efforts over her

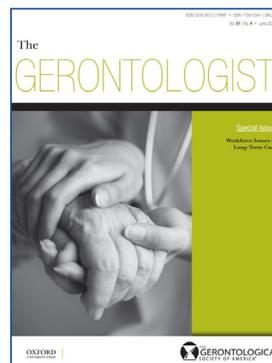
*Continued on page 12-13*

## Experts Highlight Solutions to Bolster Long-Term Care Workforce

"Workforces issues are the most significant challenges facing the long-term care industry," states the opening editorial of a new special issue of *The Gerontologist* titled "[Workforce Issues in Long-Term Care](#)." The 17 articles contained within illustrate:

- How policy and workplace practices might influence workforce size by attracting and retaining workers
- How social and policy contexts affect recruitment and retention
- How the day-to-day experiences of direct care workers might relate to quality of care.

"Their rich and varied methodologies and perspectives also offer the field some glimpses of optimism that we can leverage diverse approaches to improve long-term care," wrote Editor-in-Chief Suzanne Meeks, PhD, FGSA, and Editor: Social Media Howard B. Degenholtz, PhD, FGSA, in the editorial.



Overall, the collection addresses the long-term care workforce from the front line to the back office, from rigid hierarchies to flexible models that promote creativity.

"If the shared goal is that long-term care should provide both high-quality care and the opportunity for a good life, the resulting articles lay out many of the challenges faced by policymakers, practitioners, and providers," Meeks and Degenholtz state. "At the same time, new models of care and new ways of thinking

*Continued on page 6*

# From the GSA President



## Ageism Awareness Is Key to Meaningful Change

By Theresa (Terri) Harvath, PhD, RN, FAAN, FGSA •  
tharvath@ucdavis.edu

This year marks my 40th anniversary as a registered nurse. My career in aging, however, started a couple of years before that when I worked as a nursing assistant in a nursing home. Although the conditions in nursing homes in the late 1970s left something to be desired, I recognized that, as a nurse, I could make a difference for this population. While that may sound altruistic, it was, in many ways, a selfish choice.

You see, I also knew that my life would be enriched by having more contact with older persons.

On a Tuesday in early November 1981, I went into Verna Mae's room and she confronted me by asking, "Did you vote today?" I answered, "Yes, I always vote." And she responded, "You better. I worked damn hard to get you the vote." She was a suffragist! Some of the older persons I have met and cared for stand out. For example, an African American woman who told me she always voted Republican because her grandfather had been a slave who was freed by Abraham Lincoln. I met one of the original Fly Girls, women pilots who ferried planes from manufacturers to air bases during World War II. While working at the VA, I encountered a survivor of the Bataan Death March whose resilience and positive attitude toward life was inspiring.

And I have met countless more older persons whose everyday life experiences have given them the wisdom that can only come from enduring the joys and sorrows accumulated over a lifetime.

What I didn't expect, at least initially, was that there would be so many negative judgments about my career choice. When my first job out of nursing school was in a skilled nursing facility,

I fielded many comments about how I could surely "do better." Or didn't I want to do "real" (i.e., hospital) nursing? Those of us who identify as geriatric anything (pharmacist, social worker, physician, etc.) know the stigma that is often associated with that label; the presumption that we couldn't make it in the often-perceived harder or more prestigious fields.

Once, I was at a university that did a month-long series on the 'isms.' Each week focused on a different one: racism, sexism, classism, ageism. There was robust attendance at all but the last one. The only people who showed up were those of us interested in gerontology.

Yet ageism is alive and well. In fact, a trip down the greeting card aisle of any grocery or department store is all you need to do to see that it's also a common genre for birthday cards.

I've grown accustomed to close encounters with ageism. Still, I was shocked last summer when I delved into the literature about the impact of the COVID-19 pandemic on older adults. I found so-called ethical position papers that argued that older adults should be denied access to intensive care resources in the event of a shortage because they had already lived their lives or that their future contributions to society were likely minimal.

It was a rude awakening to an understanding that ageism isn't just the stigma that we experience when we choose a career in gerontology. It has the potential to have real and harmful consequences for older persons.

Fortunately, GSA has an antidote to ageism in the form of the [Reframing Aging Initiative](#). The 2021 GSA Board of Directors was introduced to this project at our first meeting and we deemed it beneficial to participate

*Continued on page 15*

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## In Memoriam

**Carmel Bitondo Dyer, MD**, a geriatrician and executive director of the Consortium on Aging at The University of Texas Health Science Center at Houston (UTHealth), passed away May 4 at age 62. Her career was focused on preventing elder abuse, training the next generation of geriatricians, and revolutionizing access to specialized health care for older adults.

Dyer joined McGovern Medical School at UTHealth in 2007 as the first director of the Division of Geriatric and Palliative Medicine, establishing research, education, and clinical programs, and setting the pace for its growth. In that role, she led the design of both inpatient and outpatient geriatric and palliative medicine programs at UTHealth's primary teaching hospitals, Memorial Hermann-Texas Medical Center and Harris Health Lyndon B. Johnson Hospital. She created the Acute Care of the Elderly Unit and an inpatient geriatric and palliative consult service. She also developed two geriatric and palliative house call teams to bring exceptional care to older adults in their homes, and worked to establish both geriatric and palliative fellowship programs.

In 2010, Dyer became the first medical director of the UT Physicians Center for Healthy Aging, which promotes a circle of care concept to deliver comprehensive, age-appropriate care to older adults. In Dyer's memory, the university is establishing the Carmel Bitondo Dyer, MD, Chair in Geriatric and Palliative Medicine.

**Gouri Shankar Bhattacharyya, MD, FRCP**, a co-convenor of GSA's Cancer and Aging Interest Group, passed away in May. A medical oncologist in Kolkata, India, with 25 years of experience, Bhattacharyya's scholarly interests included biologic response modifiers, the tumor microenvironment, palliative care, and geriatric oncology.

He was a past president of the Indian Society of Medical and Pediatric Oncology. He published more than 200 papers and has been an investigator on more than 50 phase II/III clinical trials. The International Association for Hospice and Palliative Care awarded him with a certificate of recognition in 2013 for Promotion and Development of Palliative Care in the World.

Among his many honors, he was a fellow of Academy of European Society for the Translational Medicine, a fellow of The American Society for Pharmacology and Experimental Therapeutics, and associate of the Royal College of Obstetricians and Gynecologists, and a fellow of American College Clinical Pharmacology.

## Colleague Connection

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

**Megan Husingh-Scheetz, MD, MPH**

The recipient, who became eligible after referring new member **Nabiel Mir, MD**, 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:

**Karl A. Pillemer, PhD, FGSA**

## Ory Earns Texas A&M Award

Marcia Ory, PhD, FGSA, has received The Association of Former Students' Distinguished Achievement Award in Research from Texas A&M University for 2021. Presented since 1955, this award recognizes outstanding members of Texas A&M's faculty and staff for their commitment, performance and positive impact on Aggie students, Texas citizens and the world around them.

At the university, she holds the positions of regents & distinguished professor, director of the Center for Population Health & Aging, and chair of the Opioid Task Force, Health Science Center. Her research includes pioneering applied and translational research on women's health, health behaviors, and environments; chronic disease management; dementia care; doctor-patient interactions; falls and injury prevention; community engagement; and health disparities. Her newest research interest examines the role of technology in helping older adults to age in place, and attention to recent public health issues such as the opioid crisis and the COVID-19 pandemic.

## Members in the News

- An April 23 article in the Los Angeles Daily News titled "Senior Living: The startling inequality gap that emerges after age 65" featured quotes from Eileen Crimmins, PhD, FGSA, and Scott Lynch, PhD, FGSA.
- On April 27, Andrei Irimia, PhD, was quoted in a U.S. News & World Report article titled "Head Injury, Alzheimer's Appear to Affect Brain in Similar Ways" and an article in The Atlanta Journal-Constitution titled "Concussions shown to have similarities with Alzheimer's, study shows."
- On May 6, GSA Vice President Peter Lichtenberg, PhD, was interviewed for a WXYX-TV Detroit piece titled "Metro Detroit man develops online resource center to protect older adults from nest egg scams."
- Becca Levy, PhD, FGSA, was quoted in a May 18 Next Avenue article titled "The Pernicious Reach of Ageism."
- On May 20, Stephen Golant, PhD, FGSA, was quoted in an article in The Telegraph titled "Boomers are living it up in £500k-a-year residential homes - and don't care about the kids' inheritance."
- Sheila Malkind, MPA, MPH, was quoted in several recent stories in her capacity as director of the Legacy Film Festival on Aging, including "San Francisco's Legacy Film Festival on Aging is reborn for 2021" in the San Francisco Chronicle on May 21, "San Francisco's Legacy Film Festival On Aging Moves Online And It's Surprisingly Relevant For All Ages" in Forbes on May 23, and "The Legacy Film Festival On Aging Celebrates Stories Of Courage & Conviction" on KALW-FM on May 25.
- Sheila Molony, PhD, FGSA, was quoted in a May 30 Yahoo News 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."
- A May 30 Next Avenue article titled "How Colorado Is Tackling Age Diversity in the Workforce" quoted Brian Kaskie, PhD, FGSA.

## New Books by Members

- "Self-Direction: A Revolution in Human Services," by Valerie J. Bradley, MA, Marc H. Fenton, and Kevin J. Mahoney, PhD, FGSA. Published by State University of New York (SUNY) Press, 2021.

## Biden-Harris FY 2022 Budget Includes Boost for Aging-Related Agencies, Programs

Let me start with a quick update on [last month's interview with Haley Gallo](#), who served as GSA's inaugural Greg O'Neill Policy Intern in 2019: She is now engaged to be married to a colleague whom she met during her time in DC. So, the 116th Congress was more productive than we had realized. Congratulations!

Someday I would like to print up t-shirts for Capitol Hill visits that say, "I Love the 3 P's: Policy, Politics, Process." This summer they would be a big hit as we all try to parse out and play a role in the daily grind in the nation's capital. A new administration and new Congress have new policies to push forward, and who can remember a more political environment than this post-insurrection quagmire? The legislative scenarios have become unique, complex, and strategic and laced with a poisonous partisanship that reflects ongoing effects of the Trump legacy.

### Policy

Since [I wrote about the Biden-Harris American Jobs Plan and American Families Plan in May](#), much has happened. President Joe Biden released his first budget proposals, the Senate Budget Committee Chairman released draft budget reconciliation proposals, and a group of House and Senate Democrats led by Senators Bob Casey (D-PA), Ron Wyden (D-OR), and Majority Leader Chuck Schumer (D-NY) unveiled the legislative details of how they would address home and community-based services (HCBS) in the Better Care Better Jobs Act. Suffice it to say, there will be many more proposals and details coming out from various committees as the process moves forward. But let's talk about the proposed policies in the president's budget first.

### The Biden-Harris Budget Proposal

Biden and Vice President Kamala Harris unveiled their first budget on May 28, adding further detail to the American Jobs and American Families Plans and other programmatic priorities. This year the president's spending proposal or "wish list" will not be ignored by Congress and is likely to influence both the appropriations process and the budget reconciliation significantly. Of particular note is the 15.5 percent increase for non-defense discretionary spending. His proposals address the pandemic, issues of equity, climate change, past budget cuts, and long-standing unmet needs.

The tight budget caps of the past ten years expire this year and offer an opportunity to fund programs that have not received appropriate increases in the past. The budget does not include the perennial proposals from the last administration to cut or end programs such as Low-Income Home Energy Assistance, Geriatrics Workforce Enhancement Program (GWEP) and Geriatrics Academic Career Award (GACA), Legal Services Corporation, senior employment programs, and many others. In fact, the Department of Health and Human Services funding would increase by \$25.5 billion, or 23 percent, under the Biden-Harris budget.

**National Institutes of Health:** The National Institutes of Health does well under the budget proposal with an increase of 21 percent

for a total of \$51.9 billion. Also proposed is a new Advanced Research Projects Agency for Health at \$6.5 billion. The National Institute on Aging would receive an increase of \$135 million — moving up from \$3.899 billion to \$4.035 billion.

**Geriatric Education:** Overall, the Health Resources and Services Administration receives a bump up of \$496.5 million to \$12.6 billion. The geriatrics education funding — GWEP and GACA — were increased by \$3.8 million to \$46.5 million for FY 2022.

**Administration for Community Living:** Older Americans Act (OAA) programs and programs supporting individuals with disabilities are funded under the Administration for Community Living (ACL). The ACL has requested budget authority of \$3.008 billion, an increase of \$750.8 million over the FY 2021 numbers. Increases reflect under-funded programs and the acknowledgement during the pandemic of the great reliance millions of Americans have on the supports and services provided by these programs.

The budget proposal includes the following increases: Nutrition (+\$389.6 million), Home and Community-Based Supportive Services (+\$158 million), Preventive Health Services (+\$1.5 million), Aging and Disability Resource Centers (+\$15.3 million), Family Caregiver Support Services (+\$61 million), Native American Caregiver Support Services (+\$5 million), Alzheimer's Disease Program (+\$2.6 million), Lifespan Respite Care (+\$7.1 million), Long-Term Care Ombudsman/Prevention of Elder Abuse (+\$11.3 million), Native American Nutrition and Supportive Services (+\$35 million), Elder Justice/Adult Protective Services (+\$1 million), and the non-OAA State Health Insurance Assistance Programs (+\$3.1 million). It is worth noting that the Family Caregiver Support Services request includes \$400,000 to keep the RAISE Family Caregiver Advisory Council going for another year.

**The Centers for Disease Control and Prevention:** The president's budget request for Centers for Disease Control and Prevention (CDC) funding is \$9.578 billion. This represents an increase of \$1.681 billion above the FY 2021.

"The FY 2022 request includes the largest budget authority increase for CDC in nearly two decades and contains a number of priority initiatives that address critical public health needs and opportunities." They include: Public Health Infrastructure and Capacity (\$400 million, which addresses the deficit in public health infrastructure nationwide to help respond rapidly to new and emerging infections), \$150 million for Public Health Data Modernization (+ \$100 million), Social Determinants of Health (+\$150 million to improve health equity), and an increase in Public Health Workforce (+\$50 million).

### Elderly Housing, Energy, and Community Service Block Grants

The Biden budget proposes the following in programs that

support older adults: \$928 million for housing (a \$73 million increase from FY 2021, including \$100 million for new units) and \$125 million for services and supports; \$1.640 billion for Social Services Block Grants (an increase of \$57 million); \$3.8 billion for the Low-Income Home Energy Assistance Program (an increase of \$100 million); \$754 million for the Community Services Block Grant (an increase of \$9 million); and \$244.5 million for Senior Corps Programs (an increase of \$19.5 million).

## Politics

Yes, self-interest and survival seem to be ruling the day and few are surprised about that reality. With the Senate split 50-50 and a slim majority in the House, Democrats need to prove they can get things done and improve the economy and quality of life for Americans. Some Republicans will do almost anything to stop or minimize their successes.

And then there are conservative Democrats and moderates of both parties that are stepping forward with bipartisan proposals trying to move the issues forward — to the chagrin of progressive Democrats and conservative Republicans. The president wants to show that he can be bipartisan and still deliver on some of his campaign promises.

Yet for many Democrats, his campaign proposals were not progressive enough. And for some they were too progressive. It's important to sit back at times like these and reflect that these many voices and viewpoints being freely expressed show our democracy in action.

Beyond fighting to keep or gain the majority in the House and Senate, individual members are positioning themselves for reelection or running for another higher office. Others will make this their last term in office. These factors play into what gets done, when, and whether in a partisan or bipartisan fashion.

## Process

Everyone is becoming familiar with the budget reconciliation process, which enables the Senate to pass legislation with revenue and tax implications by a simple majority, avoiding the 60 votes needed to prevent a filibuster. During the previous administration, budget reconciliation was used to pass tax cuts and in attempts to repeal the Affordable Care Act/Obamacare.

This year, the Democrats used it to pass the American Rescue Plan to address the pandemic, and they will attempt to use it again to pass a massive package of proposals outlined in the American Jobs Plan and American Families Plan.

That reconciliation bill could include the traditional infrastructure legislation to fix bridges and highways, but that depends on whether a targeted infrastructure bill can win over enough Republicans and retain enough Democrats to pass with bipartisan support on its own.

It appears that the White House and the Democratic leadership would like to pass a bipartisan infrastructure package and immediately pass a partisan package that would include the other programs from the American Jobs and Families plans. This rubs the Republicans the wrong way. This approach requires the extremes — conservative and progressive — of the Democratic members to join forces for passage.

There you have it, the 3 P's for what may be a once in a lifetime

opportunity to change programs and policies targeting our infrastructure and the social services and care needs of multiple age groups. If Biden-Harris and the Democrats succeed, they may be rewarded with reelection or they may face years of efforts to repeal/modify/weaken their work a la Obamacare.

Finally, a quick thank you to this year's GSA policy interns, [Lei Chen and Kaleigh Ligus](#), for providing research on these various budget and legislative proposals.

## Recent GSA Policy Actions

**GSA** signed on to a joint letter to members of Congress urging the passage of the Protecting Older Workers Against Age Discrimination Act (POWADA) through the Leadership Council of Aging Organizations (LCAO). POWADA would restore the standard of proof in age discrimination cases to the pre-2009 level and treat age discrimination as unjust as other forms of employment discrimination. Moreover, because courts have applied a higher burden of proof to retaliation charges and to disability discrimination, POWADA would also amend the Age Discrimination in Employment Act, Title VII's provision on retaliation, the Americans with Disabilities Act, and the Rehabilitation Act of 1973.

**GSA** supported the Leadership Council of Aging Organizations (LCAO) chair's letter to the Senate and House appropriations leadership in support of the investment in non-defense discretionary spending that President Joe Biden proposed in his administration's \$1.5 trillion FY 2022 Budget Summary. Furthermore, the LCAO encouraged Congress to work toward the passage of final FY 2022 appropriations bills that include adequate funding levels for the Older Americans Act and other key programs within the Departments of Health and Human Services, Labor, Housing, Transportation, Agriculture, and Justice that prioritize and promote the goal to enhance the dignity, health, and independence of older adults. GSA is also actively advocating for \$75 million in funding for the new Administration on Aging Research, Demonstration, and Evaluation Center for the Aging Network, which the Society worked to create.

**GSA** participated in an Oral Health Alliance meeting with the U.S. Department of Agriculture (USDA) Center for Nutrition Policy and Promotion to express appreciation of the USDA/Health and Human Services "2020-25 Dietary Guidelines for Americans" in identifying dental caries as a significant diet-related chronic disease and highlighting the importance of strong teeth for aging adults; to introduce USDA to valuable resources for developing nutrition and health messages on oral health preventive practices in reducing risk of dental caries and improving dietary intakes and health of Americans; and to describe the impact of COVID-19 and other infections on oral health and measures to control impact on oral health. GSA was represented at this meeting by former President and current GSA Oral Health Work Group member Michèle J. Saunders, DMD, MS, MPH, FGSA, and Vice President of Policy and Professional Patricia M. "Trish" D'Antonio, BSPHarm, MS, MBA, BCGP.

# new resources

## RRF Brief Provides Insight on Bolstering Caregiver Support

RRF Foundation for Aging has released an issue brief on one of its priority funding areas — caregiving. More than 53 million people — one in five residents of the U.S. — are family caregivers who provide essential support to older adults who can no longer live independently.

Estimates suggest that the care they provide is worth nearly half a trillion dollars, an economic contribution significantly greater than all government outlays for institutional and community-based long-term services and support (LTSS) combined. This makes caregivers the nation's largest healthcare workforce, an indispensable part of the health and social service delivery system for older adults and a vital resource for the nation.

“[Investing in Caregivers: An Essential Resource for Our Nation](#)” provides an overview of the key issues around caregiver support, describes some of the work the foundation is funding to address these issues, and invites others to join them in developing the next generation of solutions to address this increasingly important issue.

## DEC Toolkit Aims to Help Providers Support Diverse Caregivers

The Diverse Elders Coalition (DEC) has released a new resource, “[Caring for Those Who Care — Resources for Providers: Meeting the Needs of Diverse Family Caregivers Toolkit](#).”

The toolkit offers information on what providers need to know about meeting the needs of diverse family caregivers and key pieces

from DEC's comprehensive training curriculum, “Caring For Those Who Care: Meeting the Needs of Diverse Family Caregivers.”

The toolkit includes fact sheets and diverse family caregiving resources such as information on national caregiving resources, ten things to know about language-access advocacy for older adults, and COVID-19 resources for diverse family caregivers. The toolkit was created by the six members of the DEC with funding from The John A. Hartford Foundation.

## New Public Facing Website Provides Information on Alzheimer's Disease

The National Institute on Aging (NIA) has launched a new website, [www.alzheimers.gov](http://www.alzheimers.gov), designed to educate and support people whose lives are touched by Alzheimer's disease and related dementias. This is the federal government's portal to information and resources on Alzheimer's disease and related dementias, including Lewy body dementia, frontotemporal disorders, and vascular dementia.

The new website includes resources for community and public health workers, health care providers, and researchers; information about Alzheimer's disease and related dementias, including causes, symptoms, diagnosis, and treatment; tips and resources for caregivers and people living with dementia; clinical trials and studies people can join to help advance ways to treat and prevent dementia; and updates on what the federal government is doing to address Alzheimer's and related dementias.

## *Continued from page 1 – Experts Highlight Solutions to Bolster Long-Term Care Workforce*

about and defining ‘work’ have perhaps moved us a few steps down the path. The COVID-19 pandemic has laid bare the need to reinvest in the long-term care workforce, and we hope that this collection will provide positive guidance for future research and policy.”

The studies include:

- Workforce Issues in Long-Term Care: Is There Hope for a Better Way Forward?
- Retooling the Health Care Workforce for an Aging America: A Current Perspective
- It's Time to Resolve the Direct Care Workforce Crisis in Long-Term Care
- Impact of a New Home Care Payment Mechanism on Growth of the Home Care Workforce in Taiwan
- Maximizing Home Health Aide Retention: The Impact of Control and Support on the Job
- Organizational Factors Associated with Retention of Direct Care Workers: A Comparison of Nursing Homes and Assisted Living Facilities
- Long-Term Residential Care Policy Guidance for Staff to Support Resident Quality of Life
- “If They Don't Like You, They Are Not Going to Eat for You”:

Individual and Interpersonal Factors Affecting Certified Nursing Assistants' Ability to Provide Mealtime Assistance to Residents with Dementia

- Not Just How Many but Who is on Shift: The Impact of Workplace Incivility and Bullying on Care Delivery in Nursing Homes
- Assistant Nurses' Positioned Accounts for Prioritizations in Residential Care for Older People
- Comparing Occupational Adaptation-Based and Traditional Training Programs for Dementia Care Teams: An Embedded Mixed-Methods Study
- Medical Care Delivery in U.S. Nursing Homes: Current and Future Practice
- Medical Staffing Organization and Quality of Care Outcomes in Post-Acute Care Settings
- Nurse Practitioners Rising to the Challenge During the COVID-19 Pandemic in Long-Term Care Homes
- Measuring Caregiver Retention in Nursing Homes
- Deeply Discrediting: A Systematic Review Examining the Conceptualizations and Consequences of the Stigma of Working in Aged Care
- Assuring Quality in Nursing Homes: The Black Box of Administrative and Clinical Leadership--a Scoping Review

## Get to Know Your Junior Leaders: Biological Sciences Section

Hello from Raul Castro-Portuguez and Alice Kane, your Biological Sciences (BS) Section junior leaders! We would like to tell you about who we are and what we have planned for this year at GSA.

### Raul Castro-Portuguez

I am a third-year cancer biology PhD Candidate at The University of Arizona. My research interests are oriented towards understanding the complex network changes in diseases, specifically aging and cancer. I am currently working on research that provides new insights about metabolic changes during aging — more specifically tryptophan metabolism — and how they are linked to liver cancer.



I graduated with a B.S. in chemistry in 2013 from the University of Costa Rica. I was an instructor at the University of Costa Rica and University of Medical Sciences for three years, while also conducting some research in the field of natural products used as potent bactericidal and fungicidal.

In 2016, I became a researcher at The University of Arizona in Dr. Donna Zhang's laboratory, where I worked with molecular biology and the intricacies of Nrf2 and oxidative stress in cancer and the aging process. During that time, I acquired a profound passion for the complex changes at cellular level affected by cancer and decided to pursue a doctorate degree. I was accepted to the Cancer Biology Program at The University of Arizona and in 2019, I joined my mentor's laboratory, Dr. George Sutphin.

Since then, I have been working on the effects of kynurenine pathway on hepatocellular carcinoma and the mechanism of kynurenine inhibition lifespan extension. My PI has been very supportive of my academic goals and any new ideas that I bring to the lab, as well as approaching the fellow researchers in the gerontological community in order to establish an interactive network of scientists in the field.

I became a member of GSA two years ago. Since then, I have met a great community of researchers who are passionate about science, helping society, understanding the aging process, providing novel insights and therapeutics for the elderly. I have been very happy serving the ESPO and Biological Sciences Section as junior leader, and I hope that my work here makes the next GSA Annual Scientific Meeting a very enjoyable event for everyone.

### Alice Kane

I am excited to be the new GSA Biological Sciences Section junior leader. I have been attending GSA conferences since early in my PhD when I was lucky enough to attend the 20th IAGG World Congress of Gerontology and Geriatrics in South Korea.

Over the years since, I have learnt so much from the presentation of exceptional multi-disciplinary research at the annual conferences, and especially the ESPO-led symposia and workshops — not to mention all the great people I have met in ESPO and the wider GSA community. I am honored to now be able to contribute to the organization of the BS ESPO symposium at the 2021 meeting, and the other work being undertaken by the Biological Sciences section.

My research focuses on identifying mechanisms and biomarkers of frailty in aging mouse models. I am interested in understanding why there is such heterogeneity in the aging process, by investigating the biological determinants of frailty in both sexes. I was first exposed to research on the biology of aging in my undergraduate research year at the University of Sydney in the lab of Dr Sarah Hilmer. Since then, I have completed a PhD at the University of Sydney, a first postdoc at Dalhousie University in Susan Howlett's lab, and I am now a senior postdoc in David Sinclair's lab at Harvard Medical School.

As a team, we are excited to be section leaders and facilitate the BS-ESPO symposium at the Annual Scientific Meeting at GSA 2021 in Phoenix, Arizona. We hope to create a symposium reflecting our diverse interests and the incredible range of research being undertaken as it relates to the biology of aging, in order to inspire connections between different corners of the aging process. The presenters will include both students and professionals whose work will expand on topics spanning detailed cellular and molecular biology processes as well as sex-differences and species-specific differences in aging.

We look forward to interacting with this year's group of ESPO members at our symposium and other events put on by GSA, such as the ESPO meet-and-greet where we get to know each other more closely. Through these interactions, we hope to educate new members on all of the resources which GSA offers, and have engaging conversations about their research and the study of aging as it relates to all of us.



# GSA Honors Outstanding Individuals

Please join us in congratulating our 2021 awardees!

GSA salutes outstanding research, recognizes distinguished leadership in teaching and service, and fosters new ideas through a host of awards. Nominated by their peers, the recipients' achievements serve as milestones in the history and development of gerontology.

The awardees will be recognized at this year's GSA Annual Scientific Meeting, taking place November 10 to 14 in Phoenix, Arizona. Check the final meeting program for all dates, times, and room location assignments for award events.

## SOCIETY-WIDE AWARDS



**Donald P. Kent Award**  
**Luigi Ferrucci, MD, PhD, FGSA**  
National Institute on Aging



**Robert W. Kleemeier Award**  
**Kenneth F. Ferraro, PhD, FGSA**  
Purdue University



**James Jackson Outstanding Mentorship Award**  
**Robert J. Taylor, MSW, PhD, FGSA**  
University of Michigan



**Margret M. and Paul B. Baltes Foundation Award**  
**Laura B. Zahodne, PhD**  
University of Michigan



**M. Powell Lawton Award**  
**David L. Roth, PhD, FGSA**  
Johns Hopkins University



**Maxwell A. Pollack Award for Contributions to Healthy Aging**  
**Namkee G. Choi, PhD, FGSA**  
University of Texas at Austin



**Doris Schwartz Gerontological Nursing Research Award**  
**Kathy H. Bowles, PhD, FAAN, FACMI**  
University of Pennsylvania



**Doris Schwartz Gerontological Nursing Research Award**  
**Nancy A. Hodgson, PhD, RN, FAAN, FGSA**  
University of Pennsylvania

# 2021 awardees

## ACADEMY FOR GERONTOLOGY IN HIGHER EDUCATION



**Hiram J. Friedsam  
Mentorship Award**  
**Pamela Efenbein, MSW, PhD,  
FAGHE, HS-BCP**  
University of North Georgia



**Student Leadership Award**  
**Lauren M. Bouchard, MS**  
Concordia University Chicago



**David A. Peterson Award**  
**Julie B. Miller, MSW, PhD**  
Massachusetts Institute of Technology



**David A. Peterson Award**  
**Carley Ward, MA**  
Massachusetts Institute of Technology



**David A. Peterson Award**  
**Chaiwoo Lee, PhD**  
Massachusetts Institute of Technology



**David A. Peterson Award**  
**Lisa D'Ambrosio, PhD**  
Massachusetts Institute of Technology



**David A. Peterson Award**  
**Joseph F. Coughlin, PhD, FGSA**  
Massachusetts Institute of Technology

# 2021 awardees

## BEHAVIORAL AND SOCIAL SCIENCES SECTION



**Distinguished Career Contribution to Gerontology Award**  
**Richard Schulz, PhD, FGSA**  
University of Pittsburgh



**Distinguished Mentorship in Gerontology Award**  
**Margie E. Lachman, PhD, FGSA**  
Brandeis University



**Richard Kalish Innovative Publication Award**  
**Sandra Torres, PhD, FGSA**  
Uppsala University



**Richard Kalish Innovative Publication Award**  
**Hans-Werner Wahl, PhD, FGSA**  
Heidelberg University



**Richard Kalish Innovative Publication Award**  
**Stephanie J. Wilson, PhD**  
Southern Methodist University



**Richard Kalish Innovative Publication Award**  
**Manfred Diehl, PhD, FGSA**  
Colorado State University

## BIOLOGICAL SCIENCES SECTION



**Nathan Shock New Investigator Award**  
**Bérénice A. Benayoun, PhD**  
University of Southern California

## HEALTH SCIENCES SECTION



**Joseph T. Freeman Award**  
**Pamela Z. Cacchione, PhD, CRNP, BC, FGSA, FAAN**  
University of Pennsylvania



**Excellence in Rehabilitation of Aging Persons Award**  
**Gregory E. Hicks, MPT, PhD**  
University of Delaware

# 2021 awardees

Please check the final meeting program for all dates, times, and room location assignments for award events.

## SOCIAL RESEARCH, POLICY AND PRACTICE SECTION



**Barbara J. Berkman Award for Outstanding Interdisciplinary Research, Practice, or Policy in Aging and Health Care**  
**Susan Lane Hughes, MS, PhD, FGSA**  
University of Illinois at Chicago



**Elaine M. Brody Thought Leader Award**  
**Larry Polivka, PhD, FGSA, FAGHE**  
Florida State University



**Carroll L. Estes Rising Star Award**  
**Kyeongmo Kim, MSW, PhD**  
Virginia Commonwealth University

GSA thanks the following award sponsors:

The New York Community Trust (Pollack Award)  
Abramson Senior Care's Polisher Research Institute (Lawton Award)  
Margret M. & Paul B. Baltes Foundation (Baltes Award)  
Barbara J. Berkman, DSW/PhD, FGSA (Berkman Award)  
Timothy Kauffman, PhD, FGSA (Excellence in Rehabilitation Award)

Additionally, the following award nominations, along with a variety of travel awards, are open from July 1 to August 2:

### Academy for Gerontology in Higher Education

Rising Star Early Career Faculty Award  
Mildred M. Seltzer Distinguished Service Honor  
Part-Time/Adjunct Faculty Honor  
Administrative Leadership Honor  
Graduate Student Paper Award  
James McKenney Student Travel Award

### Behavioral and Social Sciences Section

Student Research Award  
Boaz Kahana Student Poster Award **\*New\***  
Behavioral and Social Sciences Student Travel Award

### Emerging Scholar and Professional Organization

Interdisciplinary Paper Award  
Poster Award  
Douglas Holmes Award  
Minority Issues Poster Award  
Carol A. Schutz Travel Award  
TJ McCallum Memorial Student Travel Award

### Health Sciences Section

Austin Bloch Award  
Health Sciences Student Travel Award  
Person-In-Training Award  
Research Award

### Social Research, Policy, and Practice Section

Outstanding Student Poster Award  
Social Research, Policy, and Practice Student Travel Award

To learn more about GSA awards and for more information about our 2021 summer award nominations, visit [www.geron.org/membership/awards](http://www.geron.org/membership/awards).

entire career. She has co-chaired the NIH's UNITE Initiative and led the development of the NIA Health Disparities Research Framework, which guides NIA research in this area. She also directed and supervised the NIA Office of Special Populations, which leads health disparities research and training for scientists from diverse backgrounds within NIA.

She is a founding member of the Diversity Working Group and NIH Equity Committee, co-chair of the NIH Inclusion Governance Committee, and leads the Women of Color Committee of the Working Group on Women in Biomedical Careers, which established the Women of Color Research Network.

The following represents an interview with Bernard conducted by the editorial staff of *Gerontology News* on June 16.

**Gerontology News:** GSA has been honored to have your engagement in so many of our activities and we thank you for your insightfulness and collegiality. Congratulations on earning your new position. Can you talk about how your career trajectory brought you to this role?

**Marie Bernard:** That was a question I asked myself when Francis Collins approached me back in August to step in as the acting COSWD. But when I stepped back and I looked at it, it seems I was headed this way all the time. I started off early in my career being asked to be the assistant dean for minority affairs when I was an assistant professor — and chose not to go in that direction on advice of mentors that it was too early in my career to be so narrowly focused.

I am at a point in my career that I am delighted to be able to fully focus on diversity, equity, and inclusion. In spite of the early advice, throughout my career, I have been involved in things that are workforce and workforce diversity related. I have also conducted research related to minority population nutrition, aging, and function.

So how did I get here? I started as assistant dean for admissions [at Temple University School of Medicine]. I then went to my home state of Oklahoma, where I had the opportunity to build the department. I did a lot of recruitment, going from three initial faculty to a total of approximately 50 full-time and adjunct faculty. We were called the “United Nations” because we were so diverse.

When I got to NIH, I told [NIA Director] Richard Hodes that I was particularly interested in the pathway to becoming an established aging researcher, assuring there was good diversity among our funded scientists. Thus, I got to work on that within NIA and beyond NIA. A couple of signal opportunities were leading the Women of Color Committee of the Working Group on Women in Biomedical Careers and co-chairing the Inclusion Governance Committee — assuring appropriate inclusion in clinical studies by sex/gender, race/ethnicity, and age.

So, it seems that everything was taking me in this direction. The eight months as acting COSWD have been delightful. Combined with the UNITE initiative, I could not have asked for a better time to take on this role. There is so much energy and momentum for this very important mission, within NIH and beyond.

**Gerontology News:** Looking back at your years at NIA, of what accomplishments are you most proud?

**Bernard:** I greatly enjoyed my time at NIA. Richard Hodes and the full team are a great group to work with.

I am proud of reformulating our Summer Institute on Aging Research into the Butler-Williams Scholars program with a focus on health disparities research. We have seen the number of applicants for the program, and the diversity of participants, blossom in the last several years.

I was very pleased to lead, with Drs. Carl Hill, Norman Anderson, and Eliseo Perez-Stable, the development of our Health Disparities Research Framework. It is a ready reference for aging researchers and served as a basis for the National Institute of Minority Health and Health Disparities framework.

It was a great privilege to lead the Inclusion Governance Committee's focus on older adult inclusion in clinical studies. That was really important to me because in my academic life, I frequently encountered the challenge of applying evidence to the care of my 80 to 85 year old patients with multiple chronic conditions, knowing that the data was often developed in much younger populations with single conditions.

I was also pleased to lead the Women of Color Committee. We worked hard to increase the visibility of women of color scientists across NIH and beyond — including successfully nominating multiple women for the prestigious NIH Wednesday Afternoon Lecture Series.

**Gerontology News:** You've been instrumental in driving the NIH's “Inclusion Across the Lifespan” program. Can you tell us about that initiative, its progress, and future direction?

**Bernard:** The Inclusion Governance Committee was responsible for that initiative. When I was made co-chair, we began to focus on the adequacy of older adult inclusion in clinical studies. I led our NIA team's analysis of NIH-funded clinical studies addressing common problems of older adults to determine how well they were included. We demonstrated that inclusion was suboptimal. This led to a workshop to address older adult and pediatric inclusion in clinical studies. Those deliberations contributed to the ultimate NIH Inclusion Across the Lifespan policy, precluding exclusion simply based on age.

However, after the policy was put in place, we heard loud and clear from the aging community that there are lots of scientists who do not know how to include older adults in a meaningful fashion. So, we did do a follow-up workshop last fall to give practical tools for inclusion of older adults and children, as well as other underrepresented groups.

In another three to four years we should begin to see whether the policy had the expected impact. Based on preliminary evidence from our Center for Scientific Review, scientists are complying with the policy.

**Gerontology News:** In response to the COVID-19 pandemic, what do you see as our biggest challenges and opportunities in aging as we move forward?

**Bernard:** I think we need to better understand the impact of the social disruptions that have occurred from this, particularly for the frailest of older adults. Many of them unfortunately died, but there are many who did not. What will be the long-term impact on their health and well-being?

On the other hand, I think that we have seen some really innovative ways that people have maintained connections — personally and in conducting research. We should look for ways to

maintain and scale that up. Taking advantage of these innovations removes barriers to diverse populations participating in research.

For the researcher community, I worry about hybrid models for return to the physical workspace, with some people teleworking and others physically present. Are those who work from home — likely women with small children or scientists from underrepresented groups with other caregiving responsibilities — going to be at a disadvantage due to lack of face time?

My COSWD office took the lead in the NIH surveys of extramural institutional leaders and scientists to determine the impact of the pandemic. The challenges expressed — for early to mid-career scientists, particularly with small children — leave one concerned. What will be the lingering effects of the pandemic? And the scientists who responded to the survey are those who have had some degree of success, having interacted with the NIH eRA Commons system in the prior two years. The literature suggests much greater negative impacts of the pandemic for other groups.

NIH has instituted several new policies to try to help. However, academic institutions and established scientists need to play a role. Every mentor needs to be sensitive to the discouragement that early career scientists may be feeling with increased caretaking responsibilities and slowing of research and career progression.

**Gerontology News:** What are your initial priorities for scientific workforce diversity efforts at NIH?

**Bernard:** I would first like to acknowledge the wonderful groundwork laid by Dr. Hannah Valentine, the first COSWD, and Dr. Charlene Le Fauve, senior advisor. We now have the luxury to build upon that foundation.

I see three different pillars of focus. One is looking at the NIH Intramural Research Program (IRP), another the external scientific world, and a third the NIH extramural staff (ERP) - our health science administrators and scientific review officers, with whom external scientists interact.

Within the IRP, we have a program called the Distinguished Scholars Program (DSP). Cohorts of scientists who have a track record in diversity are admitted to the program, which provides monthly networking meetings, extra mentoring, and added resources. The DSP is associated with a significant uptick in the diversity of scientists in the tenure track. I am interested in working with IRP colleagues to broaden the program to senior scientists — people coming in with tenure.

So I am announcing to GSA members that NIH is very interested in recruiting senior scientists for the DSP. All of the scientific directors are supportive and this is a recommendation of the UNITE Initiative. Thus, if someone reaches out saying, “Would you be

interested in coming to NIH?” it is a genuine query.

Focusing on the external research ecosystem, my office is giving institutes and centers (ICs) the opportunity to extend the pay lines for diversity supplements. Based on analyses conducted by the NIA and several other ICs, diversity supplements are helpful in launching people into productive scientific careers.

We are also interested in amplifying the interest in the Faculty Institutional Recruitment for Sustained Transformation (FIRST) funding opportunity. This opportunity for extramural funding to develop faculty cohorts is based on the successful DSP program. We anticipate sponsoring a workshop in late November or early December to discuss the concept of cohort hiring programs such as FIRST and the potential impact on enhancing diverse perspectives.

We will also aim to stimulate other discussions about the science of scientific workforce diversity. We anticipate regular seminars on topics of interest, such as whether implicit bias training has its intended effect. We look forward to sharing the meeting announcements with GSA members.

The third pillar/area of focus is diversity of perspectives among ERP staff. This is the group of NIH scientists who can be critical in helping you as an outside scientist think about the best ways to approach your funding ideas. ERP staff play a significant role in developing IC initiatives and considerations for support of scientists. The more diverse the perspectives of that group, the better for creativity, innovation, and the progress of science.

**Gerontology News:** How can GSA and the gerontological community support your efforts?

**Bernard:** GSA is very effective in making outreach to the aging community and I would love to be able to share information about what we are doing.

Since I took on the COSWD role, I have tried to ramp up our virtual presence. I am aiming for us to blog at least twice monthly, as well as maintain our quarterly newsletter and modest social media presence.

We would also appreciate your help in letting senior scientists know that we are serious about recruitment. I would be happy to talk with any senior scientist who has questions about that.

GSA has also been very supportive of the UNITE initiative. We appreciate the response to the request for information, and ask that you help us disseminate news of future developments

**Gerontology News:** We're here for you!

**Bernard:** I appreciate that!

## ADVERTISE WITH US!

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*Gerontology News* accepts ads for conferences and special events, fellowships, jobs, and degree programs relevant to the field of aging.

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## Creating Authentic Assessments for Competencies Related to Stakeholder and Community Engagement

By Tami Swenson, PhD, Assistant Professor, Department of Public Health, Des Moines University ([Tami.Swenson@dmu.edu](mailto:Tami.Swenson@dmu.edu))

As we emerge from this pandemic period, it is important for students to have experience within the classroom setting to understand the significance and complexities of stakeholder and community engagement and the value of their perspective from their training in gerontology in those collaborations. In reviewing the [AGHE Gerontology Competencies for Undergraduate and Graduate Education](#), Category II addresses “interactional” skills relevant to the field of practice and employment settings for gerontologists. Data resources may be needed for developing [authentic assessments](#) in order to address either of the following two competencies, depending on how you structure assessment in the following domains:

- **Domain:** Communication with and on behalf of older persons;  
**Competency II.3:** Engage, through effective communication older persons, their families and the community, in personal and public issues in aging; or
- **Domain:** Interdisciplinary and Community Collaboration;  
**Competency II.4:** Engage collaboratively with others to promote integrated approaches to aging.

Authentic assessments use real-world applications or activities to address higher order thinking and analytical skills. The following suggested data resources may be used as the evidence base for the assessment to inform decision-making on targeting resources and programs needed to address the issue and discussion of stakeholders and collaborating partners that would be needed. The availability of the data as county-level information provided in an excel sheet allows it to be scaled for an undergraduate or graduate level course. In doing so, a student may select a single county to examine or compare rural and urban areas, depending on the course’s analytical level within the degree program.

**1. COVID-19 High Risk Medicare Beneficiaries.** The first dataset is provided by the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and contains county-level data on the [Risk of COVID-19 Infections, Hospitalization, and Death in Fee-For-Service Medicare](#). Data elements include the county Medicare population percent at high risk for COVID-19 infections, hospitalizations, or mortality, the county FIPS code, rural-urban continuum code, and the numerators and denominators that allow aggregation to other geography levels. The data allow comparisons

of areas with higher concentrations of at-risk Medicare beneficiaries for COVID-19 incidence and complications.

### **2. COVID-19 Vaccination Rates for Persons Over 65 Years.**

The second dataset is the CDC [COVID-19 Vaccinations in the United States, County](#) and may be exported as an excel csv file to examine or used with the mapping tool on the CDC COVID Data Tracker for [COVID-19 Integrated County View](#) and selecting “Vaccinations” and “% of population >=65 years of age fully vaccinated” in the dropdown menus. Data elements in the exported file include the county FIPS code, county and state name, separate population percentages for ages over 12, 18, or 65 with COVID-19 vaccination, and the numerators that would allow aggregation calculations at higher geographies. One limitation of this dataset is the most current release does not contain any vaccination rate data for Texas.

**3. COVID-19 Vaccine Hesitancy.** The third dataset is another one provided by ASPE on [Vaccine Hesitancy for COVID-19: State, County, and Local Estimates](#) and contains model-based estimates for the total county population. While these estimates are not specific to older adults, this dataset would be useful in connection with either of the other two datasets for assessments that specifically focus on broader community coalitions or stakeholder groups and their connections with the health of older adults within the county. This dataset page also contains additional county-level excel sheets with data elements on socio-demographic factors, the social vulnerability index (SVI), and the COVID-19 Vaccine Coverage (CVAC) index for the county population, which would allow connections for determining more specific types of stakeholders needed by understanding the variance between and within the county population for these measures.

Over the past 18 months, the COVID-19 pandemic has forced the healthcare system, nursing home and assisted living facilities, local public health, the area agencies on aging, and other older adult community groups to collaborate and communicate effectively together from their usual siloed approaches. By developing authentic assessments within our courses to address competencies II.3 and II.4, we can provide students with a knowledge base to build upon these relationships forged during the pandemic to focus on broader issues, such as food insecurity, that require these collaborative networks to effectively address them.

# funding opportunities

## MBRF, AFAR Team Up to Support Research on Memory Loss

Through the [McKnight Brain Research Foundation Innovator Awards in Cognitive Aging and Memory Loss](#), The McKnight Brain Research Foundation (MBRF) and the American Federation for Aging Research (AFAR) will provide up to two three-year awards of \$750,000 each to advanced assistant professors and recently appointed associate professors (MDs and PhDs). One award will be made to support studies focusing

on clinical translational research and another award toward understanding basic biological mechanisms underlying cognitive aging and age-related memory loss.

The major goal of the program is to build a cadre of outstanding research scientists across the U.S. to lead transformative research in the field of cognitive aging. The program targets full-time independent investigators with established independent research programs who have already demonstrated a firm commitment to cognitive aging research.

The letter of intent deadline for the 2021 program is July 15.

# journal news

## *The Gerontologist* Invites Abstracts for Sexuality-Themed Issue

Responding to a historical lack of attention and contemporary rise in scholarly interest, the editorial team of *The Gerontologist* is soliciting papers for a special issue titled "[Sexuality and Aging](#)." The journal is using the working definition from a 2017 World Health Organization report on sexual health: "Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships. ... Sexuality is influenced by the interaction of biological, psychological, social, economic, political,

cultural, ethical, legal, historical, religious, and spiritual factors."

Age likely intersects with all of these factors to influence experiences of sexuality across the lifespan. The papers the editors envision for this issue will represent cutting-edge scholarship across a range of manuscript types. They encourage articles that explore diversity of sexual experience in later life, including how sexuality intersects with, defines, or is defined by important aspects of identity such as gender, gender identity, sexual orientation, culture, race, and ability. Articles may address typical experiences or problems and challenges within or across groups. Successful articles will be conceptual, using an *a priori* theory or conceptual model and/or using analyses to advance conceptual understanding. Abstracts are due September 1.

## *Continued from page 2 – Ageism Awareness Is Key to Meaningful Change*

in some of the webinars to become more familiar with the project and to learn more about ageism. I am embarrassed to admit that I went into the first webinar with a rather bad attitude. I assumed that given my decades long career in gerontology, I already understood ageism. However, I wanted to demonstrate my support of the project and so I tuned in.

I am so glad I did! It was an opportunity to learn (once again) that it is important to be open to learning, even in an area where one is presumably an expert. I've used the term silver tsunami more times than I can count, not understanding how it portrays the changing age demographic in terms of a disaster instead of an opportunity. I've reposted those Facebook stories about the 95-year-old marathoner, not recognizing that it ignores the impact of social determinants on health and instead

suggests everyone could age that way if they just took more personal responsibility for their health.

As I've reflected on this recent experience, I'm humbled by what it takes to allow oneself to be open to learning — something we ask our students to do every day! As researchers, scientists and scholars, we know the importance of being able to take a beginner's mind to uncover new perspectives and findings. This is often fueled by the questions we get from colleagues earlier in their careers. I encourage all of you to take a look at the Reframing Aging materials and see what you might learn about ageism that you didn't know you didn't know.

Perhaps more importantly, I hope that it sparks ideas of how to communicate our collective work in aging in ways that can make real differences in the lives of older persons. And who knows, it may also make a profound impact on you as well.



Antelope Canyon, Arizona



# GSA 2021 ANNUAL SCIENTIFIC MEETING

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