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GSA Leadership Positions Open for Nominations

Planning is underway for June elections when GSA members can elect candidates for the Board of Directors and section leadership. GSA encourages nominations or self-nominations of eligible members for these important leadership positions. Online nominations are now open and will close March 24. The 2021 Nominations Guide includes details regarding the position descriptions, duties, and eligibility requirements.

Award Nominations Open/Freeman Award Eligibility Updated

Last month's issue included a special section on the many GSA awards currently open for nominations. There has been an update to the eligibility requirements for the Joseph T. Freeman Award. Previously open to physicians only, this award has been broadened to recognize a prominent clinician in the field of aging, both in research and practice. Consider celebrating a clinician in your community with a nomination. Submissions for all awards are accepted through March 31.

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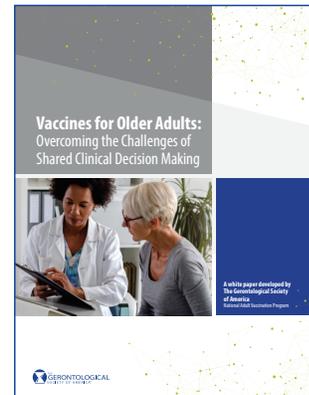
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GSA Guides Providers, Older Patients to Vaccine Consensus

In "Vaccines for Older Adults: Overcoming the Challenges of Shared Clinical Decision Making," a new white paper from GSA's National Adult Vaccination Program, a team of experts outlines a set of recommendations to encourage better definition and increased understanding of how health professionals talk with their older patients about the need for certain vaccines.

Shared clinical decision making, a recently added category of recommendations from the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), involves an informed discussion between the patient and health professional and a collaborative decision on whether to use the vaccine in that patient. This is a new approach for vaccines that have previously been universally recommended based on age or risk factor, and for health professionals who have previously been encouraged to use



a presumptive recommendation to encourage vaccination.

Currently four vaccines have been added to the shared clinical decision making category — meningococcal B, human papillomavirus,

hepatitis B, and one of the two pneumococcal vaccines licensed for use in adults — and this has led to questions in practice about when to initiate a conversation about vaccination and with whom. Decades of research on shared decision making for palliative medicine and oncology offers some help, recognizing the

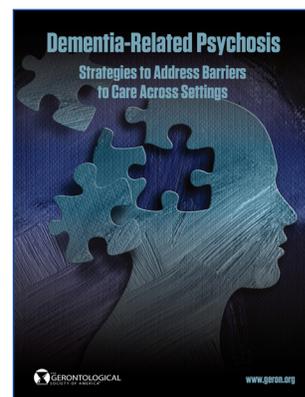
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Dementia-Related Psychosis: GSA Experts Identify Ways to Improve Care

A new white paper from GSA highlights the variety of challenges that persons with dementia-related psychosis and their caregivers have encountered during moves through different health care settings — and proposes strategies to address these challenges.

It is estimated that over 2 million Americans with dementia experience delusions (false beliefs) and hallucinations (seeing or hearing things that others do not see or hear). This group of symptoms, known as dementia-related psychosis, frequently goes undetected in people who may be struggling with other complex behavioral and psychological symptoms of dementia.

The white paper, "Dementia-Related Psychosis: Strategies to Address Barriers to Care Across Settings," was developed by a clinical workgroup of experts whose membership reflects



multiple areas of expertise, including primary care, neurology, psychiatry, and nursing. It follows a 2019 GSA publication, "Dementia-Related Psychosis: Gaps and Opportunities for

Improving Quality of Care."

"When left untreated, the hallucinations and delusions that frequently occur in patients with dementia can cause significant patient and caregiver distress and often lead to institutionalization," said Gary W. Small, MD, FGSA, who chaired the workgroup. "There is

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From the CEO



Chart the “New Normal” by Sharing Your Science at GSA 2021!

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

As the March 11 [abstract submission deadline](#) for GSA’s 2021 Annual Scientific Meeting draws near, I can’t help but think that President Terri Harvath’s chosen theme — “Disruption to Transformation: Aging in the ‘New Normal’” — has to be in the running for the most topical in the Society’s history.

GSA’s staff and volunteer leadership also recognize that GSA members are at the forefront of responding to, and adapting through, this time of pandemic-related disruption and transformation as well. And GSA will do everything in its power to ensure that advancing gerontological scholarship is paramount as we collectively lay the groundwork for the “new normal.”

To this end, as we progress with our plan to hold an in-person Annual Scientific Meeting in Phoenix, **GSA has announced that we’ll also be adding an online component so that individuals who cannot travel will have the option to participate and make their scholarship available to all attendees.** As details regarding implementing this new online option become finalized, we’ll update members.

We know that presently, there are uncertainties regarding travel safety and large gatherings. As we plan for Phoenix, our highest priority is the health, safety, and well-being of our attendees. We’re continuously monitoring guidance from the Centers for Disease Control and Prevention, the World Health Organization, the U.S. State Department, and local health authorities.

Many members have shared their excitement about a return to an in-person meeting format, even as they acknowledge that adjustments like physical distancing and face mask wearing have become part of the “new normal” for now. But they look forward to the energy of interacting with old and new friends and discovering science presented for the first time.

And the science that will define the November program is contingent

upon the abstracts you submit now! In response to several inquiries, we recently sent an email with further guidance regarding the longstanding abstract submission policy.

Materials previously published or presented at any professional meeting may not be submitted, except in cases of substantial elaboration (e.g., additional findings) from the initial report:

- Substantial elaboration or additional findings from an initial report is defined as providing new knowledge and results that advance the understanding of the field and/or practice. Data/information regarding new interpretations of existing data may also be included in this category.
- Submitting a new abstract containing the same hypotheses, data, findings, evidence, discussion points, and/or conclusions as a previously published paper or presentation at a professional meeting would not be considered a case of substantial elaboration.

We encourage everyone to visit the [call for abstracts web page](#) for additional details. Please review further important submission criteria and policies in the [Abstract Submission Planning Guide](#). The abstract submission site is open through March 11.

As GSA continues the planning for its second Annual Scientific Meeting under the shadow of a pandemic, I know that the final program will be a testament to our members’ resilience. Reflecting back to the meeting theme, the “disruption” was the hand we were dealt, but the “transformation” will be the result of your amazing research accomplishments over the last year, and I look forward to learning more about them in November.

[Read more from James Appleby in his CEO Blog.](#)

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In Memoriam

Jeffrey Ethan Escher, MD, FGSA, passed away on April 26, 2020, at age 72. He graduated from Columbia University before receiving his medical degree from the Université Libre de Bruxelles, Faculté de Médecine. He went on to become a geriatric specialist working and teaching in New York/Tri-state area nursing homes and hospitals.

Johannes J.F. Schroots, PhD, FGSA, passed away on August 14, 2020. For many years, he was affiliated with the European Research Institute on Health and Aging at the University of Amsterdam. He began his career as a student of former GSA President James Birren, PhD, FGSA, with whom he later became a research collaborator. Schroots may be most remembered for his development of the Lifeline Interview Method (LIM), wherein interviewees create their own chronological lifeline, which records all the important, critical events of their life — leaving a visual map of their life. Each peak and dip is labeled with a short summary of the event. The LIM was used to study individual lives and autobiographical memory.

John Hugh Mather, MBBS, FACPE, FGSA, passed away on December 6, 2020, at age 77. He had served a commander with the U.S. Public Health Service, and was involved in health manpower policy development in the National Institutes of Health Bureau of Health Manpower.

Mather then held various positions as a physician executive in the Veterans Administration Central Office, as well as chief medical director of the Social Security Administration. He graduated from the Federal Executive Institute and was in the first Veterans Administration leadership class. His federal career was interrupted for two years when he served as the associate executive director of medical and research programs for Paralyzed Veterans of America. In 2004, he retired after 30 years federal service.

Members in the News

- On January 15, a CNN article titled “Coronavirus will knock more than a year off average US life expectancy, study finds” featured the research of Theresa Andrasfay, PhD. This work was also covered by USA Today, PBS NewsHour, Los Angeles Daily News, The New York Times, Fox News, NPR, U.S. News & World Report, NBC News Los Angeles affiliate KNBC-TV, CW News Los Angeles affiliate KTLA-TV, Patch, KFI 640 AM, and KNX 1070 AM.
- Pinchas Cohen, MD, FGSA, was quoted in a January 15 Reuters article titled “Progress reported on one-dose J&J vaccine; COVID-19 reinfections seen as rare.”
- On January 27, the Tampa Bay Times ran an article on late GSA Board Chair Kathryn Hyer, MPP, PhD, FGSA, FAGHE, titled “USF leader in aging studies, Kathryn Hyer, dies at ‘peak of her career’,” which also included quotes from Lindsay Peterson, PhD, and James Appleby, BSPHarm, MPH, ScD (Hon).
- On February 3, GSA President and Board Chair Theresa (Terri) Harvath, PhD, RN, FAAN, FGSA, was interviewed on the “Insight” program in California’s CapRadio for a segment titled “Aging In California / Breakthroughs In Alzheimer’s Disease Research / Intersection Of Diet And Aging.”
- On February 3, Next Avenue featured an interview with Deborah Carr, PhD, FGSA, in a piece titled “Is End of Life Its Own Stage of Life?”

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on: **Jacqueline L. Angel, PhD, FGSA**

Colleague Connection

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

Sherry Beaudreau, PhD, FGSA

The recipient, who became eligible after referring new member **Anna MacKay-Brandt, PhD**, was randomly selected using randomizer.org. For more details on the Colleague Connection promotion visit www.geron.org/connection.

Guest Elected to Two APHA Leadership Posts

At the recent American Public Health Association (APHA) Annual Meeting, Aaron Guest, PhD, MPH, MSW, has been elected as speaker of the APHA Governing Council, one of three elected positions with the organization. Also at the meeting, Guest was elected chair-elect of the APHA LGBTQ Health Caucus.

An assistant professor in the Edson College of Nursing and Health Innovation at Arizona State University, Guest, has a distinguished track record of research among LGBTQ older adults and is internationally known as a public health leader.

Cizginer Earns Outstanding Physician Award

Sevdenuz Cizginer, MD, MPH, has been named the recipient of The Miriam Hospital’s 2020 Annual Charles C.J. Carpenter, M.D. Outstanding Physician of the Year Award. Cizginer, a geriatrics specialist and researcher who works in Brown Medicine’s Division of Geriatrics and Palliative Medicine, was nominated by her peers for the award among more than 800 physicians, which was presented at The Miriam Hospital Medical Staff Association annual meeting held recently.

The award is the highest recognition that can be given to a member of The Miriam’s medical staff, recognizing a physician for outstanding contributions to medicine, leadership, professionalism, and patient care. Among her career accomplishments to date, Cizginer was recognized for initiating a novel collaboration between the hospital’s geriatrics and general surgery departments to provide multidisciplinary patient-centered care for elderly patients undergoing colorectal, vascular and general surgery. Her program, known as The Miriam’s Optimization of Senior Care and Recovery (OSCAR) program, has improved patient outcomes significantly while reducing hospital costs in surgery patients and was recognized by the Lifespan Health System for its innovation and excellence.

Budget Reconciliation or Bust: Massive \$1.9 Trillion Relief Bill Heads to Senate

The two newly elected Democratic senators from Georgia — Raphael G. Warnock and Jon Ossoff — may have secured victories in part because they promised that if the Democrats captured the majority in the Senate, legislation would pass to provide \$1,400 stimulus checks for those in greatest economic need back in the state.

Well, in the early hours of February 27, the House passed its first budget reconciliation bill of the year and brought this promise one step closer to fulfillment. Of course, President Joe Biden has staked his leadership reputation on these checks and his \$1.9 trillion pandemic relief package as well. So, with everyone else paying such close attention to this package, I thought with this month's article I should provide the skinny on possibly the weightiest bill you may ever see signed into law.

A brief reminder about budget reconciliation: [last month I briefly discussed this process](#) and provided a couple of articles on the topic for those long winter nights. The short version is that once a budget is agreed to by the Senate and House, under the Congressional Budget Act of 1974, the budget reconciliation process can proceed with a detailed bill written to implement the budget.

The Senate is able to pass that bill with a simple majority instead of the typical filibuster-proof 60 votes. Such bills have been enacted 21 times (including the first time in 1980); four additional times, the bills were vetoed. There are rules (e.g., the Byrd Rule) that restrict certain provisions from being included in budget reconciliation, but enough said.

The House has passed the American Rescue Plan Act of 2021 (H.R.1319) by a nearly-party line vote of 219 to 212, with two Democrats voting against the bill along with all Republicans. The Senate could bring the bill to the floor as early as the first week of March. There are time limits for the bill's consideration and a process called "vote-a-rama" when all senators may offer amendments.

The previous vote-a-rama featured more than 800 amendments. If any of those amendments are agreed upon, the final modified senate bill will need to go back to the House for approval or amendment. The best example of a provision that will either be deleted or modified is the \$15 per hour minimum wage included by the House. This provision may be ruled out of order and may not have the votes to pass if ruled in order by the presiding officer.

The president and most Democrats in Congress would like to have the bill signed into law by the middle of March when

unemployment benefits expire for millions of Americans, so a protracted compromise process between the House and Senate is unlikely.

Major Provisions

Keeping in mind that this is the first of two budget reconciliation bills to be moved through Congress this year, much of the Rescue Plan is targeted at issues most directly related to the pandemic, but that certainly includes a lot of issues and programs. The second reconciliation package is likely to address infrastructure, taxes, and other health care challenges, and work on that bill has already begun.

This Rescue Plan covers everything from the food supply chain, rural health care, farm loans and support, to elementary, secondary, and higher education grants, the National Endowment for the Arts, child care and development block grants and child nutrition, to Head Start, programs fighting family violence, funds for the public health workforce, community health centers, graduate medical education, to family planning and mental health services, naming just a few of the programs that benefit in this massive bill.

Vaccines and testing are a major foci of the Rescue Plan with \$7.5 billion going to the Centers for Disease Control and Prevention (CDC) to strengthen distribution of and administering the COVID-19 vaccines, including funds for state, local and tribal health departments. \$46 billion is provided for testing, contact tracing, and monitoring. Additional resources are provided for the public health care workforce and community health centers (\$7.6 billion) for surveillance of new COVID-19 strains (\$1.75 billion).

Stimulus payments of \$1,400 would be provided to individuals earning up to \$75,000 in annual income, heads of households earning \$112,500, and couples with incomes up to \$150,000 would be eligible. Dependents are also eligible. The bill has people who receive Social Security, Supplemental Security Income (SSI), Veterans Administration (VA), and railroad retiree benefits automatically receiving the payment. Direct stimulus payments to individuals whether they are working, unable to work, retired, or underemployed will benefit many older adults. There is some talk that the income threshold may be raised.

Unemployment assistance is extended until August 29, and more self-employed and part-time individuals could qualify for benefits. The extra weekly federal unemployment benefit would increase from \$300 to \$400 during that period, and the total number of

weeks individuals could collect benefits goes up from 50 to 74.

Paid family leave tax credits to businesses are extended to September 30. This includes offering family caregivers the same leave available to parents and workers who need to care for themselves. Programs providing emergency rental assistance and other relief for the homeless would receive \$30 billion, and \$10 billion would be available for mortgage assistance.

Aging and Health Care Provisions

The American Rescue Plan Act is packed with provisions to address the specific needs of older adults. In addition to any of the other stimulus benefits, older adults may benefit from significant increases in available funds for Older Americans Act programs, Elder Justice Act programs, housing, transportation, Senior Corps, and energy assistance.

For example, the bill's extension of the emergency benefits 15 percent increase under the Supplemental Nutrition Assistance Program (SNAP) through September will also help older adults. Eight million additional individuals enrolled in this program (food stamps) during the pandemic. The bill also provides funds for program administration, online purchasing, and technology. The Community Supplemental Food Program, which provides food packages for older adults, is increased \$37 million to be used through September 30, 2022.

The pandemic package addresses the increased need for supports and services for older adults with \$1.44 billion in funding for Older Americans Act (OAA) programs. Services are provided by the aging services network and include:

- \$750 million for nutrition programs, primarily home-delivered meals
- \$470 million for supportive services, including COVID-19 vaccination outreach for education, coordination, and transportation, and activities to address social isolation, including activities for investments in technological equipment
- \$145 million for the National Family Caregiver Support Program
- \$25 million for services for older Native Americans
- \$10 million for the State Long-Term Care Ombudsman Programs
- \$44 million for evidence-based health promotion and disease prevention programs

It should be noted that Senator Bob Casey (D-PA), the new Senate Special Committee on Aging chair, recently introduced the Continued Funding for Senior Services During COVID-19 Act, which would similarly fund OAA programs. It would also provide \$75.5 million for demonstrations and evaluation under the Administration on Aging's newly authorized research and evaluation center, which GSA helped to develop. Those funds are not in the House bill.

Nursing homes have been at the center of the pandemic tragedy and the House bill provides \$500 million for deployment of state strike teams for skilled nursing home

facility crises, and an additional \$200 million would go for infection control and the prevention and mitigation of COVID-19 in skilled nursing facilities through quality improvement organizations. The package also funds Adult Protective Services under the Elder Justice Act.

The Rescue Plan Act also invests \$9.7 billion this year for Medicaid home and community-based services through a 7.35 percent increase in the Federal Medical Assistance Percentage (FMAP) — the federal contribution to states. This would allow low-income older adults and people with disabilities to receive care at home with their families. These service options are particularly critical now given the serious situations that many nursing homes have had to face.

Other important funding includes \$26.1 billion in operating assistance formula grants for transit service in urbanized areas and \$50 million in formula grants for transportation for older adults and persons with disabilities. Low Income Home Energy Assistance Program (LIHEAP) also gets a bump in funding (\$4.5 billion) to help families afford home heating and cooling costs through September 30, 2022.

In addition, the Affordable Care Act (ACA) subsidies get a two-year increase to help individuals afford health plans in the marketplaces. It also provides COBRA subsidies to help laid-off or furloughed workers to buy health insurance. Finally, under the bill, severely underfunded multiemployer pension plans could get federal assistance from the Pension Benefit Guaranty Corporation.

I mentioned the minimum wage increase issue earlier as a challenge for the Democrats in the Senate. The parliamentarian has ruled that it does not qualify for budget reconciliation and at least two Democratic senators do not support the proposal to raise the minimum wage to \$15 per hour. As a result, alternatives are being considered.

The Senate's presiding officer could ignore the parliamentarian and rule the proposal in order, or there may be ways to address the issue and fall under the reconciliation rules. Senate Finance Committee Chairman Ron Wyden (D-OR) is considering a five percent tax penalty on corporations' payrolls if their workers earn less than a certain threshold. He would also provide small businesses with tax credits to incentivize them to raise their workers' wages. All this will need to be worked out and proposed to the Democrats quickly if it is to become a part of the package on the floor of the Senate the week of March 1. All in all, the bill is widely supported by the Democrats, so it is likely to stay nearly identical similar to the House passed version.

Energy and Commerce Committee Chairman Frank Pallone Jr. (D-NJ) [has released a statement on the bill](#); Energy and Commerce Committee Republican Leader Cathy McMorris Rodgers (R-WA) [issued a separate statement](#); and the bill, committee report, and amendments to the bill [can be found on the House Rules Committee site](#).

new resources

DEC Resource Hub Will Support Family Caregiving

The Diverse Elders Coalition (DEC) has launched a [Family Caregiving for Diverse Elders Resource Hub](#), which offers trainings for organizations, colleagues, and community to learn best practices to support diverse family caregivers. The curriculum was co-developed with the expertise of the Diverse Elders Coalition [member organizations](#). Modules are offered to support caregivers from all and/or the specific following communities:

- African American Caregivers
- American Indian and Alaska Native Caregivers
- Asian American Caregivers
- Hispanic Caregivers
- LGBT Caregivers
- Southeast Asian American Caregivers

The hub includes an overview of the training and links to resources including a “What Providers Should Know” factsheet series.

New Brief Highlights Role of Community Caregiving

The Alzheimer’s Association and the Centers for Disease Control and Prevention (CDC) have published an action brief on dementia caregiving, “[Promoting Caregiving Across the Full Community: The Role for Public Health Strategists](#).”

The brief offers an overview of the challenges of dementia caregiving, including service fragmentation and gaps. Six proposed strategies advance equity in caregivers’ access to and use of

effective supports throughout healthcare systems, workplaces, and communities. A case study in Arizona features such an approach, describing the development of effective systems to promote caregiving across the full community and improve health outcomes.

GIA Offers Guide for Integrating HIV/AIDS, Aging Services

Half of all people living with HIV in the US are age 50+ and one in six new HIV diagnoses is in an older person. HIV has become an aging issue, but the HIV/AIDS network and aging services network still operate almost totally separately. Find a detailed framework of recommendations for integrating HIV/AIDS and aging services through more customized programs, closer cross-sector connection, and stronger policymaking in “[Moving Ahead Together: A Framework for Integrating HIV/AIDS and Aging Services](#),” a publication from Grantmakers In Aging (GIA).

NIH Releases IAL II Report

The National Institutes of Health (NIH) has published the [final report on the proceedings of its Inclusion Across the Lifespan \(IAL\) II Workshop](#), held in September 2020. According to the document, “The NIH has taken steps to promote broad inclusion in clinical trials. Although there have been improvements in many areas, it is vital to regularly assess how implementation is proceeding to identify obstacles and any further actions needed to carry out the full intent of the Inclusion Across the Lifespan policy.”

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technique was created for situations where there is not a “right” decision.

In developing the white paper, GSA assembled feedback from a group of thought leaders on vaccines, communicating with older adults, and shared decision making — to identify gaps in knowledge and specific tactics for health professionals to use in successfully implementing shared clinical decision making as recommended by ACIP for vaccines for older adults, with a focus on pneumococcal vaccines recommended for adults aged 65 years or older.

“We recognized that past goals to increase vaccination rates may not align with shared clinical decision making,” said Sherry Greenberg, PhD, RN, GNP-BC, FGSA, FAANP, FAAN, one of the stakeholders who provided input. “The new goal is to ensure that older adults have access to information and a conversation about options including whether or not a vaccine is right for them.”

The thought leaders identified several recommendations to better support health professionals who are tasked with shared clinical decision making, including:

- Recognize patients with whom a conversation about pneumococcal vaccines should be initiated.
- Create unambiguous specifications of shared clinical decision making for prompts in electronic health record systems and clinical decision support systems.
- At the health-system level, include time during encounters with older

adult patients, such as the Welcome to Medicare preventive visit and other wellness conversations, to recommend vaccines — and use appropriate codes to ensure payment for the additional time.

- Explain the logic behind the Advisory Committee on Immunization Practices recommendations in order to build trust with health professionals.

Shared decision making has emerged in medicine as a model for focusing on patient-centered health care, and vaccines have been proven to play a vital role in reducing morbidity and mortality in people of all ages. In older adulthood, age-related decline of the immune system creates greater susceptibility to pathogens. Vaccines provide important boosts for the immune system in order to avoid infectious diseases and their complications. While vaccination may not be the ultimate outcome in the process of shared clinical decision making, sharing information, discussing risks and benefits, and making decisions together serve as the foundation for patient-centered care.

“While this model is new to vaccinations, it is not new for health professionals who work with older adults,” said Aisha Langford, PhD, MPH, who also contributed to the white paper. “Despite potential challenges to implementation, especially during initial rollout, using this model can ultimately contribute to increased confidence in the vaccination decision.”

Support for the white paper was provided by Pfizer.

Preparing and Submitting Your GSA 2021 Abstract

GSA's Annual Scientific Meeting is a wonderful opportunity for ESPO members to network, learn about the exciting research going on in your area, and refine your professional development skills. The road to 2021's Annual Scientific Meeting starts now, and whether you are submitting an abstract for a poster, paper presentation, or symposium — we have some tips and tricks on how to make the abstract preparation and submission process as seamless as possible!

Preparation.

Learning how to write a conference abstract is a critical skill for graduate students and early-career researchers. When approaching your abstract submission, preparation is key. Start early: plan your abstract carefully and get to know the abstract submission site before sitting down to write — this will save you unnecessary stress as the deadline approaches. When preparing, ask yourself, “What do I want reviewers to know about this project?” “Why is this topic important?” and “What are some of the implications of my findings and what take-home message do I want to communicate to the audience?” Review GSA's abstract submission guide and take some time to familiarize yourself with the formatting requirements, program areas, and session topics offered by GSA — think about how your topic aligns.

Be concise.

For many of us, word limitations can be the bane of our existence. It's difficult to explain everything you want to say about your project with such limited real estate. Our biggest piece of advice is to *change your thoughts about it*. Being able to write and communicate your project in a concise manner is an art, and more importantly - a critical skill that we need as researchers beyond conference submissions (grants!), so approach this as a learning experience. Make every word matter — write from an objective lens, be as specific as possible, and cut out words or phrases that don't add value. Avoid any jargon or complicated terms that derail the focus of your abstract. Use short sentences and express your thoughts in the simplest manner possible. One of the best pieces of advice I've received is to read your abstract out loud — each sentence should be short enough to read without pausing for a breath.

Be clear.

Orient your abstract to hit the major points: clearly state your aims, summarize the methods, highlight key findings, and discuss the implications with your target audience in mind. After you've drafted

the abstract, take some time away and let it marinate. Return to your abstract with fresh eyes and read it from a reviewer's point of view. Review and edit your abstract to ensure it is clear, specific, and free of errors. Finally, send your abstract to others for feedback — this can include your mentors and colleagues. Another great way to gauge the clarity of your abstract is to share it with others with a different research focus or who aren't in research at all! An extra set of eyes will help you catch things you may have missed and clarify any points that are unclear. This will give you confidence in knowing that your readers understand the story you want to tell.

Now, go ahead and hit submit!

“I've submitted. Now what?”

Take a break and celebrate! Congratulate yourself, especially if this is the first time you have submitted to GSA's Annual Scientific Meeting.

Once you feel rejuvenated from your celebration, our biggest piece of advice is to go ahead and spend some time considering your next steps for your presentation during and even after the Annual Scientific Meeting. If you're like us, nothing teaches you what you wished you would have done differently like finally hitting “submit.” It seems like just after you have released something for review, you catch a typo that you and your co-authors missed, and you can suddenly think of all of the things you wished you had done differently. It can be annoying and frustrating, but we suggest turning what could be incredibly aggravating into productivity and advancement of your work.

Many people try to turn conference presentations into publications, such as transforming a poster into a paper. Once you are presenting your research at the Annual Scientific Meeting, you will receive pivotal feedback from peers. If you couple that feedback with your own plans for next steps, you will be well on your way to evolving your work into whatever it is meant to be next.

We would love it if you took some time to let us know what you think about the monthly newsletter articles. Below, you'll find a link to a short four-question survey. Feel free to also email Shelbie Turner (turneshe@oregonstate.edu) or Francesca Falzarano (fbf4001@med.cornell.edu) with thoughts or questions.

[Click here to take the survey.](#)

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A COVID-19 DECISION AID: How Do I Choose When to Interact with People or Take Part in Activities Outside My Home During the Pandemic?

Cities are imposing a variety of rules or guidelines to slow the spread of COVID-19 such as promoting physical distancing and using face masks. These rules and guidelines will continue to change over time. For example, rules may change in response to increased numbers of people with COVID-19, new findings from research studies, or poor control of a COVID-19 outbreak in a specific area.

As a result of these ongoing changes, it is reasonable to feel confused or uncertain when choosing whether to visit your friends and family members in person or when to participate in activities in public places.

This decision aid will guide you through a series of questions that are based on your interests and your level of risk. Working step-by-step through this decision aid may help you clarify the reasons for doing or not doing an activity where other people are present.

Before you begin, it is important to realize that being around any people who are not consistently using a face mask and maintaining physical distancing makes your risk higher for getting infected or infecting other people with the virus that causes COVID-19. This includes household members, visitors, or workers invited into your home who are not taking precautions when they are outside your home. The amount of extra risk will vary depending on the activity, how bad the COVID-19 outbreak is in your area, and how well people in your area are using health precautions such as wearing masks and physical distancing.

Also available in [Spanish](#), [Portuguese](#), and [Mandarin](#).

This decision aid is for you if:

- ▶ You do not have COVID-19 symptoms.
- ▶ You have not been exposed to a person with COVID-19 during the past 2 weeks.
- ▶ You are unsure whether you should interact with people or take part in certain activities outside your home.

1

Identify your decision

▶ **What activity are you are thinking about doing? Write the name of the activity in the space below.**

▶ **How often will you have a chance to do this activity in the future?**

- Never; this may be the only time Rarely Sometimes Often

2

Identify what is important to you

Before you make a choice about whether or not to participate in the activity you are considering, please take a moment to think carefully about what is important to you. Take a few minutes to think about how important each of the listed options are to you, and rate them on a scale of 1 (does not matter) to 10 (matters a lot).

► What matters to me in making this decision

	Does Not Matter							Matters a Lot		
	1	2	3	4	5	6	7	8	9	10
Reducing my risk of becoming ill with COVID-19	1	2	3	4	5	6	7	8	9	10
Not making other people ill with COVID-19	1	2	3	4	5	6	7	8	9	10
Taking part in activities that give my life meaning	1	2	3	4	5	6	7	8	9	10
Spending time with people who are important to me	1	2	3	4	5	6	7	8	9	10

3

Identify extra risk and risk-reducing strategies

The Centers for Disease Control and Prevention and the World Health Organization report that **older adults and people of all ages who have underlying medical conditions are at higher risk** for having serious COVID-19 symptoms.

► Check all medical conditions that apply to you:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bone marrow or organ transplant | <input type="checkbox"/> Chronic kidney disease | <input type="checkbox"/> COPD/lung disease |
| <input type="checkbox"/> Cystic fibrosis | <input type="checkbox"/> Cerebrovascular disease | <input type="checkbox"/> Dementia | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Immunocompromised state (HIV, taking a medication that suppresses your immune system) | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Lung fibrosis | <input type="checkbox"/> Obesity | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Sickle cell disease |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Thalassemia | | |

► **Going somewhere? How will you get to where you are going?**

Low risk

- I will walk or bike.
- I will use my own car or truck.

Moderate risk

- I will get a ride from someone I know but does not live with me in my home.
- I will use a taxi service or a ride-sharing option (e.g., Uber, Lyft).

High risk

- I will use public transportation (e.g., bus, subway, train, airplane).

► **Identify the factors that increase your risk of getting COVID-19 if you decide to do the activity.**

Circle **Yes** or **No** for each of these items:

1	I am 65 years of age or older.	No	Yes
2	It is likely that a large number of people (e.g., more than 10) will be in the area.	No	Yes
3	I will be indoors all or part of the time.	No	Yes
4	People are not likely to wear face masks or shields.	No	Yes
5	People are not likely to stay at least 6 feet apart.	No	Yes
6	It may be difficult to wash or sanitize my hands.	No	Yes
7	The area where I will be may not be cleaned or sanitized properly.	No	Yes
8	I have a medical condition that puts me in a high-risk group for COVID-19.	No	Yes
9	I will need to travel in a vehicle that is not my own (e.g., a friend's car, bus, airplane).	No	Yes
10	People will be singing, shouting, or yelling (e.g., sporting events, religious service).	No	Yes
11	People will be exercising.	No	Yes
12	People will be eating or sharing food or drinks.	No	Yes
13	It is unknown if visitors or workers (e.g., service workers, health aids, etc.) I want to invite into my home have been wearing face masks and physically distancing.	No	Yes
14	The area where I will be going has a high number of reported COVID-19 cases.	No	Yes
15	I am not fully vaccinated for COVID-19.	No	Yes
16	It is unknown if other people in the area are fully vaccinated for COVID-19.	No	Yes
<i>Add up your total number of "Yes" responses</i>			

How many "Yes" responses did you circle? Your risk increases with each "Yes" response.

4

What else might influence your decision?

► Who else might be involved in making this decision with you?

Who else is involved with this decision?	Name:	Name:	Name:
Is this person pressuring you?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
What action does this person want (e.g., stay at home, go out)?			
How can this person support you in making this decision?			

► How would you like to make this decision?

- Make this decision on my own
 Have someone else decide for me
 Share making this decision with someone else
 Make the decision after hearing what others think

► For the activity you are considering, do you feel as though you know enough about the extra COVID-19 risk for taking part in the activity? No Yes

► Do you feel as though you have enough support and information to make a decision? No Yes

5

What are the next steps?

► What do you need to do before you make your choice?

- I do not need to do anything else. I am ready to make my decision.
- I need to discuss my options with _____
- I need to learn more about my options.
- Other (please specify) _____

This decision aid is not intended to replace the advice of your health care provider. It was designed to provide information to assist people in their decision-making process. While The Gerontological Society of America (GSA) has used the current general knowledge in the field at the date of publication and has suggested where to get more information, GSA is not liable or responsible for any injury, illness, or damages arising from use of this decision aid. It is up to each person to make your own decisions about risks to your personal health and safety at this difficult time, and specific, personalized advice may be obtained from your health care provider.

For additional information about the level of COVID-19 risk:

Worldwide by country, go to <https://coronavirus.jhu.edu/map.html>

In the United States by state or county, go to <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

In the United States by county, go to <https://coronavirus.jhu.edu/us-map>

For additional information about things you can do to reduce your risk of getting COVID-19, go to <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

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Flesch Kincaid Grade: Flesch-Kincaid Level 9.7

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Reference: Coronavirus Disease 2019 (COVID-19): People of Any Age with Underlying Medical Conditions. Centers for Disease Control and Prevention. Accessed on July 10, 2020. www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html

Conflicts of interest: None

Advancing Age Inclusivity in Higher Education Through Campus Connections

By Joann M. Montepare, PhD, FAGHE, FGSA, Lasell University

Shifting age demographics are challenging institutions of higher education to respond to aging populations through new approaches to teaching, research, and community engagement. Many institutions have joined the [Age-Friendly University \(AFU\) initiative](#) and are exploring how they can address its 10 guiding principles for advancing age inclusivity. Age-friendly institutions call for a campus-wide lens that reaches across a campus and its programs, and ultimately connects to its community. As such, the AFU initiative is more about refining higher education practices and not simply about expanding gerontology programs.

How might institutions work toward this goal? Hirschhorn and May (2000) promoted a campaign approach to change in higher education that provides campus leaders with a useful framework for considering how to mount integrated age-friendly efforts. To begin, “listen in” to your institution — and, take stock of what age-friendly strengths exist to build on within and beyond gerontology programs. Appraising how an age-inclusive focus connects with your institution’s commitment to diversity and inclusion is also a useful listening component. Next, thinking about “developing a strategic theme” that pulls together programming efforts across your campus is an energizing strategy for mounting age-friendly connections. For example, my institution’s Talk of Ages theme has proven to be an effective umbrella for connecting our efforts, as well as younger and older learners.

Successful age-friendly initiatives depend on faculty working together, creating and implementing new efforts. However, “sweeping people in” can be a challenge in the face of faculty demands. Utilizing

strategies such as personal invitations, professional development stipends, and opportunities for collaborations can move people into action — especially if these actions help faculty achieve their individual teaching, research, and service goals.

A key component to sustaining age inclusivity is “building an infrastructure” which may call for a new structure (like establishing an AFU coordinator). As well, making connections to existing structures, especially those that use a campus-wide lens, to develop your efforts is a productive strategy. For example, AFU partners have made strategic connections with their offices of professional studies, career services, and diversity and inclusion to expand their age-friendly efforts.

Population aging is a historic event with implications for people of all ages and their communities. It is neither a fad nor a trend, but rather an exciting and challenging reality that higher education and our institutions have the talent, resources, and responsibility to address. The AFU approach offers us a valuable guiding framework to this end — and building connections across our campuses is essential to shaping and sustaining our age-friendly work.

As you consider how to advance age-friendly connections on your campus, also be sure to explore [Tools for Advancing Age Inclusivity in Higher Education](#) designed by GSA and its Academy for Gerontology in Higher Education (AGHE).

Reference

Hirschhorn, L., & May, L. (2000). The campaign approach to change. *Change*, 32(3), 30. doi:10.1080/00091380009601733

Continued from page 1 – Dementia-Related Psychosis: GSA Experts Identify Ways to Improve Care

a pressing need for greater awareness of the condition and more effective diagnostic and treatment strategies.”

Small is the chair of psychiatry at Hackensack University Medical Center and the physician in chief of behavioral health at Hackensack Meridian Health.

According to the white paper, psychosis in dementia is associated with an increased risk of recurrent hospitalization and the need for more restrictive levels of care. Better care of individuals with dementia-related psychosis requires new initiatives and advocacy at several levels.

“Primary care needs full support to be able to better identify and care for these patients, both in terms of education about dementia-related psychosis and its management, and also by providing enhanced access to expert and specialty care, particularly for providers in rural communities,” said Alexis Eastman, MD, who also served on the workgroup. “We need to not only formalize and expand the education of trainees and providers on this disease, but enhance care coordination opportunities through collaborative

models and telehealth platforms — to ensure that providers not only have understanding of dementia-related psychosis, but the resources to adequately care for these patients.”

Eastman is the medical director in the Division of Geriatrics at UW Hospitals and Clinics and an assistant professor at the University of Wisconsin School of Medicine and Public Health.

The white paper indicates that because patients with dementia-related psychosis who transition across settings of care may be at risk for worsening symptoms, such transitions should occur only when mandatory and be carefully managed by health care professionals who have experience specific to the care of persons with dementia. In long-term care settings, team-based approaches to care and additional education for staff, as well as surveyors, could help enhance resident quality of life and support guideline-based care.

“Dementia-Related Psychosis: Strategies to Address Barriers to Care Across Settings” was developed through an unrestricted grant from Acadia Pharmaceuticals Inc.

funding opportunities

RRF Foundation for Aging Accepting Grant Applications

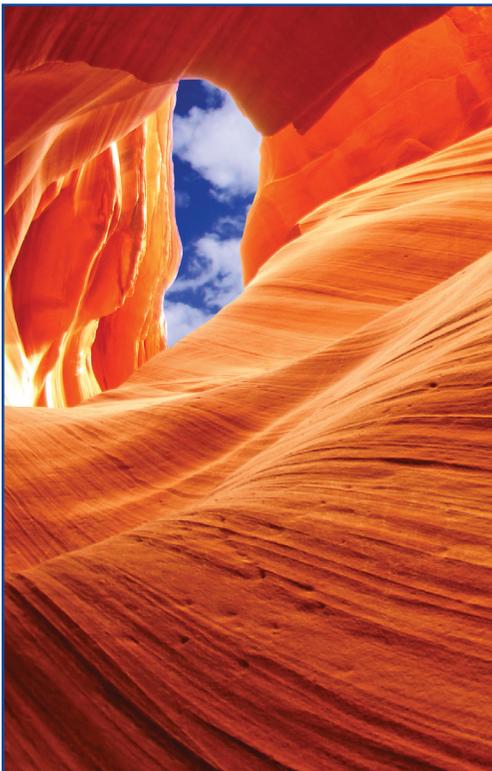
The [RRF Foundation for Aging](#) (formerly The Retirement Research Foundation) is accepting proposal applications for its next grant cycle. The deadline is May 1, 2021. The foundation's grantmaking is focused on four priority areas: caregiving, economic security in later life, housing, and social and intergenerational connectedness. On a selective basis, it also remains open to considering compelling applications on other topics. Proposals for direct service projects are considered from organizations based in Illinois, Indiana, Iowa, Kentucky, Missouri, Wisconsin, or Florida. Advocacy, training, and research projects, all with national relevance, are considered from organizations in any state. Organizational capacity building requests are accepted from nonprofits located in Illinois. RRF offers an opportunity for applicants to submit a brief (one to three pages) letter of inquiry as part of its grantmaking process. Letters should be submitted online by March 15 for the May 1 proposal deadline.

IMPACT Collaboratory Offers Multiple Support Mechanisms

[The IMPACT Collaboratory](#), a fast-evolving National Institute

on Aging-funded program, supports embedded pragmatic clinical trials (ePCTs) designed to identify effective research and expand it beyond the limits of traditional clinical trials, the lab, scientific literature, or passive data observations. The IMPACT Collaboratory is soliciting applications for the following three nationally competitive funding opportunities:

- [Career Development Award Program](#): For two-year awards to support the development of early-stage MD, PhD, or equivalent researchers who seek careers conducting ePCTs for people living with Alzheimer's disease and related dementias and their care partners. These awards provide \$100,000 per year of funding and proposals are due April 2.
- [Pilot Grants Program](#): Supports one-year pilot studies for Stage IV effectiveness ePCTs designed to generate the preliminary data necessary to conduct a future full-scale ePCT. These awards provide \$175,000 in direct costs and letters of intent are due April 2.
- [Demonstration Projects RFA](#): For projects of up to \$500,000 in direct costs conducted in close cooperation with health care systems. Proposals are due April 30.



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The Gerontologist Publishes Pandemic-Themed Special Issue

The COVID-19 pandemic has myriad implications related to aging and the lives of older people. The need to present a balanced and gerontologically-informed view of the of the pandemic motivated the editorial team at *The Gerontologist* to invite papers for a special collection entitled “Gerontology in a Time of Pandemic.” In response, they received 132 submissions from 25 different countries.

The accepted papers, as is usual for *The Gerontologist*, address a broad span of topics, from psychosocial challenges of the pandemic for older people to ageism to intersectionality and inequalities related to COVID-19 impact and response. The collection is being published across two special issues. The papers in this “[Gerontology in a Time of Pandemic, Part I](#)” reflect the diversity of the journal’s international author base, and the heterogeneity of older people and their experiences of the pandemic.

Series B Rolling Out Virtual Collections on COVID-19

The COVID-19 pandemic has threatened the health, longevity, and financial and emotional security of millions of people in the U.S. and worldwide. The death toll has been largest among older adults, who are vulnerable not only to the virus, but to the social isolation, stigmatization, and suffering the pandemic has wrought. It is against this backdrop that the social sciences section of *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* is publishing three virtual collections featuring COVID-19 research carried out during the first six months of the pandemic.

Each of the three virtual collections, focused on a distinctive theme, features an integrative essay by a GSA member. The first collection (March 2021) focuses on the U.S. and highlights “[COVID19- Trends, Disparities and Consequences for Older Adults](#)” with an essay by past editor-in-chief Deborah Carr, PhD, FGSA. The April 2021 collection, “Challenges of COVID-19: Ageism, Caregiving Strains, and Long-Term Care,” will focus primarily on the U.S. and feature an introductory essay by Karen Fingerma, PhD, FGSA, and Karl Pillemer, PhD, FGSA. The May 2021 collection, “Global Perspectives on COVID,” will feature papers on Chile, China, India, Israel, Japan, Korea, Mexico, Puerto Rico, and The Netherlands, and an introductory essay by Danan Gu, PhD, and Qiushi Feng, PhD. These collections reveal the powerful impacts of COVID-19 on older adults and the people who care for and about them.

Innovation in Aging Seeks Papers on Future of Nursing Home Care

Innovation in Aging is seeking submissions for a planned special issue to be titled “[Translational Research on the Future of U.S. Nursing Home Care](#).” The journal will showcase empirical papers that provide an evidence base for the nursing home care of the future.

The papers may indirectly address the impact of the COVID-19 pandemic, but the editorial team is looking for innovative research that has implications for the ongoing role and structure of the nursing home sector in the U.S. Papers with an international perspective will be considered insofar as they present evidence directly applicable to the U.S. sector.

The editors anticipate that the collection of articles will inform policy makers and practitioners as they consider possible reforms at the industry, state, and federal levels. Manuscripts should be empirically based but may make projections for a possible future vision for the industry. Abstracts are due by May 20. Open Access waivers will be available for articles published in this special issue. Contact the editorial office at ia@geron.org with any questions.

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RAND is pleased to announce the 28th annual RAND Summer Institute (RSI), which will take place in Santa Monica, CA, July 12-15, 2020.

The RSI consists of two conferences addressing critical issues facing our aging population: a Mini-Medical School for Social Scientists (July 12-13) and a workshop on the Demography, Economics, Psychology and Epidemiology of Aging (July 14-15). The primary aim of the RSI is to expose scholars interested in the study of aging to a wide range of research being conducted in fields beyond their own specialties.

We invite all interested researchers to apply to attend the 2021 RSI. Applicants may apply for fellowship support to pay for registration, travel, and accommodations.

Both the Mini-Med School and the workshop are described more fully at our web site: <https://www.rand.org/well-being/social-and-behavioral-policy/centers/aging/rsi.html>.

For additional information, please contact Cary Greif (cary_greif@rand.org).

RSI is sponsored by the National Institute on Aging and the Office of Behavioral and Social Sciences Research at the National Institutes of Health. RAND is an Equal Opportunity Employer Minorities/Females/Vets/Disabled

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