

gerontology news

The Gerontological Society of America®

November 2022

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Board of Directors Meets

The GSA Board of Directors met September 26 via Zoom, led by Chair Terri Harvath, PhD, RN, FAAN, FGSA. President Peter Lichtenberg, PhD, ABPP, FGSA, provided an update on discussions with the Rainbow Research Group Interest Group on the location for GSA's 2023 Annual Scientific Meeting (ASM), outreach activities at Indiana universities related to the 2022 ASM, and progress with DEI initiatives. CEO James Appleby, BSPHarm, MPH, provided an update on GSA operations, a GSA statement on discriminatory laws, the new National Center to Reframe Aging, and an extension of GSA's publishing agreement with Oxford University Press. Treasurer Janet Wilmoth, PhD, FGSA, provided an update on the 2022 fiscal year-end financials and the 2021 990/990T and D20E filings, which were approved by the board. The board also received briefings from the chairs of GSA's six member groups and on the 2022 ASM, and participated in the first of two formal DEI training sessions planned for the year.

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GSA Establishes National Center to Reframe Aging

GSA is announcing the launch of the new [National Center to Reframe Aging](#) as the central hub for the movement to reframe aging on behalf of the Leaders of Aging Organizations collaborative.

After nearly three years of building the foundational capacity for the Reframing Aging Initiative, GSA is poised to take the initiative to the next level — increasing visibility of this important endeavor, maximizing integration of the effort within the field of aging, and reaching related professional audiences.

The National Center will continue the work to reframe the public's understanding of what aging means and the many ways older people contribute



to society — with the goals of countering ageism and guiding our nation's approach to ensuring more supportive policies and programs for us all as we age. The National Center is the preeminent organization for proven strategies to effectively frame aging issues and advance a new conversation about aging in America.

The National Center also will develop and implement a robust communication strategy to proactively advance a more accurate story of aging in America, and expand partnerships to grow reach, deepen engagement, and work towards sustainability.

“Changing cultural attitudes is not a small undertaking, and we have to lead in our roles as researchers, practitioners, and educators in the aging field to affect this change,” said GSA CEO James Appleby, BSPHarm, MPH.

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Duque Chosen as GSA's Next Biological Sciences Journal Editor

GSA has named Gustavo Duque, MD, PhD, FRACP, FGSA, of McGill University as the next editor-in-chief of the biological sciences section of *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*, effective January 2023.



Duque

“It will be an honor and a pleasure to serve as editor-in-chief of one of the leading journals in the field,” Duque said. “As a clinician-investigator, I am interested in those discoveries that have the potential to impact and improve the quality of life and well-being of our older population in the short and long-term.”

He added that during his tenure, he will focus on attracting the highest quality research conducted by biomedical colleagues worldwide while highlighting the potential translational applications of those discoveries.

“I will ensure that our journal's publishing experience is enjoyable, fruitful, and of strong influence in the field. The biology of aging, geroscience, and age-related mechanisms of chronic conditions are active fields of research and I want to invite all my colleagues working on those areas to submit their best research to our journal,” Duque said.

The Journals of Gerontology, Series A is published by Oxford Journals on behalf of GSA. Its biological sciences section publishes peer-reviewed articles on the biological aspects of aging in areas such as biochemistry, biodemography, cellular and molecular biology, comparative and evolutionary biology, endocrinology, exercise sciences, genetics, immunology, morphology, neuroscience, nutrition, pathology, pharmacology, physiology, vertebrate and invertebrate genetics, and biological underpinnings of late life diseases.

The journal, with an all-time high impact factor of 6.591, is currently ranked fifth in

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Celebrating a Year of Progress: 2022 Successes

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

It was wonderful to be together again, in-person, for the GSA Annual Scientific Meeting! I hope the 3,200 members who gathered in Indy found the meeting as rewarding as I did. Next month's Gerontology News will recap the event in full.

Believe it or not, the GSA team has already initiated planning for the 2023 Annual Scientific Meeting in Tampa, Florida — preparing the call for abstracts (opening February 1) and mapping out special programming to be featured there.

But before we get ahead of ourselves, let's take a moment to celebrate important GSA organizational success that we are thankful for this year. Reasons to celebrate in 2022 include:

GSA Meeting Convenes In-Person & Digital Services

Grow: For the first time since 2019, GSA convened an in-person Annual Scientific Meeting, allowing our members and collaborative partners to connect in their preferred forum for networking and sharing their latest scientific research. We also built on the digital programming and services that have been nurtured over the past three years in order to engage members year-round.

During October's Pre-Meeting Engagement Month alone, GSA hosted 58 events including interest group meetings and section business meetings. Over the course of the year, the Society hosted a record number of more than 200 online webinars, workshops, interest group meetings, podcasts, Career Conversations and Talks with a Trailblazer. GSA now offers two new career development workshops to bolster members' grant writing and manuscript writing skills. And we launched a new series called Insights & Implications in Gerontology to address emerging issues in the field.

GSA Further Strengthens

Commitment to DEI: The Society has implemented the recommendations of its member-led Diversity and Justice Working Group. GSA's Board-approved Diversity, Equity, and Inclusion (DEI) statement guides how the Society undertakes its business.

In March, the Board of Directors approved a detailed DEI Roadmap laying out steps the Society will take to further strengthen its commitment to DEI, and the board is updated on progress at every meeting. The number of GSA members from diverse backgrounds serving on governance bodies (Board of Directors and section officers) continues to grow, providing leadership that is representative of the Society's membership.

GSA programs, such as the Mentoring and Career Development Technical Assistance Workshop for Early Career Diversity Fellows, also continue to grow. And the Journalists in Aging Fellows Program, which welcomes half of its participants from news outlets that serve minorities, is entering its 13th year with more than 200 fellows having participated.

National Center to Reframe Aging Established:

During the Annual Scientific Meeting, GSA announced the new National Center to Reframe Aging based at GSA. This new center will advance the social change endeavor that provides researchers, clinicians, educators, and advocates with new tools for shaping their communications in a manner that increases support for aging issues.

Through this center, GSA will work in collaboration with other leading organizations in the field to deepen the evidence base about how to reframe aging, nurture a vibrant community of passionate communicators, and lead a culture change movement to improve the public's understanding of aging and the

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In Memoriam

Martha B. Holstein, PhD, passed away on November 24, 2021. She was an aging studies scholar, ethicist, and activist on issues of greater equality for older women, minorities, and low-income older adults. She has a long career with the American Society on Aging, where she served as Assistant Director from 1976 to 1990.

Holstein's interest in ethical challenges in later life, particularly for women, led her to pursue a doctorate at the University of Texas Medical School Center on Ethics, which she completed in 1996. She then took a position with Chicago's Park Ridge Center for the Study of Health, Faith, and Ethics, and later became a co-director at the Center for Long-Term Care Reform within its Health and Medicine Policy Research Group.

She published widely in academic journals and books, and co-authored the book "Ethics, Aging, and Society: The Critical Turn." She also co-edited "Ethics in Community-Based Elder Care." In 2015, she authored the book "Women in Late Life: Critical Perspectives on Gender and Age."

Sally Newman, PhD, FAGHE, passed away on September 23. She established and served as executive director of Generations Together at the University of Pittsburgh, the first university-based intergenerational studies program in the U.S. She also was the founding editor-in-chief of the Journal of Intergenerational Relationships.

Throughout her career, Newman led international and national efforts to promote the intergenerational cause. She was the founder and first co-chair of the International Consortium of Intergenerational Programs, an organization dedicated to expanding global communication among professionals involved in intergenerational work.

In recognition of her contributions to the field, she has received more than 20 regional, state, and U.S. national awards, including two Presidential Awards. In 2005, she earned the Clark Tibbits Award from the Academy for Gerontology in Higher Education.

She earned a master's degree from Columbia University Teachers' College in 1954, and her PhD in education from the University of Pittsburgh in 1973.

Members in the News

- On September 13, Steven Austad, PhD, FGSA, S. Jay Olshansky, PhD, FGSA, and John W. Rowe, MD, FGSA, were quoted in a Business Insider article titled "[How the mind of an 80-year-old president is biologically different from a 45-year-old president's.](#)"
- A September 19 article in *The Washington Post* titled "[A potential connection between dementia and air pollution](#)" included quotes from Caleb Finch, PhD, FGSA, and Jennifer Ailshire, PhD, FGSA.
- Pinchas Cohen, MD, FGSA, was quoted in a September 21 CBS News story titled "[New microprotein linked to Alzheimer's risk discovered during USC study.](#)"
- On October 7, Marcus Escobedo, MPH, Patricia M. "Trish" D'Antonio, BSPHarm, MS, MBA, BCGP, and Hannah Albers were quoted in an *Inside Philanthropy* article titled "[This Collaborative Wants to Change How We Talk About Getting Older.](#)"
- In October, Nora Super, MPA, was listed among Forbes' "[50 Over 50: Impact](#)" list.
- "[Sages of Aging](#)," a PBS special that began airing nationally in October, featured interviews with Paul Nathanson, JD, FGSA, Linda Fried, MD, MPH, FGSA, Fernando Torres-Gil, PhD, MSW, FGSA, E. Percil Stanford, PhD, FGSA, Terry Fulmer, PhD, RN, FAAN, FGSA, and John W. Rowe, MD, FGSA.

Colleague Connection

This month's \$25 amazon.com gift certificate winner: **Christine McKibbin, PhD**

The recipient, who became eligible after referring new member **Abby Teply, MA** was randomly selected using randomizer.org.

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

Perez Earns Chair Title at University of Pennsylvania

Adriana Perez, PhD, FGSA, an associate professor of nursing in the department of family and community health at the University of Pennsylvania School of Nursing, has been appointed the Anthony Buividas Term Chair in Gerontology. Perez is also a scientist at the Center for Improving Care Delivery for the Aging, a National Institute on Aging-funded Resource Center for Minority Aging Research. She has constructed a community-engaged research portfolio focused on designing and testing of theory-based and culturally relevant interventions for elder Latinx adults.

Inouye Honored by American Colleges of Physicians

The American College of Physicians has named Sharon Inouye, MD, MACP, FGSA, as the recipient of its John Phillips Memorial Award for Outstanding Work in Clinical Medicine. This award is bestowed for outstanding lifetime work in clinical medicine that has been innovative and/or had a regional or national impact.

Inouye is the director of the Aging Brain Center at the Hinda and Arthur Marcus Institute for Aging Research at Hebrew SeniorLife in Boston, Massachusetts. She holds the Milton and Shirley F. Levy Family Chair and is a professor of Medicine at Harvard Medical School (Beth Israel Deaconess Medical Center). Her research focuses on delirium and functional decline in hospitalized older patients.

Family Caregiving: An Imperative Now with a National Strategy

We have been following the RAISE Family Caregiver Act for several years now, first when promoting the legislation in 2017, celebrating its passage in 2018, supporting the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregiver Advisory Council with its strong representation of GSA members in 2019, advocating for its extension in 2020, and disseminating its [first report to Congress](#) in 2021. So, I am happy to report that the RAISE is again in the news with its latest report, the [2022 RAISE National Strategy to Support Family Caregivers](#).

Of course, GSA is no stranger to the work of RAISE — or any caregiving effort for that matter. GSA and its members have provided expertise, research, and knowledge about family caregiving, dementia caregiving, and the direct care workforce for many years. In my column I have written about many of these advances, such as the National Academies report “Families Caring for an Aging America,” the caregiver resource Best Practice Caregiving, the NIH National Research Summit on Care, Services, and Supports for Persons with Dementia and Their Caregivers, the Eldercare Workforce Alliance, and the various educational, research, and policy approaches to these issues for which GSA is renowned.

The RAISE Family Caregiving Advisory Council (FCAC) is the driving force behind the RAISE Act implementation in collaboration with the advisory council for the Supporting Grandparents Raising Grandchildren Act. The FCAC includes GSA members, and it has conducted briefings that included GSA expert witnesses. The council also includes federal agency staff, family caregivers, older adults and individuals with disabilities, providers of various health and supports and services, the eldercare workforce, employers, state representatives, and other experts and advocacy organizations.

It is exciting to see the breadth and scope of what the RAISE National Strategy has laid out for us. It seems to me that the advisory councils have left no stone unturned to provide context, background, evidence, policy ideas, program considerations, and more. For example, the appendices contain long lists of organizations, initiatives, and projects that contributed data of various kinds to the advisory councils. At the February 2020 meeting of the advisory council, one of the guiding principles discussed shows the commitment to use a wide embrace: “The national strategy will be a living document with ongoing actions, created in partnership with family caregivers, to be taken by federal, state, and local governments, communities, providers, and others while fostering cross-discipline and cross sector collaboration.”

The strategy itself is composed of four sections published as separate reports: the [2022 National Strategy to Support Family Caregivers](#), [First Principles: Cross-Cutting Considerations for Family Caregiver Support](#); [Federal Actions](#); [Actions for States](#),

[Communities, and Others](#). I encourage you to make the time to peruse these documents because the goals, principles, and actions are all informed by input from the voices we need to hear: researchers, caregivers, lifelong advocates, policy analysts, thought leaders, and health care providers.

The national strategy is too comprehensive and extensive for me to go into in this short column, so I decided to ask leaders in the field what they think of the latest report.

Brian Lindberg to Rani Snyder, Vice President of Program, The John A. Hartford Foundation: What is the next step for advocates and policy makers now that the RAISE National Strategy has been published?

Snyder: This first-ever strategy provides such an important opportunity to build whole-of-society momentum to supporting family caregivers. Public-private collaboration at the federal, state and local level is necessary to implement, sustain and improve the strategy’s recommended actions. We need cross-agency coordination at the federal level, increased funding for programs, and private sector partners to advocate for this. The John A. Hartford Foundation will continue to partner with private and government agencies to promote national and state advocacy and implementation to make it happen.

Lindberg to Representative Robert C. “Bobby” Scott, Chair, House Education and Labor Committee: You and the Education & Labor Committee have been strong supporters of caregivers. Now that the RAISE National Strategy has been released, are you pleased with the way the process played out and will you be turning some of the report into legislative initiatives?

Scott: Family caregivers play an essential role in safeguarding the physical and emotional health of their loved ones and enable them to live at home. Regrettably, family caregivers are often unpaid or underpaid and experience financial hardships and adverse health outcomes of their own. I applaud the Recognize, Assist, Include, Support, and Engage (RAISE) Act Family Caregiving Advisory Council and the Advisory Council to Support Grandparents Raising Grandchildren on the recent release of the 2022 National Strategy to Support Family Caregivers. This report comes at a critical time and will help inform future policy to ensure caregivers receive the support they need to maintain their own health and wellbeing.

Lindberg to Alan Stevens, Member, RAISE Family Caregiver Advisory Council, and Centennial Chair in Gerontology, Baylor Scott & White Health: How important is the effort to better identify family caregivers, such as identification of family caregivers in electronic health records? Is the necessary first step for including caregivers on coordinated care teams?

Stevens: Systematic identification of family caregivers in electronic health records represents a significant opportunity to improve dementia care and to protect the health of family caregivers. Identification of the family caregiver translates into recognition and respect for the daily care provided by family caregivers of a person living with functional or cognitive impairments. It is an essential step for family caregivers to be meaningfully included as members of the care team. It also provides health care systems an opportunity to monitor the health of family caregivers, who are at risk of poor health and wellbeing outcomes. Identification and representation of family caregivers will support a wide range of population health initiatives.

Lindberg to Robert Espinoza, Executive Vice President for Policy, PHI: What does the RAISE National Strategy mean for direct care workers?

Espinoza: Together, family caregivers and direct care workers are the frontline of support for millions of older adults and people with disabilities, and the RAISE National Strategy acknowledges this fact by proposing hundreds of concrete actions that policy and industry leaders must take to boost our essential yet undervalued caregiving sector. The national strategy delineates several actions for private and public sector leaders, including a sweeping analysis of compensation policies to understand how best to raise wages for these workers, grants for supportive services critical to workers such as transportation and childcare support, and an investment in deeply studying the dementia care workforce that's becoming more critical by the day — and much more.

Lindberg to Cindy Hounsell, President, Women's Institute for a Secure Retirement (WISER): One of the serious issues facing family caregivers is the financial burden. How can we make an impact on the financial challenges facing caregivers?

Hounsell: WISER has been tackling the caregiver's financial burden for nearly two decades, and we know that the immediate need is more education about personal costs and avoiding financial mistakes. First: reach the family caregivers and provide the resources to help them meet the urgent financial needs and more importantly-- address the challenges and risks to their own lives. [WISER's Financial HUB](#) showcases the ways to strengthen the financial capability, preparedness, and well-being of family caregivers by equipping them with best practices, resources, and tools to manage their own financial needs and those of care recipients. In all the conferences, community forums, and meetings WISER has conducted in the last year, the refrain is "I wish I had known."

Lindberg to Wendy Fox-Grage, Senior Policy Fellow, National Academy for State Health Policy: The [NASHP state policy road map](#) for family caregivers is included in the RAISE National Strategy. According to your road map, for

states and communities, there is a good deal of opportunity for innovation and action for states and communities. Which policies or actions could states or localities establish for family caregivers that would have a significant impact?

Fox-Grage: To help caregivers obtain services that enable them to provide care in the home, states can blend federal and state funding for services such as home and respite care that can give family caregivers a needed break, rebalance toward more home and community-based services, and pay family caregivers through Medicaid self-direction options. FYI, NASHP runs the [RAISE Act Family Caregiver Resource and Dissemination Center](#) so if you have questions, you'll likely find answers there. This will be especially important as we move forward, collectively as a field and individually in our own areas of work, to identify ways to implement the National Strategy to Support Family Caregivers.

Well, I hope that gives you a sense of the work that has gone into the RAISE Act initiative over the years and the excitement and commitment that our members and colleagues have for implementation of the recommendations and strategies. Look for more updates as many of the strategies will be found in legislative initiatives in the 118th Congress and the Biden-Harris Administration's rulemaking efforts next year.

Recent GSA Policy Actions

GSA Vice President of Policy and Professional Affairs Patricia M. "Trish" D'Antonio, BSPHarm, MS, MBA, BCGP, as co-chair of the [Adult Vaccine Access Coalition \(AVAC\)](#), met with José R. Romero, MD, FAAP, FIDSA, FPIDS, FAAAS, director of the U.S. Centers for Disease Control and Prevention (CDC) [National Center for Immunization and Respiratory Diseases](#). AVAC leadership welcomed Romero in his new leadership role and introduced him to the coalition. As part of AVAC, GSA advocates for issues at CDC with respect to adult vaccination including eliminating financial barriers, promoting high immunization rates, creating equity in vaccine access, and improving vaccine infrastructure.

GSA, along with more than 400 organizations, signed onto a letter in support of the [Respect for Marriage Act \(RMA\)](#). The RMA is bipartisan federal legislation that protects marriages of same-sex and interracial couples. The letter calls on the Senate to act swiftly in passing the RMA, as it is a vital step Congress should take in protecting LGBTQ families.

GSA Vice President of Integrated Communications and Strategic Alliances Karen Tracy and GSA Oral Health Workgroup Chair Stephen Shuman, DDS, MS, FGSA, represented the Society at the 2022 American Dental Association Symposium "From Policy to Chairside: Improving Oral Healthcare of the Aging Population."

new resources

New CME/CE Program: Case Concepts in Type 2 Diabetes Mellitus

[Case Concepts in T2DM: Caring for Older Adults Transitioning to and Living in LTC Settings](#) is a new 0.75-credit CME/CE activity for geriatricians, diabetologists, primary care practitioners, internists, physician associates, nurse practitioners, and nurses. It offers insights and information to help them recognize challenges of managing patients with type 2 diabetes mellitus (T2DM) who are transitioning to or living in long-term care settings and implement strategies to effectively care for these individuals through review of patient cases. Participants can answer questions about optimal management approaches for each patient and see how their answers compare with those of their peers. In addition, video clips provided by expert faculty reinforce important clinical concepts. The program was developed by Med-IQ in collaboration with The Gerontological Society of America (GSA) and features past GSA President Barbara Resnick, PhD, RN, CRNP, FAAN, FAANP, FGSA, and Rodolfo J. Galindo, MD, FACE, as the expert faculty.

Journal Looks at GSA Mentorship Activities

The journal *Health Behavior Research* has published a new article, "[Mentorship in the Field of Aging: Purposes, Pivots, and Priorities](#)," which focuses on GSA's Mentoring Consultancies and Career Conversations events and their pivot to meet the needs and demands of current and future gerontologists amid the COVID-19 pandemic. This article provides a description of these events in the context of planning, content, and member engagement. Recommendations are provided to other organizations seeking to enrich their membership through mentorship and career development activities.

New RRF Brief Highlights Need for Affordable, Supportive Housing

RRF Foundation for Aging has released an issue brief on one of its four priority funding areas —affordable and safe housing. "[Home Front and Center: Supporting Access to Affordable and Quality Housing](#)" provides

an overview of housing insecurity for older adults, describes RRF's approaches to funding innovative projects promoting safe and affordable housing, and invites others to join them in this important work.

While the issue of accessible housing confronts millions of Americans, the problem is especially acute for older adults, according to the brief. But for those whose access to safe and affordable housing has been limited by economic inequities and discrimination, such as communities of color and LGBTQ+ individuals, the disparities of housing insecurity loom much larger. And with the end of COVID-19 eviction moratoriums, the risk of homelessness threatens many older adults with low or fixed incomes. For these reasons, and more, studies show that the ranks of homeless older people are rising fast, despite a decline in homelessness in other age groups.

Report Highlights Discrimination's Role in Health Care

Racial and ethnic discrimination in the U.S. health care system is taking a toll on the health of older Americans and preventing them from getting needed care, according to a new Commonwealth Fund report.

The report finds that one in four Black and Latinx/Hispanic adults age 60 and older reported they have experienced discrimination from health professionals, who either treated them unfairly or did not take their health concerns seriously because of their race or ethnicity. More than a quarter (27 percent) of older adults who reported experiencing discrimination said they did not get the care they felt they needed as a result.

The authors also find that older adults who report health care discrimination are more likely to have worse health, face economic hardships, and be more dissatisfied with their care than those who have not experienced discrimination.

The report, "[How Discrimination in Health Care Affects Older Americans, and What Health Systems and Providers Can Do](#)," offers unique insights about the consequences of perceived health care discrimination for older adults, who tend to use more health services than younger populations.

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many contributions older people make in Society. Scholars may have already noticed changes to the AMA and APA style guides resulting from the work of the Reframing Aging Initiative.

Meaningful Advocacy Impact Increases Access to Vaccines and Hearing Aids: GSA was actively involved in advocating for important federal policy and regulatory changes including supporting a key provision of the recently passed Inflation Reduction Act, which closes longstanding gaps in vaccination coverage in Medicare and Medicaid increasing access to these disease preventing treatments; informing new Food and Drug Administration guidance on over-the-counter hearing aids, which will bring high-quality, affordable hearing aids to millions of older adults; moving the national conversation on older adult oral health into the mainstream bringing new attention to this under-resourced issue; and playing a leadership role in advocating for a strong national

research ecosystem through funding of the National Institutes of Health and National Institute on Aging.

GSA Vice President for Policy and Professional Affairs Patricia D'Antonio serves as chair of the Friends of NIA coalition and co-chair of the Adult Vaccine Access Coalition.

KAER Framework Expands: First established to support the well-being and positive health-related outcomes for people living with dementia and their families, the GSA KAER Framework — Kickstart, Assess, Evaluate, Refer — is now being studied at the University of Washington through funding by the U.S. Centers for Disease Control and Prevention. In 2022, this successful framework has been adapted to equip primary care teams with a useful framework to help older people with overweight and obesity recognize and care for their condition.

These successes have been made possible by the sustained commitment of GSA members and leaders throughout 2022. Thank you all for your support of the Society and its mission.

Meet Your ESPO Communications Task Force Newsletter Team

Greetings from Francesca, Susanna, and Sanjay! We are members of the ESPO Communications Task Force team. We coordinate with various ESPO working groups to bring you ESPO insights, as a GSA Newsletter feature, every month. We are appreciative of the opportunity to give back to an organization that offers so much to young researchers. We are also grateful to contribute to the cause of GSA in its endeavor for aging research community, and its promise to facilitate and improve quality of life of older people. In current feature, we would like to share a bit about who we are as professionals.



Francesca Falzarano, PhD

In addition to my role as the lead of ESPO's Communications Task Force, I am a postdoctoral fellow in the Division of Geriatrics & Palliative Medicine at Weill Cornell Medicine. My research uses a developmental approach to examine the heterogeneity of dementia family care giving across the illness spectrum, from diagnosis until end-of-life and bereavement. I am currently working on my NIA-funded K99/R00 award, which seeks to develop a technology-based behavioral intervention to enhance supportive service use in dementia family caregivers. A fun fact about me: I love all things movement! I grew up as a competitive dancer and worked on fitness while writing my dissertation. I have integrated the mind-body connection in my research on alleviating stress and increasing resilience in later life.



Yujia (Susanna) Qiao, ScM

I am a doctoral candidate at the University of Pittsburgh. I am trained as an epidemiologist and specialize in accelerometry, physical activity, physical function, and aging. My research interests center around wearable technology for human health and performance monitoring.

My dissertation focused on utilizing accelerometer-derived gait patterns to understand disablement pathways. I plan to graduate in 2023 and am excited to apply my current research into real-world big data. A little fun fact about me: I like hiking and want to visit all national parks in the U.S., which might be a life-long project as there are 423 national park sites. That is why maintaining mobility ability is essential even at older age!



Sanjay Pandey, PhD

I am a faculty associate in the Department of Radiation Oncology at Albert Einstein College of Medicine, New York. My research interest is in understanding the cellular and Immune senescence and its role in aging and cancer therapy. My doctoral dissertation

was focused on understanding the immune modulatory functions of energy restriction mimetics in chronic inflammatory diseases and cancer. My current project involves the development of novel unconventional radiotherapy techniques and their combination with other cancer therapeutics for improved anti-tumor immune response and overall therapeutic benefits. Fun fact about me: My home country is India, and I come from Nainital, a beautiful lake city in the Himalayas. I love tracking and am a huge fan of The Beatles.

Continued from page 1 - GSA Establishes National Center to Reframe Aging

GSA Vice President of Professional Affairs Patricia M. D'Antonio, BSPHarm, MS, MBA, BCGP, will continue to oversee the reframing aging work as executive director of the National Center.

"Core to achieving a shift in the public's thinking is providing a set of accessible tools and employable strategies for professionals who communicate and advocate about aging in healthcare, public health, government, and social services to develop productive messages about aging," D'Antonio said. "Our framing choices have the power to influence policies that support all of us as we age."

Joining the National Center are Hannah Albers as program director and Alycia Claproth as communications manager.

"We will continue to build the library of tools to teach good framing and support effective application of our research-based strategies, such as our [Frame of Mind video series](#), [Best Practices Communications Guide](#), and [Caravan newsletter](#)," Albers said. "We all want to live in a community in which we can thrive as we age,

and the National Center's tools are helping make that happen."

Support for the National Center comes from Archstone Foundation, The John A. Hartford Foundation, RRF Foundation for Aging, and The SCAN Foundation. There are ten involved national aging organizations — collectively known as the Leaders of Aging Organizations (LAO) — including AARP, American Federation for Aging Research, American Geriatrics Society, American Society on Aging, The Gerontological Society of America, Grantmakers in Aging, LeadingAge, National Council on Aging, National Hispanic Council on Aging, and USAging.

"The history of social movements strongly suggests that harnessing the unifying power of shared narratives is essential to enact long-term social change," Appleby said. "Thanks to our forward-thinking funders, GSA and the LAO will continue to promote the widespread use of the field-tested reframing aging narratives. This work is critical for moving toward a more just, and more inclusive, every-generation-nation."

Faculty Spotlight: A Conversation with Margaret Manoogian

By Margaret Manoogian, PhD, Western Oregon University, (manoogim@wou.edu)

Tell us a little about your role at your institution.

I came to Western Oregon University (WOU) in 2011 to help launch our gerontology program. Prior to WOU, I had worked at Ohio University in the Child and Family Studies program for ten years. As I focused on further developing WOU's Gerontology Program, I leaned on my colleagues at AGHE and used the Gerontology Competencies as a framework to develop more curriculum. I served as the chair of the program until recently. I also developed and continue to oversee our practicum program.



Manoogian

What are some key pedagogical considerations you keep in mind when teaching students about aging? How has your approach changed for you over the years?

My higher education career began in student affairs, specifically in career development. I have a strong background in preparing students for careers from the first step of discovery to securing meaningful employment after graduation. I feel it is critical to help students gain career education with major content, particularly now with high tuition costs and the need for our students to find gainful employment. I integrate strong experiential and high impact learning opportunities in my classroom. In every class I teach, students interact with professionals who serve older adults and their families, interview older adults and family members to understand aging pathways, engage in service-learning, and help organizations that serve older adults in project development.

I also teach from a life course perspective and am committed to helping students understand their own aging pathways in a complex society. I have in recent years created two courses that have been added to our curriculum to reflect these issues: The Aging Self: Your Pathway through Adulthood (a lower division, general education, required major course); and Intersectionality: Inequalities and Vulnerabilities in Older Adulthood (an upper division, general education and required major course).

These two courses have been quite popular among our undergraduates and have opened their eyes to aging from different perspectives. They often share content with their families from the first course and remark on their shared interview project with adults across adulthood as important to their learning. They learn about health promotion and how current activities and attitudes shape their personal health pathways over time. In the second course, they learn how to advocate for our older adult population more

effectively as they understand how multiple identities shape aging experiences. Teaching these two courses has been the highlight of my career path as a social/family gerontologist.

I also am deeply committed to community education, so I have created aging forums and workshops for many community groups. My research focuses on intergenerational relationships and transmissions. I like to bring others together for meaningful learning and conversations. What I have noticed lately is that my aging body is making me more aware of what is to come, and I feel authentic in what I am addressing in classes compared to when I was younger! I am now one of the older adult voices that is present in the classroom!

In your experience, what are some key barriers and facilitators to "reaching students" about the importance of aging?

I think it is critical to educate students about ageism and I do this in every class I teach, reflecting the content of the course. For instance, I ask students to informally interview older adults about any experiences they may have faced with ageism after they learn about it and help define it for others. As other examples, I bring in professionals who work with older adults in poverty and older adults who have experienced health disparities in their aging experiences.

What motivates you to do this work?

From a young age, I have always treasured the company of older adults in part because my grandparents on either side of my family did not share a language with me. I desperately wanted to hear their stories. I think this is why I became a qualitative researcher focusing on the relationships between older adults and their adult children and grandchildren. I don't think my motivation has changed much. I have been deeply committed to sharing as much as I can about the aging process and to help others learn more about how this has meaning for themselves, their families, and their communities/contexts.

Is there anything unique regarding teaching about aging in your particular environment or with your students that you could highlight for us? How do you navigate these factors to strengthen your approach?

Most of our students are first generation, with a high number of Latinx students. I have appreciated the richness of our classroom experience and we have all learned from each other. Because of our predominant high number of first-generation students, I think we have to not only create learning opportunities but help them to develop the social capital they need to graduate and find career opportunities. I am deeply concerned about high student

Continued from page 8 - Faculty Spotlight: A Conversation with Margaret Manoogian

debt and the implications that has for our students' futures and aging experiences. I place great emphasis on advising and helping students graduate in a timely manner with strong applied skills to offer employers.

What advice would you give to a new gerontology educator who is developing their first course about aging?

Ground it in good evidence-based information; create opportunities for teaching research skills that help students

understand aging (I do a scaffolded project across the term that includes topic focus, annotated bibliographies, interviews, and a final video, presentation, or paper at the end); integrate lots of applied and experiential opportunities; and have fun with it — lots of conversations, small group endeavors, and media integration where appropriate and meaningful.

I am so grateful for this career path. As I have helped others to learn more about aging and older adulthood, I have also learned so much about myself in the process!

funding opportunities

Three NIA Small Grant Opportunities Will Support Alzheimer's Research

The National Institute on Aging (NIA) Small Research Grant Program for the Next Generation of Researchers in Alzheimer's Disease supports important and innovative research in areas in which more scientific investigation is needed to improve the prevention, diagnosis, treatment and care for Alzheimer's disease and related dementias (AD/ADRD).

Awards are two years of funding totaling \$200,000, and the expiration date for this award is November 17.

There are three funding opportunity announcements:

- [PAS-19-391 Area of Focus Archiving and Leveraging Existing Data Sets for Analyses \(R03 Clinical Trial Not Allowed\)](#)
- [PAS-19-392 Area of Focus Basic Science \(R03 Clinical Trials Not Allowed\)](#)
- [PAS-19-393 Area of Focus Systems Biology \(R03 Clinical Trial Not Allowed\)](#)

Deprescribing Network Issues New Call for Grant Applications

The U.S. Deprescribing Research Network has announced [two new requests for applications](#) for pilot awards and grant planning

awards. The goals of these grant programs are to support early-stage research in deprescribing that has high potential to develop into future large projects, to catalyze research in areas that are of particular importance to the field, to support junior investigator development, and to promote collaborations that will lead to future research projects.

The pilot award supports research related to deprescribing that provides key preliminary data, proof of concept, or developmental work that offers a clear pathway to future, larger-scale studies and career development for the investigators involved. This award is geared primarily, but not exclusively, toward junior investigators. All topics related to deprescribing are welcome. Proposals should have a plan for engaging stakeholders in the research process; the network can guide interested investigators on strategies to achieve this.

Grant planning awards are intended to fund grant preparation activities that will lead to submission of large grant proposals such as multisite clinical trials. Examples of activities such awards may fund include meetings and travel for study investigators to develop the proposal under consideration or administrative costs to engage multiple clinical sites into a multisite research trial planning process.

Letters of intent are due December 12.

Continued from page 1 - Duque Chosen as GSA's Next Biological Sciences Journal Editor

the gerontology category of the Web of Science Social Science Citation Index.

"We are thrilled to welcome Dr. Duque as the next editor-in-chief," said Elham Mahmoudi, PhD, the chair of GSA's Program, Publications, and Products Committee. "Dr. Duque is a geriatric physician and a renowned researcher with years of exceptional leadership. With more than 250 peer-reviewed publications and numerous awards in the field of aging, Dr. Duque will lead the scientific endeavor of promoting evidence-based healthy aging."

Duque is a geriatrician, professor of medicine, and the Joseph Kaufmann Chair of Geriatric Medicine at McGill University. He is also a senior scientist at the Research Institute of the McGill University Health Centre. Until September 2022, he was the director of the Australian Institute for Musculoskeletal Science in Melbourne where he also led the Osteosarcopenia &

Geroscience Research Program at the University of Melbourne and Western Health.

His research focuses on the interactions between bone, muscle, and fat and the elucidation of common mechanisms and pathways associated with the pathophysiology of osteoporosis, sarcopenia, osteosarcopenia, and frailty in older persons. He is also looking at new biomarkers for age-related musculoskeletal diseases. He has tested the effect of vitamin D, exercise, and nutrition on bone and muscle mass while developing novel diagnostic and therapeutic approaches to age-related musculoskeletal diseases.

Duque is the recipient of the Kaufman Award from the Canadian Geriatrics Society, the Nathan Shock New Investigator Award from GSA, and was the inaugural recipient of the prestigious Professor Philip Sambrook Award from the Australian New Zealand Bone and Mineral Society for leadership in bone research.

Innovation in Aging Seeks Research on Sub-Saharan Africa

Innovation in Aging has issued a call for papers for a forthcoming special issue to be titled “[Aging in Sub-Saharan Africa](#).” This is a relatively neglected area of research despite the increasing proportion of the population aging. Currently, more than 50 million people in the region are aged 60 years or older and this region is the most rapidly aging population in the world.

The goal of this special issue is to increase the amount of quality research published on aging in sub-Saharan Africa. The journal seeks to publish a broad group of studies, including research on health and social sciences as well as research in the humanities and physical and environmental sciences. There is a particular interest in research from a wide geographic spread, with particular interest in those countries with the highest proportions of population over 60 years of age. Open Access (i.e., article processing charge) waivers will be available for articles published in this special issue. The co-editors for the issue are John Bosco Chika Chukwuorji, PhD, and Jennifer Tehan Stanley, PhD, FGSA.

Abstracts are due November 15.

Researchers Use AI to Prompt Older Adults’ Participation in Research

In a new study appearing in the journal *The Gerontologist*, Florida State University (FSU) researchers explore the challenges of recruiting and retaining older adults to participate in research.

The study also marks the first step of a broad, interdisciplinary FSU effort to increasingly use artificial intelligence (AI) in research.

In the study, titled “[Motivation to Engage in Aging Research: Are There Typologies and Predictors?](#),” Associate Professor of Sociology Dawn Carr, PhD, FGSA, identified core “motivation clusters” among older adults for research participation. Along with her 12 FSU-based co-authors, Carr suggests that identifying those clusters — “fun seekers” and “research helpers,” for example — can guide recruitment and retention strategies.

“There is a lack of representation of older adults in research that leads to findings that are skewed,” Carr said. “Previous guidance on how best to encourage older adults to participate in research has been one-size-fits-all. Our research finds that older adults’ motivations are varied and complex.”

Carr, the new director of FSU’s Claude Pepper Center, and study co-author Wally Boot, PhD, FGSA, a professor in the Department of Psychology, said the lack of older adults in studies prevails throughout research and has widespread consequences. They said tailored appeals can increase the number and diversity of older adults participating in research.

“The characteristics of the people participating matter since we want to be able to generalize our findings,” Boot said. “And being able to recruit large samples of older adults is crucial; without large sample sizes we can’t have confidence in our results.”

This is the first study stemming from a larger project funded by the National Institutes of Health. The Adherence Promotion with Person-Centered Technology project aims to understand participants’ motivations and daily schedules and provide just-in-time support to help them engage in behaviors that keeps them in studies.

The goal is to develop artificial intelligence-based reminder systems that encourage older adults to participate in aging-related research.

“So much momentum and time is lost when people drop out of studies, and clinical trials can fail because people don’t engage in the behaviors researchers ask them to perform,” Carr said. “How can we test whether a behavioral intervention reduces the risk of cognitive impairment unless participants consistently engage in that behavior over the long term?”

Carr added, “To that end, we’ve already learned that there are older adults who have different clusters of motivations to participate: brain health advocates, research helpers, fun seekers and multiple-motivation enthusiasts. We found that cognitive difficulties, age, employment status and previous research participation predicted membership in these categories.”

Boot said artificial-intelligence approaches help predict the types of motivational messages that might resonate and keep participants on track but also the right time to deliver those messages.

“People have habits, and we can learn routine without being obtrusive,” he said. “When their adherence to the intervention begins to falter, we can detect that and provide a tailored motivational message at a time when we predict they are likely available to reengage with the study.”

The study is laying the groundwork for the further use of artificial intelligence, according to Boot.

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