

gerontology news

The Gerontological Society of America®

February 2023

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Board of Directors Meets

The GSA Board of Directors met December 12 via Zoom, led by Chair Terri Harvath, PhD, RN, FAAN, FGSA. President Peter Lichtenberg, PhD, ABPP, FGSA, provided an update on DEI initiatives and reflection on the GSA 2022 Annual Scientific Meeting (ASM). The board also received a DEI training session on implicit bias. CEO James Appleby, BSPHarm, MPH, provided an update on the 2022 ASM; a GSA DEI Roadmap update; the official launch of National Center to Reframe Aging; GSA outreach to UT Health and Barshop Institute; the CDC Healthy Brain Initiative Roadmap Leadership Committee; and interactions with partner organizations. Appleby also introduced the 2023 CEO Action Plan goals, which the board approved. Treasurer Janet Wilmoth, PhD, FGSA, presented the GSA Q3 financial statement and the 2023 annual operating budget, which the board approved. The board also received an update on GSA strategic alliances activities, and held a generative discussion session on services GSA provides to international members.

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Join the Careers in Aging Week Vanguard!

GSA's [Careers in Aging Week](#) (CIAW) — founded in 2002 and now entering its third decade — is looking to raise awareness and guide others to rewarding

career paths that provide research, services, and care to the aging population.

CIAW 2023 is taking place from March 26 to April 1. This annual event exists to increase the awareness and visibility of gerontology-related vocational opportunities.



It also is a chance to recognize and show appreciation for staff and colleagues working within the field of aging. CIAW is observed by businesses, clinics, coalitions,

organizations, universities, colleges, health care providers and other parties across the U.S. and worldwide.

Many individuals, educational institutions, and organizations have already joined GSA in spreading the word.

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Nursing Home Experts Unveil Path Toward Quality Improvements

A new supplemental issue to GSA's journal *Public Policy & Aging Report* (*PP&AR*) focuses on specific recommendations from the 2022 National Academies of Sciences, Engineering, and Medicine (NASEM)

report titled "[The National Imperative to Improve Nursing Home Quality](#)" — and describes how relevant stakeholders can move those recommendations into action.

Titled "[2022 NASEM Quality of Nursing Home Report: Moving Recommendations to Action](#)," the journal includes articles co-authored by members of the committee that produced the report. Support for this issue of *PP&AR* was provided by The John A. Hartford Foundation.

The goals of the report spanned several areas: care delivery, workforce, transparency and accountability, financing, quality assurance, quality measurement, and technology.

"In the process of developing this report, the committee was tasked to make bold and actionable recommendations that would transform care



delivery and the nursing home environment for residents, families, and staff," said Jasmine L. Travers, PhD, RN, MHS, an assistant professor at New York University's Rory Meyers College of Nursing who served on the NASEM committee, and who contributed to several articles and served as contact editor for this issue of *PP&AR*. "Now that these recommendations are out in the public, this special issue is just one of many efforts the committee has undertaken to ensure that the recommendations don't just sit on the shelves of those who are going to be key to moving them into action."

Among the next possible steps laid out, the authors:

- Highlight the need for minimum degree and certification requirements for nurses, social workers, physicians and other workers, greater hours in training for certified nursing assistants, geriatric-specific content in curricula, and experiential learning for all nursing home staff.
- Delineate several pragmatic approaches that would encourage the successful development, implementation, and

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From the CEO



Life Expectancy Changes Underscore GSA Members' Essential Role

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

Probably one of the most disheartening things a gerontologist can see is a report showing that the average human life expectancy has dropped. A few months ago, the Centers for Disease Control and Prevention reported that [life expectancy in the U.S. dropped for the second year in a row in 2021](#).

When your career has been focused on aging research, education, or practice, the last thing you want to see is a trend like this in the wrong direction. While the issues driving these setbacks are complex, organizations like GSA can help in turning things around. And with representatives from 26 different disciplines, GSA members are ideally suited people to do it.

The Society has proved time and again that the best way to solve the challenges we face is to bring scholars from diverse disciplines together. This is evident in several initiatives that GSA currently has underway — specifically ones that can have an impact on our health and well-being.

For example, last year we released [The Gerontological Society of America KAER Toolkit for the Management of Obesity in Older Adults](#). Obesity is now defined as a disease by the American Medical Association, and the new toolkit is equipping primary care teams with a useful framework to help older people with overweight and obesity recognize and care for their condition. Since the launch of the toolkit, we've rolled out [a series of GSA Momentum Discussions and podcasts on the topic](#).

In [my column last month](#), I talked of work GSA is undertaking to foster a return to reverence for vaccines. Vaccines save lives and we are witnessing this firsthand as the COVID-19 pandemic runs its course. In 2023, GSA will convene a diverse group of stakeholders to rebuild our collective reverence for vaccines through a new initiative called Concentric Value of Vaccination as We Age: A Life Course Investment. This initiative will inform publications and presentations aimed at increasing the understanding among the public, professionals, policymakers, and others that the impact

of vaccines is broad, far-reaching, and well beyond the reduction of morbidity and mortality from individual infections.

And as [announced at the end of 2022](#), the launch of the new [National Center to Reframe Aging](#) (NCRA) at GSA — as the central hub for the movement to reframe the public understanding of aging — is furthering the goals of countering ageism and guiding our nation's approach to ensuring more supportive policies and programs for us all as we age.

We know from research by scholars such as GSA member Becca Levy, PhD, FGSA, that if you have a positive view of aging, you may live longer. Her findings show that positive age beliefs can have a positive impact on health by reducing stress, protecting against dementia, and increasing longevity.

This year, the NCRA is poised to expand and strengthen partnerships with the Monroe County Aging Alliance, American Psychological Association, the Leadership Council on Aging Organizations and more. The Center's work will also help advocates in preparing well-framed messages and communication strategies for advancing their policy platforms, influencing state comprehensive strategic plans on aging, and recognizing intersectionality of aging in DEI work. Also look out for announcements about the launch of new tools and resources for our partners and the public.

And we will support the advancement of GSA members in countless other areas. The call for abstracts for the [GSA 2023 Annual Scientific Meeting](#) is now available. We look forward to welcoming you to Tampa, Florida, in November. And when you've completed your abstracts, consider getting your institution involved in [Careers in Aging Week](#)! With greater awareness of the career opportunities in our field, we will ensure that future generations will be equipped to confront future challenges to life expectancy.

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member news

In Memoriam

Linda S. Mitteness, PhD, FGSA, passed away on November 19. She was an emeritus professor at the University of California, San Francisco. For ten years she directed the post-doctoral program in the university's Medical Anthropology Program, six of those years while also serving as the program chair. She was also one of the founding members of the Social Gerontology group of the American Anthropology Association.

She arrived at UCSF in 1977 to work as a senior research assistant. After taking a faculty position in the Medical Anthropology Program, she began her own research on the management of chronic illnesses among older people. As one of the first social scientists to study this topic, she was regularly consulted by physicians and biomedical researchers, and was invited to speak at National Institute of Aging conferences. At UCSF, she taught doctoral level courses in statistics and methods in the social sciences, child development, and the ethics of scientific research.

George M. Martin, MD, FGSA, who served as GSA president in 2003, passed away on December 17 at age 95. He also served as chair of GSA's Biological Sciences Section in 1981 and received the Robert W. Kleemeier Award in 1993.

He received both a BS in chemistry and MD from the University of Washington, and had been a member of its faculty since 1957. Martin was a professor emeritus (active) in the Department of Pathology, adjunct professor of genome

sciences (retired), and director emeritus of the University of Washington's Alzheimer's Disease Research Center.

His research involved genetic approaches to elucidate the pathobiology of aging and age-related diseases. Important highlights include the discovery of the genetic defect causing Werner syndrome and certain familial forms of Alzheimer's disease. Martin also led research leading to the first evidence that cells from arteries, especially from parts that develop severe atherosclerosis, have limited potential to divide. His laboratory was also the first to demonstrate the rising frequencies, with age, of somatic mutations in human epithelial cells. His recent research used genetic engineering in mice to elucidate mechanisms of aging and Alzheimer's disease.

Martin's honors included election to the Institute of Medicine of the National Academy of Sciences and a Lifetime Achievement Award of the World Alzheimer Congress. He served as the scientific director of the American Federation for Aging Research (AFAR) and as president of the Tissue Culture Association.

He received AFAR's Irving S. Wright Award of Distinction in 1996 and Honorary Leadership Award in 2015. Martin was an editor and served on editorial boards of many scholarly journals, including *Science*, *Age and Ageing*, *Mechanisms of Ageing and Development*, *Aging Cell*, *Ageing Research Reviews*, *Geriatrics and Gerontology International*, and *Alzheimer's Disease Review*. He was also the chairman of the scientific advisory board of The Ellison Biomedical Foundation.

Members in the News

- On December 3, Deborah Carr, PhD, FGSA, was quoted in *The New York Times* in an article titled "[Who Will Care for 'Kinless' Seniors?](#)"
- Marilyn Gugliucci, PhD, FGSA, FAGHE, was interviewed for a December 20 Academic Minute program titled "[Learning by Living: 48-Hour Hospice Home Immersion Project](#)," which was also carried by NPR affiliates and *Inside Higher Education*.

New Books by Members

- "Anthropological Perspectives on Aging," edited by Britteny M. Howell, PhD, and Ryan P. Harrod, PhD. Published by University of Florida Press, 2023.

Colleague Connection

This month's \$25 Amazon gift certificate winner: **Margaret Wallhagen, PhD, MSN, FAAN, FGSA**. The recipient, who became eligible after referring new member [Stephanie Rennke, MD](#) was randomly selected using randomizer.org. For more details on the Colleague Connection promotion visit www.geron.org/connection.

Member Spotlight

GSA's website features monthly Q&A sessions with distinguished members. The current spotlight shines on: **[Joel L. Olah, MA, PhD](#)**

Chen Earns Award Named in Wallace's Memory

The American Public Health Association Aging and Public Health Section has named Lei Chen, MS, as its inaugural recipient of its Steven P. Wallace Emerging Advocate Award. Chen is currently a PhD candidate in social welfare at the University of California, Los Angeles (UCLA). She served as a GSA summer policy intern in 2021.

The award is named after the late Steven P. Wallace, PhD, FGSA, who was a professor of community health sciences at the UCLA Fielding School of Public Health for 31 years and as an associate director of the UCLA Center for Health Policy Research. The award is given to a student who has demonstrated excellence or the potential for excellence in leadership related to aging advocacy, practice, service, public policy, and/or creative scholarship.

The Debt Limit: Everything, Everywhere, All at Once

The title of this month's column may sound familiar, and I have not seen the film of the same name yet, but the description that I found online seemed apropos: "When an interdimensional rupture unravels reality, an unlikely hero must channel her newfound powers to fight bizarre and bewildering dangers from the multiverse as the fate of the world hangs in the balance."

I'm not sure if the unlikely hero refers to Senators Patty Murray (D-WA) or Susan Collins (R-ME) — chair and ranking member of the Senate Appropriations Committee, respectively — but I doubt it's Secretary of the Treasury Janet Yellen, though she can take some extraordinary measures to avoid the U.S. government from defaulting on its bills.

But I have gotten ahead of myself. Let me start with everything, everywhere, all at once: what the debt limit is, what the debate is, and how the 118th Congress with its Republican majority in the House and Democratic majority in the Senate will shape our legislative multiverse for the coming months and beyond.

The Debt Limit – How Did We Get Here?

As with any budget, when there is more spending than revenue, a deficit is incurred. Deficits accumulate over the years — the last time the federal government had a surplus was when Bill Clinton was president. Since then, the nation has run a deficit each year.

The [U.S. Treasury website](#) explains: "To pay for a deficit, the federal government borrows money by selling Treasury bonds, bills, and other securities. The national debt is the accumulation of this borrowing along with associated interest owed to the investors who purchased these securities. As the federal government experiences reoccurring deficits, which are common, the national debt grows."

The "debt ceiling" is a somewhat arbitrary figure that the Congress sets in law. According to Yellen, "the debt limit is the total amount of money that the United States government is authorized to borrow to meet its existing obligations, including Social Security and Medicare benefits, military salaries, interest on the national debt, tax refunds, and other payments." When the ceiling is reached, the Congress needs to authorize a new limit which allows the federal government to continue paying its bills. Raising the debt limit does not authorize the government to spend more money.

What is Political about Paying One's Bills?

Interestingly, the U.S. is the only advanced country besides Denmark that has a debt limit, although Denmark doesn't use it as a political football. As we have learned, the debt limit in theory is a pretty straightforward "accounting convention," according to Robert Reich, secretary of labor in the Clinton administration. The [Brookings Institution](#) maintains that "Arguing about increasing the

debt limit is like having a person charge vacation expenses to his credit card and then debate whether he should pay the credit card company when the bill comes due."

Although this may be merely an accounting convention, raising the debt limit is critically important. [Brookings](#) points out "The economic consequences of a large-scale, intentional default [i.e., not raising the debt limit] are unknown, but predictions range from bad to catastrophic. In general, the disruption to the cornerstone of modern financial markets could have ramifications for the global economy."

In practice, the debate about the debt limit often becomes conflated with debate over the national debt. And this is understandable, because once you start looking at the amount of money we are paying on our debt (and interest), you might very well start thinking about why we have so much debt, why do we accumulate deficits, and shouldn't we do a better job of balancing the budget?

After multiple attempts to balance the budget, in 2011, a debt ceiling deal resulted in the Budget Control Act of 2011 (BCA), which was signed into law by President Barack Obama. The BCA created the Joint Select Committee on Deficit Reduction. If the committee could not come up with a plan to reduce the federal deficit by \$1.2 trillion over 10 years, a process known as "sequestration" would kick in, triggering automatic, across-the-board appropriations spending caps. The committee failed, and a modified version of sequestration was implemented.

According to the [Progressive Policy Institute](#), "These deep cuts to discretionary spending were short lived because ... the GOP couldn't even stomach having to enforce the spending caps they themselves had demanded." As fiscal discussions and debate get underway in the 118th Congress, some of the terminology you'll be hearing relates to mandatory vs. discretionary spending, as well as defense and non-defense spending. "Mandatory spending, also known as direct spending, is mandated by existing laws. This type of spending includes funding for entitlement programs like Medicare and Social Security and other payments to people, businesses, and state and local governments," according to the [Treasury](#).

Discretionary spending is money that goes through the appropriations process each year in Congress and is approved by the president. Defense spending refers to the Departments of Defense and Homeland Security, and certain programs in the Departments of Energy and Veterans Affairs. Non-defense refers to other departments and programs including transportation, health, education, housing, space, environment, and social services. For example, the National Institutes of Health, National Institute on Aging, the Older Americans Act, and the

Geriatrics Workforce Education Programs receive discretionary spending. In Fiscal Year 2021, the last year in which sequestration was in effect, non-defense spending made up just over half of total discretionary spending. The advent of the COVID-19 pandemic and the Public Health Emergency funding boosted non-defense spending [significantly](#).

What Will a Debt Ceiling Deal Look Like in 2023?

We know that House Speaker Kevin McCarthy (R-CA) had to make concessions to various members of his party in order to win the leadership position. It is generally understood that McCarthy's concessions include a promise to cut discretionary spending by 10 percent, a vote on a budget that would balance within 10 years, and a pledge to bring a bill to raise the federal debt limit up for a vote only if it is paired with spending cuts. McCarthy recently stated that Social Security and Medicare should be taken off the table for these negotiations.

Across the aisle, Democrats, in the words of House Minority Leader [Hakeem Jeffries](#) (D-NY), “are not going to pay a ransom note to extremists in the other party” to raise the debt limit. He said that there is “a time and a place to have a discussion about future spending” during the appropriations process. Meanwhile, in the other chamber, Senate Majority Leader Chuck Schumer (D-NY) is concentrating his attacks on the extremists in the House. His colleague, Senate Minority Leader Mitch McConnell (R-KY), has taken a step back thus far to allow everyone else to duke it out (for now, McCarthy and President Joe Biden).

Democrats are also worried about a deal Biden might support based on what happened in 2011 with the BCA and sequestration. Aging policy advocates are concerned particularly about the [Time to Rescue United States' Trusts \(TRUST\) Act](#), which was introduced by Senator Mitt Romney (R-UT) in the last Congress. Previous co-sponsors of the bill included Senators Joe Manchin (D-WV), Kyrsten Sinema (I-AZ), Todd Young (R-IN). The act would create congressional “rescue committees” tasked to develop legislation to restore and strengthen endangered federal trust funds, such as Highway, Medicare Part A, Social Security Disability Insurance, and Social Security Old-Age and Survivors Insurance. When a rescue committee reports a bill for its trust fund program, it would be fast-tracked to a vote.

“While the TRUST Act sounds like a benign piece of bipartisan legislation, its unifying theme — namely, programs with trust funds — doesn't make much sense, and the proposal could well lead to major cuts to Social Security,” opined [Alicia Munnell](#) of the Center for Retirement Research at Boston College. The [National Committee to Preserve Social Security and Medicare](#) sees it this way: “It is true that Social Security faces future financial challenges...But there are reasonable revenue-side solutions that do not ask tomorrow's seniors to endure benefit cuts when all indications are that they will need their earned benefits even more than previous generations did.

Many aging advocates believe that in the long run most Republicans, Democrats, and independents alike will not support outright cuts to Social Security and Medicare, and that the aforementioned discretionary programs are the most likely to be cut or frozen or sequestered as part of an omnibus debt limit budget reducing deal. Further, many health care providers are deeply concerned that savings will come from cuts in their payments.

On the other hand, there may be enough Republicans and Democrats interested in coming together for a compromise and moderation will prevail. And don't forget some of the other players — good, bad, and ugly — that may influence this process and whether we default on our debt, cut defense and social spending or work through the process toward compromise. Do the names Manchin and Sinema ring a bell? Also, the new chair of the House Appropriations Committee Kay Granger (R-TX) and Ranking Member Rosa DeLauro (D-CT) could be those unlikely heroes with newfound powers in this tale of, yes, politics, process, and policy. Finally, you may be interested in the [debate](#) regarding the president's authority to bypass Congress and continue to pay the debt. Suffice it to say, the debt limit and budget debates are likely to influence much of what can be accomplished during 118th Congress — from funding to authorizations, and possibly beyond to the fate of our global economy.

Recent GSA Policy Actions

GSA Oral Health Workgroup member and Past President Michèle J. Saunders, DMD, FGSA, Vice President of Policy and Professional Affairs Patricia M. “Trish” D'Antonio, BSPHarm, MS, MBA, BCGP, represented GSA at a meeting organized by the [Oral Health Alliance](#). The Alliance met with representatives from the Health Resources and Services Administration Oral Health Campaign and the Centers for Disease Control and Prevention Office of Oral Health to discuss 2023 activities and opportunities for collaboration. The Oral Health Alliance is an informal alliance with representatives from oral health providers, nutrition and public health professional organizations, groups representing children and older adults, industry, and consumer groups.

GSA and several aging organizations [signed on to a letter](#) to the Centers for Medicare & Medicaid Services administrator, expressing the urgent need for providers to receive clarified guidance in prescribing higher valent pneumonia vaccines to older patients previously vaccinated for pneumococcal disease.

GSA has joined [the Alliance for Women's Health and Prevention](#), a non-profit advocacy organization focused on expanding preventive health services for all women.

new resources

GSA Launches Section-Focused Podcast

The Society has released the first two episodes in a new GSA on Aging podcast series call the [GSA Section Podcast](#). It will feature episodes led by the members of the GSA membership sections.

Check out the following programs now:

- How Differential State and Federal Policies in Long-Term Care Influence the Staffing Crisis
- “What Keeps Me Awake at Night”: Moral Distress in Long-Term Care Employees

NIH Report Provides Update on UNITE Initiative

Covering Fiscal Years 2021–2022, the new [UNITE Progress Report](#) describes National Institutes of Health (NIH) actions to identify and address structural racism that may exist within the NIH and in the biomedical and behavioral research enterprise. It discusses UNITE’s initial efforts across four focus areas that aim to elevate health disparities and minority health research across institutes and centers, promote equity in the NIH-supported biomedical and behavioral research ecosystem, promote equity in the internal NIH workforce, and improve accuracy and transparency of racial and ethnic equity data related to these efforts.

White Paper Discusses Cannabinoid Product Regulation

A new white paper from the Collaborative for Cannabis Science & Safety (CCSS), titled “[The Status and Risks of Unregulated Cannabis Products in the Marketplace](#),” serves as a background piece on what cannabinoids are, how they have been regulated to date, and concludes with a path forward that bullets out the recommendations CCSS had built consensus on.

GSA is a member of the CCSS.

NAC Report Aims to Bolster Supports for Family Caregivers

The National Alliance for Caregiving (NAC) has released “[Chronic Disease Family Caregiving Through a Public Health Lens: The Framework for Family Caregiving and Public Health](#),” a new report developed with support from The John A. Hartford Foundation and in partnership with the National Association of Chronic Disease Directors. This framework outlines policy recommendations, implementation actions, and messaging content to help the public health community address the complex needs of America’s 53 million family caregivers.

Included in this report:

- A foundation of the framework and background into why it’s needed;
- Strategies and recommendations for viewing family caregiving through a public health lens;
- A framework comprised of public health data gathering research, education, and awareness and service coordination and delivery across sectors and siloes;
- Actions for implementing an expanded family caregiver support infrastructure via a pilot program.

Guided by the expertise of state-based chronic disease directors, NAC’s report and framework recognizes the importance of

caregivers as a vital part of the health care team and that supporting these family caregivers is essential for improving public health outcomes for communities and the nation.

Report Shows Interest in Intergenerational Cooperation

Encore.org commissioned NORC at the University of Chicago to find out what Americans think about cogeneration — a strategy to bring older and younger people together to solve problems and bridge divides. NORC used its AmeriSpeak panel to survey 1,549 respondents, aged 18 to 94, online and by phone, in March 2022.

The results are published in a new report, “[Cogeneration: Is America Ready to Unleash a Multigenerational Force for Good?](#)”

The findings show deep interest in cogeneration. They also reveal obstacles to acting on this interest, the surprising issues each generation selects as top priorities for cogenerational action, and which adults are most eager to get started.

The report includes five key findings:

- People of all ages want to work across generations to help others and improve the world around them.
- While interest is widespread, young people, and Black and Hispanic people of all ages, are especially keen to work across generations.
- The fit is a powerful one: Young people want to learn from older ones; older people want to share what they know. And vice versa.
- Older and younger people want to work together on some of the same issues — but there are striking differences by age and race.
- Despite strong interest in working across generations, fully half of respondents cited a range of obstacles preventing them from acting on it.

Videos Focus on Dementia, Delirium, in the Emergency Room

AARP and the Geriatric Emergency Department Collaborative have teamed up [to release two short educational videos](#) about dementia care and the risks of delirium, or sudden confusion, in the emergency room.

“Dementia and delirium may not be obvious in older adults but can often complicate a patient’s care plan in an emergency room setting,” said GSA member Sarah Lenz Lock, JD, the AARP senior vice president of brain health policy and executive director of the Global Council on Brain Health. “It is our hope that these videos can be a resource for our already overworked healthcare heroes by providing the signs of potential cognitive impairment and suggestions for avoiding dementia-related problems during treatment. We also want caregivers to feel empowered to work with health care providers and advocate for best practices in the ER. Caregivers are not just visitors.”

In advance of the busy winter months that can challenge hospital ER capacity, the videos offer practical recommendations for caregivers and health care providers. Delirium is a sudden change in mental status, or sudden confusion, which often affects older adults following hospital admission or surgery. According to research from the Global Council on Brain Health, delirium is the most common surgical complication for people age 65 and older.

ESPO's Vice Chair-Elect Shares Vision for 2023

By Rita Xiaochen Hu



Hu

My name is Rita Xiaochen Hu and I am the 2023 ESPO vice chair-elect. I am a PhD candidate in social work and developmental psychology at the University of Michigan. My research focuses on understanding the development and consequences of ageism across the lifespan. I am also interested in exploring ageism across cultures and aim to develop interventions to combat ageism.

GSA became my professional home in 2019, when I started my PhD program. After attending my first Annual Scientific Meeting (ASM), feeling a bit overwhelmed, I decided to volunteer for ESPO hoping the opportunity would make GSA “smaller” for me. I started leading ESPO's International Task Force with Emily Lim and Athena Chan in 2020. We organized the pre-conference peer-abstract review for international ESPO members and virtual and in-person informal chats. The task force will launch a peer-mentor program soon!

In the coming year as the ESPO vice chair-elect, I will serve as the liaison to ESPO's Webinar and Dissertation Writing Group, and organize the weekly Write-ins with a group of dedicated volunteers. I will also shadow our vice chair, Brianna Morgan, to organize ESPO's Presidential Symposium and represent our members on the Program, Publications, and Products Committee.

Throughout my tenure, beyond advocating on behalf of all ESPO members, I would like to prioritize two areas: engage new ESPO members and advocate for international and multicultural ESPO members. Growing up in multiple cultures, I understand the need for cultural inclusion. My dedication to serving my fellow emerging scholars and GSA brought me to serve on the ESPO International Task Force and now as the vice chair-elect. I experienced and witnessed first-hand the confusion and anxiety our emerging scholars may feel, especially those with multi-cultural backgrounds. Research and academia have many jargons and assumptions that are not common knowledge for first-generation and multicultural scholars. I hope to create additional safe space and empower emerging scholars to advocate for ourselves and demand transparency and inclusion within our home professional society.

Aligned with the vision our chair, Kalisha Bonds Johnson, has for the year, I hope to organize a pre-conference sneak peek and prep session for ESPO members to not only provide a preview of ESPO events but also create a safe space for members to ask questions such as how to make the most out of the conference on a limited student budget.

As we are starting a new year and gaining momentum for the ASM in November, I am excited to work with an outstanding team of senior officers, section offices and task force volunteers! Please stay tuned for the amazing programs ESPO has to offer during and beyond the ASM. Hope 2023 will be full of opportunities for personal and professional growth!

Continued from page 1 - Join the Careers in Aging Week Vanguard!

GSA's current partners include: the Academy for Gerontology in Higher Education Advancement Workgroup, American Federation of Aging Research, American Health Care Association/National Center for Assisted Living, Argentum, Erickson School of Aging Studies at UMBC, Leading Age, and Leading Age Kansas.

GSA invites you to learn more and access resources to help you get the word out on by visiting [CareersInAging.com](https://careersinaging.com). And join the social media conversation using #careersinaging.

Some of ways that you and your organization can help spread the word:

- Share and provide resources from [CareersInAging.com](https://careersinaging.com).
- Work with human resources and other departments to incorporate CIAW with other programs.
- Promote CIAW through social media, websites, e-mails, podcasts, webinars, shows/conferences, “career day” events at colleges, etc.
- Create “week of” events and programs.

Programs and activities around CIAW include:

- GSA's Academy for Gerontology in Higher Education is [accepting applications for awards of up to \\$500](#) to support GSA members' event(s) focusing on careers in aging. Applications are due by February 19.
- A CIAW roundtable podcast with people in various industries sharing their individual “career in aging story” as well as discussing current and future career trends/opportunities.
- Special discount on job postings in AgeWork career center taken out during CIAW.
- Program ideas templates.
- Social media posts.
- And much more! Keep visiting [CareersInAging.com](https://careersinaging.com) for more details and a calendar of events.

To learn more about ways to get involved or share resources, e-mail marketing@geron.org.

acknowledgment of support

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Call for 2022 Award Submissions

CAREER AWARDS

The Gerontological Society of America recognizes outstanding individuals through a variety of awards. Nominations for these awards open February 1 and must be submitted by April 2. For a full description of nomination requirements, nomination resources, and the list of past awardees, visit www.geron.org/membership/awards or e-mail awards@geron.org.

SOCIETY-WIDE

Donald P. Kent Award

This award is given annually to a GSA member who best exemplifies the highest standards for professional leadership in gerontology through teaching, service, and interpretation of gerontology to the larger society.

Robert W. Kleemeier Award

This award is given annually to a GSA member in recognition for outstanding research in the field of gerontology.

James Jackson Outstanding Mentorship Award

This award recognizes outstanding commitment and dedication to mentoring minority researchers in the field of aging.

Margret M. and Paul B. Baltes Foundation Award

This award acknowledges outstanding early career contributions in behavioral and social gerontology.

M. Powell Lawton Award

This award honors contributions from applied gerontological research that have benefited older people and their care. Sponsored by the Abramson Senior Care's Polisher Research Institute

Maxwell A. Pollack Award for Contributions to Healthy Aging

This award recognizes an individual whose research, scholarship or practice has generated new or improved policies or practices related to healthy aging. Sponsored by the New York Community Trust through a generous gift from Maxwell A. Pollack Fund.

Doris Schwartz Gerontological Nursing Research Award

This award is given to a member GSA in recognition of outstanding and sustained contribution to geriatric nursing research.

BEHAVIORAL AND SOCIAL SCIENCES (BSS) SECTION

Distinguished Career Contribution to Gerontology Award

This award recognizes career contributions that have articulated a novel theoretical or methodological perspective or synthesis that addresses a significant problem in the literature.

Distinguished Mentorship in Gerontology Award

This award is given to an individual who has fostered excellence in, and had a major impact on, the field by virtue of their mentoring, and whose inspiration is sought by students and colleagues.

Richard Kalish Innovative Publication Award

This award recognizes original and innovative publications on aging and life course research in the behavioral and social sciences in two categories: (1) Book Category and (2) Article Category.

BIOLOGICAL SCIENCES (BS) SECTION

Nathan Shock New Investigator Award

This award recognizes innovative and influential publications by an early career professional (Assistant Professor or Associate Professor level). It acknowledges outstanding contributions to new knowledge about aging through basic biological research.

HEALTH SCIENCES (HS) SECTION

Joseph T. Freeman Award

This award is given to a prominent clinician in the field of aging, both in research and practice.

Excellence in Rehabilitation of Aging Persons Award

This award is designed to acknowledge outstanding contributions in the field of rehabilitation of aging persons.

SOCIAL RESEARCH, POLICY, AND PRACTICE (SRPP) SECTION

Elaine M. Brody SRPP Thought Leader Award

This award acknowledges outstanding career contributions in social research, policy, and practice.

Carroll L. Estes SRPP Rising Star Award

This award acknowledges outstanding early career contributions in social research, policy, and practice.

Barbara J. Berkman SRPP Award for Outstanding Interdisciplinary Research, Practice, or Policy in Aging and Health Care

This award recognizes individuals whose professional work mirrors the varied accomplishments and attributes of Dr. Barbara Berkman's career. It honors individuals who have contributed to the well-being of older persons through many years of significant and very substantive contributions to research, practice and policy in aging and health care services.

ACADEMY FOR GERONTOLOGY IN HIGHER EDUCATION (AGHE)

Clark Tibbitts Award

This award is given to an individual or organization that has made an outstanding contribution to the advancement of gerontology as a field of study in institutions of higher education.

Hiram J. Friedsam Mentorship Award

This award recognizes individuals who have contributed to gerontological and/or geriatrics education through excellence in mentorship to students, faculty, and administrators.

Distinguished Faculty Award

This award recognizes persons whose teaching stands out as exemplary, innovative, of impact, or any combination thereof.

Rising Star Early Career Faculty Award

This award recognizes new faculty whose teaching and/or leadership stands out as impactful and innovative.

David A. Peterson Award

This award honors excellence in scholarship in academic gerontology and/or geriatrics for an article in a volume of Gerontology & Geriatrics Education.

Student Leadership Award

This award recognizes students whose leadership has advanced the goals and mission of AGHE as well as the respective goals of their AGHE-affiliated institutions.

New Associate Editors Join *Innovation in Aging*

Innovation in Aging is announcing the appointments of new associate editors, effective January 2023: Julie Blaskewicz Boron, PhD, FGSA, associate editor, technology; Amanda N. Leggett, PhD, FGSA, associate editor, dementia and caregiving; and Noah J. Webster, PhD, FGSA, associate editor, health demography.

Boron is a professor of gerontology and associate dean of graduate studies at the University of Nebraska, Omaha. Her research focuses on understanding how to help aging adults achieve and maintain their cognitive and physical capacity so that they can experience high quality of life and independent lifestyles. This is with the understanding that each person is different in terms of their capabilities and goals. Her work includes examining how the integration of technology can support and improve quality of life, both for aging individuals and caregivers of aging individuals.

Leggett is an assistant professor in the Institute of Gerontology and Department of Psychology at Wayne State University and an adjunct assistant professor in the Department of Psychiatry at the University of Michigan. Her research program focuses on dementia family caregiving with particular foci on caregiver networks, dementia care management styles, and mental health in late-life.

Webster is an associate research scientist in the Life Course Development Program at the University of Michigan's Institute for Social Research. A sociologist by training, he applies theories of social relations and ecological context to study how built, natural, and social environments intersect to impact health disparities. His research involves collection and analysis of population survey data as well as design and evaluation of health behavior interventions. Webster has served as guest editor for multiple journals, and has held leadership roles in national and international societies, including chair of GSA's Publications Committee.

New Editorial Board Members Join GSA Journals

The Gerontologist welcomes the following new Editorial Board members:

- Kalisha Bonds Johnson, PhD, RN, PMHNP-BC, Emory University
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Study Findings Can Help Older Adults Plan for Changes in Driving and Firearm Use

New research from the Firearm Injury Prevention Initiative has examined diverse viewpoints on reducing access to potentially dangerous situations among older adults due to changes in physical or cognitive functioning. Specifically, the research engaged older adults, family members of older adults, and experts to look at whether reducing driving and reducing firearm access are similar decisions when an older adult can no longer safely perform the activity.

In an article titled "[Cars, Guns, Aging, and 'Giving Up the Keys.'](#)" the research was published in *The Gerontologist* and led by clinicians and researchers in the initiative who are experienced in studying firearm safety, aging, veteran health, and driving.

"There's an urgent need for resources and planning in advance to help reduce firearm injuries and deaths among older adults, while still respecting and promoting their independence, autonomy and rights. This is especially important when there's a high risk of them harming themselves or someone else due to cognitive decline," said lead researcher Emmy Betz, MD, MPH, director of the Firearm Injury Prevention Initiative. She's also a professor of emergency medicine at the University of Colorado School of Medicine and epidemiology at the Colorado School of Public Health on the University of Colorado Anschutz Medical Campus.

The paper's authors said they hope that by comparing insights into processes and preferences for reducing firearm access versus driving, they can provide key insights on how to develop resources to help adults and family members consider when to reduce firearm use and how to do so with respectful, thoughtful engagement.

To study this, the researchers conducted online focus groups and one-on-one interviews with older adults who drove and owned firearms, family members of older adult firearm owners and still drive, professionals in aging-related agencies, and firearm retailers/instructors.

Among the 104 participants, one of the greatest similarities was that car and firearm access both have strong psychological attachments and emotions involved. They also agreed reduction in either activity should be prompted by declining ability, rather than by age alone.

At the same time, there were important differences in how participants discussed safety concerns between the two. Participants who relied on firearms for personal protection were the least likely to conceive of a time when it may be necessary to limit or no longer access firearms. In fact, firearms were viewed as an essential tool for protecting oneself as one gets older.

Continued from page 12 - journal news

For both driving and firearm decisions, most participants agreed that trusted messengers (such as family and clinicians) would be best to lead the conversation around limiting access and advance planning. However, conversation needs to be approached with dignity and respect and consider the psychological attachment related to the item.

Regarding driving, clinicians and older drivers supported routine conversations to facilitate advance planning. The researchers suggest that firearms safety should be included in this conversation and other safety topics to destigmatize the sensitive issue and support older adults in making their own decisions.

Continued from page 1 - Nursing Home Experts Unveil Path Toward Quality Improvements

maintenance of care models that can deliver comprehensive, person-centered, and equitable care to residents.

- Review existing federal policies to identify how these policies align with the committee's recommendations specific to certified nursing assistants, also highlighting the gaps in these policies and offering suggestions pertaining to the development of actionable and salient federal policies and rules.
- Highlight the need for alternative payment models that incentivize safety and quality in this setting, focusing on payment demonstrations and policies attempted in the past,

lessons from those efforts, and challenges that should be addressed in future demonstration efforts.

- Underscore the importance of financial support from state and federal governments to promote the successful implementation of health information technology into nursing homes.

Following the release of the NASEM report, the [Moving Forward Nursing Home Quality Coalition](#) was established to take action now on issues raised in the report that can be addressed immediately or in the near future. The Coalition continues to seek and engage interested participants to join in leading this national effort to improve nursing home quality.

funding opportunities

Call for 2023-2024 Policy Fellows Applicants Now Open

Are you committed to improving health and aging? Are you interested in learning about policymaking to increase your impact? If so, you are invited to [apply to join the next class of Health and Aging Policy Fellows](#).

The program aims to create a cadre of leaders who will serve as change agents in health and aging policy to ultimately improve the health care of older adults. The year-long fellowship offers a rich and unique training and enrichment program that is focused on current policy issues, communication skills development, and professional networking opportunities to provide fellows with the experience and skills necessary to help affect policy. The deadline to apply is April 17.

Kirschstein Awards to Promote Diversity in Health-Related Research

The [Ruth L. Kirschstein National Research Service Award \(NRSA\) Individual Predoctoral Fellowship to Promote Diversity in Health-Related Research award](#), issued by the National Institutes of Health (NIH), is designed to enhance the diversity of the health-related research workforce by supporting the research training of predoctoral students from diverse backgrounds including those from groups that are underrepresented in the biomedical, behavioral, or clinical research workforce.

Through this award program, promising predoctoral students will obtain individualized, mentored research training from outstanding faculty sponsors while conducting well-defined research projects in scientific health-related fields relevant to the

missions of the participating NIH institutes and centers. The proposed mentored research training is expected to clearly enhance the individual's potential to develop into a productive, independent research scientist. This funding opportunity announcement does not allow candidates to propose to lead an independent clinical trial, a clinical trial feasibility study, or an ancillary clinical trial, but does allow candidates to propose research experience in a clinical trial led by a sponsor or co-sponsor. Standard application due dates apply, with the next available due date being May 25.

Two NIH Katz Awards Offered for Those with a Change in Research Direction

The National Institutes of Health (NIH) has posted two opportunities for the Stephen I. Katz Early Stage Investigator Research Project Grant, which supports an innovative project that represents a change in research direction for an early stage investigator and for which no preliminary data exist.

Applications submitted to this funding opportunity announcement must not include preliminary data. Applications must include a separate attachment describing the change in research direction. The proposed project must be related to the programmatic interests of one or more of the participating NIH institutes and centers based on their scientific missions.

1. [Stephen I. Katz Early Stage Investigator Research Project Grant \(R01 Clinical Trial Not Allowed\)](#)

2. [Stephen I. Katz Early Stage Investigator Research Project Grant \(R01 Basic Experimental Studies with Humans Required\)](#)

The next available application due date is May 26; the next deadline will be September 26.

The Importance of Interprofessional Geriatric Education

By Britteny M. Howell, PhD, CPG, CDP, University of Alaska Anchorage (bhmowell2@alaska.edu), Christina Cauble, MBA, LNHA, HSE, University of Minnesota (caubl010@umn.edu), and Julie Hartmann, PT, DSc, GSC, Bellarmine University (jhartmann@bellarmine.edu)

Due to the growing number of older adults with chronic conditions and co-morbidities, there is great need for institutions of higher education to provide interprofessional education (IPE) in geriatrics. Although *practicing* geriatric medicine often requires clinicians of various disciplines to work collaboratively, many traditional approaches to geriatric *education* still train students in different fields separately. For example, nursing students are often learning solely from nursing instructors among other nursing students, rather than in integrated classroom settings involving students and instructors from a variety of clinical fields. However, upon entering the healthcare workforce, these clinicians are expected to work collaboratively and effectively in interdisciplinary teams for which they may have received little-to-no training. We argue that to effectively address the complex needs of older adults, team-based IPE must be better *utilized* and *promoted* across the learning spectrum, not just for students but also for existing healthcare professionals.

IPE is an interdisciplinary approach where two or more health professionals learn about, with, and from each other in interprofessional teams to improve collaboration, communication, and quality of care. Interprofessional team-based learning (IPEC 2016) occurs when instructors *and* students from a variety of professional backgrounds, work collaboratively to learn:

- Roles and responsibilities
- Ethical practice
- Conflict resolution
- Communication
- Collaboration and teamwork

A review of the literature reveals evidence that IPE increases learning and communication while improving patient outcomes in healthcare (Guraya & Barr, 2018). For example, research has demonstrated that IPE can increase knowledge of geriatric care and positive communication skills between students and faculty in interdisciplinary teams including pharmacy, physical therapy, nursing, social work, medicine, and public health (Montano, 2022). Research has also found that IPE focusing on complex patients in nursing homes was able to help break down silos and approach patient care as a collaborative effort among nurses, dietitians, dentists, physicians, and pharmacists (Svensberg et al., 2021). Smaller groups of professions can be just as effective; IPE has been shown to improve knowledge about respiratory therapy for nursing and occupational therapy students and found that they developed an increased understanding of the roles and responsibilities of each discipline (Zamjahn, 2018). IPE improves professional collaboration which improves patient health behaviors and outcomes. Multidisciplinary medical care has been shown to increase health education counseling provided to patients which improves patient engagement with positive health behaviors, resulting in improvements to such clinical indicators as blood lab results and

increased vaccination rates (Schor et al., 2019). Despite this evidence base, the professions that participate in IPE may vary based on the requirements and needs of universities and community partners.

Integrating IPE into Higher Education

It can be difficult to facilitate IPE for a variety of reasons. One of the biggest challenges to facilitating interprofessional learning experiences is often incompatible course schedules. However, this barrier can now be more easily overcome since many programs in higher education had to transition to virtual learning during the COVID-19 pandemic. Below are some strategies to help integrate IPE into existing courses or create new IPE learning opportunities.

When looking at opportunities for existing or new courses, one of the best first steps is to **look for other instructors to partner with across disciplines**. Often there are others interested in interprofessional educational opportunities; it only takes a connection to get something started! If you're looking for a place to begin, inquire at regular meetings if other instructors might be interested in IPE; often it will lead you to a new contact. Since scheduling can make it difficult for instructors to facilitate interprofessional learning experiences, **consider creating asynchronous projects that interprofessional students** can work on when it is convenient given their busy schedules. Starting with asynchronous projects and working step-by-step towards synchronous and/or in person learning experiences can ensure that your IPE is sustainable and manageable. Whether or not you create synchronous or asynchronous experiences, **complex case studies are a great way to invoke rich interprofessional conversations**. Since older adults often have chronic conditions and co-morbidities, there are opportunities to provide interprofessional teams of students with highly complicated cases with plenty to dig into from a variety of professional perspectives. Make sure that your case studies are realistic and challenge learners to outline an age-friendly plan of care considering [the 4Ms](#) (what Matters, Medication, Mentation, and Mobility). If you are able to facilitate an in-person learning experience, look to **simulations as a great way for interprofessional learners to get high value from their time together**. Focus on the debriefing at the end, and if you break out into small groups, make sure that a variety of professions are represented in each group. [The Age-Friendly Care and Education Collection](#) is a curated online collection of educational, clinical, and research resources for educators, health professionals, learners, and others interested in improving care for older adults. This fully searchable repository includes citations and links to resources including geriatric competencies; clinical guidelines; education toolkits/modules; case studies; preceptor, patient, and caregiver education materials; videos; and more. The repository is free and was created by the Minnesota Northstar Geriatrics Workforce Enhancement Program at the University of Minnesota.

If you develop a new IPE course, you will need various champions to advertise it in different professional programs in order to get a variety of learners to enroll. If you find colleagues that are skeptical of IPE, **share some of the facts above, as some instructors are still unaware of the evidence that IPE works.** In order to facilitate clinical experiences, **you may need to build relationships with local senior care providers** including but not limited to; geriatric clinics, nursing homes, assisted living facilities, memory care settings, or behavioral dementia units. Your institution may already have some of these relationships, but if not, don't worry! See if you can reach out to a local association, for example, LeadingAge has offices across the country and could likely put you in touch with senior care providers that would be open to working with you on educational offerings.

Ultimately, the most important thing you can do when working towards offering IPE, is to not give up. It's challenging to bring so many groups together and work towards the united goal of IPE. Through dedication, determination, and a little creativity, you will be able to offer IPE, and the benefits it brings, to your learners. Please also check out the [AGHE Gerontology and Geriatrics Curricular Standards and Guidelines in Higher Education](#) and this [IPE resource for more tips on getting started](#).

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GSA Fellows Nominations

Fellow status is the highest class of membership within The Gerontological Society of America (GSA).

The awarded status recognizes a member's excellence in a broad scope of activities: research, teaching, administration, public service, practice, and participation within the society.

Nominations close February 15, 2023.

Find out more about nomination requirements and procedures at [Geron.org/Fellows](https://geron.org/Fellows).



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