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GSA Announces New Office Address

The Society's headquarters has moved to a new site in downtown Washington, DC:

1101 14th Street NW
Suite 1220
Washington, DC 20005

The phone number, (202) 842-1275, will remain the same.

Meeting Abstract Stats Tallied

GSA received a total of 3,569 abstract submissions (including individual symposium abstracts) for this November's Annual Scientific Meeting in Tampa, Florida. Submissions were received from 43 countries, with the majority coming from the U.S., Canada, Republic of Korea, China, and the U.K. The abstracts were peer-reviewed by 936 GSA member volunteers, which led to more than 8,616 completed reviews. Initial acceptance notifications will be sent in early June!

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GSA Presidential Candidates Issue Statements



Gugliucci

Marilyn R. Gugliucci, MA, PhD, FAGHE, FGSA

GSA's mission/vision/strategic plan is robust. Working as a team with all member groups and exceptional staff to be nimble in times of change and embrace innovation is my goal. GSA/AGHE have been my professional homes upon entering the gerontology/geriatrics field (1995). I was president for the Association/Academy for Gerontology in Higher Education (AGHE) (2008-2010) before it joined the GSA family, served 13 years on the AGHE board and GSA Council (various positions), was GSA Health Sciences Section chair, and a team-member that designed GSA's new governance system. During the GSA Board of Directors' inaugural year, as a member-at-large, my motion received board approval to design and implement GSA student chapters (pilot-project) nationally and



Strotmeyer

Elsa S. Strotmeyer, PhD, MPH, FGSA

GSA has been my primary professional affiliation for the past 20 years. I am honored to have served in multiple leadership roles, most recently as Health Sciences Section chair during the governance transition. Recent years have inspired me to make GSA a welcome home for all, though particularly for early career members that sustained an impact on career development due to the pandemic.

As I have throughout my career, I will advocate for funding in aging research and training; promote equity in aging across all individuals; and support preventive care and health care services for older individuals. GSA has a great potential to impact wider groups of professionals and populations, including internationally, and my goal is to make the

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Bruni to Deliver Tampa Keynote; Late Breaking Abstracts Sought

GSA has selected journalist Frank Bruni as the keynote speaker for this November's Annual Scientific Meeting in Tampa, Florida, the theme of which is "Building Bridges > Catalyzing Research > Empowering All Ages."

Bruni is a professor at Duke University, teaching media-oriented classes in the Sanford School of Public Policy. He has been a prominent journalist for more than three decades, including more than 25 years at *The New York Times*, where he was a White House correspondent, Rome bureau chief, and chief restaurant critic. For the last 10 years he has contributed as a nationally renowned op-ed columnist and has appeared frequently as a television commentator on CNN, MSNBC, and more.

Bruni is the author of four books that appeared on *The New York Times* Best Seller



Bruni

list, including most recently "The Beauty of Dusk," which describes how he woke up one morning with blurry vision and later discovered that a stroke had destroyed the optic nerve in one of his eyes, leaving the other eye vulnerable to a similar fate, and Bruni at risk of total blindness. This book casts the experience as an education in vulnerability, resilience, and optimism.

GSA President James F. Nelson, PhD, FGSA, who recently recorded an [invitation video for prospective meeting attendees](#), said he is thrilled that Bruni accepted GSA's invitation to speak.

"Mr. Bruni's message in his latest book, 'The Beauty of Dusk,' resonates both with GSA's

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From the CEO



Members' Collective Power Provides Strong Support System

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

Keep your eyes on your inbox early this month as GSA sends out its abstract notifications for the 2023 Annual Scientific Meeting! The submission numbers are reported on page 1 of this newsletter, and I was pleased to see that we experienced a 17.8 percent increase in individual abstract submissions over last year, an early indicator of a robust meeting in November. And with the news of journalist [Frank Bruni](#) being tapped as our keynote speaker, we have even more to look forward to in Tampa.

Given the meeting's location in Tampa, Florida, GSA President James Nelson and I recently spent some time in the Sunshine State to conduct outreach to GSA members at local universities. We visited the campuses of the University of South Florida, University of Florida, Florida State University, and the University of Central Florida, and held a virtual session with members at Bethune-Cookman University.

Our objective was to learn about the wide-ranging research that GSA's multidisciplinary members are doing, to meet with graduate students and trainees and share the many programs GSA has to support them, and to foster conversations about the value of engaging with professional membership societies such as GSA. And we invited them to engage with us at the 2023 Annual Scientific Meeting, which will be conveniently located in their "back yard."

It's safe to say we were warmly welcomed at every institution, and our visits reinforced how multidisciplinary the GSA membership is. Overall, the experiences reinforced my feeling that the future is bright based upon the commitment of the faculty members we met and the passion of the students, post-docs, trainees, and other emerging scholars we had the chance to interact with.

As you can imagine, given the evolving situation of a stream of discriminatory laws and related policies being implemented

in Florida, we had conversations on the challenges faculty are facing as they continue their research and teaching in an increasingly complex environment. These harmful laws and policies are impacting the LGBTQIA+ community, minority community, and academic community, as well as undermining access to women's health. We were impressed with the fortitude members showed to continue their important work while adjusting to external pressures, and we let them know that GSA leaders and the Society as a whole will always support them. The GSA 2023 Annual Scientific Meeting website [lists the steps GSA has taken](#) to address the impact of these laws and to amplify the voices of members who study the effects of discrimination.

While visiting the campuses, we also shared our plans for a Careers in Aging Day at GSA on Saturday, November 11. After a successful pilot at the 2022 GSA meeting in Indianapolis, we're planning to welcome local undergraduates with a free opportunity to experience our meeting and give them a fuller picture of the many career options available to them in the aging field.

And to help support current GSA students, post-docs and trainees in coming to the meeting, we invite [donations to one of GSA's six Emerging Scholars Funds](#) (each Section has a dedicated fund for this purpose), which are dedicated to meeting travel grants for students, post-docs, trainees and other emerging scholars. I want to share my gratitude to those GSA members who responded to my call for support of these funds in recognition of GSA's Founders Day on May 18.

Lastly, for the students, post docs, trainees, and emerging scholars in your life — some of whom may be recent graduates — consider providing them the [gift of GSA membership](#). It's a great way to thank them for their hard work, and to set them up for success as they begin their journey in advancing the study of aging!

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In Memoriam

Carol Clarke Hogue, PhD, FGSA, passed away on June 18, 2022, at age 88. She had a distinguished nursing career, beginning as a staff nurse at Duke University Hospital and then as a professor at the Duke University School of Nursing. She later worked at the University of North Carolina as a professor and associate dean at the School of Nursing, and as a senior fellow at the Center for the Study of Aging and Human Development at Duke University.

She was nationally known for her research on the health and social support needs of the older adults. Midway through her career, Hogue completed a post-doctoral study as a Robert Wood Johnson Clinical Scholar at the University of Pennsylvania, and had a fellowship working for the U.S. House of Representatives Select Committee on Aging. Her research contributed to the 1981 White House Conference on Aging.

She attended Duke University, where she obtained her Bachelor of Science and Master of Science in Nursing, and the University of North Carolina School of Public Health, where she earned a PhD in epidemiology.

Members in the News

- Kaiser Health News, CNN, and several other outlets quoted Jennifer Ailshire, PhD, FGSA, Linda Fried, MD, FGSA, and Linda Waite, PhD, FGSA, in a March 23 article titled [“Being ‘Socially Frail’ Comes With Health Risks for Older Adults.”](#)
- On March 27, *Woman’s World* quoted Mara Mather, PhD, FGSA, in an article titled [“What Does It Mean When the Diagnosis Is Alzheimer’s?”](#)
- On April 3, *The New York Times* quoted Pinchas Cohen, MD, FGSA, in an article titled [“What Is the Ideal Retirement Age for Your Health?”](#)
- Caroline Cicero, PhD, and Laura Mosqueda, MD, were quoted in an April 25 *Los Angeles Times* column titled [“Is Biden too old to run again? Is Feinstein too frail to stay? It’s not about age.”](#)
- Patricia M. “Trish” D’Antonio, BSPHarm, MS, MBA, BCGP, was quoted in a May 5 MarketWatch article titled [“Who is that in the mirror? How to love that reflection as you age.”](#)

Member Referral Program

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

Keith Kleszynski, PhD

The recipient, who became eligible after referring new member referred [Sunghwan Ko, MS](#) was randomly selected using randomizer.org. For more details on the Member Referral Program, visit www.geron.org/referral.

Zimmerman, Sloane Honored with Education Award

The Foundation for Post-Acute and Long-Term Care has named Sheryl Zimmerman, PhD, FGSA, and Philip Sloane, MD, MPH, as the joint recipients of the James Pattee Award for Excellence in Education. This distinction recognizes those who have significantly contributed to the educational goals of AMDA – The Society for Post-Acute and Long-Term Care Medicine.

Sloane is the Elizabeth and Oscar Goodwin Distinguished Professor of Family Medicine at the University of North Carolina at Chapel Hill. He has written dozens of books and book chapters, as well as hundreds of research papers. He is highly involved in and committed to the education of professionals, paraprofessionals, and consumers, including activities that translate research findings into practice. He and Dr. Zimmerman were co-editors-in-chief of *JAMDA* from 2018 to 2022.

Zimmerman is University Kenan Distinguished Professor at the University of North Carolina, with appointments in the Schools of Social Work and Public Health. She also is co-director of the Program on Aging, Disability, and Long-Term Care at the Cecil G. Sheps Center for Health Services Research and was recently appointed as executive director of the Center for Excellence in Assisted Living. She is an internationally recognized research expert in long-term care services and supports for older adults, including those living with dementia. Zimmerman is a past member of the GSA Board of Directors and past chair of the Social Research, Policy, and Practice Section, as well as the 2022 recipient of the Robert W. Kleemeier Award.

Jarrott Honored with Australian Fellowship

The Australian Association of Gerontology (AAG) has named Shannon Jarrott, PhD, FGSA, as its 2023 Gary Andrews International Fellow. This annual invitation is one of AAG’s highest honors, made to a highly regarded figure in the international gerontological community.

Currently a professor of social work at The Ohio State University, Jarrott has spent decades looking at the implementation and outcomes of evidence-based intergenerational practice in diverse communities. Over her career, she has worked with childcare centers, adult day service programs, primary schools, residential aged care, youth organizations, universities, food banks and churches, where she has leveraged the strengths of younger and older people for the benefit of individuals and communities. She is the current chair of GSA’s Behavioral and Social Sciences Section.

Jarrott will visit Australia in November 2023 to deliver the keynote address at AAG’s 56th Conference.

Volpi Tapped to Lead Barshop Institute

The University of Texas Health Science Center at San Antonio has appointed Elena Volpi, MD, PhD, FGSA, as director of its Sam and Ann Barshop Institute for Longevity and Aging Studies. She will also be a professor in the Department of Medicine effective July 1.

Volpi comes to San Antonio from The University of Texas Medical Branch at Galveston, where she is a tenured professor in the departments of internal medicine, neurobiology, neurology, and nutrition and metabolism, director of the Sealy Center on Aging, and associate director of the Institute for Translational Sciences. She is also a practicing clinician in geriatrics and diabetes.

She is an expert in muscle aging, sarcopenia (loss of muscle mass, strength and function), muscle metabolism, nutrition, diabetes and recovery of activity after illness in older adults.

Finally, Elder Justice Comes in the Form of APS Funding

It is fitting that, as we observe World Elder Abuse Awareness Day on June 15, we raise awareness about the impact of the Elder Justice Act and the first regular appropriations for Adult Protective Services (APS) state grants since the Elder Justice Act passed in 2010.

Most of us know the term “elder justice” and understand the magnitude of the problem in the U.S. Elder justice refers to the overarching movement created more than four decades ago to combat abuse, neglect, exploitation, and discrimination that older adults face. The Elder Justice Act, first introduced in Congress in 2002, was finally passed in 2010 and signed into law by President Barack Obama as part of the Affordable Care Act. According to the American Bar Association’s [Commission on Law and Aging](#):

The Elder Justice Act was a milestone in elder abuse prevention, not only because it was the first federal legislation to address abuse, but because it recast abuse, or freedom from it, as a right. This came after decades of framing and reframing elder abuse as a medical syndrome, a caregiving issue, and a public health problem. The focus on rights was a marked departure from state abuse response systems, which were patterned after systems designed for children that call on government to protect those who are unable to protect themselves. Some saw the new framing as a response to allegations of ageism and paternalism.

As gerontologists and aging advocates, we readily acknowledge the need for action on elder justice. In fact, many GSA members lead the way in conducting research on a myriad of issues surrounding elder justice, such as the effects of opioid addiction and elder mistreatment.

Despite our knowledge and advocacy, efforts to improve elder justice and to halt elder abuse have not had robust funding — in fact, since the Elder Justice Act was authorized, only modest funding has been provided by Congress in the form of innovation grants from the Administration for Community Living (ACL). The most significant of those grants created the [National Adult Maltreatment Reporting System](#). Funds have also been provided for guardianship work, opioid-related projects, and other projects.

Keep in mind that the original Elder Justice Act authorized funds for several other programs including the Long-Term Care Ombudsman Program (LTCOP), elder abuse forensic centers, training for long-term care facilities staff and surveyors, complaint and investigation systems, a national nurse aide registry, and \$100 million per year for the APS program. Thus, the best intentions of an authorized program were not fulfilled through annual appropriations.

During the pandemic, both APS and the LTCOP received [covid relief emergency funds](#), and advocates would like to see that funding, and the improvements it enabled, to continue. Therefore, we celebrate an appropriation for APS for the first time in the FY 23 Labor, HHS, Education appropriations law. Unfortunately, the funding level was far below the need.

As Bob Blancato, national coordinator of the Elder Justice Coalition, said, “President Biden requested a level of \$58 million in his budget. The FY 23 appropriation of \$15 million is important but severely inadequate. We support a funding level of at least \$80 million for FY 24.”

Bill Benson, the national policy advisor for NAPSA, the National Adult Protective Services Association, explained the work of APS. “NAPSA represents the nation’s state and local APS programs. APS is the nation’s system of statutorily authorized civil investigation programs to investigate abuse, neglect, and exploitation of older adults and people with disabilities, and to respond and offer protection to those it serves. Over 90 percent of states serve all persons with significant disabilities who are age 18 and older; while several serve only persons 60 or 65 and older, and some states, such as California, can serve older persons without disabilities, where age alone is sufficient criterion. All APS programs investigate abuse in home settings, where 90% of older persons live, nearly all have jurisdiction in assisted living facilities, but only about half are authorized under state law to investigate in nursing facilities. [In 2021](#), nearly 800,000 investigations were conducted.”

Kendra Kuehn, NAPSA’s policy analyst, described the benefits that accrue to our families and communities as a result of the APS program. “APS programs can help build safety for the individual and mitigate the impact of abuse, neglect, and exploitation, whether by connecting with support after financial exploitation or implementing simple fixes to prevent greater neglect.”

Jennifer Spoeri, the executive director of NAPSA, explained further, “APS is often called when all other interventions have been attempted or if the caller simply does not know where to turn. APS then works with the older adult or person with a disability to successfully resolve the presenting risk. Success, defined by APS, is when a person’s right to self-determination and autonomy remains intact and the risk to the older adult or person with a disability is reduced or mitigated.”

State long-term care ombudsmen partner with APS workers on elder justice. Mark Miller, president of the National Association of State Long-Term Care Ombudsman Programs (NASOP), said that “ombudsmen play an important role in the elder rights network of services, working with APS on elder abuse prevention activities, including educating residents about their right to be free

of abuse and neglect, and whom to contact if they have concerns. Ombudsmen are not mandatory reporters, so educating residents, staff, and families about how to identify and report suspected abuse is an important role for ombudsmen. In addition, the ombudsman can support the resident during an APS investigation into alleged abuse or neglect to ensure the resident's wishes are considered when determining a resolution."

Mark pointed out that it is important to have both programs well-funded. "Currently, in many states, APS does not respond to abuse or neglect complaints in long-term care facilities, in part because of funding limitations. This may leave residents vulnerable to continued abuse or neglect by staff or others. Having sufficient, dependable funding for APS would mean APS could consistently respond to abuse and neglect cases in long-term care facilities. It is important to note that not every resident is comfortable with reporting abuse, sometimes out of fear of retaliation, so they may not give the ombudsman permission to intervene on their behalf. In these cases, the ombudsman will explore other strategies to address the issue."

What will APS do with its new source of funding? Michelle Gayette, incoming NAPSA president and assistant director of North Dakota Adult and Aging Services, explained the impact of funding beyond the old SSBG funds. "Annual funding will hopefully ensure states can hire permanent staff to assist with the influx of cases and implement programs or services that better serve the individuals in need. My favorite example is the goods & services fund we were able to implement here in North Dakota. Simple things like the purchase of a lift chair or a mattress have made significant differences in the lives of the adults and allowed them to remain in their homes longer. So long story short: staffing and funds to assist the adults."

Benson reiterated that "adequate staffing is the most important need for APS. The promise inherent in the Elder Justice Act is that states will receive funding to support their workforce to competently respond to reports of abuse, neglect, and exploitation. To be blunt, APS work is exceptionally complicated and stressful work. To attract and maintain a trained and competent workforce, APS needs support to be able to pay competitive salaries to hire an adequate number of high-quality, dedicated staff, especially as APS caseloads grow due to demographic factors alone."

And it wouldn't be a Brian Lindberg policy column without a plug for advocacy from members. In this case, Kuehn described the factors that led to increased funding for APS: "NAPSA members were key in building congressional support. Through their advisory board members, government affairs teams, data, and stories, APS programs built connections and conveyed what APS faces every day. Without APS agency and staff support, national advocacy would not be effective."

While funding for APS and other Elder Justice Act programs is woefully low, the network of programs and services and

advocates for elder justice is extensive and successful. The [Elder Justice Coalition](#) was formed in 2003 with five members, including NAPSA and NASOP. Now the coalition has more than 3,000 members.

For 20 years, the coalition has been the leading voice in advocating for elder justice funding. Another important part of the network is the [National Center on Elder Abuse](#), established in 1988, which provides the latest information regarding research, training, best practices, news and resources on elder abuse, neglect and exploitation to professionals and the public. One of its programs is the [Reframing Elder Abuse](#) communication strategy, a sister initiative with GSA's National Center to Reframe Aging. The [Elder Justice Coordinating Council](#) (EJCC) was established in 2003 with the passing of the Elder Justice Act. The EJCC meets twice a year with the goal of better coordinating the federal response to the elder abuse problem. The [National Clearinghouse for Abuse in Later Life](#) provides resources for people affected by elder abuse.

In closing, let me say that it has been an honor and quite humbling to work these many years on elder justice issues with ombudsmen and APS staff (and their dedicated advocates here in DC). These individuals spend their days and often nights protecting the rights and safety of older adults in and out of long-term care facilities, sometimes putting their own safety at risk. Let's hope this new funding stream will grow and enable both APS staff and ombudsmen to fulfill the goals of the Elder Justice Act.

Recent GSA Policy Actions

GSA, through the Friends of National Institute on Aging (NIA) coalition, supported FY 2024 appropriations requests for no less than \$50.924 billion for base spending at the National Institutes of Health (NIH) for current institutes and operations. Additionally, the coalition asked that NIA, as a component of NIH, receive a commensurate funding increase (7.3 percent over the FY 2023 levels) in FY 2024 and a minimum increase of \$321 million above the final enacted amount for FY 2023 specific to research on Alzheimer's disease and related dementias.

GSA supported the [2023 Resolution for National Adult Hep B Vaccination Awareness Day](#). The resolution was re-introduced in the 118th Congress by Representatives Grace Meng (D-NY) and Hank Johnson (D-GA) in the House and by Senators Maize Hirono (D-HI) and Angus King (I-ME) in the Senate on April 27.

GSA joined as an organizational member of the [National Alliance for Caregiving's Act On RAISE](#) campaign, which brings together stakeholders across the caregiving continuum to strengthen the nation's first-ever [National Strategy](#) to support America's 53 million family caregivers.

AGHE Program of Merit: Latest Updates

*By Marilyn R. Gugliucci, MA, PhD, FAGHE, FGSA
Professor and the Director for Geriatrics Research, University of New England*

In July 1998, the Executive Committee of the [Academy for Gerontology in Higher Education \(AGHE\)](#), formerly the Association for Gerontology in Higher Education, approved a proposal to establish and implement a voluntary evaluation program known as the [Program of Merit \(POM\)](#). The POM designation provides gerontology programs with an AGHE “stamp of approval,” which can be used to verify program quality to administrators, to lobby for additional resources to maintain a quality program, to market the program, and to recruit prospective students into the program.

In 2015, the Program of Merit was expanded and adapted to implement a voluntary evaluation process for [health professions programs](#) that integrate gerontology/geriatrics competencies in order to prepare students for working with older adults as well as their informal care partners. Health professions programs are eligible to apply for the Program of Merit designation. A special benefit for both gerontology and health professions programs that attain a Program of Merit designation is that each year AGHE staff will prepare a certificate for each graduating student that is sent to the program to distribute prior to graduation. The certificate is suitable for framing and highlights that the student graduated from a

recognized AGHE/GSA Program of Merit, including the institution and the gerontology or the health professions program name.

The Program of Merit for Gerontology and Health Professions programs are based on the [AGHE Standards and Guidelines for Gerontology/ Geriatrics in Higher Education, Seventh Edition \(2021\)](#). In the seventh edition, resources are provided, such as the competencies for gerontology programs, health professions programs, doctor of pharmacy programs, and osteopathic medicine programs. Additionally, the appendices have competency mapping tools for gerontology and health professions programs.

Each of the POM review booklets was updated in 2023, and there are over 45 reviewers from across the U.S. and internationally who are eager to be part of review teams for college and university programs in gerontology or the health professions.

If you have any questions or wish to learn more about Program of Merit, contact GSA Director of Member Engagement Gena Schoen at membership@geron.org (including AGHE POM in the subject line).

Editor’s Note: The Educational News column welcomes the submission of articles for consideration. For a description of the process, visit: [Educational News Submission Guidelines](#).

new resources

Podcast Offers Important Insights into Communicating with Older Adults about Body Size

In a new GSA Momentum Discussion podcast, “[Kickstarting Body Size Conversations with Older Adults with Obesity](#),” Jason Lofton, MD, of Lofton Family Clinic and Wellness in De Queen, Arkansas, discusses important issues addressed in step one of [The GSA KAER Toolkit for the Management of Obesity in Older Adults](#): Kickstart the Obesity Conversation. He shares insights into how he and his team set the stage to engage in successful, motivating conversations about body size with their patients. He addresses overcoming common roadblocks to body size conversations, preparing for shared decision making and goal setting, and how issues such as culture, race/ethnicity, and age influence conversations about body size. This podcast episode is supported by Novo Nordisk.

HS, SRPP Sections Team Up for Long-Term Care Podcast Series

“[Crisis in Long-Term Care](#),” a GSA on Aging Podcast limited three-part series, focuses on the crisis in long-term care and the distress

experienced by residents, families, staff members, and administrators. The multidimensional stressors, many of which began well before the outbreak of COVID-19, were exacerbated by the pandemic and continue even as prevention of the disease has improved.

By bringing scientists together from the Social Research, Practice, and Policy (SRPP) Section and the Health Sciences (HS) Section, this GSA podcast series features experts who will provide insights on the effects of persistently inadequate numbers of direct care workers, the moral distress resulting from a disconnect between what is right and expected while restricted by insufficient resources, and the patchwork of state and federal policies that define quality of care, safety, and service delivery in sometimes challenging ways.

The three programs are:

- Who’s (Not) in the House?
- 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

How to Navigate Interdisciplinary Aging Research as an Early Career Investigator

By Adele Crouch, PhD, RN, AGCNS-BC, Postdoctoral Fellow, University of Pennsylvania;
and Rachel K. Wion, PhD, RN, Assistant Professor, Indiana University School of Nursing

“How do I prepare to find a job in a different discipline? How can I connect with researchers with diverse backgrounds?” These were questions the ESPO webinar taskforce considered when planning our spring webinar, titled “Job Searching and Networking for Early Career Investigators in Interdisciplinary Research of Aging.”

The goal was to connect emerging scholars with a skilled panel of professionals who have successfully launched a career in another discipline, and learn from their experience of job searching and networking. The session was moderated by Yan Zhang, PhD, a postdoctoral research associate at the University of Wisconsin-Madison who is an interdisciplinary early career scholar herself. Our interdisciplinary research panelists included: Philip Cantu, PhD, an assistant professor at the University of Texas Medical Branch, with a PhD in Sociology; Lauren Stratton, PhD, the senior associate director of psychosocial research and program evaluation at the Alzheimer’s Association, with a PhD in gerontology; and Tyler Bell, PhD, an assistant professor at the University of California San Diego in the Department of Psychiatry, with a PhD in developmental psychology.

The panel discussed their experiences in networking, job searching, and applying to interdisciplinary positions and gave advice on addressing challenges. [Listen to the recording](#) to get the panelists’ full perspectives. We identified three key take-aways and some ‘job tips’ to share.

You have unique skills and perspectives.

Knowing how to leverage your unique skills and perspectives is necessary when seeking any job, but especially important for positions in a different discipline. It is not essential to master everything but focus on unique perspectives you provide. Enhance your skillset by working with people in different areas of mastery. Additionally, when delving into a different discipline you may have to embrace the “learning period” when interacting with scholars that have specific schools of thought. Don’t be embarrassed to say what you DO and DO NOT know. Remember to embrace your skillset and the expertise you bring to the table.

Job tip: Frame your job documents with the goals of the position/center, highlight how your strengths build upon the centers, but also bring a new perspective. Write as if it were a specific aims page, avoid jargon to be easily understood and be sure to identify your impact.

Have an end goal.

Have an end goal in mind and work towards it by tailoring your experiences for the job you want, but also following the research. Dr. Stratton brought a unique perspective to the discussion as our panelist not in an academic role. She knew during her PhD training she wanted to pursue a job outside of academia; therefore, she focused on building her CV to achieve this end goal. Our other panelists, working in academic medical school settings shared the sentiment that the journey an academic position is not ‘one size fits all’. There are many ways to get to the “end goal,” which may include postdoctoral training, and for some it may not be necessary.

Job tip: A competency which could always use additional training is leadership. Seeking opportunities to enhance leadership skills will make you a better colleague and future mentor.

Networking can take many forms.

Networking covers many topics including formal and informal networking, mentors, collaborations, and the use of social media. You may have an assigned formal mentor and/or you also may have informal mentors, whom you may seek out. It is important to identify and connect with people whose personalities you mesh well with, you can be to be authentic with, and with whom you have a level of trust. Multiple perspectives in various disciplines can lead to broad input, constructive feedback, and better science. Be open and willing to accept advice and be proactive in reaching out to those whose feedback would be useful. A great way to network is to identify conference (i.e., GSA 2023) attendees and chat with them. Don’t be afraid to get involved to build your network, join committees and subgroups. As for social media, it can be useful for some to share research findings, promote yourself, and network; however, was not identified as ‘necessary’ by panelists. Overall, networking can help you advance your career, find jobs, and enhance your research.

Job tip: Don’t underestimate the strength of weak ties, you can find jobs from even the weakest connections.

Finally, an important takeaway emphasized by Dr. Bell: Take care of yourself! The job search and interview process can be taxing, and many things are outside of your control. So ultimately, don’t let the drive to succeed outweigh your health and wellbeing. Take care of yourself first so you can bring the best to interviews and remember you have unique and important skills and perspectives.

Continued from page 1 – Gugliucci

internationally. Working with GSA members/colleagues/staff, and thirteen ESPO representatives, we wrote the GSA Student Chapter Handbook and this year we are monitoring nine student chapters (one in Portugal).

All of my GSA/AGHE work is dedicated to our mission, members, and partners; fueled by passion, planning, outreach, inclusion, support, teamwork, and creativity. The GSA Student Chapter initiative opens doors to emerging professionals across the world, guiding them to GSA and providing excellent mentorship and career development opportunities. This is an example of nimbleness and innovation that is my guiding compass to true north.

Marilyn R. Gugliucci, MA, PhD, FAGHE, FGSA, is a professor and the director of Geriatrics Education and Research at the University of New England (UNE) College of Osteopathic Medicine. She is the founding director of U-ExCEL older adult fitness/wellness program and co-chairs UNE's Age Friendly University initiatives. Her unique

Learning by Living Research Projects offer two-tracks: The Nursing Home Immersion whereby medical students are "admitted" with a diagnosis to live the life of a resident for two weeks; and The 48-Hour Hospice Home Immersion where pairs of medical students live in an 18-bed in-patient acute care hospice home for 48 hours to conduct patient care, family support, and post-mortem care. Additionally, she conducts falls-prevention research and virtual reality education research.

Gugliucci is a fellow of four national associations and serves on national and state boards/committees. One example included being a two-time mentor for the International Honor Society of Nurses/Hartford Foundation Geriatrics Nursing Leadership Academy. She served as former Association for Gerontology in Higher Education president, former chair for GSA Health Sciences Section, and on the inaugural GSA Board of Directors. Gugliucci lectures both nationally and internationally, has multiple publications, and has been recognized with state and national awards.

Continued from page 1 – Strotmeyer

scope of our reach broader. Ageism is still prevalent and I want to challenge long-held misperceptions, which I view as an important component of GSA service. As vice president of the Board of Directors, I will strive for multidisciplinary collaboration across our sections and groups to promote the work of the current and future generations of members and foster innovative research to ensure that every individual has the opportunity to age with resiliency.

Elsa S. Strotmeyer, PhD, MPH, FGSA, is a tenured associate professor of epidemiology, University of Pittsburgh, and director of the NIH/NIA T32 Epidemiology of Aging Training Program, where she completed her MPH (1997), PhD (epidemiology, 2000), and NIH/NIA T32 Post-Doctoral Fellowship (2001-2003).

Her expertise is in metabolic risk factors/conditions associated with neuromuscular and musculoskeletal declines in the etiology of fall injuries, mobility, and disability. She is PI of NIH R01 projects evaluating fall injury, bone/fracture and geriatric outcomes, and Co-I on multiple epidemiologic longitudinal cohorts.

Her extensive university-level committee service has focused on equity and curriculum issues. Strotmeyer's past service to GSA includes: Health Sciences Section chair (2018-2020); *Journal of Gerontology, Medical Sciences* associate editor (2022-present) and Editorial Board member (2018-present); Epidemiology of Aging Interest Group co-convenor (2009-2011); Annual Scientific Meeting abstract reviewer (2010-2023), presenter (2004-2022), and session chair (2009-2022); and member of the Council and Executive Committee (2018-2019), Membership Committee (2020-2021), Awards Subcommittee (2020-2022), Health and Safety Advisory Panel (2021-2022), and Health Sciences Section Volunteer Workgroup (2023).

Other service includes the American Society for Bone and Mineral Research (ASBMR, 2011-2023) and Cross Cohort Collaboration (CCC) of 20 NIH cohorts (Co-Chair, 2016-present). She was awarded the GSA Health Sciences Research Award (2007), and fellow status in the ASBMR (2021) and GSA (2014).

Ballots for the GSA elections will be sent by e-mail to all members with a valid e-mail address on June 9. Reminders will be sent prior to the voting deadline of July 5. Make sure GSA has your correct email address on file by checking your member profile at www.geron.org. If you do not receive your electronic ballot, contact ballots@geron.org. The full biographical sketches and personal statements of all candidates running for GSA office [will be available online](#) by June 9.

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Candidates Unveiled for 2023 Elections

Ballots for the GSA elections will be sent by e-mail to all members with a valid e-mail address on June 9. Reminders will be sent prior to the voting deadline of July 5. Make sure GSA has your correct email address on file by checking your member profile at www.geron.org. If you do not receive your electronic ballot, contact ballots@geron.org. The full biographical sketches and personal statements of all candidates running for GSA office [will be available online](#) by June 9.

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Continued from page 1 - Bruni to Deliver Tampa Keynote; Late Breaking Abstracts Sought

mission to achieve meaningful lives as we age, but also the third arm of this year's meeting theme, to 'empower all ages,'" Nelson said.

"His book reveals the power of resilience to better cope with adversity and also leverage it into a more meaningful life. In addition, as an openly gay man, Frank Bruni's presence in Tampa will be an uplifting reminder that the struggle for diversity, equity, and inclusion has an upward trajectory."

The GSA 2023 Annual Scientific Meeting will take place at the Tampa Convention Center from Wednesday, November 8, to Sunday, November 12. Bruni's talk will take place on the morning of Thursday, November 9, as part of the President's Opening Plenary Session.

Starting Friday, July 14, GSA will begin [accepting submissions](#) of late breaking poster and paper abstracts, with a deadline of Thursday, August 24. This is a chance for scholars to present their research results not yet available at the time of GSA's original March abstract deadline. The program areas open for late breaking submissions include Academy for Gerontology in Higher Education, Behavioral and Social Sciences, Biological Sciences, Health Sciences, and Social Research, Policy, and Practice.

GSA encourages attendees to register for the meeting by Friday, September 1, to take advantage of [early bird discounted registration fees](#); special conference rates are also available [at several hotels](#) adjacent to the convention center.

Series A Publishes Special Issue on Technology and Mobility

A new special issue of the medical sciences section of *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*, “[Novel Engineering Approaches to Enhance Mobility in Older Adults](#),” features a collection of papers focused on applications of technology to the prevention and rehabilitation of falls and fall-related injuries in older adults.

The nine articles published in this issue — from leading experts across multiple fields — highlight examples of how these technologies may be implemented across the entire spectrum of falls management: from using sensor technology to identify and monitor risk factors for falls in remote settings, to improving mobility via technology-driven interventions designed to augment the motor control system, to reducing the risk of injury in the unfortunate events when falls occur despite our best efforts to avoid them.

Series A Incorporates Translational Geroscience Section

Discover the innovative and essential aspects of the geroscience initiative in a new section of *The Journals of Gerontology Series A*.

An introductory editorial, “[Geroscience for the Next Chapter of Medicine](#),” gives details on the recent fourth Geroscience Summit at the National Institutes of Health and the transformation of the journal’s former Translational Section into a permanent [Translational Geroscience Section](#).

Become a Journal Reviewer

Would you like to serve as a reviewer for a GSA journal?

The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences, The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences, The Gerontologist, Innovation in Aging, and Gerontology & Geriatrics Education are open to new reviewers at any time.

To serve as a peer-reviewer, please visit the [GSA Journal Reviewer](#) page to learn how to sign-up. Your expertise areas will be used by the editors when identifying reviewers for submitted manuscripts.

If selected as a potential reviewer, you will receive an invitation to review from the editorial office.

GSA Welcomes Engagement on Pride Month and Alzheimer’s & Brain Awareness Month Twitter Campaigns

Follow [GSA on Twitter](#)! In celebration of Pride Month and Alzheimer’s & Brain Awareness Month, GSA will share journal articles to highlight the experience of aging in LGBTQ+ communities and to highlight Alzheimer’s Disease and Brain health throughout the month of June via Twitter.

GSA welcomes your engagement in this campaign to share the journals’ scholarship by retweeting and liking GSA’s posts and tagging @geronsociety and using #PrideMonth and #AlzheimersAndBrainAwarenessMonth in any related articles you post.

The New Hospital-at-Home Movement: Opportunity or Threat for Patient Care?

A new article titled “[The New Hospital-at-Home Movement: Opportunity or Threat for Patient Care?](#)” by Center for Economic and Policy Research’s [Eileen Appelbaum, PhD](#), and Cornell University’s [Rosemary Batt, PhD](#), has been published in The Gerontological Society of America’s *Public Policy & Aging Report*. The article is based on a [larger report on the topic released by the authors](#) earlier this year.

In January, Congress extended the hospital-at-home program through 2024. Certified by the Centers for Medicare and Medicaid Services (CMS) in 2020, the program allowed hospitals to treat acutely ill patients in their homes during the COVID-19 pandemic. They received the same reimbursement rates hospitals get for in-patient care, including a “facilities fee” meant to cover the costs of maintaining the hospital.

This occurs despite much lower overhead and infrastructure costs of caring for the patient at home. The program required that certain safeguards be met, but relaxed others such as 24/7 RN coverage, while also allowing in-home care to be provided by an RN, a paraprofessional, or an EMT.

Now healthcare providers and private equity firms that stand to benefit financially from hospital-at-home have organized lobbying groups to make the program permanent for non-crisis conditions. They frame the program as saving costs while increasing patient satisfaction.

But Appelbaum and Batt’s research finds that the program allows providers to reduce skilled nursing standards, while also shifting risks and added labor costs to families.

“Beyond a handful of pre-pandemic small studies, no systematic evidence exists that the current CMS at-home programs provide the same level of care that hospitals provide for the acutely-ill. Too many questions remain unanswered, and CMS lacks the necessary reporting and data systems to ensure provider accountability,” said Batt, the Alice Hanson Cook Professor of Women and Work in the ILR School at Cornell University.

“Who benefits from the cost savings? In the current system, there are too many incentives for hospitals and healthcare companies, as well as opportunistic financial actors such as private equity and venture capital firms, to make money while leaving patients, families, and taxpayers to bear the costs,” said Appelbaum, co-director of the Center for Economic and Policy Research.

The authors recommend that Congress and the CMS establish a research program to identify best practices and measure their outcomes. Based on this research, appropriate skills and training standards, patient care metrics, and reporting and monitoring systems must be put in place; and cost-sharing standards must be developed so that hospital-at-home programs actually save money while delivering high quality care.

funding opportunities

Foundation Seeks Academic Partner for Long-Term Care Designation of Excellence

The Mayer-Rothschild Foundation has [opened a call](#) for year three of their research opportunity for The Mayer-Rothschild Foundation Designation of Excellence in Person-Centered Long-Term Care.

In year three, the Foundation is seeking a lead academic partner for the continued design, development, validation and implementation of a national Designation of Excellence in Person-Centered Long-Term Care for America's long-term nursing homes, independent and assisted living communities, and dementia and memory care residences. The identified academic partner is envisioned as engaging with five care communities located in diverse geographical locations across the country, serving as Centers of Excellence in promulgating this work.

Phase three of this designation project is denoted as testing and validation. During this phase, the active research will build upon the successes of the [work](#) of the Foundation's dyad partners during the first and second phases of this project, The University of Maine Center on Aging and The Cedars of Portland, Maine.

Letters of Intent are due by June 15.

ACL Announces New Funding to Improve Support for Family Caregivers

The Administration for Community Living (ACL) has announced \$20 million in [new funding](#) for its first major initiative in support of the 2022 National Strategy to Support Family Caregivers.

ACL will award five cooperative agreements for projects to foster advancements in two programs authorized by the Older Americans Act — the National Family Caregiver Support Program and the Native American Caregiver Support program.

Each project will receive up to \$1.1 million annually for four years to develop, test, and disseminate new approaches to supporting family caregivers. Using the caregiver strategy as a roadmap, and with technical assistance from ACL, each project will focus on one of the five priority areas of the [National Strategy to Support Family Caregivers](#):

- Improved awareness of and outreach to family caregivers
- Inclusion of family caregivers in the care team
- Services and supports for family caregivers
- Financial and employment protections
- Data, research, and best practices

The initiative is in keeping with President Joe Biden's [Executive Order](#) on Increasing Access to High-Quality Care and Supporting Caregivers, signed April 18. Applications are due June 26.

NIH To Offer DEIA Funding Competition for Institutions

On April 4, the National Institutes of Health (NIH) announced the [Institutional Excellence in DEIA in Biomedical and Behavioral Research Prize Competition](#), which aims to recognize and reward effective strategies for enhancing diversity, equity, inclusion, and accessibility (DEIA) in research environments across the U.S. NIH will award up to 10 prizes of \$100,000 each through the competition. Up to half of the prizes will be set aside for consideration for [limited-resourced institutions](#). To participate, registration is required by September 12. [Visit the prize competition website](#) for information about eligibility, participation, and submission requirements.

ARPA-H Issues Open BAA, Pursuing High-Impact Research Proposals

The U.S. Advanced Research Projects Agency for Health (ARPA-H) has opened its first agency-wide [open broad agency announcement](#) (BAA), seeking funding proposals for research aiming to improve health outcomes across patient populations, communities, diseases, and health conditions. The announcement calls for proposals to outline breakthrough research and technological advancements.

Proposals should investigate unconventional approaches, and challenge accepted assumptions to enable leaps forward in science, technology, systems, or related capabilities. ARPA-H also encourages concepts to advance the objectives of President Joe Biden's Cancer Moonshot, as well as more disease-agnostic approaches.

The proposal deadline is March 14, 2024.

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 August 8.

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 September 26.

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