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Key Moment in History

2020: GSA convenes its first online Annual Scientific Meeting. In the middle of a pandemic, GSA made the decision to move its meeting to an online-only format to advance the field of gerontology while protecting the health of its attendees. The **2020 Annual Scientific Meeting Online** has welcomed 4,042 participants from 45 countries to date, and all programming will continue to be available until December 31. Read more in the From the CEO column on page 2.

Anniversary Fund Welcomes Donations

GSA recognizes that during the holiday season, many people make year-end donations to worthy causes. One such option is the **75th anniversary fundraising campaign: Honor the Past – Enrich the Future**. Donations will support the creation of new GSA professional development and career enhancement resources including a grant writing training program for GSA member researchers, clinicians and educators. All contributions are tax deductible.

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Lipsitz Chosen as GSA's Next Medical Sciences Journal Editor

GSA has named Lewis A. Lipsitz, MD, FGSA, of the Hinda and Arthur Marcus Institute for Aging Research at Hebrew SeniorLife, Beth Israel Deaconess Medical Center, and Harvard Medical School as the next editor-in-chief of the medical sciences section of *The Journal of Gerontology, Series A: Biological Sciences and Medical Sciences*, effective January 2021.



Lipsitz

“It is with great pleasure that we welcome Dr. Lipsitz as the next editor-in-chief for the *Journal of Gerontology Series: Medical Sciences*,” said Ishan C. Williams, PhD, FGSA, the chair of GSA’s Program, Publications, and Products Committee. Dr. Lipsitz’s years of extensive experience working with older adults along biomedical principles will provide a keen eye to identifying promising research and strategies to support even the most vulnerable older

adults. His scientific leadership in the field of geriatrics is a clear strength for ensuring the journal continues to excel as a leading resource to scientists across the world.”

The Journals of Gerontology, Series A is published by Oxford Journals on behalf of GSA. Its medical sciences section contains peer-reviewed articles on health-related aspects of human aging, such as biomarkers of aging, multisystem physiology of aging, multimorbidity, age-related disability including the cognitive, physical, and psychological aspects of function, novel aging populations such as ethnic and racial minorities or the oldest old, global health and aging, healthy aging, and health span. The journal is especially interested in translational research that addresses the functional consequences of aging biology and/or age-related disease, and novel interventions designed to slow and prevent functional decline and improve health outcomes. For 10

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Oral Health and Nutrition: Interrelated Challenges for Older Adults

The health of the mouth and the nutritional status of older adults are not just connected — they’re integrally related. Declining oral health affects the foods a person can enjoy. Without a nutritious diet, oral health can decline.

“[Interrelationships Between Nutrition and Oral Health in Older Adults](#),” the topic of the latest issue of GSA’s *What’s Hot* newsletter, addresses these important aspects of health from research, clinical, practice, and policy perspectives.

“This report shows the circular relationship between oral health and nutrition,” said Rose Ann DiMaria-Ghalili, PhD, RN, CNSC, FASPEN, FAAN, FGSA, a member of the content development faculty who is with the College of Nursing and Health Professions at Drexel University. “As explained in the

newsletter, without a healthy mouth to chew food and begin the digestive process, nutritional status suffers. Without adequate nutrients, oral health

often declines, muscles weaken, gum tissues become infected, bone supporting the teeth resorbs, and teeth decay and may be lost. And the process repeats.”

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Success Amid Adversity—You made a Difference

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

While 2020 heralded the WHO Decade of Healthy Aging and GSA's celebration of its 75th anniversary, no one foresaw the historical moment that members would experience and the central role that aging topics would play in the national conversation this year. In the midst of tremendous personal and professional adversity, GSA members still found ways to succeed and to advance the science of aging. The GSA 2020 Annual Scientific Meeting Online is one example.

As the Society transitioned to an online format in lieu of meeting in person, members adapted to this new format for sharing their scholarship through on-demand programming and streaming symposia. You persevered through this new process as the Society committed to enabling anyone with an accepted abstract to have their scholarship presented online via this new platform.

And the numbers are in: we welcomed 4,042 attendees from 45 countries — a near record. Preceded by 77 pre-conference events, our program featured approximately 3,215 individual presentations, complemented by 665 presenter discussions. Thank you for making it a success. And we thank all those who provided a broad spectrum of feedback via our post-conference survey, and we've published [a note of gratitude for your understanding](#) on the GSA website.

While we couldn't gather together in person, GSA built a platform to keep people connected over a longer period of time — to allow everyone to share conversations with like-minded scholars, continue commenting on research, and access scientific content. Through pre-conference activities and the on-demand availability of any paper, poster, or symposia until December 31, a traditionally five-day event has been turned into a multi-month experience.

Our Opening Plenary Session included an uplifting message from GSA President Kathy Hyer and presentations from National Institute on Aging Director Richard Hodes and Deputy Director Marie Bernard. I extend my special thanks to

Kathy for a year of outstanding leadership as president, not only in choosing the meeting theme of "Turning 75: Why Age Matters," but for quickly establishing and chairing GSA's COVID-19 Task Force, as well as launching GSA's Diversity and Justice Working Group.

The meeting also served as a launch venue for some terrific new GSA products as well. There's a new version of [GSA's KAER Toolkit](#); a "[Tools for Advancing Age Inclusivity in Higher Education](#)" Toolkit; an issue of GSA's *What's Hot* newsletter titled "[Interrelationships Between Nutrition and Oral Health in Older Adults](#)," and a report (the third in a series), "[The Impact of Diversity on Longevity Fitness: A Life-Course Perspective](#)." We'll share more details about all of these resources across the next several issues of *Gerontology News*.

Just as GSA member experts provide a 360-degree perspective on the aging process, the Society provides 365 days per year of engagement opportunities with the gerontological community. We have more than 50 [interest groups](#) on diverse topics. We offer a [Dissertation Writing Group](#) for emerging scholars. And take a look at our [upcoming webinar offerings](#), several of which are extensions of Annual Scientific Meeting programming.

Further, GSA's Journalists in Aging Fellows Program, part of which involves reporters participating in the meeting, [has already begun to yield coverage](#) of recent studies.

Over the past nine months, you've learned how truly resilient you are. You've learned how to keep research programs going as well as present your findings. So there is a bright future even if we have to work in the same remote environment we've become accustomed to for a little while longer. There was a learning curve, to be sure — but we've climbed the steepest part of it together.

You made a difference, and for the benefit of aging populations everywhere, we can collectively continue to do it in the days ahead. Onward to 2021!

James

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member news

In Memoriam

Lauren Harris-Kojetin, PhD, FGSA, passed away on January 29 at age 56. She served as the chief of the Long-Term Care Statistics Branch at the National Center for Health Statistics (NCHS). There, she oversaw a research program to design, collect, and produce statistical information on the supply, provision, and use of the major sectors of paid, regulated long-term care services.

During her tenure, Harris-Kojetin led a major redesign of the program that replaced infrequent national surveys of nursing homes, residential care facilities, and home and hospice care, with the biennial National Study of Long-Term Care Providers, which uses administrative records for some sectors and collects survey data for sectors for which there are no national administrative data.

She was an active GSA conference participant, contributing to the profession with her many papers and presentations. Prior to joining NCHS, she led a research program at LeadingAge, an association of long term care providers, from 2002 to 2006. From 1995 to 2002, she was a senior researcher at RTI International, in Health Services, Economics, and Policy Research in the DC office, where she helped develop the Consumer Assessment of Health Plan Surveys (CAHPS). Prior to that, she worked at Response Analysis, Mathematica Policy Research, the Center for Survey Research at Indiana University, and the Eagleton Institute at Rutgers University. She published widely in a range of health and aging journals. She earned her PhD in political science from Rutgers University.

Ann Whall, PhD, FGSA, passed away on August 13 at age 85. She received her doctorate at Wayne State University in 1978; she then joined the University of Michigan in 1985 as a distinguished professor in the School of Nursing for 24 years until her retirement in 2011. She was also a faculty associate in the Institute of Gerontology, and for many years was associate director for nursing at the University of Michigan Geriatrics Center.

Whall's research interests were centered on geriatric nursing, dementia care, and the role of implicit memory in maintaining functioning in dementia. She investigated nursing approaches to the behavior of cognitively impaired nursing home residents, expert nurses' use of implicit memory with the cognitively impaired, and aggression in dementia including the background and proximal factors.

Within the School of Nursing, Whall developed and taught courses on theory development and on gerontological nursing. She was a generous and active mentor of doctoral students and supervised a sizeable number of master's student research papers.

Whall was also the author of 15 books and more than 300 articles. She was the 2003 recipient of GSA's Doris Schwartz Gerontological Nursing Research Award. She also received an award from the Fulbright International Scholars Program in 2001, where she worked with the University of Ulster in Northern Ireland on the use of video-conferencing for guest class lectures in graduate nursing classes at the University of Ulster and the University of Michigan.

Boaz Kahana, PhD, FGSA, FAGHE, passed away on November 6 at age 86. He graduated from Yeshiva University in 1955 and after pursuing training in clinical psychology in New York, he received a PhD in human development from the University of Chicago in 1966.

Kahana taught at Washington University in St. Louis, and Oakland University in Michigan, before joining Cleveland State University in 1984. He served as department chair for several years, director of the Center for Applied Gerontological Research, and engaged in full time teaching and research until he retired in 2019.

He was committed to the success of his students and his colleagues. A recipient of numerous awards for his teaching and research, Kahana authored over 200 publications spanning the topics of psychology, stress and coping, traumatic stress among Holocaust survivors and Pearl Harbor survivors, and health of older adults.

He was also a clinical psychologist who studied and combined insights from behavioral, cognitive, and psychodynamic approaches. His clinical work included diagnostic assessment and therapeutic intervention with a wide variety of patients.

In addition to GSA, Kahana was a fellow of the American Psychological Society. He served as peer reviewer for the National Institutes of Mental Health, the National Institute of Aging, and other government peer review groups, and was on the editorial board of *Aging and Mental Health*.

Kahana is survived by his wife, long-time GSA member Eva Kahana, PhD, FGSA, FAGHE. The two were co-authors of a 2007 book, "Holocaust Survivors and Immigrants: Late Life Adaptations."

Colleague Connection

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

Donna Jensen, LCSW, MA, MSW, PhD

The recipient, who became eligible after referring new member [Leanne Calata](#), 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:

[Derek Martin Isaacowitz, PhD, FGSA](#)

Members in the News

- Steven Albert, PhD, FGSA, authored an October 28 piece for The Conversation titled "Achieving COVID-19 herd immunity through infection is dangerous, deadly and might not even work."
- Richard W. Johnson, PhD, and Ruth Finkelstein, DSc, were quoted in a November 4 MarketWatch column titled "'Work' isn't a four-letter word for older Americans."
- Taylor Patskanick, LCSW, MPH, MSW, was quoted in a November 5 McKnight's Senior Living article titled "Senior living residents positive about pandemic experience: MIT AgeLab study."
- On November 6, Nora Super, MPA, was quoted in a McKnight's Senior Living article titled "Pandemic may provide long-term silver lining for home- and community-based options."

2020 Elections Shape the 117th Congress

Let me begin by thanking GSA member Beth Prusaczyk, PhD, MSW, who has worked with me collecting and analyzing election results and polling data for this article and other projects. We know Beth from her excellent work on the Senate Special Committee on Aging as a Health and Aging Policy Fellow and now as an instructor at the Institute for Informatics at Washington University School of Medicine in St. Louis.

What happened

What a long, strange trip it has been — the last four years, the primaries, the campaign, and the outcome that has trickled in over the last four weeks. As bored as we may be working (longer hours) at home and grabbing carry out or seeing the Wells Fargo Wagon comin' as big treats, I am looking forward to the relative monotony of the post-January 20 days in the nation's capital: relatively dull Joe Biden, our president-elect, and the members of the 117th Congress grappling with humdrum issues like the latest pandemic surge, a sputtering economy, a once again growing opioid crisis, a possibly nuclear Iran, the crumbling infrastructure, Affordable Care Act and Medicare expansion, and so much more.

So, here we are drawing close to the day (December 14) when the Electoral College casts its official vote for president (306 electors for Biden and 232 for Donald Trump) and the day that Congress must certify the results in a joint session on January 6. Members of the House and Senate have the power to challenge the results during the joint session, and some Trump allies have clearly left the door open to challenging the results.

So, let us hope that our flawed presidential election system is not tested further. On the bright side, so many of us voted and we can be proud of the state and local election officials, governors, and secretaries of state for doing their jobs with courage and integrity, and for judges following the laws regardless of their party affiliation or who appointed them.

How we voted

When it came to the exit polls, Biden won voters who felt that dealing with COVID-19 was a pre-requisite to rebuilding the economy; not the other way around. Trump won voters who prioritized the economy, crime, and safety. Biden drew a broader coalition than Democrats have in the past, expanding support from older adults and suburban voters, along with young people, Black, Latinx, Asian Americans and Pacific Islanders, unmarried women, college educated women, and urban voters.

Biden did best with older and younger voters. Younger voters (18 to 29) supported Biden by 60 to 36 percent, and he closed the gap with older voters (65+) losing to Trump by five points, 47 to 52 percent. People who said they cared about COVID-19, racial equity, climate change, health care all went for Biden. Biden

also won two to one on voters who said they prioritized personal qualities of the candidates.

When people outside the DC beltway have asked whether Trump would be reelected, I have consistently said no because independents would not vote again for Trump — they had made a statement, but they would not be pleased with his way of governing. Exit polls show this to be true. Independents voted for Biden 54 to 40 percent (+ 14 points). In 2016, they voted for Trump over Clinton 46 to 42. That is a very big swing.

A related factor was this was almost a head-to-head contest. In 2016, third party candidates received more than 6 million votes. People who did not vote or voted third party in 2016 overwhelmingly voted for Biden in 2020. Another factor was that young people came out and voted in college towns like Madison, Wisconsin, which one could argue won that state for Biden. Thanks to Lake Research Partners for sharing their data with all of us at the Leadership Council of Aging Organizations.

Let me mention a pet peeve: All the pundits seem to speak of how difficult it will be to govern given the “close” election and the divided country. This is not something new. Trump did not have a mandate or a majority of the popular vote supporting him, and neither did George W. Bush or Bill Clinton. Trump didn't even try to bridge the divide — and did get some of his agenda done. My point is simply this: we are pretty evenly divided in the country and Joe Biden has as good a shot — maybe better — of bridging the divide as many others who have walked into the White House on January 20. The divide within his own party may be equally challenging.

The Senate

The control of the U.S. Senate is hanging on the results of not one but two run-off elections in the state of Georgia in January. Currently, the U.S. Senate stands at 50 Republicans, 46 Democrats, and 2 Independents who caucus with the Democrats. The outcome of the Georgia races will either cement the Republican majority in the Senate or even the scale at 50 to 50 with the tie being broken by Vice President Kamala Harris, a Democrat. This would have a major effect on committee chairmanships and who controls the Senate floor schedule. However, the prevailing belief is that the Senate majority will not shift to the Democrats, so most committee chairmanships would continue into the 117th Congress as they are in the 116th.

Some expected changes:

Budget Committee (responsible for drafting Congress's annual budget plan and monitoring action on the budget for the federal government): Current Chair Mike Enzi (R-WY) is retiring at the end of the 116th Congress. Chairmanship might go to Lindsay

Graham (R-SC) or Ron Johnson (R-WI). Senator Bernie Sanders (I-VT) will likely remain the ranking minority member.

Finance Committee (has jurisdiction over, among other areas, Social Security, Medicare, and Medicaid, and taxes): It is likely that current Chair Chuck Grassley (R-IA) will move back to chair the Judiciary Committee. If so, Mike Crapo (R-ID) is slated for the finance chairmanship. Senator Ron Wyden (D-OR) will remain the ranking minority member.

Health, Education, Labor and Pensions (HELP) Committee (responsible for, among other areas, aging and retirement, including private pension plans): Current Chair Lamar Alexander (R-TN) is retiring at the end of the 116th Congress. Senator Richard Burr (R-NC) is likely to be the new chair. Senator Patty Murray (D-WA) is likely to remain the ranking minority member.

HELP Subcommittee on Primary Health and Retirement Security: Current Chair Enzi is retiring at the end of the 116th Congress. Bill Cassidy (R-LA) is likely to be the next chair. Sanders currently serves as ranking minority member and is likely to remain in this position.

Special Committee on Aging (jurisdiction over key issues pertaining to older adults, including Social Security and retirement savings, health care for seniors, long-term care, elder abuse, older workers, and affordable housing for older adults): Current Chair Susan Collins (R-ME) won her reelection race and will likely remain chair. If she moves to another committee, Tim Scott (R-SC) would be in line for chair. Current Ranking Minority Member Bob Casey (D-PA) was not up for reelection and will likely remain in the position.

House of Representatives

The Democrats retained control of the House of Representatives. Going into the election, the Democrats held a 35-seat lead over the Republicans (232 to 197) with all 435 seats holding races this year. Republicans needed a net gain of 21 seats to win back the majority. As of November 30, Democrats had won 222 seats compared to Republicans' 210. Democrats had a net loss of 10 seats, while Republicans had a net gain of 13. Two seats remain too close to call.

This is the slimmest majority the Democratic House has had in a long time, and it worries some politicians who know that the president-elect may choose some key representatives for his cabinet and other appointments. For example, Louisiana Representative Cedric Richmond has already been tapped to be a senior advisor in the White House, leaving his seat open for a special election that could take several months.

House leadership for both the Democrats and the Republicans will stay the same for the most part. Leadership for the major committees will likely remain the same with one exception. The House Appropriations Committee chair currently is Representative Nita Lowey (D-NY), who is retiring at the end of this Congress. Representative Rosa DeLauro (D-CT) has been endorsed to be the next chair by the Democratic Steering and Policy Committee members, and will now go before the full House Democratic Caucus for final approval.

Cabinet and Administration Positions

Biden has announced staff picks for major White House positions, and most of them are people who have worked closely with him for years and in some cases, decades. Critics may say they are not progressive enough to push the agenda that the left wing of the party seeks, but most nominees should be confirmed by the Senate.

Biden's picks reflect his emphasis on experience, competency, and understanding of policy, both foreign and domestic. He also has to walk a tightrope among attributes of gender, ethnicity, race, and conservative/liberal leanings. For example, Hispanic lawmakers are openly lobbying to have New Mexico Governor Michelle Lujan Grisham be named health and human services secretary; GSA worked closely with the governor when she served in the House.

In response to the question of choosing Senators Elizabeth Warren and Bernie Sanders for major roles in the cabinet, Biden said, "Taking someone out of the Senate, taking someone out of the House — particularly a person of consequence — is a really difficult decision that would have to be made. ... I have a very ambitious, very progressive agenda. And it's going to take really strong leaders in the House and Senate to get it done."

The [Biden-Harris transition website](#) includes a list of nominees and appointees with bios.

Recent GSA Policy Actions

GSA signed on to a statement in Support of Anti-Racist Education sponsored by the American Educational Research Association and the National Academy of Education. This letter calls attention to administration efforts to ban use of the 1619 Project by those teaching about race in U.S. schools; the Office of Management and Budget's directive to executive departments and agencies to dictate what training about race, diversity, or equality can include; and the U.S. Department of Education launching an investigation of Princeton University based on the contention that the university's intention to reconsider its own potential biases or patterns of systemic racism means that prior assurances of non-bias constituted false statements, implicitly threatening the university's federal funding.

GSA Vice President of Professional Affairs Patricia M. "Trish" D'Antonio, BSPHarm, MS, MBA, BCGP, along with many GSA members, participated in the 2020 Agency for Healthcare Research and Quality (AHRQ) Research Summit on Transforming care for People Living with Multiple Chronic Conditions. The Summit's goal was to frame a research agenda that will help AHRQ advance toward a sustainable healthcare system that delivers high-value, coordinated, integrated, patient-centered care based in primary care optimizing individual and population health by preventing and effectively managing multiple chronic conditions.

Brief Examines Postpandemic Nursing Home Policies

The Commonwealth Fund has published an issue brief, “[Strengthening Nursing Home Policy for the Postpandemic World: How Can We Improve Residents’ Health Outcomes and Experiences?](#)” In this brief, David C. Grabowski, PhD, reviewed proposals related to nursing home payment, regulation, staffing, quality reporting, and delivery of care to assess how nursing home policies might be strengthened to improve health outcomes and experiences for residents and improve the work environment for staff.

Grabowski lays out a number of nursing home reform policy measures to strengthen nursing homes, including around realigning Medicare and Medicaid payment to approximate costs; ensuring payments flow to direct caregivers; staffing standards; quality transparency; regulatory reform; resident-centered models of care; investing in community-based models; and establishing a national long-term care benefit.

RAND Study Call for Enabling Family Members To Integrate Into Formal Health Care Teams

Integrating family caregivers into a patient’s health care team can help improve care quality and the quality of life for both patients and their families, yet family caregivers face significant barriers coordinating their efforts with the formal health care team, according to a new RAND Corporation study.

The report, “[A Framework for Integrating Family Caregivers into the Health Care Team.](#)” found that new policies and approaches may be needed to overcome those hurdles, such as rules to identify and record information on family caregivers, and incentives to encourage providers to engage with family caregivers.

Additional efforts suggested by researchers are investing in programs that provide supportive services for family caregivers, as well as expanding access to and funding for care coordinators to support caregivers and connect them to a family member’s clinical information. Other strategies recommended by researchers are implementing training programs for providers and caregivers to facilitate effective communication, and encouraging leaders to develop technologies that foster caregiver-provider care integration and information sharing.

An estimated 53 million family and friends provide care assistance to loved ones in the U.S., an increase of 9.5 million caregivers from 2015 to 2020. These family members typically provide assistance with everyday activities such as eating, bathing, dressing, driving and taking medications. Family caregivers have direct and frequent access to loved ones with caregiving needs. More than one-third of care recipients live with their family caregiver and 55 percent of caregivers visit the care recipient more than once a week.

The study was sponsored by Seniorlink, a tech-enabled health services company that builds care collaboration solutions.

CAPC Report Looks at Expansion of Palliative Care

The Center for Palliative Care (CAPC) has released a new publication, “[The Case for Community-Based Palliative Care.](#)” The resource aims to help programs expand palliative care in all settings outside of hospitals — in medical offices and clinics, in post-acute and long-term care facilities, and in patient homes. The publication includes key data on the value of community-based palliative care, program profiles, and a case example to use with leadership.

Continued from page 1 – Lipsitz Chosen as GSA’s Next Medical Sciences Journal Editor

consecutive years, the journal has had the highest impact factor of publications ranked in the gerontology category of *Journal Citation Reports: Social Sciences Edition*.

“It is a great honor for me to take the reins from the outstanding editors preceding me, who made the *Journal of Gerontology: Medical Sciences* one of the most highly cited, scientifically rigorous, and authoritative journals in our field,” Lipsitz said. “I look forward to building upon the excellent foundation they have established by expanding the Journal’s scientific content; engaging multi-disciplinary trainees, faculty, and practitioners from around the world; and enhancing its public impact. It is a privilege to work with the many associate editors, reviewers, contributors, and board members who are critical to its success.”

Lipsitz is the director of the Hinda and Arthur Marcus Institute for Aging Research at Hebrew SeniorLife, chief of the Division of Gerontology at Beth Israel Deaconess Medical Center, and professor of medicine at Harvard Medical School.

His research is focused on age-related alterations in blood pressure and cerebral blood flow regulation and their relation to falls, syncope, and cognitive dysfunction. Lipsitz has served as principal investigator of a National Institute on Aging (NIA)-

funded Program Project Grant for more than 26 years, an Older American Independence Center Grant for over 15 years, and a Hartford Foundation Center of Excellence in Geriatric Medicine for 15 years. In these roles he has assembled multidisciplinary teams from multiple academic institutions and laboratories to study the mechanisms and management of several important clinical geriatric syndromes, including falls, syncope, dementia, delirium, and frailty.

He was the principal investigator of an NIA Merit Award to study the physiologic mechanisms of frailty in old age, which led to an NIA-funded clinical trial that examines the effect of tai chi exercises on physical function and health care costs in frail elderly residents of subsidized senior housing facilities. He was also principal investigator of an NIA grant to study cerebrovascular mechanisms of falls.

His recent translational research includes demonstrations that tai chi exercise can improve physical function and balance control in frail older adults, vibrating insoles based on the principle of stochastic resonance can improve gait and balance in older people, and the treatment of hypertension with angiotensin-converting enzyme (ACE) inhibitors can improve cerebral blood flow and executive function.

Lipsitz is a previous recipient of GSA’s Joseph T. Freeman Award and Donald P. Kent Award.

funding opportunities

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 January 26, 2021. Several other due dates thereafter are available.

Federal Agencies Will Support Clinical Trials for Lewy Body Dementia

A [funding opportunity announcement](#) issued by the National Institute of Neurological Disorders and Stroke and the National Institute on Aging invites applications from investigators seeking to conduct exploratory clinical trials designed to test new treatments for patients with Lewy Body Dementia (LBD). Applicants may propose to conduct either Phase I or Phase II clinical trials depending on the developmental stage of the potential therapeutic, but all trials must include patients with LBD.

Proposed therapies may include novel medications or devices, or existing treatments that are potentially beneficial but not currently approved for use in patients with LBD. Treatments intended to prevent or delay disease progression in LBD patients, as well as therapies to alleviate existing motor or non-motor clinical symptoms, are of interest. Letters of intent are due February 2, 2021 and applications are due March 2, 2021.

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 April 8, 2021.

Continued from page 1 – Oral Health and Nutrition: Interrelated Challenges for Older Adults

The COVID-19 pandemic has worsened an already-bad situation for many people, including older adults who need to stay at home and those with reduced income.

“In addition, social determinants of health — lack of dental providers, living in food deserts with little access to transportation, and delaying care to avoid the virus — have worsened oral health status,” said Michèle J. Saunders, DMD, MS, MPH, FGSA, of the University of Texas Health Science Center at San Antonio. “Tooth pain, broken teeth, caries, interruptions in restorative care of the mouth — all of these make eating a healthy diet with plenty of vegetables and fruits that much more difficult. When there are disparities in oral health care, this situation is exacerbated.”

The importance of a cohesive interprofessional team focusing on nutrition and oral health is another important thread in this issue of *What's Hot*. The nutritional status

and oral health of older adults should be assessed during all routine examinations and hospitalizations, the report explains. In addition, the time leading up to elective surgery is an important period for looking at a patient's nutritional health, and this is just as important for those with overweight/obesity as in people with sarcopenia and frailty.

In these fields, clinical challenges are linked to policy gaps, DiMaria-Ghalili added.

“The striking inadequacies Americans encounter in older adulthood start with lack of education of health professionals and culminate with poor nutrition at a time of life when dental insurance is frequently lost, insufficient, or unaffordable,” she said. “We really need to pay more attention to nutrition and the health of the mouth.”

Support for this issue of *What's Hot* was provided by GSK.

GSA Continues 75th Anniversary Journal Collection

GSA celebrated its 75th anniversary in 2020. To recognize this milestone, the Society has showcased its impact through its journals, meetings, programming, advocacy, and policy efforts. To honor the continuing impact of journal content, the GSA has [featured new articles throughout the year](#) that are related to the anniversary theme, “Honor the Past, Enrich the Future.”

The Gerontologist Issues Call for Papers on Social Determinants of Health

The Gerontologist is seeking papers for a special issue on social determinants of health, especially focused on racial inequities in the context of aging, late life experiences, and aging communities. The papers should go beyond describing the existence of disparities to address conceptual and implementation insights and challenges to changing policy and practice. The editors encourage papers that use intersectionality as a conceptual, methodological, analytical, and praxis-oriented framework to examine the ways in which compounding forms of inequality create obstacles to (health) equity while challenging existing social systems to advance the cause of social justice in health. Abstracts are due January 15, 2021. Visit bit.ly/GSA-CFPs to review the full call.

Language and Aging Is Focus of New Series B Collection

The Psychological Sciences section of *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* has published [a new virtual collection on “Language and Aging.”](#) The study of language is an important topic in aging research; language is critically important in everyday life, and communication is central to quality of life. Moreover, language ability predicts cognitive health in late life. While most aspects of language function remain relatively intact in later life, certain changes are observed: older adults may have increased difficulty understanding spoken language, and word-finding difficulties may occur. It has been suggested that some of these difficulties may be related to declines in other cognitive abilities such as working memory. Other aspects of language function, such as general knowledge and vocabulary, may even improve with age. Taken together, the findings of the five studies in this virtual collection shed light on changes in language use across the lifespan, associations between language and other cognitive domains, particularly executive function, the impact of speaker characteristics such as active bilingualism, and perceptions of older adults based on their use of different language styles.

Public Policy & Aging Report Looks at Changing Workplace

[A recent issue of *Public Policy & Aging Report*](#), “Are Experienced Employees Prepared to Navigate the Changing Workplace Landscape?” identifies many of the existing cracks that underlie the successful engagement of experienced employees (defined as persons over 50) and offers several viable suggestions for how they can be fixed. The COVID-19 pandemic has placed an unprecedented amount of stress on our aging workforce. However, it also presents a window of opportunity to fix many of the long-standing cracks related to the employment of older workers. As policy leaders and program administrators look toward a post-COVID world, they should consider making ample use of the existing evidence-base that highlights the best ways to address the continually growing number of workers over the age of 50. Topics include: stereotypes about generational differences and workplace ability; age-based discrimination in workplace; opportunities for policy makers and program administrators to encourage workplace diversity, equity and inclusion strategies, and recruitment and retention of experienced employees; and addressing the challenges and opportunities presented by the growing number of experienced employees and identifying organizational policies and workplace programs best-suited to meet the needs and preferences of older workers.

Public Policy & Aging Report Considers Post-COVID Policies

[The latest issue of *Public Policy & Aging Report*](#) is titled “Policy Considerations for a Post-COVID Presidency.” Most older Americans currently benefit from inflation-adjusted payouts provided by the Social Security program established in 1935 and most older Americans receive excellent medical care from the publicly financed Medicare and Medicaid programs established in 1965. In fact, these age-based policies and programs, along with the technological advances made in the last fifty years, have contributed to the accumulation of advantages for many Americans as they continue to live longer and age more successfully than ever before. Still, a substantial number of older Americans are experiencing an accumulation of disadvantages which are now being exposed by the COVID-19 pandemic. This issue of *Public Policy & Aging Report* considers how gerontologists have obscured the role of aging policy and public officials have started to increasingly call into question the need to provide Medicare, Social Security and other benefits to all Americans simply on the basis of age. Collectively, the authors consider how a post-COVID presidency should revisit the age-based policies and programs that contributed to making the experience of growing older in America so great for so many.

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Intergenerational Connection: More Important Than Ever

By Carrie Andreoletti, PhD, FAGHE, Professor of Psychological Science, Gerontology Coordinator, Central Connecticut State University; and Andrea June, PhD, Associate Professor of Psychology Science, Gerontology Minor Co-Chair, Central Connecticut State University

One of our favorite activities as gerontology educators is facilitating intergenerational connection. The Working Together: Intergenerational Student/Senior Exchange program, better known as WISE, is an intergenerational service-learning program created by the first author who was inspired by a poster session while attending her first AGHE meeting in 2012.

The goal of WISE is to promote intergenerational communication and understanding, dispel age stereotypes, and foster well-being and generativity. By partnering with local senior centers and senior living communities the *service* we provide is free programming that offers the opportunity for social connection. The *learning* part of the equation involves both younger and older adults realizing their assumptions about each other may not be correct. Participants are often pleasantly surprised by how much they have in common despite their age differences.

As many of our students are already balancing multiple responsibilities (i.e., school, work, and family obligations), participating in traditional service-learning experiences is often not an option. To address this challenge, WISE was designed as a brief service-learning experience that takes place during regular class time.

In a typical semester, a group of eight to ten older adults meet with students for two to three class periods. During the meetings, which take place either on campus or in the community, participants are placed in small groups with one to two older adults and three to four students. The first session is focused on developing rapport through an ice-breaker activity we call “speed greeting” (Andreoletti & Montepare, 2018).

Subsequent sessions generally have a theme (e.g., technology, relationships) or might involve creative team building activities. WISE has been integrated into a range of classes over the years, including introduction to gerontology, adult development and aging, positive psychology, and even an interdisciplinary honors class that examined gains, losses, and resilience in psychological science and literature. Research has demonstrated the program’s efficacy for decreasing age stereotypes in college students and increasing feelings of generativity in older adults (Andreoletti & Howard, 2018; June & Andreoletti, 2018).

Unfortunately, the pandemic forced us to cancel WISE last spring and this fall. However, members of our local senior center have



been asking for it, and as it was often the highlight of our classes, we miss it as well. Now that we have all had time to adjust to online platforms, we are ready to give virtual WISE a try next semester.

We’re always amazed at how much energy is generated during these WISE sessions and are hoping that we will be able to generate the same engagement on a virtual platform. Even if it doesn’t work perfectly, we know we’ll have fun trying as the WISE program is always an adventure.

Over the years we have witnessed repeatedly the power of conversation and social connection for changing attitudes and fostering positive emotions, something we need now more than ever! We are proud to be members of the GSA community, in which we continue to feel inspired and supported during this pandemic. We encourage you to stay connected and share your ideas for fostering intergenerational connection with us on GSA Connect.

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Learn more about the Family Caregiving Institute, along with its research and education vision, online at nursing.ucdavis.edu/familycaregiving.

Tenure-track or tenured positions now available

The Betty Irene Moore School of Nursing seeks up to two leading research faculty to join the Family Caregiving Institute in support of caregiving of older adults, contribute to improving access and build an inclusive community for all marginalized populations.

Research

The school seeks candidates with a strong background in research areas that focus in family caregiving of older adults, including the

- **Trajectory of family caregiving** of older adults
- **Technology in family caregiving** of older adults
- **Unique needs of family caregiver** populations
- **Heterogeneity of family caregiving** of older adults

An inclusive community

Candidates should demonstrate an accomplished track record of teaching, research and service activities addressing the needs of underrepresented minorities and a vision of how their work would contribute to serving the needs of our diverse state and student population.

UC Davis Health

UC Davis Health is located on a modern, 140-acre campus in Sacramento, California. The Sacramento campus is home to the Betty Irene Moore School of Nursing, School of Medicine and UC Davis Medical Center. The campus also includes the new Betty Irene Moore Hall, an award-winning health sciences education center and library, the Center for Health and Technology, the NIH-funded Clinical Translational Science Center, the Center for Reducing Health Disparities and dozens of other clinical, educational and research centers.

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If you are interested in more information, please send an email with your questions to Monica Aiello at maiello@ucdavis.edu. Please review the full position description, which provides guidance on the application requirements and recommendations to strengthen your application at nursing.ucdavis.edu/ourteam/join.

UC Davis is an affirmative action and equal opportunity employer with a strong institutional commitment to the achievement of diversity among its faculty, staff and students.

Help Us Improve the Communications Task Force!

By *Shelbie Turner, MPH*

Hi, ESPO. It's me again, greeting you this time from the other side of the Annual Scientific Meeting. I hope you enjoyed the conference, and that you were able to successfully meet my earlier challenge to strike a balance between *maintaining* and *re-creating* normalcy as you navigated it virtually.

Now we turn our attention to the transition between the end of 2020 and the beginning of 2021. This past year I have enjoyed working alongside Jackie Minahan as co-leaders of ESPO's Communications Task Force. In 2021, I will begin my role as sole lead of the task force.

As lead, I would like to put our efforts under a bit of a microscope. After the new year, the entire taskforce will spend some time considering how we may re-structure our work and re-strategize our efforts. I imagine there are things we are doing well, and we'd like to continue those things. I also imagine there are areas for improvement – maybe we are neglecting things that you actually need, or maybe we are spending energy doing things that you actually don't need.

I would like to begin our review by taking a critical look at our monthly newsletter efforts. Each month as a part of the GSA-wide newsletter, we include an ESPO-specific newsletter article just like this one you're reading now. Maybe this is your first time reading the article. Maybe you have seen the article before as you flip or scroll through the newsletter. Maybe you have gained meaningful information from the article, or maybe the article rarely feels relevant or useful to you.

Whatever is true for you, we want to hear about it! At the end of this article, you'll find a link to a short f-question survey. We would love it if you took some time to let us know what you think about the monthly newsletter articles. We'll keep it open until the end of December, and will use your feedback to inform our re-organization and re-strategizing efforts.

Feel free to email with me with thoughts or questions (turneshe@oregonstate.edu).

We're looking forward to hearing from you!

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



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 open December 15, 2020 and close February 15, 2021.

Find out more about nomination requirements and procedures at Geron.org/Fellows.



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