

# gerontology news

The Gerontological Society of America®

January 2020

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### Key Moment in History

**1945:** GSA is formally established in New York, New York, to “promote the scientific study of aging.” The first office is located in St. Louis, Missouri.

### Nominate Colleagues for GSA/AGHE Fellow Status!

The current nomination period for GSA/AGHE fellow status — the highest class of membership within the Society — is open until February 15. This distinction is an acknowledgment of outstanding and continuing work in the field of gerontology for the entire Society. The nomination must come from a current fellow in the candidate’s own section. Complete details are available at [www.geron.org/fellows](http://www.geron.org/fellows).

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## New President’s Message: What’s Age Got to Do with It?

It’s an honor and privilege to be the 2020 president of The Gerontological Society of America. I believe most of the 5,500 members consider GSA as our organizational “home.” GSA’s meeting has always been energizing, exciting, and a great opportunity to learn.

I hope that all of you enjoyed our recent Austin meeting and were able to engage in scientific discussions, enjoy Nicholas Christakis’ fascinating presentation, learn from the multiple award lectures and presentations, connect with colleagues, and be inspired by our emerging scholars. I want to thank GSA staff, led by James Appleby and Rachel Puffer, for organizing a wonderful meeting that epitomized the meeting theme, “Strength in Age: Harnessing the Power of Networks.”



By Kathryn Hyer, MPP, PhD, FGSA, FAGHE

I also want to acknowledge my home institution, The University of South Florida, for its support of me, its long-standing membership in the Academy for Gerontology in Higher Education (AGHE), and its commitment to support the GSA membership and to fund our emerging scholars to attend the GSA Annual Scientific Meeting.

The theme for our 2020 meeting in Philadelphia is “Turning 75: Why Age

*Continued on page 12 and 13*

## Is Targeting Aging the Future of Medicine? Researchers Make the Case

Human life expectancy worldwide rose dramatically over the past century, but people’s health spans — the period of life spent free from chronic, age-related disease or disability — have not increased accordingly.

But in the latest issue of the GSA journal *Public Policy & Aging Report (PP&AR)*, experts demonstrate that through interventions that impact the aging process itself, rather than through a focus on individual diseases, the scientific community can achieve a greater impact on both life and health expectancies.

Titled “Is Aging Still a Disease? Perspectives from Geroscience,” the journal highlights existing studies as well as recommended areas for further research.

“Twenty-first century medicine should adopt the strategy of directly targeting the molecular mechanisms that cause biological aging,” wrote guest editor and University of Washington Professor Matt Kaeberlein, PhD, FGSA, in his introduction. “Only in this way will it be



possible to slow the onset and progression of multiple age-related diseases simultaneously, in order to extend the health span proportionately with the life span.”

Among the six articles that follow, the authors write that aging itself is not a disease, but rather is the biggest risk factor for a wide range of chronic diseases. This is a central tenet of the emerging field of geroscience, which seeks to define the biological mechanisms that underly the diseases of aging — with the goal of slowing human aging to delay or prevent many diseases simultaneously.

*Continued on page 6*



## Decade of Healthy Aging Points to Roaring Twenties

By James Appleby, BSPHarm, MPH • [jappleby@geron.org](mailto:jappleby@geron.org)

There's a quote from Bill Gates that has stuck in my head: "We always overestimate the change that will occur in the next **two years** and underestimate the change that will occur in the **next ten**. Don't let yourself be lulled into inaction."

This leaves me feeling optimistic as we enter what the World Health Organization (WHO) is calling the "Decade of Healthy Ageing" from 2020 to 2030, which coincides with the start of the 21st century version of the "Roaring Twenties" this month.

WHO is calling this "an opportunity to bring together governments, civil society, international agencies, professionals, academia, the media, and the private sector for ten years of concerted, catalytic and collaborative action to improve the lives of older people, their families, and the communities in which they live."

I applaud WHO, an agency of the United Nations, for setting this tone among the world's governments and other multi-national organizations. For as much progress as the agency made in eradicating communicable diseases in the last seven decades, it is wonderful to see this new emphasis on aging, which is characterized more by chronic diseases.

The **1920s** were an age of dramatic change socially and politically. More Americans lived in cities than on farms for the first time. The nation's total wealth more than doubled between 1920 and 1929, and this economic improvement brought many Americans into an affluent but unfamiliar "consumer" society. Here in the 21st century there are many parallels. We're again in the midst of dramatic social and political change, our national wealth continues to grow but it is more unevenly shared, and technological changes are moving us into unfamiliar terrain related to privacy and work.

As Bill Gates counsels, GSA certainly hasn't let circumstances lull us into inaction. GSA is stepping into the Roaring Twenties proactively. The Society celebrates its 75th anniversary

in 2020, making it an auspicious year for GSA, to say nothing of the decade ahead. We have just established a new governance structure overseen by a Board of Directors, and a Strategic Planning Workgroup is mapping out GSA's vision for 2021 to 2024.

GSA's 75th anniversary tagline is "Honor the Past, Enrich the Future." Our work today is continually building on the foundations put in place by previous generations. And we will invest now in preparing the next generation of scholars to continue this work.

To this end, our anniversary year will have an emphasis on generativity — nurturing future generations of researchers and the field of gerontology. Members will be invited to support the establishment of new professional development initiatives for junior scholars and mentoring activities across the "career course." Visit [www.geron.org/75](http://www.geron.org/75) to learn about the activities we'll be undertaking as we showcase the Society's impact through our journals, meetings, programming, advocacy and policy efforts.

The 20th century version of the Roaring Twenties didn't end well. However, I am optimistic that the 21st century version, coinciding with the Decade of Healthy Aging, will be fruitful. Where will we be at the end of the next decade? I see broad acceptance of the value of geroscience, artificial intelligence, sensory health, behavioral interventions and the social determinants of health, as well as a new, positive, public "conventional wisdom" around aging in America.

With the spotlight afforded by WHO's emphasis on healthy aging, we will have multiple new ways to showcase the important work GSA members do every day to improve the lives of older adults. At last, our field has come of "age" as we see a concerted worldwide effort that aligns with GSA's ongoing mission of the past 75 years.

*James*

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# member news

## In Memoriam

**Zheng Wu, PhD**, passed away on August 27, 2019. He was a professor of gerontology and Tier I Canada Research Chair in Aging and Health at Simon Fraser University in Vancouver, British Columbia. He previously was a professor of sociology at the University of Victoria (1992 to 2018) and past chair of its Sociology Department (2006 to 2011), and past president of the Canadian Population Society (2008 to 2010). Zheng's research interests reached across numerous demographic and gerontological topics, with a long-standing interest in family demography over the life course. His recent research program addressed emerging patterns of aging populations in Canada and China, focusing on union formation and dissolution in later life, and physical and psychological wellbeing of older adults. His other research areas included immigration, social integration, and race and ethnicity. Zheng was an accomplished educator and scholar. Over his career, he published over 100 books, edited volumes, chapters in books and peer-reviewed journal articles.

## New Books by Members

- "Assessment and Treatment of Older Adults: A Guide for Mental Health Professionals," by Gregory A. Hinrichsen, PhD, FGSA. Published by the American Psychological Association, 2019.

## Members in the News

- On October 10, Joseph Coughlin, PhD, FGSA, was quoted in an article on the BBC website titled "The untapped potential of the 'longevity economy'."
- Miles Taylor, PhD, FGSA, co-authored an October 13 article in *Calgary's Business* titled "Navigating health and social system a challenge to caregivers."
- Lindsay Peterson, PhD, was quoted in *McKnight's Senior Living* on October 21 in an article titled "Hurricane responses in senior living are 'very, very hard decisions,' researchers learn."
- Former President Terry Fulmer, PhD, RN, FAAN, FGSA, authored an October 28 piece for *Next Avenue* titled "You Shouldn't Need a Golden Ticket to Stay Mobile as You Age," and an October 30 op-ed in the *New York Daily News* titled "Better health care for older Americans: Our current system fails us as we age."

## Colleague Connection

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

**Jacqueline Angel, PhD, FGSA**

The recipient, who became eligible after referring new member **Tabitha Taylor, MS**, was randomly selected using randomizer.org.

For more details on the Colleague Connection promotion visit [www.geron.org/connection](http://www.geron.org/connection).

## Member Spotlight

GSA's website features monthly Q&A sessions with distinguished members. The current spotlight shines on:

**Jacquelyn Minahan, MA**

Click on the Member Spotlight slider image at the top of [www.geron.org](http://www.geron.org) to read the interview and ask questions.

## Silverstein, Whitbourne, Bowen Undertake AFU Research

In August 2019, the five-campus University of Massachusetts system became the first university system to join the Age-Friendly University (AFU) Global Network and endorse its 10 principles, earning the designation for campuses in Amherst, Dartmouth, Lowell and the UMass Medical School in Worcester. UMass Boston endorsed the principles and joined the network in 2017. This fall, former Academy for Gerontology in Higher Education President, former Social Research, Policy, and Practice Section Chair, and UMass Boston Professor of Gerontology Nina Silverstein, PhD, FGSA; former Behavioral and Social Sciences Section Chair and UMass Amherst Professor Emerita Susan Whitbourne, FGSA; and UMass Boston Professor of English Lauren Bowen, PhD, are conducting a system-wide survey to test the feasibility of obtaining institutional data and measure the perceptions of campus climate relevant to the age-friendly principles. The survey will be the first-of-its-kind for UMass and will make possible opportunities for other universities in the AFU network to conduct their own institutional research.

## Chang Earns IntNSA Fellow Status

Yu-Ping Chang, PhD, RN, FAAN, FGSA, the Patricia H. and Richard E. Garman Endowed Professor in the University at Buffalo School of Nursing, has been named a fellow in the International Academy of Addictions Nursing within the International Nurses Society on Addictions (IntNSA). Fellows are recognized for their contributions through practice, teaching, advocacy, administration and research in the field of addictions nursing. Chang is also a faculty member in the UB Clinical and Research Institute on Addictions. Studies she has led have found that college education is linked to opioid misuse among baby boomers, and that motivational interviewing is an effective tool at curbing opioid misuse in older adults. Her current work focuses on integrating behavioral health into primary care, existing clinical education efforts and help to further develop program residencies, increase interdisciplinary research, and promote community engagement. He will also continue his role as a VA investigator with the Eastern Colorado Geriatric Research Education and Clinical Center.

## GSAConnect Corner

Below are highlights from recent discussions on the GSA Connect online networking platform. Join the conversation at [connect.geron.org](http://connect.geron.org)!

- Jessica Bibbo, PhD: "You may have read The *Gerontologist* article on family members' perceptions of a loved one living with dementia in long-term care facilities using either a Paro or a plush toy. The study was conducted in Australia and published in the February 2019 special issue, "Technology and Aging." You may not know that the GSA has a podcast: The Gerontologist Podcast. There is an episode titled "Robotic Pets in Dementia Care" with Dr. Wendy Moyle, the lead author of the study. The first part of the episode is an interview with Dr. Moyle which is followed by a discussion with the host's mother about the use of robotic pets with people living with dementia. The episode is worth a listen as some very interesting issues are brought up." (Posted in the Human-Animal Interaction Interest Group Community.)

## Congress Wraps Year with Much Aging Legislation Pending

Congress came into December with a longer to-do list than my holiday gift list and with fewer workdays to get the job done. It was a very busy few weeks, and as we went to press there was a flurry of legislative deal making and action taking hold of the city. Here is a short summary of the issues that caught my eye while shopping for items that would interest you.

The big picture first: funding government is a basic responsibility that Congress seems to put off until the last minute each year. Last year was no different, and since October 1, we had kept government going on continuing resolutions. Here are some of the details for the spending bill (H.R.1865, the Further Consolidated Appropriations Act, 2020) that was agreed to just before the holiday break. The National Institutes of Health was funded at \$41.7 billion, a \$2.6 billion or about a seven percent increase over FY 2019. The National Institute on Aging was increased by \$460.3 million.

Older Americans Act (OAA) programs were increased by about \$46 million, including increases of \$30 million for meals, \$5 million for employment, \$5 million for supportive services, \$5 million for caregiver supports, \$1 million for ombudsmen, \$2 million for respite care, and \$3 million for the Alzheimer's disease direct service program. The State Health Insurance Program was increased by \$3 million and the Social Security Administration was given an increase of \$100 million for administrative expenses to improve public service. Many other aging programs were funded at FY 2019 levels, including the Geriatrics Workforce Enhancement Program (GWEP) and Geriatrics Academic Career Award program (GACA).

### Tax Extenders Package Attached to Appropriations Bill

As each year comes to an end, the need to extend various expiring tax provisions becomes more critical. Various legislative versions of such a package — both light-bodied and full-bodied — had been reported. We ended up with the latter, both rich with special interest giveaways and very complex in its 1,700 plus pages. It includes provisions that renewed most expiring or expired 2018 tax laws, such as deductions for mortgage insurance premiums, college costs and large medical expenses, tax breaks for craft brewers and distillers, credits for employer-paid family and medical leave, investors in low-income communities, and much more, and it will cost \$53.8 billion over the ten years. The bill also includes funding for disaster aid.

In addition, this bill included H.R. 1994, the Setting Every Community Up for Retirement Security Act. That bipartisan bill includes, for example, incentives for small employers to offer 401(k)-type plans and encourage businesses to offer annuity

options. It had been stalled in the Senate since May. The legislation also includes a permanent repeal of three major health care taxes that were part of the Affordable Care Act (on medical devices, health insurers, and costly “Cadillac” insurance plans).

Robert Greenstein of the Center on Budget and Policy Priorities was not pleased with this development, stating, “By repealing three major tax provisions of the Affordable Care Act (ACA), the new health extenders agreement between Congress and the Trump Administration takes a significant step backward. At a moment when policymakers should focus on reducing health costs and raising revenues to expand health coverage, this legislation repeals an important cost-reducing measure and sacrifices hundreds of billions of dollars in revenue.”

Two Leadership Council of Aging Organizations priorities were extended but only until May 2020: provisions making permanent the Medicaid Home and Community-Based Services Money Follows the Person Program and the community-based care spousal impoverishment protections.

### Elder Justice Act Reauthorization and Nursing Home Quality Improvement Legislation

On the day the Congress planned to recess for the holidays, the Senate Finance Committee staff circulated a draft bill that includes reauthorizations of the original Elder Justice Act's funding of adult protective services, the State Long-Term Care Ombudsman Program, grants for the creation of forensic centers, and funding for the Elder Justice Coordinating Council.

In addition, the bill addresses nursing home quality with multiple new and revised programs, including changes to the Nursing Home Compare website, additional oversight by the Department of Health and Human Services of nursing home quality, support for background checks for long-term care facility staff, guardianship accountability, and more. At press time the bill had not been introduced.

### GWEP and GACA Authorization, and Palliative Care

H.R.2781, the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health (EMPOWER) Act of 2019 passed the House and has been awaiting action in the Senate. On December 12, the Senate Health, Education, Labor, and Pensions (HELP) Committee passed its version of the bill (S. 2997). The bill included changes from the bill GSA had supported, S.299, the Geriatrics Workforce Improvement Act. The funding was cut from \$51 million to \$40.7 million, GACA amounts were reduced from \$90,000 to \$75,000, and the word gerontology was removed from several parts of the bill.

GSA, the National Association for Geriatric Education, the American Geriatrics Society, and the Eldercare Workforce Alliance are all working with staff to correct these significant problems with the new Senate bill. The House bill remains our preference as congressional staff begin to discuss how the two bills may be merged. The process is far from over.

The House has passed the Palliative Care and Hospice Education and Training Act, H.R.647, been but it has not been marked-up by the Senate HELP committee.

## Reauthorization of the OAA

The OAA authorization expired on September 30. During recent weeks House and Senate staff have been working overtime to come to agreement on a bill somewhere between the House-passed Dignity in Aging Act, H.R. 4334. At this writing only a few items were not resolved, one of which was the GSA supported \$20 million authorization of appropriations included in the House bill for the new National Research, Demonstration and Evaluation Center for the Aging Network (Title IV). Senate Republicans have not been enthusiastic about new monies for research, demonstration, and evaluation to validate and strengthen the OAA. A negotiated bill is likely to include increased funding for each title of the Act (six to seven percent each year), programs to reduce social isolation, and improve advanced illness care, caregiver assessment and supports, ombudsman services, immunization, and more.

On December 16, Senators Susan Collins (R-ME) and Bob Casey (D-PA) introduced their version of the OAA reauthorization (S. 3057).

## Health Care

On the health care front, hundreds of bills have been introduced by both parties. Much attention has been given in the press to bills that would expand Medicare to cover all Americans. These bills have almost no chance to become law, but several other health care issues may be addressed. President Donald Trump ran for office on the promise, among others, to fight for lower prescription drug prices for Medicare beneficiaries.

The House has finally passed its drug pricing bill the second week of December. H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act passed on a nearly party line vote, and the president said that he will veto it. Given that it wouldn't have passed the Senate anyway, H.R. 3 may be more about Democrats positioning themselves for the next election cycle and legislative action down the road.

The bill passed by the House would allow the U.S. government to negotiate lower prices on the costliest drugs each year. The Congressional Budget Office estimates the bill would save the government around \$456 billion over a decade, most of which the bill would spend on lowering cost-sharing for beneficiaries in Medicare's drug benefit and expanding Medicare coverage to

include dental, vision and hearing (GSA priorities). Currently, the Department of Health and Human Services is prohibited from negotiating drug prices. A modest drug bill was included in the extenders package: the Creating and Restoring Equal Access to Equivalent Samples (CREATES) Act of 2019 (S. 340), which encourages competition in the market by supporting the timely entry of generic and biosimilar versions of those drugs. The larger issues will have to wait.

Another issue that has received lots of attention in 2019 was the need to stop surprise medical bills. Such bills can arise when someone receives out-of-network emergency care or receives care from an out-of-network practitioner while receiving care at an in-network hospital. Numerous proposals have been advanced that would protect patients who receive surprise bills and would reducing health care costs and premiums. Many in the health care industry disagree with the proposed remedies, and currently the leaders of the key House committees are not in agreement on how to move forward either.

This made it impossible to pass one of the bipartisan bills produced by the Energy and Commerce and Ways and Means Committees before the holidays.

## Social Security

Many bills have also been introduced to strengthen Social Security benefits and extend the life of its trust fund. The primary bill to watch was The Social Security 2100 Act (H.R. 860 and S. 269). This bill is likely to pass in the House but will be blocked in the Senate. This legislation would improve benefits and cost of living increases, increase the cap on Social Security payroll taxes (to increase revenue), extend the life of the trust fund, and merge the Federal Old-Age and Survivors Insurance Trust Fund and the Federal Disability Insurance Trust Fund into one trust fund, among other things.

And to give you a sense of the many other aging-related bills introduced in 2019: Trauma-Informed Modernization of Eldercare for Holocaust Survivors Act; Protecting Older Americans from Social Isolation Act of 2019; Protecting Older Workers Against Discrimination Act; Elder Pride Act; Ruthie and Connie LGBT Elder Americans Act; Aging Together Act; Younger Onset Alzheimer's Act; HOME Meals Act; Bipartisan Social Security Commission Act; Senior and Disability Home Modification Assistance Initiative Act; Grandfamilies Act; Senior Legal Hotline Act; Real Emergency Access for Aging and Disability Inclusion for Disasters Act; Building Age-Friendly Communities Act; a bill to expand supportive services for Native American aging programs; and last but not least, an odd bill to direct federal departments and agencies to verify eligibility for federal benefits for individuals 105 years of age or older. I did not make that up.

Yes, a busy end of the year and I didn't mention impeachment ... almost. Happy New Year!

# new resources

## Free Curriculum Introduces Alzheimer's as Public Health Issue

Designed for use in schools of public health and related disciplines, *A Public Health Approach to Alzheimer's and Other Dementias* is an introductory curriculum that addresses cognitive health, cognitive impairment, and Alzheimer's disease, with the intent to increase awareness of the impact of Alzheimer's and other dementias as well as the role of public health in addressing this crisis. Developed by the Emory Centers for Training and Technical Assistance at Emory University's Rollins School of Public Health, this flexible, ready-to-use curriculum will help faculty prepare students of public health and related disciplines for careers in which they need to apply public health approaches to address Alzheimer's as a multi-layered, growing public health challenge. Access the curriculum's turnkey modules at [alz.org/public-health-curriculum](http://alz.org/public-health-curriculum).

## Latest Elder Index Shows Cost of Living Nationwide

The University of Massachusetts Boston's McCormack Graduate School has released the 2019 Elder Index and a companion report, "Insecurity in the States 2019." These resources calculate the elder economic "insecurity rate" both nationally and on a state-by-state basis. The index estimates the cost to adults age 65 and older for basics such as food, housing, health care and transportation in every county in the U.S. Researchers matched income data with the index results to determine state and national rates of elder economic insecurity. National averages suggest 50 percent of older adults living alone and 23 percent of elder couples have annual incomes below the Elder Index. Visit [www.elderindex.org](http://www.elderindex.org) to learn more.

# funding opportunities

## Grants Will Enable Clinical Trials Planning Symptomatic VCID

The National Institute Neurological Disorders and Stroke and the National Institute on Aging have issued a request for applications to provide two years of support for planning activities necessary to initiate a Phase III, maximum five-year clinical trial to evaluate efficacy of interventions for patients with symptomatic vascular contributions to cognitive impairment and dementia (VCID). The planning grant mechanism is designed to permit early peer review of the rationale for the proposed clinical trial; permit assessment of the overall design of the proposed trial; provide support for the development of documents needed for the conduct of the trial, including a manual of operations;

and support the development of other essential elements required for the conduct of the trial. The proposed clinical trial should address VCID treatment in a well-defined subset of VCID and utilize validated biomarkers as appropriate. Clinical trial planning activities carried out with awards funded under this request may include, but are not limited to, establishment of the research team and collaborations, development of tools for data management and oversight of the trial, designing trial protocols, procedure manuals, and recruitment strategies; collecting feasibility data; and addressing regulatory approvals. Letters of intent are due March 1. Visit [bit.ly/2tkUgsX](http://bit.ly/2tkUgsX) for further details.

## *Continued from page 1 – Is Targeting Aging the Future of Medicine? Researchers Make the Case*

"The impacts on life and health expectancies from targeting aging are much greater than waiting until people get sick and trying to cure or ameliorate their individual diseases," Kaeberlein wrote. "Instead of increasing life expectancies by only a few years from curing one disease, delaying aging could increase life expectancies by a few decades. Importantly, those added years would be spent in relatively good health, because instead of only fixing one disease, all of the functional declines and diseases of aging would be targeted simultaneously."

The journal was further discussed at GSA's Annual Scientific Meeting in November in a joint Momentum Discussion/Policy Series symposium titled "Aging as Disease: Implications and Repercussions." The audience and panelists engaged in a lively debate on the scientific research implications, policy implications, clinical implications, and the overall benefits and drawbacks of considering the aging process as a disease itself.

The contents of the new *PP&AR*:

- "It is Time to Embrace 21st-Century Medicine," by Matt Kaeberlein, PhD, FGSA
- "The Longevity Dividend: A Brief Update," by S. Jay Olshansky, PhD, FGSA
- "Time for a New Strategy in the War on Alzheimer's Disease," by Matt Kaeberlein, PhD, FGSA
- "Is Old Age or Aging a Disease, in a Literal or a Metaphorical Sense?" by Stephen B. Kritchevsky, PhD, FGSA
- "Is Aging a Disease? A Geriatrician's Perspective," by Peter A. Boling, MD
- "A Regulatory Pathway for Medicines That Target Aging," by G. Alexander Fleming, MD, Jennifer H. Zhao, BA, Thomas C. Seoh, JD, and Nir Barzilai, MD,
- "International Investment in Geroscience," by Sean X. Leng, MD, PhD, FGSA, and Brian K. Kennedy, PhD, FGSA

## Following 2019's Successes, ESPO's 2020 Forecast Includes New Opportunities

*By Jamie N. Justice, PhD*

With another Annual Scientific Meeting behind us, ESPO is celebrating yet another successful year. This column will highlight some of what ESPO accomplished both in Austin, Texas, and throughout 2019. We will also look ahead to different opportunities in 2020 and all the promises and possibilities that a modernized governance and exciting 75th GSA anniversary year holds.

### ESPO Events at the Annual Scientific Meeting

We were delighted to share food and fun at our annual ESPO Wine & Cheese Networking Event and the ESPO Breakfast. These events gave our members and volunteer leaders an opportunity to network in a relaxed environment, learn more about ESPO, and talk about ideas and initiatives for the upcoming year.

In our most engaging and highly anticipated sessions during the Annual Scientific Meeting, ESPO hosted several informal chats in the ESPO Lounge. Topics included tips to secure an internship or postdoctoral fellowship, policy-focused gerontology education, dissertation writing, publishing, and a panel discussion on transition to academic and professional independence with focus on National Institute on Aging (NIA) grant mechanisms and professional development opportunities for our final chat. In addition, we held five ESPO scientific section symposia, a presidential symposium, and the second annual ESPO-NIA Butler-Williams Scholars Scientific Symposium.

### Professional Development Opportunities

ESPO offers a wealth of resources for professional development to students, postdocs, or early career persons as a benefit of membership. This included three online Dissertation Writing Group sessions, two new additions to our ESPO Professional Development Webinar Series, an active online community on GSA Connect, a monthly print newsletter column, and the GSA Mentor Program Mentor Match. To this end, ESPO continues to identify avenues through which its members can benefit from ongoing professional development through GSA. If there is a particular professional development topic or workshop you would like to see offered in 2020, please let us know.

### Getting Involved and Staying Engaged

We encourage your involvement in ESPO! In 2019, we held calls for ESPO volunteer leaders including section officers, a new GSA Board of Directors position, and ESPO Task Force service positions to meet our many tasks and activities to make the Annual Scientific Meeting and our ongoing, year-round professional development opportunities a success. However, you don't

need to wait for elections: we always welcome involvement ESPO task forces (Webinar, International, Dissertation Writing Group, and Communications, which includes the newsletter and social media).

### Celebrating 2020: Honor the Past, Enrich the Future

2020 is a special year for GSA, and ESPO is looking forward to unique opportunities and celebrations presented in the 75th anniversary of our professional organization. The anniversary offers us all a chance to reflect on the progress made since 1945 and provides new lens on the future and ESPO activities moving forward. We would love to hear from our ESPO members about what GSA's diamond anniversary means to you. How would you like to celebrate with us in Philadelphia next November? What activities will benefit the coming generation of persons just beginning a career in aging?

### A Year of Change and New Opportunities

GSA's 2019 governance restructure vote paved the way for a modernized organization that affords unprecedented flexibility in how ESPO as a section will operate in 2020. The ESPO Executive Committee was hard at work in 2019 planning for the restructure. Now in 2020 we are transitioned to a leadership team of ESPO section officers: vice chair-elect (Danielle Waldron), vice chair (Darina Petrovsky), chair (Jamie Justice), and past chair (Shani Bardach).

Though our position titles have changed, the activities and professional development opportunities spearheaded by ESPO have not. We will continue to support webinars, Dissertation Writing Group, communications, and international activities through member-led task forces, and look forward to finding news opportunities to provide activities and opportunities to our ESPO members. Please let us know your next idea or area we should develop; we'd love you input and involvement in 2020!

A few positions and committees were phased out to modernize GSA's governance; we cannot thank our incredible volunteer leaders and ESPO Council members enough for their unwavering support and flexibility during 2019! Many of you will remain involved in volunteer leadership through our ESPO task forces or GSA committees and we look forward to continuing to build a better and stronger ESPO together. Thank you, 2019 ESPO Council members!

The accomplishments highlighted throughout this column would not be possible without the hard work and dedication of ESPO's many volunteer leaders. Finally, let us hear from you! Whether you have an idea to share for the 75th anniversary in 2020, an exciting opportunity for ESPO to consider, or you'd like to learn about how to become more involved, contact us at [espo@geron.org](mailto:espo@geron.org)!

# The 71st Annual Scientific Meeting of November 13 to 17,

## Record Attendance

Four thousand people made their way to Austin, Texas, for the 2019 Annual Scientific Meeting. Among them, 16 percent came from a total of 40 countries outside the U.S. The program featured approximately 460 sessions during the five-day event at the Austin Convention Center and JW Marriott Austin. The meeting's theme was "Strength in Age: Harnessing the Power of Networks," selected by 2019 President S. Michal Jazwinski, PhD, FGSA.

## Unique Events

The keynote address for the President's Opening Plenary Session was delivered by Nicholas A. Christakis, MD, PhD, MPH, a social scientist and physician whose lab explores human nature. He is the Co-Director of the Yale Institute for Network Science. Using experiments involving many thousands of people in online networks, in developing world villages, and in for-profit firms, his group has demonstrated how social connections shape our health, wealth, productivity, and security. He presented intriguing new evidence that our real-life social networks shape virtually every aspect of our lives.

There was a robust array of other quality programming unique to this meeting. One event that attracted much media attention was a session on the Dog Aging Project, the leaders of which announced in Austin that they are looking to partner with thousands of dog owners for the first large-scale longitudinal study of canine aging.

GSA's Momentum Discussion series, which seeks to stimulate dialogue on trends with great momentum to advance gerontology, returned for a second year. GSA also continued its Inside Innovative Technology series, which focused on new technologies to enhance the quality of life as we age.

The photographs on the right give more details about these and other events.



▲ Now boasting 170 alumni, the Journalists in Aging Fellows Program brought 14 new participants to Austin.



At the President's Opening Plenary Session, keynote speaker Nicholas Christakis discussed his most recent book, "Blueprint: The Evolutionary Origins of a Good Society," which explores the idea that evolution has given humans a suite of beneficial capacities, including love, friendship, cooperation, and learning.



# The Gerontological Society of America

2019 • Austin, Texas



The sold-out Exhibit Hall hosted booths from more than 60 organizations, and also served as the venue for the meeting's many poster sessions.



◀ For the first time, the meeting app allowed users to share their presentation materials online. Using the Cadmium website, first authors may continue to upload their presentation slides until March 3. All others may continue to view and download slides until March 3.



◀ At the President's Welcome Reception and Exhibit Hall Opening, representatives from Therapy Pet Pals of Texas brought dogs to visit with attendees. This arrangement was facilitated by GSA Human-Animal Interaction Interest Group member Sandra Branson and Co-Convener Jessica Bibbo.



◀ Former GSA presidents gathered for a meeting on Friday evening. Back row: Michèle Saunders, S. Michal Jazwinski, Nancy Whitelaw, Rosemary Blieszner, Nancy Morrow-Howell, Lisa Gwyther, David Ekerdt. Front row: Harvey Jay Cohen, Terry Fulmer, Carroll Estes, Toni Antonucci, Fay Lomax Cook, Terrie Fox Wetle, Laurence Rubenstein, Stephen Cutler.

## Get with the Trend

Revisit the social media conversations on Twitter using #GSA2019, and tag yourself in photos on GSA's Facebook page at [facebook.com/geronsociety](https://facebook.com/geronsociety). On GSA Connect, attendees are invited to share their presentations in the 2018 Annual Scientific Meeting community's documents library at [connect.geron.org](https://connect.geron.org).

## GSA in the News

GSA issued press passes to 30 reporters in Boston, including representatives from Forbes, Next Avenue, Slate, Quartz, La Opinion, Telemundo, and several NPR affiliates.

Among these press attendees were a 14 new and 6 continuing participants in the Journalists in Aging Fellows Program, which GSA organized for the tenth consecutive year — with support from The Silver Century Foundation, The Retirement Research Foundation, The Commonwealth Fund, and The John A. Hartford Foundation. Half of the participants in the program represented media outlets that serve minority audiences.

Visit [www.geron.org/coverage](https://www.geron.org/coverage) for links to news articles produced by the fellows, many of which were inspired by their interactions at the meeting. This page will be updated continuously as participants in the program submit continue to submit their stories in early 2020.

## Looking Ahead

The call for abstracts for the 2020 Annual Scientific Meeting — taking place from November 4 to 8 in Philadelphia, Pennsylvania — will open on January 31. The theme for this conference will be "Turning 75: Why Age Matters." All abstract submissions must be received by March 12.

# Call for 2020 Award Submissions

## CAREER AWARDS

Nominations for these awards open February 1, 2020, and must be submitted by March 31, 2020. Self-nominations are not accepted.

### SOCIETY-WIDE

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#### Donald P. Kent Award

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

#### Robert W. Kleemeier Award

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

#### Margret M. and Paul B. Baltes Foundation Award

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

#### M. Powell Lawton Award

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

#### Maxwell A. Pollack Award for Contributions to Healthy Aging

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

#### Minority Issues in Gerontology Committee Outstanding in Mentorship Award

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

#### Doris Schwartz Gerontological Nursing Research Award

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

### BEHAVIORAL AND SOCIAL SCIENCES (BSS) SECTION

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#### Distinguished Career Contribution to Gerontology Award

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

#### Distinguished Mentorship in Gerontology Award

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

#### Richard Kalish Innovative Publication Award

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

### BIOLOGICAL SCIENCES (BS) SECTION

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#### Nathan Shock New Investigator Award

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

### HEALTH SCIENCES (HS) SECTION

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#### Joseph T. Freeman Award

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

#### Excellence in Rehabilitation of Aging Persons Award

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

The Gerontological Society of America recognizes outstanding individuals through a variety of awards. For a full description of nomination requirements, how to nominate, and the list of past awardees, visit [www.geron.org/membership/awards](http://www.geron.org/membership/awards) or e-mail [awards@geron.org](mailto:awards@geron.org).

## **SOCIAL RESEARCH, POLICY, AND PRACTICE (SRPP) SECTION**

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### **Elaine M. Brody SRPP Thought Leader Award**

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

### **Carroll L. Estes SRPP Rising Star Award**

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

## **ACADEMY FOR GERONTOLOGY IN HIGHER EDUCATION (AGHE)**

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### **Clark Tibbitts Award**

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

### **Hiram J. Friedsam Mentorship Award**

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

### **Mildred M. Seltzer Distinguished Service Honor**

This award honors colleagues, near retirement or recently retired, who have actively served on AGHE committees, been officers, or led an AGHE grant-funded project.

### **Distinguished Faculty Award**

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

### **Rising Star Early Career Faculty Award**

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

### **Part-Time/Adjunct Faculty Honor**

This award honors part-time and/or adjunct faculty members for their high quality of teaching, contributions, and long-term commitment to gerontological and/or geriatrics education at an AGHE member institution.

### **Administrative Leadership Honor**

This award honors administrators on AGHE member campuses who have made exceptional efforts in support of gerontology and/or geriatrics education.

### **David A. Peterson Award**

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

### **Book Award for Best Children's Literature on Aging**

This award recognizes positive portrayals of older adults in children's literature.

### **Student Leadership Award**

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

Matters.” I chose this theme because the first part of the theme, “Turning 75,” reinforces GSA’s 75th anniversary this year. We will celebrate the chronological age of our organization.

Seventy-five is an important milestone for any organization. It signifies stability and strength, the ability to grow, adapt to changes, and thrive, for 75 years. It also poses the challenge of how we position ourselves for the next 75 years. Aging involves constant change and ongoing assessment. The 75th anniversary is an appropriate time to remind members of our new GSA governance structure with a Society-wide elected Board of Directors under the able leadership of our new chair, S. Michal Jazwinski. Many thanks to past Presidents Dave Ekerdt, Barbara Resnick, Nancy Morrow-Howell, and Rita Effros, and Secretary Yuri Jang, for their tireless work to draft new governance materials for the society, and to the 2019 Executive Committee for their support and attention to organizational roles as we create our new infrastructure.

The 75th anniversary theme is “Honor the Past, Enrich the Future.” Past President Rosemary Blieszner is leading the anniversary activities along with a workgroup. A few anniversary highlights include special articles in each of our journals, podcasts honoring GSA contributions to the field, recognition of some of the giants in our field, and the opportunity for universities to host special symposia marking this milestone. And our emerging scholars are planning a range of activities including events to honor their mentors. I encourage all of us to look for opportunities to reinforce GSA within our own universities and communities.

From its beginning, GSA has been the premiere academic, research, and educational organization for researchers, educators, clinicians, and policy makers focused on aging. From its inception, GSA organized itself around aging as “holistic” ongoing processes that includes the biological, psychological, sociological elements of aging at an individual level and the importance of how practice and policy affect all of us.

GSA has always recognized that age matters for family, caregivers, providers and the community. Population aging is finally recognized as a public health issue because there are so many older adults and longevity has created new roles for older adults.

The challenge I’m raising for all sections and members is to think and specifically address why age is the focus of our work. We’re The Gerontological Society of America yet, I’m not sure that we explicitly articulate why and how age is important in our scholarship and in our teaching.

Some of my colleagues remarked that “age shouldn’t matter,” and many members have worked hard to stop age discrimination. I’m reminded that fighting messages of inevitable decay and decline with age has been the focus of important gerontological policy and advocacy work.

As a proud member of GSA’s Social Research, Policy and Practice (SRPP) Section, age is frequently measured as chronological age because it is a proxy for entitlements and policies that are consistent with chronological age. U.S. federal

programs and services use chronological age to determine entitlement to specific services. At age 40, we have protection against age discrimination in employment; at age 60, many older adults receive Older American Act services; at age 62, Social Security benefits can be drawn; and, at age 65, Medicare benefits can begin.

Chronological age is a simple way to capture a group and study policy-related issues. But, as my colleagues in SRPP have documented over many decades, age is also a way to label older adults and to marginalize older adults.

Past President Carroll Estes, in a 1992 Kent Award lecture, reminded us that “age and aging” is a socially constructed “problem” that reinforces myths and messages that the aged are a drain on societal resources. Age in this case is used to classify groups that reinforce negative stereotypes of older adults as dependent, needy, “greedy geezers” and other demeaning characterizations. Estes and others remind us that older adults must be recognized as empowered members of the community, and entitlement programs preserve personal control, honor autonomy, and provide predictability.

GSA has an extraordinary legacy in leading the fight against stereotyping older adults. Fifty years ago, Robert Butler, a mentor, authored *The Gerontologist* article “Age-ism: Another Form of Bigotry.” In that article, for the first time, the construct of ageism was defined.

Working with several partner organizations and national foundations, GSA is now proudly home of the Reframing Aging Initiative, which is designed to improve the public’s understanding of what aging means and the many ways that older people contribute to our society. Ultimately, this greater understanding will counter ageism and guide our nation’s approach to ensuring supportive policies and programs for us all as we move through the life course. For those of you not familiar with this work, you can access helpful materials at [reframingaging.org](http://reframingaging.org).

Positive views of age associate aging with wisdom, increasing generativity, and levels of creativity that are remarkable. Our Humanities and the Arts Committee celebrated late-life creativity in Austin with a visit to the Blanton Art Museum and recognized an aging musician’s charity which supports sick and poor older musicians. They are planning to build on the well-received session with multiple activities at our Philadelphia meeting in 2020.

Our Biological Sciences Section captures age and aging across species, rather than just among humans. The lifespan varies but aging is a central tenet. They have shown us the outer limits of cell divisions and ways to extend longevity through caloric restrictions. I’m looking forward to their 2020 program and discussions about why age matters.

Within the Behavioral and Social Sciences Section, age can help examine how roles or norms vary across the lifespan. Why are certain behaviors acceptable at specific ages but not at other ages? How are labels such as “off-time events” changing as population aging is recognized and longevity increases? Age matters because many of our members examine aging over the life course and ask

questions about how and why events at certain ages have ongoing effects over one's life.

Gerontological scholars have contributed to the recognition that trauma and deprivation at the earliest periods of gestation and during childhood can have lasting effects. Members study disparities and the effect of racial, ethnic, sex, and economic discrimination or inequality at specific ages, or, over time, on many different aspects of health, cognitive function, well-being, and community.

Increasingly, our membership is international and our models and theories reflect the diversity and cultural context of aging in virtually all parts of the world. Many members are actively participating in the World Health Organization's (WHO) efforts to focus on older adults' health. WHO has declared 2020 to 2030 as the decade of healthy aging and has challenged "governments, civil society, international agencies, professionals, academia, the media, and the private sector to work together for ten years to improve the lives of older people, their families, and the communities in which they live." I'm hopeful that GSA members will contribute to those efforts.

GSA members from all over the world have reinvigorated the critical role of environmental gerontology. This area asks how, over the life course, the structure of the environment supports or challenges older adults both physically and cognitively. We have "age-friendly" movements all over the world that detail the elements needed to structure environments that encourage physical activity, better transportation systems, community engagement, cognitive stimulation, and, volunteer and employment opportunities.

Our Academy of Gerontology in Higher Education (AGHE) is promoting a new initiative, launched by Dublin City University in Ireland, encouraging universities to become age-friendly. I encourage all of us in academic settings to consider helping to create a university that encourages learning, sharing, respect and meaningful engagement for all members of the community. AGHE members, I also challenge you to think about how age fits into our discussions of education and in our gerontology classes and textbooks. In teaching our students, many of us ask in courses why age matters. How does age play an important role in our work? At our 2020 meeting, I hope these musings become intentional discussions and reflections at AGHE and other sessions.

In our Health Sciences section, our members include clinical scholars involved in interventions or changes in clinical practice to improve the lives of older adults. Some scholars have advanced screening and assessments for early cognitive impairment. Other focus on disseminating best-practices to encourage age-friendly health systems, or to reduce falls and disability. Others help us develop the science that recognizes older adults can be abused, neglected, and financially exploited. Many members look to promote healthy aging and to engage caregivers as partners in care models. How do our interventions treat the age of older adult patients and the age of caregivers? How do we promote healthy

physical, cognitive, and social aging? When we categorize our "intervention" are we respectful of the person, or are we labeling a disability?

Finally, many of us are involved with Geriatric Workforce Enhancement Programs that are designed to develop a workforce to care for our aging population. When we develop our workforce initiatives, do we reinforce negative stereotypes of older adults and call them dependent and vulnerable? Or do we recognize that some older adults because of disease and functional limitations need assistance but that the older adult is still an individual. How are we addressing the social determinants of health with age as a control variable? How do we describe or develop the paid and unpaid caregiving workforce?

Of course age matters! Age is far more than chronological time. Age is a more than a control variable that helps us understand other aspects of change over time. Age is more than a marker that signifies entry into programs and forces us to assess the purpose and outcomes of policies and practices. Aging, and all the diversity it provides, challenges us to see individuals and communities of older adults from all of our disciplines and interests.

And for 75 years, GSA has helped lead our conceptualization and understanding of age and aging. Our work has helped countless older adults, families, professionals caring for older adults, and communities. We have accomplished a great deal over the history of GSA, but now is our opportunity to focus on our next 75 years.

I'm hoping that at our 2020 meeting we can have lively discussions about how we help the next generation of students and scholars think about aging. Let's be sure we all contribute to continue the legacy and many accomplishments of GSA members. See you in Philadelphia from November 4 to 8!

*Kathryn Hyer, MPP, PhD, FGSA, FAGHE*, is a professor in the School of Aging Studies and director of the Florida Policy Exchange Center on Aging at the University of South Florida (USF). She earned her MPP at the Kennedy School of Harvard University and PhD from Arizona State University. Active in GSA since 1987, she is both an AGHE and GSA fellow. She's on the editorial boards of *The Gerontologist*, *Gerontology & Geriatrics Education*, *Journal of Aging and Social Policy*, and an associate editor of *JAMDA*. She served on GSA's Membership, Executive, and Finance Committees (AGHE's Treasurer from 2008 to 2012); SRPP chair, and multiple interest groups. Her scholarship focuses on the quality of care in long-term care settings, disaster preparedness, curriculum development and educational evaluation. She is the principal investigator on a National Institute on Aging RO1 that is calculating the morbidity and mortality of nursing home and assisted living residents in the path of Hurricanes Irma and Harvey and the effects of evacuation versus sheltering residents in place. She also heads USF's Geriatric Workforce Enhancement Program funded by the Health Resources and Services Administration.

## AGHE "Teaching Tips" Contest Garners a Winner and Grows Educational Repository

Leading up to the recent GSA Annual Scientific Meeting, AGHE members were asked to submit their best age-friendly teaching tips, lesson plans, class activities, and ideas for gerontological education via a "Teaching Tips Contest."

The long-term aim of this effort by the AGHE Advancement Committee is to begin building toward a fully-stocked educational resource library to be widely accessed by those of us who seek new and inventive ways to teach gerontological concepts. The winner of the contest, Dr. Brenna Renn from the University of Washington, was decided via a raffle drawing during the AGHE Breakfast and Awards Presentation in Austin and presented with a copy of "A Hands-on Approach to Teaching about Aging" (Eds. H. Baker, T. M. Kruger, & R. J. Karasik), a resource full of engaging classroom activities.

### A message from Dr. Renn:

As a clinical geropsychologist, my teaching, research, and clinical work center on increasing access to and utilization of evidence-based psychosocial interventions for older adults, especially in our de facto mental health care setting – primary care medicine. In my current role as a faculty member at the University of Washington School of Medicine, my teaching has largely been with psychiatry residents, clinical social worker trainees, practicing psychotherapists, and primary care providers and prescribers. I also mentor post-baccalaureate students in research to support their aims of getting into graduate school in clinical psychology or related disciplines. Prior to this, I taught at the undergraduate psychology level.

Given the workforce crisis in gerontological health professions, it is never too early to drum up exposure and interest in aging-related work among students! I'm thrilled to be learning more about active engagement strategies to inspire this potential workforce. The interdisciplinary nature of our work lends itself to teaching about the applied gerontological settings (e.g., primary care, specialty medicine, home health, etc.), and as instructors, we should strive to incorporate interprofessional educational strategies when possible.

### Dr. Renn's teaching tip, "Deconstructing Ageism":

This is a longitudinal exercise to introduce "ageism" and use writing exercises and class discussion to deconstruct this prejudice.

First, on the first day of class, students partake in a "think/pair/share" exercise. They spend 3-5 minutes freewriting (by themselves) about what comes to mind when they think of aging or older adulthood. This is otherwise unprompted so as to let it be a relatively unstructured and unprimed response. Then, students pair up and discuss their responses with a partner (also a good icebreaker). Then, the entire class comes together, and we have a group discussion, with each dyad reporting back on major themes while I write these down on the whiteboard in the front of the room. This serves as the basis for extracting commonalities across the class, particularly related to ageist beliefs, including positive ageism (e.g., "Old people are sweet...").

I have students turn in their written reflection, which I hold on to until the end of the course.

Then, near the end of the course, I hand back their writings from the first week of class and give everyone five minutes or so to write a reflection on how their views of aging have changed over the course. This is again a "think/pair/share" exercise in which we come back together as a group to discuss the responses and changes in attitudes over the course. The real impact of this exercise is in the students' ability to see their own progression in thinking.

Thank you to everyone who submitted a teaching tip for the contest prior to the GSA Annual Scientific Meeting in November. We invite you all to continue submitting tips — up to 250 words via [www.surveymonkey.com/r/WGHDNCNS](http://www.surveymonkey.com/r/WGHDNCNS) — as they will be added to the forthcoming educational resource library and will benefit us all!

Please note that the teaching resource book given as the winning prize, "A Hands-on Approach to Teaching about Aging," is available for purchase via Springer. All royalties go to AGHE.

Want to make even more of a difference when it comes to AGHE's teaching impact? Consider donating to the AGHE Tree of Knowledge Fund, which creates opportunities for classroom learning through building and housing resources as well as other initiatives, like funding students to go to GSA. Donations can be made by logging into the Support GSA page at [www.geron.org/support-gsa](http://www.geron.org/support-gsa).

## ADVERTISE WITH US!

**This newsletter reaches GSA's 5,500 members both in print and online.**

*Gerontology News* accepts ads for conferences and special events, fellowships, jobs, and degree programs relevant to the field of aging.

See the current rates at [www.geron.org/advertising](http://www.geron.org/advertising).

## Series A Publishes Special Issue Focused on mTOR

In 2009, the Interventions Testing Program determined that rapamycin, an inhibitor of the protein kinase mTOR (mechanistic Target Of Rapamycin), was capable of extending the lifespan of mice. This seminal finding has since been confirmed by multiple reports demonstrating that rapamycin can not only extend lifespan, but can delay, prevent or even reverse age-related declines in rodents. In a January special issue of the Biological Sciences section of *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*, the editors have collected a series of primary papers and reviews that highlight recent cutting-edge research into understanding the potent biological effects of rapamycin, developing novel interventions to modulate mTOR signaling, and progress in finding ways that this knowledge can be translated into effective therapeutic options for age-related diseases. Access the special issue at [academic.oup.com/biomedgerontology/issue/75/1](http://academic.oup.com/biomedgerontology/issue/75/1).

## New Study Reveals Method Linking Muscle Biomarkers and Function

A new study published by authors from AMRA Medical, Linköping University, and Pennington Biomedical Research Center in *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences* unveils a novel method for combined assessment of muscle quantity and fat infiltration to identify individuals with low functional performance using data from the UK Biobank.

Sarcopenia is characterized by gradual loss of muscle mass and function and is associated with disease-related complications that can be devastating to the patient and increase the healthcare burden. Accurately assessing sarcopenia is difficult due to muscle volume and function being influenced by several factors such as age, weight, fitness, pain and disease. Healthcare professionals agree that measuring muscle function and quantity is necessary to accurately assess and confirm sarcopenia, but methods to adjust muscle quantity for body size varies and functional measures lack muscle-specificity and sensitivity to root cause.

In the study, it was suggested that to enable physicians to deliver the best possible care, combined muscle assessments must be adjusted to account for confounding factors, such as obesity, and be used throughout the course of the disease. Current sarcopenia definitions show decreased sarcopenia prevalence with increasing BMI. But contrarily, as BMI increases, functional performance declines, demonstrating the need for BMI-independent measures. Additionally, some patients are unable to perform certain muscle function assessments (e.g. hand grip strength, stair climbing, walking pace), keeping clinicians in the dark as disease progresses. Objective muscle-biomarkers linked to function could expand the toolbox clinicians use to assess sarcopenia with heightened precision.

The authors used MRI-based body composition analysis to simultaneously quantify fat-free muscle volume and muscle fat infiltration of 9,615 participants in the UK Biobank imaging sub-study, each sex-and-BMI-matched with an individualized virtual control group – an innovative control. To assess the clinical value of the combined method for sarcopenia, associations with hand grip strength, walking pace, stair climbing, falls, and health care burden were compared with separate evaluations using either fat-free muscle volume or muscle fat infiltration.

Combining fat-free muscle volume with muscle fat infiltration and incorporating virtual control groups increased diagnostic performance for detecting low muscle function and adjusts for BMI. This method can potentially serve as a framework for clinicians and researchers to objectively detect sarcopenia using quantifiable MR imaging biomarkers. Furthermore, this combinatorial approach could potentially be utilized throughout the life of a patient, when they are unable to perform physical functionality tests. Lastly, this method could serve as a standardized approach, enabling cross-study comparisons, to further the field of sarcopenia research leading to better treatment for patients.



**RAND is pleased to announce the 27th annual RAND Summer Institute (RSI), which will take place in Santa Monica, CA, July 6-9, 2020.**

The RSI consists of two conferences addressing critical issues facing our aging population: a Mini-Medical School for Social Scientists (July 6-7) and a workshop on the Demography, Economics, Psychology and Epidemiology of Aging (July 8-9). The primary aim of the RSI is to expose scholars interested in the study of aging to a wide range of research being conducted in fields beyond their own specialties.

We invite all interested researchers to apply to attend the 2020 RSI. Applicants may apply for fellowship support to pay for registration, travel, and accommodations.

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

For additional information, please contact Cary Greif ([cary\\_greif@rand.org](mailto:cary_greif@rand.org)).

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

# gerontology news

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## GSA 2020 ANNUAL SCIENTIFIC MEETING

Turning 75: Why Age Matters

Join The Gerontological Society of America and more than 4,000 professionals in the field of aging from around the world to learn the latest trends, research, and developments from industry leaders, build strategic partnerships to address aging challenges, and network with peers!



# SAVE THE DATE

NOVEMBER 4-8, 2020  
PHILADELPHIA, PENNSYLVANIA

ABSTRACT SUBMISSIONS OPEN JANUARY 31 AND CLOSE ON MARCH 12, 2020



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