

gerontology news

The Gerontological Society of America®

May 2020

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Honor the Past



Key Moment in History

1960: GSA creates a student membership category. Today, GSA's Emerging Scholar and Professional Organization accounts for 22 percent of the Society's total membership.

Board of Directors Meets Virtually

On April 3, the [GSA Board of Directors](#) held its first full meeting in accordance with the newly enhanced governance structure approved by the membership in early 2019. The daylong event, led by Board Chair S. Michal Jazwinski, PhD, FGSA, was conducted virtually using the Zoom platform as a result of the COVID-19 pandemic. Board members were provided updates and engaged in dialogue on numerous issues including GSA's response to the COVID-19 pandemic, planning for the GSA 2020 Annual Scientific Meeting, developments in the evolving journal publishing arena related to open access, celebrations of the GSA 75th anniversary, and took action on new policies related to CEO performance appraisal. The board convenes three to four times per year; the next gathering is scheduled for July 26 to 28.

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Members Guide Society's Response to COVID-19

GSA's COVID-19 Task Force is gaining momentum as it develops efforts to both support and empower the gerontological community in dealing with the COVID-19 pandemic. Among its initial activities were the formation of five focused workgroups and the launch of a biweekly communication to all GSA members with updates and new resources.

The 20-member task force was established by GSA President Kathryn Hyer, MPP, PhD, FGSA, FAGHE, as a way to tap into the collective expertise of GSA's membership.

"GSA's COVID-19 Task Force, comprising a wide range of multidisciplinary experts with background in a diverse array of relevant areas, are working to identify, create, and distribute resources GSA members can use as we all navigate the uncertain path ahead," said Hyer, who also serves as task force chair.

The task force members have already formed workgroups that are identifying and developing materials specific to five topic areas: ageism, working with GSA interest groups, providing distance learning support for education, addressing the negative long-term care narrative, and supporting members' research needs. These materials will be added to GSA's growing list of resources, including the recently revised [Distancing: Physical Separation Without Social Isolation](#) guide.

And on weeks opposite the GSA Announcements e-newsletter, all members will receive an e-mail update from the task force.

"This message will include information on new articles from our journals, features of members in the news, and resources you may find useful," said GSA CEO James Appleby,

Continued on page 6

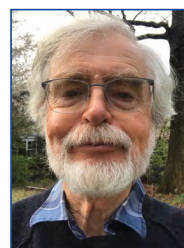
GSA Welcomes Barr as Visiting Scholar

Robin A. Barr, DPhil, has joined GSA as part of the organization's [Visiting Scholar Program](#). This opportunity is open to GSA members able to make a full- or part-time commitment to conduct work on Society projects related to their area of expertise.

"Dr. Barr is highly regarded in our field, particularly for his leadership of the extramural activities program at the National Institute on Aging, where he worked to enrich aging science and build the research community," said GSA CEO James Appleby, BSPHarm, MPH. "We look forward to working with him and adding his expertise to the GSA team."

As a GSA member for more than 30 years, Barr said he is excited about the opportunity to contribute to the organization as a visiting scholar.

"I am looking forward very much to working closely with GSA members and its staff as I work on a project to integrate aging into the study of Alzheimer's disease



Barr

and related dementias," said Barr.

Prior to joining GSA, he was the director of the Division of Extramural Activities at the National Institute on Aging (NIA) within the National Institutes of Health

(NIH), where he retired in January after 33 years. He focused on shaping NIH policies toward new and early stage investigators and managed NIA's National Advisory Council on Aging.

In 2014, Barr became the founding editor of the NIA blog for the extramural community ([Inside NIA: A Blog for Researchers](#)). He also served on multiple NIH committees focused on research training and early career researchers and helped develop the NIH Pathway to Independence Award (K99/R00) and the Early Stage Investigator designation.

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From the CEO



What Are Your Defining Moment(s)?

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

Major global crises such as world wars, depressions, and pandemics create defining moments for societies and individuals alike. As GSA knows from its work on the [Reframing Aging Initiative](#) with our colleagues at the FrameWorks Institute, such moments can engender fundamental changes in how we think about the world, challenging and changing cultural assumptions we take for granted. These changes can reset the baseline of cultural expectations in positive or negative ways, shaping society for decades to come.

The COVID-19 pandemic is one of those defining moments. I hope that as a society, this historic time will result in a new mindset about aging and a transformation of the ageism embedded in American culture. While we've seen the frequent queueing of an "us versus them" mindset in discussions about apportioning scarce healthcare resources — often based upon age — we've also seen an extraordinary commitment from the public to work together by staying apart.

This has presented a defining moment for the Reframing Aging Initiative, which GSA and our colleague organizations have been championing over the past several years, throughout this pivotal time. Through [GSA Connect](#), [webinars](#), and [op-eds](#), we've been taking on the ageist perspectives being advanced.

Each of you has likely experienced your own personal and professional defining moments during this time. It's a time to reflect, to reassess, and perhaps even reinvent ourselves — just as, for example, many professors have reinvented their approach by transitioning to distance teaching virtually overnight.

Many members may recall experiencing other defining moments if you weathered the 9/11 attacks in 2001 or the Great Recession of 2008. Many aspects of our lives are changing and it's important that we queue the right sort of change — by thinking about where we want to be when things settle in to a new normal.

I would like to know about your defining moment(s). They may be experiences you've had or things you've learned during this time, whether it be through interactions with your family, friends, colleagues, patients, or strangers.

Health care staff being pushed well beyond normal limits, caregivers trying to support their loved ones when they can't get direct access to them, others transitioning to a full-time caregiver role because there's no relief available, and researchers having to recalibrate instantly after having been cut off from offices, labs, or clinical trials means there have been countless defining moments over the past months.

Gerontologists know that the COVID-19 pandemic is not just a public health issue; it's a complex human issue impacting individuals, families, communities and societies in widely divergent ways. As we navigate lives of physical distancing, I am reminded of all the research that GSA members have conducted on the concept of resilience. While this research is oriented toward aging per se, there are important aspects that apply to our response to the pandemic. We will work through this challenge and remain resilient as a society by supporting one another and by maintaining a positive, solutions-oriented attitude.

This pandemic will shape society for decades to come, influenced by countless defining moments for individuals and institutions alike. Given GSA's multi-disciplinary membership, comprising members studying all facets of aging across the life-course, the defining moments you've experienced are likely equally diverse. I invite you to share your defining moments with me if you are comfortable doing so. I would like to be able to share some of your learnings with the GSA membership in future columns. Please drop me a note at jappleby@geron.org.

James

gerontology news

Volume 48, Issue 5, May 2020

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circulation worldwide: 5,000

letters to the editor: We will publish letters to the editor in response to issues raised in the newsletter. Please limit letters to no more than 350 words. Letters should include the writer's full name, address, and telephone number. Letters will be accepted or rejected at the sole discretion of the editors and may be edited for clarity or space. Send to: tkluss@geron.org

Gerontology News (ISSN 1083 222X) is published monthly by The Gerontological Society of America, 1220 L Street NW, Suite 901, Washington, DC 20005 and additional mailing offices. Subscription for members of the Society is included in annual dues. Non-member subscription rate is \$50 per year in the US or Canada. Foreign subscriptions are available for an additional \$25 to cover air mail overseas postage and special handling. News items must be submitted by the first of the month prior to publication.

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member news

In Memoriam

Marc Heft, DMD, MA, PhD, FGSA, passed away on February 8. He was a professor in the University of Florida's Department of Oral & Maxillofacial Surgery and director of the Claude D. Pepper Center for Oral Health in Aging. He also was a member of the McKnight Brain Institute and held appointments in both the College of Medicine and the College of Public Health and Health Professions. Heft's research interests included sensory aging and health services research; and pain, including measurement, impact, and disparities in care. In recent years, he served as president of both the International Association for Dental Research and the American Association for Dental Research.

Members in the News

- Martha S. Anderson, BSN, DNP, MSN, RN, was quoted in a February 2 article in The Roanoke Times titled "Researchers look to use technology to ease burden of caring for relatives with dementia."
- A February 10 article in The New Yorker titled "Was Jeanne Calment the Oldest Person Who Ever Lived—or a Fraud?" featured quotes from S. Jay Olshansky, PhD, FGSA, and Aubrey de Grey, PhD, FGSA, Natalia Gavrilova, PhD, FGSA, and Leonid Gavrilov, PhD, FGSA.
- On February 13, Cary Kreutzer, MPH, and Valter Longo, PhD, FGSA, were quoted in a Los Angeles Times article titled "What 'dry fasting' is and why you shouldn't do it."
- John W. Rowe, MD, FGSA, authored a February 25 op-ed in The Washington Post titled "Are people in their 70s healthy enough to run the country? Yes."
- Connie Corley, PhD, FGSA, FAGHE, was profiled in a February 27 Next Avenue article titled "Facing 70: Finding Peace in Being 'Real.'"
- On March 2, a Slate article titled "Is Aging a Disease?" quoted Leonard Hayflick, PhD, FGSA, Peter Boling, MD, Jamie Justice, PhD, Sean Leng, MD, FGSA, and Brian Kennedy, PhD, FGSA.
- Thomas Cole, PhD, FGSA, was quoted in a March 17 Wall Street Journal article titled "Coronavirus Has Boomers Asking: Who Are You Calling Elderly?"
- Melissa O'Connor, PhD, FGSA, was quoted in a March 19 article in Parade titled "How to Help Loved Ones Who Have Regular Doctor's Visits During the Coronavirus Outbreak."
- On March 23, City Journal conducted an interview with Stephen M. Golant, PhD, FGSA, titled "America's Seniors and Covid-19."
- GSA President Kathryn Hyer, MPP, PhD, FGSA, FAGHE, David Dosa, MPH, and Lindsay J. Peterson, PhD, authored an article for The Conversation on March 28 titled "Preventing COVID-19 from decimating nursing home residents requires spending money and improving infection control."
- A March 30 article in Stat titled "What explains Covid-19's lethality for the elderly? Scientists look to 'twilight' of the immune system" featured quotes from George Kuchel, MD, FGSA, and Janko Nikolich-Zugich, MD, PhD, FGSA.

Colleague Connection

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

Lori Popejoy, PhD

The recipient, who became eligible after referring new member

Daphne Chakurian, BSN, RN, 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:

Lan N. Đoàn, PhD

Wolf Bestowed with Who's Who Honor

Marquis Who's Who, the world's premier publisher of biographical profiles, has presented Mary Alice Wolf, EdD, FGSA, FAGHE, with the Albert Nelson Marquis Lifetime Achievement Award. As in all Marquis Who's Who biographical volumes, individuals profiled are selected on the basis of current reference value. Factors such as position, noteworthy accomplishments, visibility, and prominence in a field are all taken into account during the selection process. With a career spanning more than 25 years, Wolf retired in 2011 as a professor emeritus of human development and gerontology with the University of St. Joseph in West Hartford, Connecticut. She has served as a book review editor of the Educational Gerontology journal, edited and authored a number of books, contributed 60 articles to professional journals, and given 112 research presentations on topics in her field.

Bourgeois Elected AAAS Fellow

Michelle Bourgeois, PhD, CCC-SLP, a professor in the University of South Florida Department of Communication Sciences & Disorders, was elected a fellow in the Psychology Section of the American Association for the Advancement of Sciences (AAAS) for distinguished contributions to the field of cognitive communication disorders, particularly for pioneering research and development of therapies for dementia patients and their caregivers. Bourgeois has made significant advancements investigating behavioral treatments for persons with neurogenic cognitive-communication disorders (i.e., dementia, TBI, MCI) as well as training for their caregivers.

Ory, Smith Accept Healthcare Leadership Council Award

The Healthcare Leadership Council (HLC) honored the Texas A&M Center for Population Health and Aging with the Redefining American Healthcare Award on August 13, 2019. Center Founding Director Marcia G. Ory, PhD, MPH, FGSA, and Co-Director Matthew Lee Smith, PhD, MSW, FGSA, received the award. The center, created in 2017, focuses on strategies that will strengthen linkages and coordination between community and clinical care options. It has promoted evidence-based practices and policies about chronic disease prevention and management, explored interactions between health, aging and technology, evaluated economic and policy issues related to population aging, and more. The HLC created the award to recognize best practices and programs in communities and organizations across the nation that optimize care for high-need patients.

AARP's Accius Talks COVID-19, Global Thought Leadership

Just more than two months ago, I had the opportunity to enjoy lunch with Jean Accius, PhD, FGSA, whom I had gotten to know from our work on a board for a non-profit. Jean is a rising star in Washington who is unassuming yet confident, thoughtful, compassionate, and well-liked by his peers.

He is very busy, as always, adding value to policymaking discussions in the aging sphere through his role as senior vice president for AARP global thought leadership. Little did we know at the time that our conversation-turned-interview would not be completed in person, but, as is common these days, completed by phone and computer in between homeschooling, caregiving, and homemaking duties. Here is the first part of a two-part interview with Accius.

Brian Lindberg: How are you faring with work from home?

Jean Accius: What's interesting is that it has cut down on the commute time and opened up a lot of opportunity to have more meetings and more in-depth conversations. So, it's been quite busy but very productive. I'm trying to pace myself given the fact that I'm also a full-time teacher, in terms of homeschooling our two kids with my wife. We're going with the flow and the great thing is that we both have extremely supportive employers. We feel fortunate considering that the Department of Labor just came out with updated numbers this morning that an additional 4.4 million people have filed for unemployment — so we're up to about 26 million Americans who are unemployed.

Lindberg: Right, we all have various levels of pain and ours is relatively small, with so many losing loved ones.

Accius: We're all going through some period of grief, some for the loss of someone, and in other cases the loss of the old way of life or the things that you took for granted. It is just a very interesting time for all of us as a nation, but I'm optimistic! This will lead to a reevaluation of policies and programs so we are more resilient, such as the widespread use of telehealth and rethinking the future of work which entails greater workplace flexibility to meet business and societal needs. We are seeing the need for paid sick-leave and caregiving leave and distance learning. Some colleagues are using this period to get a certification or do more training around re-skilling and up-skilling.

Lindberg: I believe that many will also have a newfound respect for the people in society that really keep things running.

Accius: Oh absolutely. Several years ago, the National Portrait Gallery had an exhibit that I thought was very profound, and they called it American Heroes. The American heroes displayed were not



Accius

Nobel Prize winners; they were America's backbone, like sanitation workers, grocery workers, and police officers. Folks who everyday are on the front line yet were invisible to in our society. To your point, what COVID-19 is showing us is that they are the true heroes — as well as the homecare workers, nursing home staff, and health care professionals risking their lives to save countless lives.

Lindberg: How does your background play into the way that you've looked into changing policy and educating folks here in DC?

Accius: It all starts with me being raised by my grandmother for my first few years. In school I knew that I wanted to become a gerontologist. My first job was working in a retirement living community and eventually becoming the dining room manager. So, at a young age I was managing a dining room and really appreciated that experience of engaging with the older residents and team members.

My experience at the Florida Department of Elder Affairs and my grad work at the Claude Pepper Institute were formative, as well. I learned the importance of evidence and how policy decisions impact the lives of individuals. I was able to bring a research focus to those discussions in a way that I hope provided value in terms of the power of research, the ability to translate that, and influence policy to create an intervention that can alter, improve, and empower the lives of individuals.

Lindberg: I spent a year in grad school in Stockholm, so I am interested in your job in global thought leadership, and why we don't learn more from others.

Accius: Yes, I guess it was Winston Churchill who described us best when he said we'd do the right thing after trying everything else. It's such an exciting time at AARP with respect to advancing global thought leadership. As you just mentioned, there's a significant amount of value in sharing information, innovations, and promising practices not just within the U.S. but also globally as we address some of the societal problems, with respect to our aging population.

For us, it's really about how do we identify emerging topics around the world? How do we challenge the status quo and how do we engage new audiences and cultures to become potential allies and partners and changing how the world sees aging? How do we elevate aging on agendas with major institutions from the perspective that older adults have and can contribute, that older adults are an asset and not a liability, and how do we leverage that?

So our team literally works across AARP harnessing not just the thought leadership that is taking place here, but also really working with external experts and partners to inspire new solutions and approaches that will empower people around the world to make the most of a longer and healthier life. It is exciting work because we're working with NGOs, civil societies, corporations, and with other organizations to build a strategic relationship with diverse voices to elevate the issues of aging.

I will tell you that we do this three ways. The first is around why we try to **inspire**, because we believe that sharing knowledge is the world's most important currency. We challenge outdated systems and we're trying to drive the marketplace for new ideas. What might that look like? It could be in the context of longevity and the future of work, and although some have focused on robots and displacement, we see the fact that people are living longer, and many people want to work or need to work. So how can organizations foster a multi-generational workforce so they can be sustainable long-term?

We also **share knowledge** and assemble experts on a host of different areas such as the future of work, equity, health and healthcare, to think about the model, the policy, and innovative solutions.

Then there is **the influence aspect** of this work. We want to influence the conversation among leaders in academic institutions, non-profits, the government, with industry NGOs around the world. AARP wants to be at the table convening innovative thinkers and doers to foster and inspire solutions. So, taken together, we want to inspire, to share and highlight knowledge, and we want to influence major conversations around key solutions and increase the sense of urgency for change and build relationships around the world.

Lindberg: How have things changed for you at AARP because of the COVID-19 crisis?

Accius: I am proud to say that AARP has been, from day one, laser focused on COVID-19 and the disproportionate impact that this is having on older adults. We want to be a resource, to not just our members, but to the general public, by providing tools and the tips to be able to navigate this time. We've created a resource at aarp.org/coronavirus and on that one-stop website, what you'll find is updated content, tips every day, both in English and in Spanish, to provide accurate information so people know exactly what's going on.

The second thing that we've done is a weekly electronic town hall, where we invite government officials and others to join and engage with our members as well as the general public. On average we have about 90,000 people join those calls.

We created a website called AARP Community Connections based on neighbors helping neighbors. You can create **mutual-aid** groups, so you can check up on folks. While we are adhering to the physical distance guidelines, we also want people to stay connected. We have more than 900 volunteers who call seniors that are isolated, just to check up on them. We also highlight resources, so

if people are having a hard time and need to talk to a mental health professional, we have those resources available on that site as well.

Lindberg: Ok, thank you Jean, and we'll continue this conversation next month.

Recent GSA Policy Actions

GSA endorsed a Gerontological Advanced Practice Nurses Association position statement, Supporting Evidence for Geropsychiatric Nursing as a Subspecialty of Gerontological Advanced Practice Nursing. The statement was developed to create and sustain a new vision for the nursing profession that will positively impact and improve the care of older adults with comorbid psychiatric/substance misuse disorders. GSA members Pamela Z. Cacchione, PhD, CRNP, GNP, BC, FGSA, FAAN, Karen Devereaux Melillo, PhD, A-GNP-C, FAANP, FGSA, and Linda Keilman, DNP, GNP-BC, FAANP, served on the panel of authors for the position statement.

GSA provided comment on the AHRQ Draft Systematic Review for the Care Interventions for People With Dementia (PWD) and Their Caregivers. Family Caregiving Interest Group Conveners, Karen Appert, MSG and Mary Antonelli, PhD, RN, MPH, along with Alzheimer's Disease and Related Dementias Interest Group Convener, Patricia Heyn, PhD, FGSA, FACRM, GSA Visiting Scholar Katie Maslow, MSW, FGSA worked with the Professional Affairs Department to develop the comments.

GSA Policy Advisor Brian Lindberg, MMHS, is serving as the chair for the Leadership Council of Aging Organizations (LCAO) COVID-19 Task Force. GSA Vice President of Professional Affairs Patricia M. "Trish" D'Antonio, BSPharm, MS, MBA, BCGP, is serving as a member of the committee. GSA has signed on many letters to leaders in Congress and the presidential administration related to COVID-19, including:

- A letter to prohibit discrimination during medical rationing, co-signed by more than 400 organizations, to urge Department of Health and Human Services to issue further guidance ensuring that plans to ration scarce health care resources during the COVID-19 pandemic comply with federal non-discrimination laws.
- A letter to congressional leadership regarding the fourth economic support package, organized by the Leadership Council of Aging Organizations, requesting action organized into three major categories of need. The first relates to housing and related services, the second to income security issues, and the third to health and community services.
- A letter to Secretary of the Treasury Steven T. Mnuchin and Commissioner of Social Security Andrew Saul urging they use their authority to provide automatic payments to the very low-income seniors and persons with disabilities who receive Supplemental Security Income as well as low-income veterans who receive benefits from the Veterans Administration.
- A letter to the World Health Organization (WHO), organized by the International Federation on Ageing, requesting that WHO prioritize the needs of older people in its response to the COVID-19 pandemic.

new resources

GSA Expands COVID-19 Resource Page, Updates Distancing Guide

GSA is continuing to build its library of aging-related resources on its COVID-19 Updates page at <https://www.geron.org/covid19>. The material is broken down into categories: information for providers; information for educators; information for researchers and policy discussions; journal articles; social isolation, mental health, and reframing aging; and news and webinars. The page also includes a new version of the Distancing: Physical Separation Without Social Isolation from the GSA National Adult Vaccination Program Workgroup. Visit www.geron.org/covid19.



Report Addresses Disasters' Effects on Older Adults

The American Red Cross and the American Academy of Nursing have released a new white paper, "Closing the Gaps: Advancing Disaster Preparedness, Response and Recovery for Older Adults." It presents research showing that older adults are more vulnerable and experience more casualties after natural disasters compared to other age groups.

This report outlines 25 evidence informed recommendations that target six emergency management domains: Individuals and Caregivers; Community-Based Services and Programs; Health Care Professionals and Emergency Response Personnel; Care Institutions and Organizations; Legislations and Policy; and Research.

GSA endorsed this white paper. Member Wanda Raby Spurlock, DNS, RN-BC, CNE, FNGNA, ANEF, FAAN, served as co-chair of the project. Members who served as expert contributors included

Jane Carmody, DNP, MBA, RN, Mattia J. Gilmartin, PhD, RN, Kathryn Hyer, PhD, MPP, and Joanne Lynn, MD, MA, MS. Visit <https://rdcrss.org/2PUo3RG> to view the report.

CDC Issues New Report on Caregiver Health

The U.S. Centers for Disease Control and Prevention (CDC) has released a new report, "Characteristics and Health Status of Informal Unpaid Caregivers—44 States, District of Columbia and Puerto Rico, 2015–2017." Based on three years of data involving more than 441,000 people across 44 states, the District of Columbia, and Puerto Rico, one in five adults reported they were a caregiver for a family member or friend, and nearly 20 percent reported being in fair or poor health.

The report indicates that informal, unpaid caregiving is a widely occurring part of family life in the United States. To find out more, visit https://bit.ly/MMWR_Caregivers. The CDC also has infographics and practical resources available for caregivers in both English and Spanish.

PRB Report Shares Study Findings on China's Aging Population

"Aging and Health in China," the latest issue of the Today's Research on Aging publication series from the Population Reference Bureau (PRB), summarizes recent research on aging and health in China from U.S. National Institute of Aging-sponsored investigators and surveys, especially the China Health and Retirement Longitudinal Study and Chinese Longitudinal Healthy Longevity Study. Results from these studies can shed light on the key determinants of healthy aging and help identify policies to address the challenges posed by rapid population aging in China. The findings can also offer insights to policymakers in other countries with rapidly growing older populations. Access the report at <https://bit.ly/39tcqJq>.

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BSPHarm, MPH. "Be sure to check out the geron.org/covid19 webpage for the latest details on GSA in action. If you have feedback on what may be a helpful resource, wish to share your work, or have a question for task force members or GSA leaders, please send a note to covid19@geron.org."

The whole of the task force meets virtually once per week using the Zoom platform in addition to its ongoing work. Appleby has also appointed a COVID-19 response director on the GSA staff. Director of Strategic Alliances Elizabeth Sobczyk, MSW, MPH, is serving as the lead individual for coordinating work across GSA operating units and shepherding pandemic-related projects through the development process.

"GSA is bringing aging issues forward in national dialogue through its journals, task force, and expertise of our members," Hyer said. "GSA is also here to help our members navigate the challenges of the pandemic as we all continue to care and advocate for older adults and their needs," Hyer said. "Please be sure to take time to care for your own physical and mental health among the stress of daily life."

GSA COVID-19 Task Force Members

Phyllis Arthur, MBA
Sue Anne Bell, PhD
Lisa Brown, PhD, FGSA
David Dosa, MD, MPH
Charles Emlet, PhD, MSW, ACSW, FGSA
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Danielle Waldron, MS
Sheryl Zimmerman, PhD, MSW, FGSA

Get to Know Your Junior Leaders: Health Sciences Section

Hello from Brianna Morgan and Anyah Prasad, your Health Sciences (HS) Section junior leaders! We would like to introduce ourselves, using this space to share a bit about who we are and our plans for the upcoming year.



Anyah Prasad: I am a trained as a physician in India. I have a master's in gerontology from Leiden University in the Netherlands and I am currently a doctoral student and research assistant in the Department of Gerontology at the University of Massachusetts Boston. I worked as a general physician at Yashoda Hospitals and as a medical educator at Medical Education and Research Center in India before starting my doctoral program. My developing areas of research interests include disparities and social determinants of health among LGBT older adults, with a specific focus on social networks and social support.

I have been a student member of GSA since 2016 and became the HS Section's ESPO junior representative in 2019 to volunteer my time towards the scientific community. Amidst the governance overhaul, I am continuing my second year of service in re-designated position as HS junior leader.



Brianna Morgan: I am a second-year pre-doctoral fellow with the New Courtland Center for Transitions and Health at the University of Pennsylvania School of Nursing. I am interested in exploring aging with serious illness alongside my mentors Drs. Mary Naylor and Sarah Kagan.

After graduating with a degree in biological basis of behavior, I worked as

a research specialist at the Penn FrontoTemporal Degeneration (FTD) Center. During this time, I found my passion for nursing and completed the accelerated BSN program at Penn. I started my nursing career as a clinical nurse in the Neuro-Trauma ICU at the Hospital of the University of Pennsylvania.

I then worked as a clinical research nurse coordinator, providing clinical care and coordinating clinical trials at the Penn FTD Center while completing my master's at Penn. I now work as a geriatric and palliative care nurse practitioner at the Abramson Cancer Center at Penn Medicine.

I have been a member of GSA since 2013. The cross-disciplinary nature and academic focus drew me to GSA. Nursing science has overlap with social, biological, and psychological sciences. GSA brings those disciplines together for the shared purpose of learning with and from one another and improving how people age across the globe. I am excited to represent ESPO and the health sciences section in the coming years.

As a team, our most recent work as section leaders includes organizing an HS-ESPO symposium for the GSA 2020 Annual Scientific Meeting. We are both are thrilled to explore the mutual themes in our academic and clinical pursuits through the symposium, which will focus on psychological resources used by older adults living with chronic illness. The discussants, which include fellow ESPO HS scholars, will expand on subjective aging, resilience, inner strength, and illness perception as they consider ways to move toward person-centered clinical models of care.

Under the new governance re-structuring, ESPO HS junior leaders work more closely with section leaders. As we do so, we look forward to engaging members of the HS Section, specifically ESPO members, through the Annual Scientific Meeting. As GSA turns 75, we share in their mission to explore why aging matters in our work. We hope to see you there!

Section Fundraising

GSA seeks your contributions that will support our emerging scholars through travel stipends for the Annual Scientific Meeting as well as award recognition opportunities.

Your contributions are an investment in our future.

Please take a few minutes to [make a contribution at www.geron.org/donate](http://www.geron.org/donate) to any or all of the following funds. All contributions go directly to GSA's sections.

- BSS Emerging Scholars Fund
- GSA Carol Schutz ESPO Fund
- HS Fund
- BS Nathan Shock New Investigator Award Fund
- SRPP Support Fund
- AGHE Tree of Knowledge

funding opportunities

NIA, NIMH Welcome Applications Through COVID-19 NOSI

The National Institute on Aging (NIA) has issued a notice of special interest (NOSI) to highlight the urgent need for research on COVID-19. The NIA is encouraging the submission of applications for either administrative supplements or competitive revisions to active grants to address research areas of interest relevant to its four divisions (aging biology, neuroscience, geriatrics and clinical gerontology, and behavioral and social research).

The National Institute of Mental Health (NIMH) will accept and consider support for applications for supplements and revisions to NIMH projects that fall within the scope of this announcement and are relevant to the mission and strategic priorities of the NIMH. Applications to describe the epidemiology of mental disorders and symptoms related to the COVID-19 pandemic are not a high priority; applications to examine how a disrupted workforce may adequately respond/adapt to and maintain services or provide additional care for new or worsening mental health needs and/or suicide risk in midlife and older age adults will be seen as a high priority.

Visit <https://bit.ly/2VEQDZh> for complete details.

NIH Issues Guidance for Supported Researchers Affected by COVID-19

The National Institutes of Health (NIH) has published a list of flexibilities available to NIH applicants and recipients where the entity is conducting research activities related to or affected by COVID-19. Affected entities are those that have been closed, or business activities have been hindered due to COVID-19 precautionary measures and/or illnesses. Entities that are affected will be asked to provide documentation to NIH describing the effects, and how long their facility and NIH related research, clinical practices, or instruction was and/or will be affected.

Visit <https://bit.ly/3dnJnsR> for full details.

NIA to Support New National Alzheimer's Coordinating Center

The National Institute on Aging (NIA) is inviting applications for a National Alzheimer's Coordinating Center whose purpose is to serve NIA and the Alzheimer's disease and Alzheimer's disease-related dementias (AD/ADRD) field—as a national data resource, collecting data from the Alzheimer's Disease Research Centers, affiliated data, and sample repositories; as a facilitator of current and future AD/ADRD research; and as the central hub for organizing and enabling communication within and outside the ADRC program, including annual meetings and steering committees. Letters of intent are due May 17 and applications are due June 17.

View the full announcement at <https://bit.ly/3cBItZA>.

RRF Accepting Applications for Next Grant Deadline

RRF Foundation for Aging (formerly The Retirement Research Foundation) is accepting proposal applications for its next grant cycle. The deadline is August 3. (Optional brief letters of inquiry are due June 15.) RRF recently completed a strategic planning process that focuses its grantmaking on four priority areas: caregiving, economic security in later life, housing, and social and intergenerational connectedness.

While the priority areas reflect RRF's primary funding interests, the foundation will remain open to considering compelling applications on other topics. The foundation continues to support advocacy, direct service, professional education/training, research, and organizational capacity building efforts. Proposals for direct service projects are considered from organizations based in Illinois, Indiana, Iowa, Kentucky, Missouri, Wisconsin, or Florida. Advocacy, training, and research projects, all with national relevance, are considered from organizations in any state. Organizational capacity building requests are accepted from nonprofits located in Illinois.

Visit <https://www.rrf.org> for complete details.

CDC Announces Grants To Support BOLD Alzheimer's Act

The U.S. Centers for Disease Control and Prevention (CDC) has issued two funding opportunities to fulfill the aim of the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act that nationally implement the "Healthy Brain Initiative State and Local Public Health Partnerships to Address Dementia: The 2018–2023 Road Map" and "Road Map for Indian Country." The first will establish Public Health Centers of Excellence on Dementia Risk Reduction, Early Detection of Dementia, and Dementia Caregiving (See <https://bit.ly/2yfoksp>). The second will fund health departments of states, political subdivisions of states, Indian tribes, and tribal organizations to develop systematic approaches to improve the public health approach to Alzheimer's disease and related dementias (See <https://bit.ly/3bCDhmM>). The closing date for both applications is May 26.

Federal Funds Slated for Aging-Related Heterochronic Blood Exchange Research

The National Institute on Aging has issued a funding opportunity announcement that will support research on aspects of rejuvenation and accelerated aging observed specifically in heterochronic blood exchange experiments. The objectives are to identify the multiple factors involved, the multiple cell types involved, and the mechanisms underlying rejuvenation or accelerated aging that are observed in the transfer of phenotypes between young and old laboratory animals. It is also anticipated that molecular signatures of rejuvenation or accelerated aging will be obtained from research supported under this funding opportunity. Letters of intent are due May 17 and applications are due June 17. Additional details can be found at <https://bit.ly/2v2kbXI>.

Chair Highlights AGHE's Strengths in Current Climate

What are some of the most pressing issues facing AGHE in 2020?

AGHE Chair Judith L. Howe, PhD, FGSA, FAGHE: As I write this, the U.S. is confronting the COVID-19 pandemic. Ninety percent of American citizens are at home. New York City has had over 13,000 deaths. My colleagues at the Icahn School of Medicine at Mount Sinai are stretched to the limit with an acute shortage of resources, staff, equipment and supplies, and a 68-bed field hospital has been set up on a grassy lawn in Central Park across from our Mount Sinai campus. This is battlefield medicine.

For AGHE, we have entered a period of battlefield education. Literally overnight, education was transformed from classroom to virtual learning, with AGHE educators scrambling to convert curricula to online learning. And then there was the challenge of internships and practica that were suddenly terminated.

While many AGHE colleagues are seasoned at designing virtual learning strategies, others were unprepared and looked to the AGHE community for support. Without delay, the AGHE community in GSA Connect shared tips, resources, and engaging approaches for online instruction. This unprecedented time was indeed a challenge, but the solutions arising from this crisis will serve to expand the impact of gerontology education in the future because of the new array of virtual learning options which will be made available to learners.

What are ways that institutions can advance gerontology education on campuses?

Howe: The knowledge, competencies, and skills are multi-dimensional and appropriate for integration into other fields of practice as well as specialization in the field of gerontology. We have opportunities to promote "little g" and "big G" gerontology, so that schools and departments of business, architecture, public administration and so forth can bring gerontology into their curricula, as well as to promote degree-granting programs that prepare educators, researchers and human service professionals to advance gerontology in a multitude of ways.



The Age Friendly University (AFU) initiative, which GSA and AGHE are championing, has proven to be a valuable framework for advancing gerontology and the benefits of age-integrated campuses. I see the AFU movement as one of the most promising vehicles for the advancement of gerontology education on campuses in decades.

What have been some of the most gratifying aspects of being AGHE chair?

Howe: The period of transformation from an association to an academy was extremely challenging for all of us, including me. It has been a period of dramatic change and soul searching as we navigated uncharted waters. It was imperative that we faced the realities of the situation and the need to construct a new reality for AGHE. I did not know what I signed up for when I agreed to run for the AGHE presidency (before I became a chair). I am glad I did; I feel that I grew as a leader during this time, and I am appreciative to so many colleagues who figured it out together. I feel gratified that I helped to successfully navigate a tricky period in the long history of AGHE.

How do you see AGHE evolving in the years ahead?

Howe: AGHE seems to have staying power. I think that the new, transformed AGHE will be more nimble and have increased impact as a fully integrated organizational unit of GSA. We now have the ability to tap into the expertise of GSA staff members, and we also have a dedicated staff liaison, Gena Schoen, who is experienced and creative in membership engagement. I think that AGHE will now be at the table more frequently and that will enhance our reach as well as our ability to underscore the importance of gerontology and geriatrics education in the big picture of aging.

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

Series B Invites COVID-19 Manuscripts

The Journals of Gerontology, Series B welcomes brief research reports focused on the COVID-19 crisis and its implications for older adults. These submissions will be on a fast-track review schedule; accepted manuscripts will be published in a virtual collection in mid- to late-2020. Individual articles will be made available on a rolling basis via advance access. Reports may include the analysis of new or established data resources, evidence-based commentaries, or theoretical articles with a well-reasoned and novel perspective on the crisis. The maximum allowable word count is 2,000 words. The word count includes title page, abstract and text. The reference list is limited to no more than 30 entries, and up to three data elements. Queries should be directed to Deborah Carr (carrrds@bu.edu) for the Social Sciences section, and Derek Isaacowitz (dmi@neu.edu) for the Psychological Sciences section. Manuscripts may be uploaded to mc.manuscriptcentral.com/jgss and mc.manuscriptcentral.com/jgps, respectively. Submissions will be accepted through at least June 15 for the rapid-review virtual collection. After that time, paper ideas should be sent to the editor before submission.

The Gerontologist Planning Special COVID-19 Collection

As the COVID-19 pandemic spreads rapidly across the globe, we have seen international media, social media, and public health officials framing “the elderly” as a homogeneous and vulnerable group, conflating physical vulnerabilities common in later life with chronological age, and promoting generational conflict. Such framing ignores valuable skills, knowledge, historical memory, and learned temperamental strategies that older adults may share with and model for younger generations during such a crisis. How can gerontological scholars productively respond to the pandemic in ways that avoid negative reframing but address the unique ways in which the pandemic will be experienced by older adults?

This question motivates the editorial team at *The Gerontologist* to invite papers for a special collection to be titled “Gerontology in a Time of Pandemic.” Whereas papers may relate to challenges and effects of the pandemic unique to older adults, we also encourage papers exploring how gerontological theory informs our response to the pandemic, resilience, and building effective cultural, social, clinical, and public health systems to respond to global health disasters to protect and value all citizens. There will be no abstract review process; full papers are due by August 1 and they will be reviewed on a rolling basis. Review the full call for papers at <http://bit.ly/GSA-CFPs>.

GSA Unveils 75th Anniversary Journal Collection

GSA is turning 75 in 2020. To recognize this milestone, the Society is celebrating the collective accomplishments of members that have strengthened the field of aging — through GSA journals, meetings, programming, advocacy, and policy efforts. To honor the continuing impact of its journal content, GSA will be featuring new articles throughout the year that are related to the anniversary theme, “Honor the Past, Enrich the Future”. Visit academic.oup.com/gsa/pages/75th-anniversary to view the collection to date.

Sign Up for Journal Alerts Delivered to Your Inbox

Stay up to date on the latest research from The Gerontological Society of America with content alerts delivered via email. Register at academic.oup.com/my-account/register for a free Oxford Academic account to create custom email alerts from *The Gerontologist*, *The Journals of Gerontology, Series A* and *Series B*, *Public Policy & Aging Report*, and *Innovation in Aging*. Once logged in, select “Email alerts” from your account drop down menu.

Researchers Find Multiple Medications Cause Frailty, but Effects Can Be Reversed

A world-first study by a team from the Kolling Institute of Medical Research in Australia may inform the future use of multiple medications by older people, minimizing adverse impacts such as frailty.

The longitudinal research, published in *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*, is the first preclinical study to demonstrate that chronic polypharmacy increases frailty and impairs function in old age, and that stopping some medications is an effective way to reduce these harms.

Research lead Sarah Hilmer, BScMed (Hons), MBBS (Hons), FRACP, PhD, said there is a large body of observational evidence



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associating multiple medications with adverse geriatric outcomes such as falls and confusion.

"There has however, been a lack of data identifying whether multiple medications actually cause these adverse geriatric outcomes or are just an indicator of disease," said Hilmer, head of the Department of Clinical Pharmacology at Royal North Shore Hospital, and University of Sydney Conjoint Professor of Geriatric Pharmacology.

"There has been uncertainty about whether it is the number of drugs, the type or the dose of drugs that drive these outcomes, and whether these effects are reversible once the medications are stopped.

"Our research, conducted by Dr. John Mach with a team of local, national, and international scientists, applied rigorous methods in ageing biology and biostatistics to measure the impact of multiple medications in old age and evaluate whether they actually cause adverse geriatric outcomes.

"For the first time, we found that multiple medications increased frailty and impaired function in old age, and interestingly, it was not the number of drugs, but the type and dose of medications that caused the adverse outcomes.

"Importantly, we also found that the adverse effects on frailty and function reduced after stopping the medications.

"This research provides the critical evidence required to inform a medication review in our ageing population, not just in Australia, but also internationally.

"We now know which mix of medications cause frailty and reduce independence in old age, and that these effects are reversible once the medications are stopped.

"Even if an older person has taken medications for many years, if the risk starts to outweigh the benefits, we can improve their function by withdrawing unnecessary drugs.

"As a geriatrician, this gives me the evidence I need to optimize medications for my older patients. I can be confident about which drug exposures are exacerbating frailty, and weigh those risks against any potential benefits.

"It also means that I know their function and independence is likely to improve by withdrawing medications.

"We expect our model will have wide ranging applications to help assess other interventions to improve health in old age, such as a new therapeutic drug or vaccine," Hilmer said.

Collaborators from a large number of organizations were involved in the research, including the Kolling Institute of Medical Research, Royal North Shore Hospital, the University of Sydney, Ageing and Alzheimers Institute, Centre for Education and Research on Ageing, and ANZAC Research Institute in Australia; Yale University, Harvard Medical School and the National Institute on Aging in the U.S.; and Dalhousie University in Canada. The journal article is titled "[Chronic polypharmacy with increasing Drug Burden Index \(DBI\) exacerbates frailty and impairs physical function, with effects attenuated by deprescribing, in aged mice.](#)"

This latest research supports earlier work by Hilmer's team to develop a clinical risk assessment tool to guide a medication review in older patients. The Drug Burden Index measures a patient's cumulative exposure to medications that impair function and increase frailty. This tool is being adopted throughout hospitals, community and residential aged care settings in Australia and internationally.

Continued from page 1 – GSA Welcomes Barr as Visiting Scholar

He worked with multiple foundations to bring the Paul B. Beeson Emerging Leaders Career Development Award in Aging program to NIA. This provides awards to aspiring leaders among early-stage health scientists who have a focus on aging and geriatrics. Barr continued to shepherd the program through multiple transitions at NIH.

In recent years, as NIA received a substantial infusion of funds for Alzheimer's disease research, he led new approaches aimed at expanding the field rapidly, including guiding the creation of an administrative supplement program across NIH to stimulate research in this area.

Barr joins the company of GSA's three other visiting scholars.

Richard Browdie, MBA, FGSA, is working with GSA leaders on ways to increase the dialogue between program developers and system managers and researchers and policy analysts. Patricia W. Slattum, PhD, studying medication outcomes in later life and how drug development and use can be improved to maximize benefits and minimize risks, as well as working with GSA members and staff to strengthen professional development and mentoring

opportunities available through GSA for trainees and gerontologists throughout their career trajectory.

Katie Maslow, MSW, FGSA, focuses primarily on improving care and services for people with cognitive impairment, dementia, and coexisting medical conditions, and supporting their family caregivers. Ning Jackie Zhang, PhD, FGSA, previously served as a visiting scholar during the 2011–2012 academic year, focusing on the Society's Asia Initiative.

The program is ideally suited for faculty taking a sabbatical leave from his or her institution, or those who have reached emeritus status; the length of service can be dependent on the member's schedule. It is designed to provide members with the opportunity to advance GSA initiatives related to their professional interests; combine their research projects with GSA's programmatic needs; view the aging research enterprise through the lens of the larger Society; and broaden their professional network.

For further information, contact GSA Vice President of Professional Affairs Patricia D'Antonio, BSPHarm, MS, MBA, BCGP, at pdantonio@geron.org.

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