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### 2021 Call for Abstracts Open

March 11 is the deadline to submit abstracts for GSA's 2021 Annual Scientific Meeting, taking place November 10 to 14 in Phoenix, Arizona. The theme is "Disruption to Transformation: Aging in the 'New Normal'." Visit [www.geron.org/abstracts](http://www.geron.org/abstracts) for more details.

### SRPP Names Award in Berkman's Honor

GSA's Social Research, Policy, and Practice (SRPP) Section is welcoming nominations for a new distinction, the Barbara J. Berkman SRPP Award for Outstanding Interdisciplinary Research, Practice, or Policy in Aging and Health Care. It is named in honor of Barbara Berkman, DSW/PhD, FGSA, the Helen Rehr and Ruth Fizdale Professor Emerita of Health and Mental Health at Columbia University School of Social Work. It celebrates SRPP section members who have contributed to the well-being of older persons through many years of significant and very substantive contributions to research, practice and policy in aging and health care services. See page 12 for further details on all current awards.

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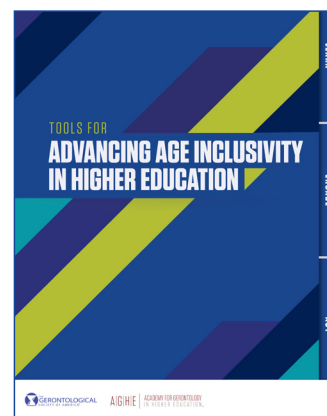
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## GSA Issues Toolkit, Seed Grants to Promote Age Inclusivity Across Campuses

"[Tools for Advancing Age Inclusivity in Higher Education](#)" is a new resource produced by GSA and its educational section, the Academy for Gerontology in Higher Education, with support from AARP.

Advancing age inclusivity can occur at different levels and junctures within an institution — for example, a course or academic program, within a specific college, or across an entire campus. The toolkit can be used by faculty, students, administrators, and other campus leaders. They may be adapted to meet an institution's approach to making the case, building relationships, addressing ageism, crafting new efforts, and conducting assessments.

This suite of tools can be used as a foundation for institutions looking to be more age inclusive in these ways as well as for those interested in becoming members of the [Age-Friendly University \(AFU\) Global Network](#).



"The toolkit came together through the work of colleagues committed to the age-friendly vision and its possibilities, and the contributions of the growing number of

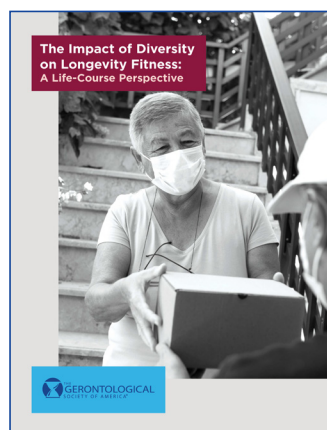
AFU partners who share this vision and have been exploring ways to expand age inclusivity on their campuses," said Joann Montepare, PhD, FGSA, FAGHE, of Lasell University, who chaired the workgroup that oversaw content development for the new toolkit.

*Continued on page 6*

## Inclusion Is Key for All to Thrive Throughout Life, Report Says

When it comes to optimizing "longevity fitness" through attention to social, health, and wealth aspects of life, many Americans face intractable inequities based on the color of their skin, where they live, their sex, and who they love. The COVID-19 pandemic has further demonstrated the additional impacts affecting these demographics through the increased number of cases and mortality rates.

"[The Impact of Diversity on Longevity Fitness: A Life-Course Perspective](#)" — the third report in a series developed by GSA and supported by Bank of America — documents the effects of these inequities and explores the beneficial efforts of corporations and other employers to enhance diversity and inclusion. It uses the term longevity fitness to describe how people can thrive, not just survive, throughout increasingly long life spans



by achieving social, health, and wealth equity.

"Our nation's diversity is one of its great strengths, but we have marginalized certain groups and made it difficult for

them to accumulate financial, health, and social equity," said Richard W. Johnson, PhD, of the Urban Institute, who chaired the workgroup that oversaw content development for the new

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# From the CEO



## Lead from Where You Stand: Be a Vaccine Champion

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

Many GSA members have already received their COVID-19 vaccinations to protect them as they continue their heroic efforts as frontline health care providers. You have taken an important step in eradicating the worst pandemic of our time while reaffirming the value of science — a long string of research insights, across multiple fields, enabled the development of these landmark vaccines in record time.

While physical distancing and masks help to defeat COVID-19, vaccines have the greatest potential to stop the pandemic, but only if they are used widely. And all GSA members, regardless of discipline, can play a significant part in seeing that they're widely adopted.

Vaccine hesitancy is a long-known challenge, even with a vaccine that can prevent the scourge of COVID-19 infections. [A recent Kaiser Family Foundation poll](#) found that smaller shares of rural residents say they will definitely get a COVID-19 vaccine, for example. More concerning, the Wall Street Journal reported that [CVS Health Corp. was encountering hesitancy on the part of long-term-care-facility staffers](#).

For the past decade, GSA has been a strong advocate on this front through its National Adult Vaccination Program and COVID-19 Task Force. As the pandemic unfolded, these groups contributed a number of resources, including a [distancing guide](#) and [aging and immunity fact sheet](#).

And now the first new resource of 2021 is another extremely powerful tool: [COVID-19 vaccine information for older adults](#). (We're running this information in a special multi-page spread in this issue of Gerontology News, too!)

We recognize that members are working with older adults who have questions. Likewise, you will likely get questions from family, friends, and colleagues about the COVID-19 vaccine. This fact sheet gives

answers to common questions so that GSA members can share accurate information.

We provide details on and links to information about the development, safety, and efficacy of the vaccine, how distribution of the vaccine is being coordinated and the subgroups who will receive it first, a background on Operation: Warp Speed, and approaches to discussing the topic with people who may be vaccine hesitant.

GSA is also working with coalition partners to advocate for widespread vaccine adoption. In late December, [we joined with the Partnership to Fight Infectious Disease for a briefing](#) that also marked the launch of the group's VaccinATION campaign to provide critical education and resources. GSA was expertly represented on the discussion panel by Director of Strategic Alliances Elizabeth Sobczyk, MSW, MPH.

Regardless of our daily work setting, we all have it within our power to increase confidence for all adults to get the vaccine. The more they hear accurate information, from people they trust, the more likely they are to get it and contribute to an end to the pandemic.

As amazing an achievement as developing a COVID-19 vaccine in less than a year is, it's only effective if it's widely adopted. We all can contribute to improving public understanding of the vaccine and supporting those who administer it. Lead from where you stand. Help protect family, friends, colleagues, and others you interact with by reinforcing what science tells us about the vaccine — it is safe and effective.

[Read more from James Appleby in his CEO Blog.](#)

## gerontology news

Volume 49, Issue 2, February 2021

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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](mailto: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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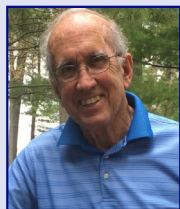
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## In Memoriam



**Tom Hickey, DrPH, FGSA, FAGHE**, passed away on November 8, 2020, at age 80. He served as GSA president in 1992, chair of the Social Research, Policy, and Practice Section in 1982, and president of the Association for Gerontology in Higher Education (AGHE) from 1976 to 1977.

From 1970 to 1976, he taught at Pennsylvania State University. He joined the University of Michigan faculty in 1976 as associate professor and associate research scientist, and was promoted to professor and research scientist in 1981. He was appointed faculty associate in the Institute of Gerontology in 1987.

In the School of Public Health, Hickey directed the health gerontology program. He taught courses on aging and management of chronic illness in addition to health ethics classes that were widely attended by students from across the campus. Hickey's research addressed the problems of chronic impairment in older adults, and he tested a low-intensity exercise intervention designed to help older people maintain their basic functional abilities and delay the need for long-term care.

Hickey was an accomplished scholar, author and leader as an active advocate for research and education in aging and public health. He testified before Congress and served as a consultant to many government agencies. He was the first chair of the American Public Health Association's gerontological health section. Among his many distinctions, he received AGHE's Clark Tibbitts Award in 1996.

Hickey retired as a professor emeritus of health behavior and health education from the University of Michigan in 2002.

## Members in the News

- Sharon Inouye, MD, MPH, FGSA, was quoted in a The New York Times article on December 14, 2020, titled "The Next Vaccine Challenge: Reassuring Older Americans."
- On December 17, 2020, Elizabeth Sobczyk, MSW, MPH, was quoted in an article titled "Leading Health Care and Infectious Disease Experts Join Together to Discuss COVID-19 Vaccine Safety, Equity and Distribution," which appeared across several news sources originating from the Associate Press.

## New Books by Members

- "Living on the Edge: An American Generation's Journey through the Twentieth Century," by Richard A. Settersten Jr., PhD, FGSA, Glen H. Elder Jr., PhD, FGSA, and Lisa D. Pearce, PhD. Published by University of Chicago Press, 2021.

## Colleague Connection

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

**Sherry Beaudreau, PhD, FGSA**

The recipient, who became eligible after referring new member [Anna MacKay-Brandt, PhD](#), 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: **Jacqueline L. Angel, PhD, FGSA**

## Greenberg Named GAPNA President

Sherry A. Greenberg, PhD, RN, GNP-BC, FGSA, FAANP, FAAN has been chosen as president of the Gerontological Advanced Practice Nurses Association (GAPNA). Greenberg stepped into her new position on September 26, 2020, and will work with the GAPNA Board of Directors and staff to guide all operations and strategic planning for the 2,700-member organization. Greenberg will serve a one-year term as president. She currently works as an associate professor at Seton Hall University College of Nursing in New Jersey.

She has devoted much of her career to gerontological nursing and interprofessional education and practice. She is dedicated to improving the geriatric health care workforce trained to support the growing demand for comprehensive, person-centered age-friendly care to older adults. Among her awards, Greenberg was honored with the GAPNA Foundation's Research/Project Award in 2012, and she also received GAPNA's Outstanding Research Podium Presentation in 2013.

## Fingerman Earns Professorship Title

Karen Fingerman, PhD, FGSA, has been named the Sonia Wolf Wilson Regents Administrative Professorship in Human Ecology at The University of Texas at Austin. She is a professor in the Department of Human Development and Family Sciences and School of Human Ecology. Her research focuses on adult development, and she has published widely on a number of subjects, from aging and longevity to the psychological rewards that come out of social ties. Fingerman is also the founding director of the Texas Aging & Longevity Center and director of Research at the newly established Center on Aging & Population Sciences. She is an elected fellow of the American Psychological Association and has won numerous teaching awards, including a Faculty Teaching Award from the University of Texas Natural Sciences Council, a CNS Teaching Excellence Award, and the Distinguished Mentorship in Gerontology Award from GSA's Behavioral and Social Sciences Section.

## Accius, Inouye, Whiting Named Influencers in Aging

Next Avenue, the digital journalism outlet produced by Twin Cities PBS dedicated to covering issues for people 50 and older, has released its fifth annual list of Influencers in Aging. The list honors advocates, researchers, thought leaders and innovators who are changing how we collectively age and think about aging. This year the list honors 20 people, three of whom are GSA members: Jean Accius, PhD, FGSA, of AARP; Sharon Inouye, MD, MPH, FGSA, of Hebrew Senior Life and Harvard Medical School; and C. Grace Whiting, JD, of The National Alliance for Caregiving.



## National Initiatives Advance GSA-Friendly Causes

I have temporarily turned off CNN, muted my phone, and isolated myself (even further) to focus on aging and health policy concerns instead of headlines about the impeachment trial, QAnon, FBI arrests, or the pandemic.

So, here is an eclectic package of the latest in my world — the new Foundation for Social Connection, the RAISE Family Caregiver Advisory Council recommendations, a shout out to the new Hopkins' Economics of Alzheimer's Disease & Services Center, and a short explanation of budget reconciliation, along with my perennial advocacy pitch. In addition, I have included a chart showing aging/health legislation that became law in the 116th Congress that did not fit into last month's article.

### Foundation for Social Connection

GSA is a founding member of the [Coalition to End Social Isolation and Loneliness](#) (CESIL) and actively supported provisions included in last year's reauthorization of the Older Americans Act to expand social isolation programs. Both GSA Vice President of Policy and Professional Affairs Patricia "Trish" D'Antonio and I are active participants in CECSL, and Trish is providing additional support to the new Foundation for Social Connection, which has been created to translate scientific research and evidence into real world policy, campaign, and intervention development.

The foundation has a Scientific Advisory Council (SAC), which includes three GSA members: Louise Hawkley, PhD, a senior research Scientist with NORC at the University of Chicago; Matthew Smith, PhD, MPH, CHES, CPP, FGSA, the co-director of the Center for Population Health and Aging and an associate professor at Texas A&M University; and Thomas Cudjoe, MD, MPH, an assistant professor of medicine at the Johns Hopkins University School of Medicine. The SAC will provide "consensus recommendations on matters of scientific research and evidence that hold bearing over national and local policy, research development, and program implementation and development."

The SAC will support CESIL by sharing relevant research, tools and/or active interventions developing in the field, with the coalition's members; providing scientific recommendations on the initiatives and policy priorities of the coalition; and call attention to areas of need and opportunities for future research and interventions.

GSA will monitor the work of the SAC and share information as it becomes available.

### RAISE Family Caregiver Advisory Council Recommendations

The Family Caregiving Advisory Council (FCAC) recently adopted [26 recommendations](#) that will serve as the foundation

of the National Family Caregiving Strategy. The council was established by the RAISE Family Caregivers Act, which became law in January 2018. Those of us in the field of health and aging policy hailed the RAISE Act as a victory for the recognition of the often overlooked "long-term care system" in this country. The COVID-19 pandemic has certainly erased any doubt as to the important role of caregivers, both paid and unpaid, in the lives of so many across the lifespan. The National Family Caregiving Strategy could not be more needed or more timely.

The recommendations put forth by the FCAC are comprehensive in scope, reflecting the deep knowledge and commitment of the council members. The recommendations cover these categories:

- Promote awareness and outreach for family caregivers
- Engage family caregivers as partners in health care and long-term services and supports
- Improve services and supports for family caregivers
- Advance financial and workplace security for family caregivers
- Increase research, data, and evidence-informed practices on family caregiving

The FCAC will use the recommendations as the basis of its report to Congress this year in which it will outline the national strategy for implementing the recommendations and for a coordinated response across federal agencies.

GSA has long played an essential role in family caregiving research, policy, and practice, through the research conducted by its members, to dissemination of the ground-breaking National Academies of Sciences, Engineering, and Medicine report "Families Caring for An Aging America," to supporting the development of the online Best Practice Caregiving resource, to pushing for an extension of the FCAC that was included in the 2020 Older Americans Act.

For resources and more information on family caregiving, please consult the [RAISE Act Family Caregiver Resource and Dissemination Center](#), which was established to provide adjunct research and resources for the FCAC, policy makers, and other stakeholders.

### New Hopkins Center

One of the bright spots of 2020 was the launch of a new center addressing one of the most intractable issues facing our health care system today: Alzheimer's disease and related dementias. I mean the health care system in the broadest sense — including treatment, supportive services, long-term care, caregiver support, financing, and research translation.

The new center, located at the Johns Hopkins Bloomberg School of Public Health, is called the Hopkins' Economics of Alzheimer's Disease and Services (HEADS) Center. It is led by

GSA member Jennifer Wolff, PhD, the Eugene and Mildred Lipitz Professor of Health Policy and Management and director of the Roger C. Lipitz Center for Integrated Healthcare, and Daniel Polsky, PhD, the Bloomberg Distinguished Professor of Health Economics and director of the Hopkins Business of Health Initiative, who received a \$4.5 million dollar grant from the National Institute on Aging over a five-year period to establish the center.

[My October article](#) featuring the 2020 National Research Summit on Care, Services, and Supports for Persons with Dementia and Their Caregivers, included comments Wolff, who served as that event's co-chair. (I am hoping to become her publicist.)

The focus of the center is to harness the resources of data, such as the National Health and Aging Trends Study and the National Study of Caregiving, a cutting-edge research infrastructure, and funding for both emerging and established investigators to delve into the range of care needs for persons living with dementia and their caregivers. Solutions will address the economics and financing of care, such as accessibility and affordability, as well as quality and equity. When I saw that the center aims to “forge linkages with policy and practice communities,” my heart skipped a beat — and yes, the CNN is still off.

According to the center's website, the HEADS Center will focus on the following initiatives:

- Funding to support novel pilot studies to advance population-based research and attract investigators to the field
- The development of a high-capacity, secure computing environment to support novel population-based data analyses
- Community-building activities to support use of research resources, the dissemination of scientific findings, and partnerships with key stakeholders and advocacy organizations to translate findings into policy and practice

Check out the [HEADS Center website](#) for latest research publications and news of pilot grants, summer programs for early career investigators, and post-doctoral fellowships. And congratulations to our colleagues!

## Budget Reconciliation

The pundits are saying that one of the early tests for new President Joe Biden will be whether he is able to work with both parties in the House and Senate to secure passage of another pandemic emergency funding package. Or whether the Democrats and the administration need to use the budget reconciliation process to move the bill out of a partisan split 50-50 senate.

Biden has said the bill must pass regardless of whether it can be bipartisan. The reconciliation process is actually not extremely fast and could take many weeks, but it allows for passage in the Senate by a simple majority, instead of the typical 60 votes needed to end debate and move forward.

Last year then then-Senate Majority Leader Mitch McConnell (R-KY) delayed consideration of the House pandemic relief proposals

for more than seven months. Since I am running out of space for a thorough explanation of budget reconciliation, I am leaving you with two excellent articles: a recently updated “[Introduction to Budget ‘Reconciliation’](#)” from the Center on Budget and Policy and “[9 questions about budget reconciliation you were too afraid to ask.](#)”

## My Perennial Advocacy Reminder

Citizen advocacy is *so* important, and you can play an important role informing the democratic process. You voted, you even knocked on doors and wrote checks to your favorite candidates, you stayed up for days watching the results trickle in, and you may or may not be happy with the results. But the folks who were elected need to hear from you about what you want them to do during their two, four, or six-year terms. They need to know you care and that you are watching. Further, some of them need the show of public support for their proposals that constituents can bring to the legislative and political debate.

## Join the Ranks of the Policy Fellows!

Finally, our friends at the Health and Aging Policy Fellows Program [are calling for 2021–2022 applications](#): “We invite candidates with a strong commitment to health and aging issues, leadership potential, and interest in aging-relevant policy work to join the next class of Health and Aging Policy Fellows.”

## Bills of Interest that Became Law During the 116th Congress

- [Promoting Alzheimer's Awareness to Prevent Elder Abuse Act](#) (December 22, 2020)
- [ALS Disability Insurance Access Act of 2019](#) (December 22, 2020)
- [CARES Act](#) (March 27, 2020)
- [Supporting Older Americans Act of 2020](#) (March 25, 2020)
- [Families First Coronavirus Response Act](#) (March 18, 2020)
- [Representative Payee Fraud Prevention Act of 2019](#) (March 18, 2020)
- [Pallone-Thune Telephone Robocall Abuse Criminal Enforcement and Deterrence Act](#) (December 30, 2019)
- [Further Consolidated Appropriations Act, 2020](#) (SECURE Act included) (December 20, 2019)
- [Consolidated Appropriations Act, 2020](#) (December 20, 2019)
- [Bipartisan Budget Act of 2019](#) (August 2, 2019)
- [Taxpayer First Act](#) (July 1, 2019)
- [Medicaid Services Investment and Accountability Act of 2019](#) (April 18, 2019)
- [Consolidated Appropriations Act, 2019](#) (February 15, 2019)
- [Medicaid Extenders Act of 2019](#) (January 24, 2019).

# new resources

## Report Looks at PACE Expansion Opportunities

The Commonwealth Fund has published an issue brief, [“Expanding the PACE Model of Care to High-Need, High-Cost Populations.”](#) High-need populations benefit from integrated care such as that offered by the Program of All-Inclusive Care for the Elderly (PACE) model. Understanding the diversity of high-need populations and where they are located can guide optimal expansion of this model.

The goal of the issue brief was to identify high-need, high-cost (HNHC) populations that may benefit from an expansion of the PACE model and determine the size and geographic distribution of these populations. A literature review and expert advisory panel to identify key HNHC populations found that the greatest opportunity for expansion is to the population currently eligible for PACE programs. Significant opportunities exist to serve other high-need populations, some of which are particularly high-cost, and some of which may require changing how PACE is structured.

## AHRQ Review Looks at Older Adult Opioid Use

The Evidence-based Practice Center Program at the Agency for Healthcare Research and Quality (AHRQ) recently completed an evidence review on the [Prevention, Diagnosis, and Management of Opioids, Opioid Misuse, and Opioid Use Disorder in Older](#)

[Adults](#). Researchers identified 5,933 citations, from which they identified 41 studies with multivariable models of factors associated with opioid-related outcomes and 16 studies of interventions in older adults. More than half (22 of 41) of the multivariable analysis studies evaluated factors associated with long-term opioid use (which, though not a harm per se, may increase the risk of harms if not appropriately managed).

Prior or early postoperative opioid use, or greater amounts of prescribed opioids (high number of opioid prescriptions or higher opioid dose), were consistently (100 percent agreement) and strongly (measure of association  $\geq 2.0$ ) associated with long-term opioid use. Back pain, depression, concomitant use of nonsteroidal anti-inflammatory drugs (NSAIDs), and fibromyalgia also had consistent, but weaker, associations with long-term opioid use. Several factors were mostly associated ( $>75$  percent agreement) with long-term opioid use, including benzodiazepine use, comorbidity scores, (generally undefined) substance misuse, tobacco use, and low income.

However, studies were mostly consistent that alcohol abuse and healthcare utilization were not associated with long-term opioid use. Gender, age among older adults, Black race, dementia, rural/nonurban residence, prescription of long-acting opioids, unmarried status, and use of muscle relaxants were variably associated ( $<75$  percent agreement) with long-term opioid use.

## *Continued from page 1 – GSA Issues Toolkit, Seed Grants to Promote Age Inclusivity Across Campuses*

As the toolkit indicates, shifting age demographics are reshaping our social structures with far implications for higher education and age-diverse students with new educational needs. Aging populations are creating career opportunities for which higher education must prepare students as future professionals, and many older learners are looking to higher education to meet their professional and personal needs.

Moreover, programs for age-diverse learners can benefit institutions by helping to offset the consequences of the shrinking enrollment of younger learners. There also are many ways higher education can shape teaching and learning environments that disrupt ageist beliefs and biases in constructive ways and promote intergenerational solidarity.

“AARP is excited to support new ideas and resources, such as the toolkit and seed grants, to help colleges and universities expand their age-inclusive strategies,” said Kamili Wilson, vice president of enterprise initiatives at AARP. “The rapid growth and economic power of older adults offer new opportunities for innovation, employment and education for people of all ages.”

Recognizing that not all institutions may be ready to commit to being an AFU partner but are ready to be more age-inclusive, or that some institutions need additional support to join the AFU network, GSA recently awarded four seed grants of \$2,500 each to support efforts to incorporate age-inclusive principles on campus. This funding also is provided through support from AARP.

The following institutions were awarded for the following projects:

- **Eastern Michigan University:** The Age-Friendly University Faculty Affiliate Fellow Program, which will consist of three one-hour virtual training modules aimed at faculty and instructional staff on how to incorporate and apply AFU principles in the classroom and on campus (Primary faculty: Cassandra Barragan, PhD, MSW, director, Aging Studies Program)
- **University of California, Berkeley:** The UC Berkeley Emeriti Academy Virtual Gathering and Poster Session, a virtual gathering and poster session with students and emeriti in Spring 2021. (Primary faculty: Cary Sweeney, MSG, director, UC Berkeley Retirement Center)
- **University of Nebraska at Omaha:** Imagining an Age Friendly University of Nebraska at Omaha: Content, Colleagues, and Conversation, which will to improve aging research and education within the NU system, and to facilitate interdisciplinary collaborations. (Primary faculty: Julie Blaskewicz Boron, PhD, Leo Missinne Associate Professor of Gerontology and chair, doctoral program; and Lyn Holley, PhD, Dr. Chuck Powell Professor of Gerontology)
- **University of Utah:** Have you heard of HB 60? Promoting Lifelong Learning for Older Adults through Higher Education, which will promote awareness of HB60 to enhance university enrollment and increase engagement with community stakeholders. (Primary faculty: Katarina Friberg Felsted, PhD, associate professor, Gerontology Interdisciplinary Program, College of Nursing)

## ESPO Chair Maps Year Ahead with New Offerings

*By Darina V. Petrovsky, PhD, RN*

My name is Darina V. Petrovsky and I am the incoming 2021 ESPO chair. I am a postdoctoral research fellow at the University of Pennsylvania. My research focuses on the use of music for older adults living with dementia and their caregivers.

GSA became my professional home in 2011, when I graduated from Case Western Reserve University with my master's in nursing. A faculty member from Frances Payne Bolton School of Nursing invited me to attend the Annual Scientific Meeting and I have been a member ever since. Prior to me being elected as vice-chair, I have reviewed abstracts, presented research findings, and co-chaired the ESPO Webinar Task Force. In this role, I contributed to the growth of the ESPO Professional Development Webinar Series and fostered collaborations with other ESPO committees, as well as the National Institute on Aging.

The year 2020 was challenging for many of our ESPO members. Despite the challenges, ESPO remained active and continued to provide our members career development opportunities outside of the Annual Scientific Meeting. Our year-round engagement included two webinars ("[Navigating the Job Market During and Beyond the COVID-19 Era](#)" and "[Leveraging Small Grants to Build Your Research Program](#)"), informal chats, online dissertation writing groups, online and newsletter communications, non-native English speaker abstract pre-review, and local outreach through our volunteer members.

Our past chair, Jamie N. Justice, PhD, made a concerted effort to hold listening sessions with ESPO volunteers to hear their experiences amid the COVID-19 pandemic and national surge in unrest due to human rights concerns and social injustice. Together with our volunteers, we identified ways to support our members through the pandemic with efforts to address social and professional isolation as well as work and life uncertainties. We plan to hold additional listening sessions in 2021 to continue to connect with our members and ESPO volunteers, as the long-term effects of the pandemic will last well into the new year.

As we transition to 2021, we will continue with key ESPO activities, which will include webinars, informal chats, scientific

symposia, online dissertation writing groups, non-native English speaker abstract pre-review and newsletter columns. We will work to advance diversity and inclusion within ESPO with new initiatives in this area led by Vice-Chair-Elect Kalisha Bonds, PhD, RN, PMHNP-BC. We will be expanding the dissertation writing group with partnership with the GSA committees and offer more programs that cross scientific section boundaries.

Feedback from our early career members has always informed the choice of career development activities. For example, we asked our members to fill out a survey at the annual ESPO business meeting held in October 2020. When asked what type of activities our members want to continue in the new year, the top three activities included webinars, dissertation writing groups, and monthly newsletters.

In addition, there was some interest in expanding the informal chats beyond the Annual Scientific Meeting, which are usually offered during the in-person Annual Scientific Meeting and draw many participants. Members who filled out the survey suggested several new activities in the areas of networking (i.e., virtual get-togethers, social events), mentoring, and writing (i.e., manuscript and/or grant). ESPO members identified topics for future webinars, which included career development (i.e., careers outside of academia, putting together a competitive job application), funding, interdisciplinary team building, diversity, and inclusion. Based on this survey, we identified areas of programming that are of most interest to our members and will be reaching out to our ESPO volunteers to organize activities on the suggested topics.

We thank ESPO members who filled out the survey, and encourage members who did not have a chance to fill out the survey to email us ([espo@geron.org](mailto:espo@geron.org)) with any additional suggestions for future programming.

I look forward to serving ESPO in my role as chair, supported by an outstanding team of section officers and hope that 2021 will be full of opportunities for self-care, networking, inclusion, personal and professional growth!

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# Call for 2021 Award Submissions

## CAREER AWARDS

Nominations for these awards open February 1, 2021, and must be submitted by March 31, 2021. 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.

### **Barbara J. Berkman SRPP Award for Outstanding Interdisciplinary Research, Practice, or Policy in Aging and Health Care - **NEW!****

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

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

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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*.

### **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.

## **AMERICAN FEDERATION FOR AGING RESEARCH**

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### **Terrie Fox Wetle Rising Star Award in Health Services and Aging Research**

This award is given to a health services researcher in an early or middle career phase. The candidate should have already made important contributions with work that respects the value of multidisciplinary health services science and that is likely to be highly influential in shaping practice and research for decades to come. This award is managed by the American Federation for Aging Research and involves a presentation at GSA's Annual Scientific Meeting; also note that [nominations are due by March 15](#).

# COVID-19 Vaccine Information for Older Adults

## GSA National Adult Vaccination Program

The following information is being provided to GSA members who work with older adults and wish to support conversations about COVID-19 vaccine.

Results of COVID-19 vaccine trials have been more positive than anticipated, and products are now entering the market through emergency use authorizations (EUAs) from the U.S. Food and Drug Administration (FDA). It is anticipated that more vaccines will be submitted

for FDA approval in the coming weeks. [Visit the FDA website](#) for up-to-date information. Information related to the development of COVID-19 vaccine changes rapidly. While GSA tries to keep this information up to date, consider verifying specific numbers and licensure stages at the links provided or other publicly available sources.

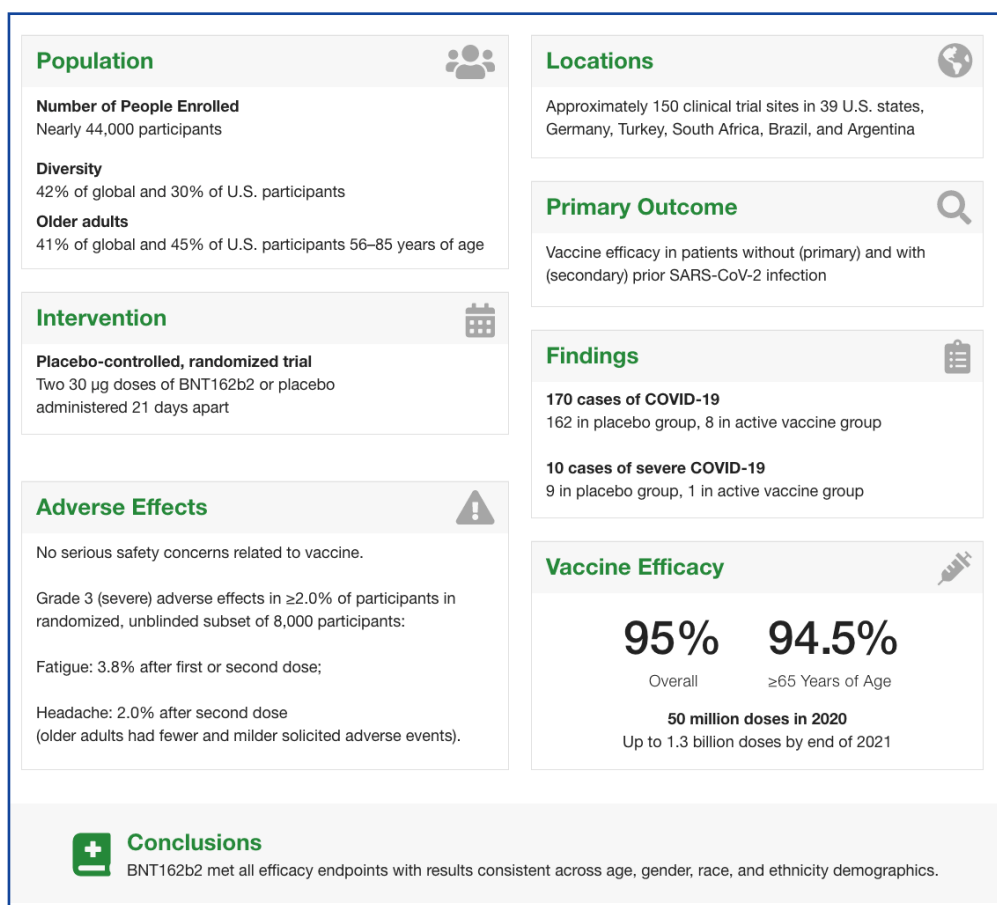
If you have a question that is not answered below, please contact [covid19@geron.org](mailto:covid19@geron.org).

### What is known about the safety and efficacy of COVID-19 vaccines? Were older adults included in clinical trials?

Since the first weeks of COVID-19 spread in the United States, older adults have been at higher risk of infection, disease, severe symptoms and hospitalization, and death. Approximately 4 in 10 of patients needing hospitalization were 65 years of age or older and 80% of those who died of COVID-19 were in this age group. Long-term care facilities have accounted for an inordinate number of cases and deaths, even though only about 1.3 million Americans reside there.

Following clinical trials conducted in small numbers of people (phase 1 and phase 2 trials), phase 3 trials are launched to establish efficacy and safety of vaccine candidates. As of early January 2021, Pfizer/BioNTech and Moderna have been approved for emergency use authorization (EUA) from FDA. The limited details currently available from these trials are shown in Figures 1 and 2.

Figure 1. Phase 3 Results for the Ongoing Pfizer/BioNTech mRNA COVID-19 Vaccine (BNT162b2)



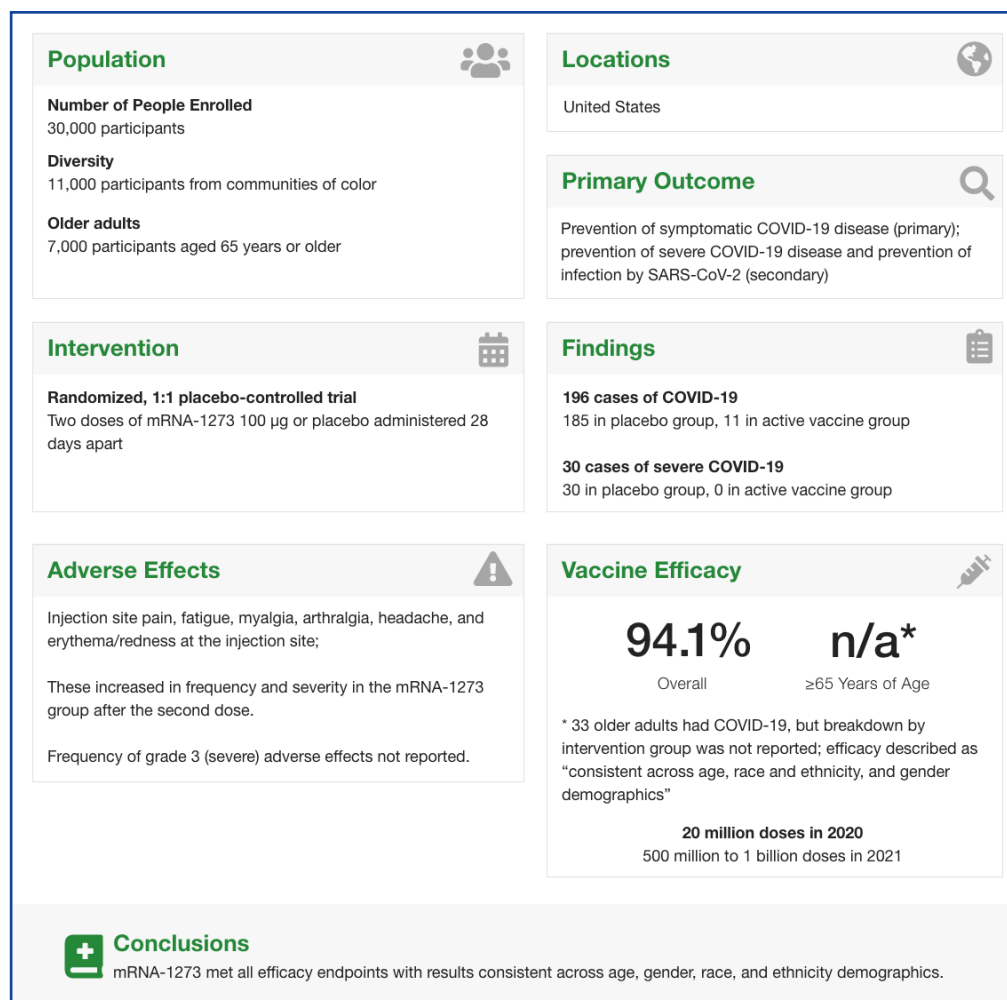
Source: *New England Journal of Medicine* [article](#) and [editorial](#); Pfizer [website](#) and [news release](#).



# COVID-19 Vaccine Information for Older Adults

## GSA National Adult Vaccination Program Continued

Figure 2. Phase 3 Results for the Ongoing Moderna mRNA COVID-19 Vaccine (mRNA-1273)



Source: Moderna phase 1 update [news release](#), enrollment completion [news release](#), and phase 3 [news release](#).

## What is the difference between an emergency use authorization and FDA approval?

Taken from the [FDA website](#): “Emergency Use Authorization (EUA) is one of several tools the FDA is using to help make certain medical products available quickly during the COVID-19 pandemic. In certain emergencies, the FDA can issue an EUA to provide access to medical products that may potentially be used when there are no adequate, approved, and available options.

The EUA process is different than an FDA approval or clearance. Under an EUA, in an emergency, the FDA

makes a product available to the public based on the best available evidence, without waiting for all the evidence that would be needed for FDA approval or clearance.

When evaluating an EUA, the FDA carefully balances the potential risks and benefits of the products based on the data currently available.

EUAs are effective until the emergency declaration ends. EUAs can also be revised or revoked by the FDA at any time as they continue to evaluate the available data.”

# COVID-19 Vaccine Information for Older Adults

## GSA National Adult Vaccination Program Continued

### Where will COVID-19 vaccine be available?

The Centers for Disease Control and Prevention (CDC) is leading states in developing plans to distribute vaccines. [Each state has its own plan](#), and final decisions regarding distribution of vaccines are made at the state level.

The plans are based on several factors:

- Priority groups as determined by the Advisory Committee on Immunization Practices (ACIP) at CDC (see next section), with final decisions made at the state level.
- Storage needs of the vaccine. For example, the Pfizer/BioNTech vaccine requires ultracold storage and will likely be distributed through academic medical centers to health care professionals first. More temperature-stable vaccines will likely be the ones shipped to offices and pharmacies.

- The [Pharmacy Partnership for Long-term Care](#) is coordinating vaccine distribution and administration in long-term care facilities. The pharmacy chains CVS and Walgreens are contracted with the federal government to conduct 3 vaccination days at participating facilities for both residents and staff to receive each of the 2 doses required for the initially available vaccines.
- Pfizer has provided a [U.S. distribution fact sheet](#) with additional details about how they are shipping vaccines in collaboration with the government.
- Once vaccine is more widely available, [vaccinefinder.org](#) will be activated to share sites that have available vaccine.

### Who will get the COVID-19 vaccine first?

While technically states decide who gets vaccine and in what order, most are expected to follow recommendations of the CDC's ACIP. Using [ethical principles to guide its decisions](#) (benefits/harms, health inequities, justice, transparency), [this group recommended and the CDC Director agreed](#) to initially offer COVID-19 vaccines to both health care personnel and residents of long-term care facilities. Paid and unpaid persons serving in health care settings who have the potential for direct or indirect

exposure to patients or infectious materials are eligible for vaccination.

ACIP has since [voted on which groups](#) should be vaccinated after health care personnel and residents of long-term care facilities. Figure 3 shows the recommendations.

The National Academies of Sciences, Engineering, and Medicine was also commissioned to develop a report on equitable allocation of COVID-19 vaccine. [Its final recommendations](#) are similar to those made later by the ACIP.

Figure 3. CDC Recommendations for Phase 1 Sequence of COVID-19 Vaccination

#### Phase 1a

CDC recommends that initial supplies of COVID-19 vaccine be allocated to health care personnel and long-term care facility residents. CDC [made this recommendation](#) on December 3, 2020.

- **Health care personnel and residents of long-term care**

#### Phase 1b

CDC recommends that in Phase 1b and Phase 1c, which may overlap, vaccination should be offered to people in the following groups. CDC made [this recommendation](#) on December 22, 2020.

- **Frontline essential workers** such as fire fighters, police officers, corrections officers, food and agricultural workers, United States Postal Service workers, manufacturing workers, grocery store workers, public transit workers, and those who work in the educational sector (teachers, support staff, and daycare workers.)
- **People aged 75 years and older** because they are at high risk of hospitalization, illness, and death from COVID-19. People aged 75 years and older who are also residents of long-term care facilities should be offered vaccination in Phase 1a.

#### Phase 1c

- **People aged 65–74 years** because they are at high risk of hospitalization, illness, and death from COVID-19. People aged 65–74 years who are also residents of long-term care facilities should be offered vaccination in Phase 1a.
- **People aged 16–64 years** with underlying medical conditions which increase the risk of serious, life-threatening complications from COVID-19.
- **Other essential workers**, such as people who work in transportation and logistics, food service, housing construction and finance, information technology, communications, energy, law, media, public safety, and public health.

# COVID-19 Vaccine Information for Older Adults

## GSA National Adult Vaccination Program Continued

### What is Operation Warp Speed? How is the federal government involved in the development of COVID-19 vaccines?

[Operation Warp Speed](#) is a multi-agency collaboration that has successfully accelerated the COVID-19 vaccine discovery and testing process. By investing money in some companies' research and development process, paying for manufacture of some doses before clinical testing is completed, and agreeing to purchase doses once products are approved for marketing, the federal government accelerated activities of partnering companies.

Not all companies participate in all components of Operation Warp Speed. For example, Pfizer developed its vaccine without research and development or manufacturing costs. But the government contracted to purchase doses if a vaccine is shown to be effective and receives FDA approval (which has now occurred under an emergency use authorizations).

### What is the best way to approach the topic of vaccination with people who may be hesitant?

A [December 3 webinar](#) provided updates for health professionals on CDC's vaccine planning and implementation, including vaccine distribution strategy, current state planning efforts, and the [COVID-19 "Vaccinate with Confidence" strategy](#). This national strategy is intended to reinforce trust in COVID-19 vaccines, empower health care providers in getting vaccinated and recommending the vaccine to patients, and engaging communities in a discussion about these vaccines.

CDC also recommends the [SHARE strategy](#) for strongly advocating COVID-19 vaccines:

- SHARE the tailored reasons why the recommended vaccine is right for the patient given his or her age, health status, lifestyle, occupation, or other risk factors.

- HIGHLIGHT positive experiences with vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in vaccination.
- ADDRESS patient questions and any concerns about the vaccine, including side effects, safety, and vaccine effectiveness in plain and understandable language.
- REMIND patients that vaccines protect them and their loved ones from many common and serious diseases.
- EXPLAIN the potential costs of getting the disease, including serious health effects, time lost (such as missing work or family obligations), and financial costs.

### What other COVID-19 vaccines are in development?

Dozens of other COVID-19 vaccines are in development in the United States and other countries. For the most up-to-date information on progress for individual vaccines and therapeutics, visit the [BIO COVID-19 Therapeutic and Development Tracker](#).

### Are vaccines effective against the variant types of COVID-19 being reported?

Manufacturers are testing the vaccines against newly reported variants. CDC still recommends vaccination with the approved products available.

### Resources

- [AVAC infographic on vaccine development](#)
- GSA's fact sheet, [Aging and Immunity: Why Older Adults Are Highly Susceptible to Diseases Like COVID-19](#) (also available in [Spanish](#) and [Mandarin](#))
- [CDC's Frequently Asked Questions about COVID-19 Vaccination](#)

## Bringing Out the Creativity in Your Students: Visual Demonstrations of Learning

*By Lisa Borrero, PhD, University of Indianapolis*

About 20 years ago, the structure of Bloom's Taxonomy's cognitive domain was revised to include active instead of static terms to represent the hierarchy of student learning objectives. For example, "knowledge" was adjusted to "remembering" and "comprehension" to "understanding". The highest level of the model is now deemed "creating" (having moved up in the hierarchy from the original "synthesis"). Specifically, this level refers to, "Putting elements together to form a coherent or functional whole; reorganizing elements into a new pattern or structure through generating, planning, or producing" (Shabatura, 2013, para. 2).

Providing students with opportunities to demonstrate their learning at these levels is paramount not only for instructors to evaluate their progress on established learning outcomes, but also for students to have an ability to engage with course material in increasingly creative and complex ways. For example, to promote the fulfillment of learning objectives concerned with "creating", gerontology instructors can ask students to craft deliverables that allow them to visually demonstrate their mastery of certain course concepts. This approach also allows for a deviation from the humdrum routine of written demonstrations of learning (e.g. papers and discussion forums) by appealing to a different set of student skills.

Of course, there are many approaches by which to involve gerontology students in a form of creation, using learning objectives starting with terms such as "construct", "design", and "produce". Each can be tailored to incorporate a wide range of requirements for students, from a straightforward, one-time assignment, to a longer-term project involving a deeper dive into course concepts. Some approaches include:

- Demonstrating relationships between different ideas through the use of **concept maps** (e.g. Coggle, MindMup). For example, depicting relationships between ideas and themes found in a gerontology literature review, and demonstrating avenues of community collaboration to address the needs of older adults.
- Presenting a collection of information via interactive, visually-appealing **digital documents or platforms** (e.g. HyperDocs, Blendspace). For example, creating a quick-guide for family caregivers about key community resources, stress-reduction tips, and tools for organizing a healthy daily routine.
- Communicating components of a story or larger idea inspired by the **book bento** strategy (e.g. Thinglink, Piktochart, Buncee). In this strategy, objects are collected that represent a story or collection of related ideas, photographed as a whole,

and annotated to describe their meaning. For example, using a collection of personal objects to represent unique components of optimal aging (then annotating each object using course concepts and credible sources).

- Presenting a visual gallery of information/concepts on a **digital wall** (e.g. Padlet). For example, representing unique ways in which ageism can be dismantled.
- Uncovering the meaning of a complex concept via **photo elicitation**. For example, exploring the meaning of "age-friendly communities" via a series of photographs taken by students to represent various aspects of this concept.
- Articulating learning through **multimedia presentations** (e.g. Animoto, iMovie). For example, present key concepts gleaned from a series of interviews with older adults about meaning-making over the life course.



**RAND is pleased to announce the 28th annual RAND Summer Institute (RSI), which will take place in Santa Monica, CA, July 12-15, 2020.**

The RSI consists of two conferences addressing critical issues facing our aging population: a Mini-Medical School for Social Scientists (July 12-13) and a workshop on the Demography, Economics, Psychology and Epidemiology of Aging (July 14-15). 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 2021 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



# funding opportunities

## NIH Common Fund Offering Grants in Support of SenNet Program

The National Institutes of Health (NIH) Common Fund has issued [three funding opportunity announcements](#) to support the new Cellular Senescence Network (SenNet) program. The program aims to catalyze the development of a framework for mapping cellular senescence and its associated secretory phenotype at high resolution, and to provide atlases of cellular senescence in multiple tissues across various states of human health, and across the lifespan. In addition, it is expected that the SenNet will provide comprehensive sets of biomarkers describing heterogeneous senescent cell states. Letters of intent are due February 8 and applications are due March 8.

## SSA Will Issue Grants for Interventional Cooperative Agreement Program

The Social Security Administration (SSA) has issued a [funding opportunity announcement](#) to establish a new cooperative agreement program to allow the agency to collaborate with states, private foundations, and other non-federal groups who have the interest and ability to identify, operate, and partially fund interventional research.

The research and interventions under this program will target:

- Increased employment and self-sufficiency of individuals with disabilities
- Coordination between private and public welfare agencies to improve the administration and effectiveness of the Disability Insurance (DI), Supplemental Security Income (SSI), and related programs
- Assisting claimants in vulnerable populations in applying for or appealing decisions on claims for DI and SSI benefits
- Outreach to children with disabilities who are potentially eligible to receive SSI

The SSA intends the projects to have a five-year project period, with the first year used to execute necessary data agreements, recruit partners, secure additional funding, and other planning activities. If a project meets these milestones in the first year, funding will be continued to implement and evaluate for up to four years. The SSA expects at least two awards totaling up to \$6 million (combined) in cooperative agreements. The estimated application due date is April 16.

## Kirschstein Awards to Promote Diversity in Health-Related Research

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

Through this award program, promising predoctoral students will obtain individualized, mentored research training from outstanding faculty sponsors while conducting well-defined research projects in scientific health-related fields relevant to the missions of the participating NIH institutes and centers. The proposed mentored research training is expected to clearly enhance the individual's potential to develop into a productive, independent research scientist. This funding opportunity announcement does not allow candidates to propose to lead an independent clinical trial, a clinical trial feasibility study, or an ancillary clinical trial, but does allow candidates to propose research experience in a clinical trial led by a sponsor or co-sponsor. Standard application due dates apply, with the next available due date being April 8, 2021.

## *Continued from page 1 – Inclusion Is Key for All to Thrive Throughout Life, Report Says*

publication. “This report shows how government and business can work together to help everyone thrive throughout their lives.”

The report calls for deep cultural shifts in the place, race, gender, and sexual orientation/identity aspects of life. It states that in order to promote longevity fitness, the inherent biases in the ways people look at one another and treat each other must be addressed.

“With this research, The Gerontological Society of America has taken an important step to understand how to navigate our journeys in life better in an era of longer life spans, with a particular emphasis on diversity in our society,” said Kai Walker, Inclusion Executive, Retirement and Personal Wealth Solutions, Bank of America. “As we all navigate this current pandemic, this report — together with our own research on life priorities and life stages — provides actionable

and inclusive guidance to individuals and families throughout their financial lives.”

Over the past three years, GSA and Bank of America have explored the increasingly long life spans enjoyed by Americans through economic, fitness, and diversity lenses. The 2018 report, [“Longevity Economics: Leveraging the Advantages of an Aging Society,”](#) addressed the problems of systemic ageism and age discrimination and the need for policies and programs that recognize the reality of people living far past the historical retirement age of 65. In 2019, [“Longevity Fitness: Financial and Health Dimensions Across the Life Course”](#) detailed how people can thrive, not just survive, throughout longer lifespans by making changes in their lives aimed at maximizing social, health, and wealth equity.

## Biological Sciences Section Launches Fellows Forum

The Fellows Forum is a new initiative at the biological sciences section of *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*. Its purpose is to enhance the journal's connections to GSA members, and to provide a platform for GSA's Biological Sciences Section fellows to share their insights and experience in the field of aging biology.

The journal, founded in 1946, is the longest standing publication devoted specifically to aging research. GSA recently celebrated 75 years and has among its members some of the top investigators in the field of research on aging. The fellows are acknowledged for making seminal discoveries in their research activities and are without exception committed to advancing their respective fields.

The editors-in-chief have invited a series of pieces from the fellows, asking them to address the current state of biology of aging research and to explore issues of interest to the biology of aging community. The contributions range from historical perspectives and reflections on the field to emerging concepts of relevance to aging biology.

Ultimately, the editors hope that the Fellows Forum will ignite discussion across the journal's readership and at the same time illustrate the extraordinary breadth of aging research. The first Fellows Forum was published in the January 2021 issue and was titled "[You Have Come A Long Way Baby: Five Decades of Research on the Biology of Aging From the Perspective of a Researcher Studying Aging](#)," by Arlan Richardson, PhD, FGSA.

## Series A Publishes Special Section on Telomeres and Aging

The biological sciences section of *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences* has published [a special section in the January 2021 issue](#) focused on telomeres, healthy aging, and longevity. The connection between telomeres and aging was first noticed 30 years ago when researchers discovered that telomere length gradually shortens as adult cells replicate. The causal link between telomere shortening and cell aging followed a few years later when it was shown that reactivation of telomerase prevents cell senescence in multiple different types of adult human cells *in vitro*. At this time, aging and longevity researchers were starting to consider telomere length as an aging biomarker.

Groundbreaking research by Elizabeth Blackburn, PhD, and Elissa Epel, PhD, as well as others have now led to the establishment of telomere length as an important biomarker of aging. The effect of lifestyle factors, such as diet and stress, on telomeres a rapidly developing and exciting area of science. This new special section presents two new studies examining the impact of diet on telomeres during aging, and one new study on the effect of exposure to stress early in life on telomere length in older adults.

## Series B Special Section Focuses on Pandemic and Psychological Aging

The February 2021 issue of the psychological sciences section of *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* includes a special virtual collection of papers on the COVID-19 pandemic and how it relates to issues of psychological aging.

Papers in this special section, "[What Can We Learn About Psychological Aging by Studying Covid-19](#)," provide a snapshot of functioning during the earliest months of the pandemic, in the winter and spring of 2020, across a variety of populations and contexts. In addition to Americans living under varying social and travel restrictions, these papers report on experiences of individuals living in Sweden during a period of voluntary social distancing and individuals living in Spain during a mandatory lock-down. Most of the papers find that the typical age difference found in the psychology literature, such that older adults report higher levels of well-being than their younger peers, appears to be robust even in the early parts of the pandemic.

While these papers highlight psychological strengths that older adults may bring to the experience of the pandemic, they also raise important questions about risk perception, worry, and loneliness. The work presented in these papers represents an important first step in describing psychological processes related to aging in the pandemic context, but more work is needed that documents changes over time and more specifically tests mechanisms. This is therefore the focus of a new call for papers for a virtual collection to be titled "[COVID-19 and Aging 2.0](#)." The manuscript submission deadline is March 15.

## PP&AR Tackles Role of Place in Aging

The first *Public Policy & Aging Report (PP&AR)* issue of 2021, "[Place, Policy, and Aging](#)," highlights research on the multilayered geographic and policy contexts that impact aging across the U.S. Articles range in focus from federal, state, and local policies, to local programs and the broad environmental contexts in which people age in place.

This collection of articles emphasizes the disparate impacts of policies and local contexts on aging, paying particular attention to healthy aging in vulnerable populations (e.g. minority, low income, rural, immigrant), and makes clear how levels of policy-making and program development interact with diversity in the needs and abilities of aging individuals to create complexity in making policy for promoting the welfare of an aging population. It also clarifies how place is related to the characteristics of people, the environment, government, and policies. These articles are co-authored by teams of scientists who span a range of fields represented in GSA's Behavioral and Social Sciences Section (e.g., sociology, economics, epidemiology, gerontology).

## Disability Disparities May Be Explained by Obesity, Smoking, Physical Labor

Excess body mass, smoking, and manual labor explain a large proportion of disability disparities in the U.S., according to a [new University of Michigan \(U-M\) study](#) published in *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*.

While it's well documented that those with less education, and especially those without a high school diploma, are more likely to become disabled, less is known about the mechanisms behind that link, the U-M researchers say.

"We know that smoking, obesity, and manual labor are heavily shaped by educational attainment, and that they in turn increase the risk of disability," said lead author Tarlise Townsend, who conducted the work while a doctoral student at U-M's School of Public Health.

"So we wanted to know at the U.S. population level, how much of the educational disparities in disability are explained by those three factors? We wanted to better understand the pathways by which education 'gets under the skin' to influence disability risk."

Townsend and colleagues found that those three factors accounted for 60 percent of educational disparities in disability in younger women (65 and younger), 65 to 70 percent in younger men, 40 percent in older women, and 20 to 60 percent in older men.

They followed more than 3,000 individuals at risk for disability from 2003 to 2015 by using data from the nationally representative Panel Study of Income Dynamics — the longest running longitudinal household survey in the world — housed at the U-M Institute for Social Research.

To define disability, the researchers utilized a standard set of survey indicators that ask about people's ability to carry out everyday life activities such as bathing or showering, preparing meals and doing heavy housework.

While previous research had looked at prevalence of disability, which provides a snapshot of who has a disability at a given time, the U-M study increased methodological rigor by looking at incidence, or the switch from not having a disability to having a disability.

"Then we said, 'OK, what is the role of these three factors in explaining educational disparities in disability? If, for example, nobody had smoked in the population, how much smaller would the disability gap be? If nobody were overweight or obese in the population, how much smaller would the disability gap be?'" Townsend said. "That allowed us to estimate how much of the disability gap in the U.S. population is explained by those risk factors, versus how much of it has to be explained by other mechanisms."

The researchers found that smoking and manual labor were the main drivers of disparities in disability in men under 65. Whereas for both younger and older women, the main driver was overweight and obesity.

"If we want to reduce disparities in disability, we need to understand the mechanisms by which educational attainment translates into disability," Townsend said. "It's crucial to remember that changing these risk factors requires much more than individual-level volition."

"These behaviors, as well as the type of work people do, are shaped by a range of powerful societal forces. If we want to reduce

disparities in disability, we need to think hard about how we can both improve educational attainment and 'unlink' education from these risk factors: occupational opportunity, obesity and smoking."

For a long time, disability seemed to be falling in the American population, but that trend ended in the early 2000s, Townsend said. Now, Americans are becoming disabled at younger ages, and educational disparities in disability seem to be growing.

"We don't understand why disability levels in the U.S. have plateaued and why disparities in disability by educational attainment are so large," said co-author Neil Mehta, PhD, an assistant professor of health management and policy at U-M's School of Public Health. "Our study helps shed some light in understanding these troubling patterns."

The journal article is titled "Pathways to educational disparities in disability incidence: The contributions of excess BMI, smoking, and manual labor involvement."

## Study Shows How Romantic Partners Influence Each Other's Goals

Over the long-term, what one partner in a two-person relationship wishes to avoid, so too does the other partner — and what one wants to achieve, so does the other. These effects can be observed regardless of gender, age, and length of the relationship, as researchers from the University of Basel [report in a study of more than 450 couples](#).

The research team from the University of Basel's Faculty of Psychology wanted to examine the short- and long-term interdependence of approach goals and avoidance goals within couples. The participants reported whether they had tried to avoid conflicts or share meaningful experiences with their partner that day. This was followed by an analysis of how the information affected the goals of the partner.

The goals of each person were recorded daily over the course of two 14-day measurement periods at an interval of 10 to 12 months; 456 male-female couples took part. The average age of the participants was just under 34 years old, and the average relationship length was almost 10 years. The study appears in *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*.

The study showed that when one person within a couple avoids distress and conflicts, for example, the other tries to do the same. And conversely, when one person seeks personal growth and meaningful experiences, the other wants to achieve them too. The team of psychologists, led by first author Jana Nikitin, PhD, found significant delayed effects between the partners. These appeared regardless of gender, age, or relationship length.

It was notable that the daily goals of one partner — which can change — mainly coincided with the medium- and longer-term goal trends of the other partner. It therefore takes several days to months for the long-term relationship goals of one partner to have an impact on the goals of the other.

"This could be an adaptive mechanism to maintain the stability of the relationship," said Nikitin, "by not being influenced by every momentary shift made by the partner."



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