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Board of Directors Meets

The GSA Board of Directors met on December 15 and 17, 2020, via Zoom, led by Chair S. Michal Jazwinski, PhD, FGSA. The Strategic Planning Workgroup submitted the GSA 2021 Strategic Plan and the Finance Committee submitted the GSA 2021 Operating Budget; both were approved by the board. The CEO provided an update on FY 2020 Society activities and fulfillment of the 2020 GSA Strategic Plan. The board accepted a report from the Diversity and Justice Working Group and asked staff to collaborate with the working group and other GSA members and leaders to implement recommendations. The board also received an overview of advocacy-related activities and Reframing Aging Initiative momentum-building activities, and approved the editor-in-chief position for the *Journals of Gerontology: Medical Sciences*. And the Membership Committee submitted, and the board approved, the creation of the Barbara J. Berkman SRPP Award for Outstanding Interdisciplinary Research, Practice, or Policy in Aging and Health Care.

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GSA Mourns Loss of Board Chair Kathy Hyer

Kathryn Hyer, MPP, PhD, FGSA, FAGHE, who had just taken office as chair of GSA's Board of Directors following her one-year term as president, passed away on January 1 at age 67 after a battle with cancer.

She was a GSA member for more than 30 years and served as an exemplary leader during her 2020 term as president.

"Kathy was undaunted in the face of extraordinary professional and personal challenges," said GSA CEO James Appleby, BSPHarm, MPH, ScD (Hon). "She saw the opportunity for GSA to support members as they wrestled with the COVID-19 pandemic and took steps to address systemic racism. She promptly established the COVID-19 Task Force and Diversity & Justice Working Group, respectively."

Appleby emphasized that Hyer was always focused on how she could help others and how



Hyer

GSA could help its members.

"Even as Kathy experienced declining health, she provided constant encouragement to her colleagues, volunteer leaders, and the GSA staff,"

Appleby said. "She was filled with gratitude for all that GSA members do to make the Society successful. It was an honor to work so closely with her as president."

In addition to being a GSA and AGHE fellow, Hyer previously served as chair of the Social Research, Policy, and Practice Section, member of the GSA Executive Committee, and AGHE treasurer. And she had the

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Disruption to Transformation: Aging in the "New Normal"

By President and Board of Directors Chair Theresa (Terri) Harvath, PhD, RN, FAAN, FGSA

Preface: Although my formal message (right) was completed in early December, I awoke on January 1 to the news of Kathy Hyer's death. Kathy was diagnosed with cancer during her presidential year, but she bravely soldiered on, committed to completing her term as president. Her leadership during an unprecedented year of chaos and disruption was impressive. It is all the more remarkable when considered in light of her health challenges. Kathy's commitment and contributions to gerontological research and aging policy will leave a positive impact on the lives of older adults for years to come. It has been a true privilege to know her and work with her. I know I speak for many colleagues in acknowledging the deep loss to our field that her death represents. I offer my sympathy to her family, friends and colleagues. We have lost one of the giants in gerontology.



Harvath

2020 was a year like no other in recent history. The global coronavirus pandemic has been devastating, causing more than 1.5 million deaths worldwide. It has taken a disproportionate toll on older adults and

people of color, exposing the many inequities that exist in health care, especially in the United States.

The COVID-19 pandemic disrupted the lives of countless individuals, families and communities, especially those working on the front lines caring for older adults. I offer my sincere condolences to those of you who have

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Society Wins When We Invest in Science

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

A [recent survey commissioned by the Research!America alliance](#) found that there is strong bipartisan support for science in the U.S. It showed that a strong majority of people in the survey agreed that the COVID-19 pandemic requires a refocusing of the country's commitment to science, that more funds should be invested in science, and that that science should be supported by the federal government.

As the world prepares to implement an extraordinary vaccine rollout to defeat the pandemic, this moment in history affords us the opportunity to reinforce how important science is and helps us transition to whatever challenges lie ahead. In his victory speech, President-Elect Joe Biden said he will heed America's call "to marshal the forces of science and the forces of hope in the great battles of our time."

In [my May 2019 column](#), I lamented "The Death of Expertise," referencing a book by that title authored by Tom Nichols. It examines the rise of distrust of experts, including scientists. [Earlier this year](#), I expressed hope that the pandemic would bring about a rebirth of appreciation of expertise as public health scientists guided our public health response. Unfortunately, their messages did not resonate with all.

But the hope remains. We now have vaccines that can turn the tide. And all those who cooperated to enable their rollout should be afforded rock star status — from researchers toiling over the past thirty years to establish the scientific building blocks underpinning this new technology, to the research-intensive pharmaceutical industry, to regulatory bodies and clinical trial volunteers, and the health care professionals who will administer hundreds of millions of injections. The vaccines demonstrate what science can achieve. With proper support, a process that could have taken over a decade was achieved in less than a year.

As we move forward, we must take stock of what scientists, regulatory bodies, and the health care community still must consider. How do we learn from this vaccine development process to prepare for future vaccines? What have we learned from the recruitment of clinical trial volunteers, particularly older adults? How can we learn to communicate the value of vaccines? How must we strengthen the public health infrastructure so we are better prepared in the future?

If our hope for the rebirth of expertise is to be sustained, we must be vigilant. GSA recently joined a number of other organizations in [endorsing an article in the journal BioScience](#), wherein many past presidents of the American Institute of Biological Sciences issued an appeal for the reinvigoration of sound policy and governance through the careful consideration of sound science.

The authors write, "For our society to survive in the complex modern world, we must all unite to promote the best science possible, use it to meet the challenges we face, and implore policymakers to listen to and act on the best information that scientists provide."

Even in these times, society wins when we invest in science.

I know the GSA community shares this outlook — as certainly demonstrated by the strong participation in the recent GSA Annual Scientific Meeting Online. And I know this desire to move the science of aging forward will again be on display as you prepare your abstracts for this November's Annual Scientific Meeting in Phoenix.

Wishing you a rewarding and meaningful year ahead!

[Read more from James Appleby in his CEO Blog, including a tribute to Kathy Hyer.](#)

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In Memoriam



Elias S. Cohen, JD, FGSA, passed away on November 24, 2020, at age 93. He was GSA Social Research, Policy, and Practice Section chair in 1974 and editor-in-chief of *The Gerontologist* from 1976 to 1981. In 1956, he was appointed as Pennsylvania's first commissioner on aging. From 1968 to 1970, he served as the state's commissioner of family services, administering public assistance programs. In 1975, he earned a degree from the Temple University Beasley School of Law. After serving on the faculty of the University of Pennsylvania School of Medicine, he became the attorney directing the Project on Aging, Law, and Long-Term Care at the Public Interest Law Center of Philadelphia.

Members in the News

- Tetyana Shippee, PhD, FGSA, and Diana White, PhD, FGSA, were quoted in a November 12 McKnight's Senior Living article titled "Road to assisted living quality: review of staff efforts, metrics."
- On November 16, Fernando Torres-Gil, PhD, FGSA, and Brian W. Lindberg, MMHS, were quoted in a Next Avenue article titled "What the 2020 Election Results Mean for Older Americans." This piece also ran in Forbes.
- On November 24, Pamela A. Saunders, PhD, was interviewed on WJLA's "Good Morning Washington" in a segment titled "Holiday safety for the aging."

Colleague Connection

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

Jenny Alderden, PhD, RN

The recipient, who became eligible after referring new member [Rebecca Goodwin, JD](#), 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:

Shelbie Turner, MPH

Hayflick Items Accessioned by Smithsonian

In the early 1960's when cell culture became popular, ordinary microscopes were incapable of viewing cells through the thick glass vessels then used. Former GSA President Leonard Hayflick, PhD, now at The University of California, San Francisco, modified a crystallographer's inverted microscope that overcame this problem. It is the grandfather of all inverted microscopes now in use by cell culturists globally and has been [accessioned by the Smithsonian Institution History of Science Section](#).

Hayflick found that normal human cells, unlike immortal cancer cells, had a finite replicative capacity and suggested this to be aging at the cell level. He found that his normal human cell strain, WI-38, grew all of the then known human viruses and that it was superior to the dangerous primary monkey kidney cells then in use for poliovirus vaccine production. WI-38 vaccines also include measles, mumps, rubella, varicella (chicken pox), herpes zoster, adenovirus, rabies and Hepatitis A. In the U.S. the estimated number of cases averted with WI-38 grown vaccines from 1960–2015 was 198 million and 4.5 billion globally. The total number of deaths averted from these diseases was approximately 450,000 in the U.S. and 10.3 million globally. Containers of WI-38 grown human virus vaccines have been [accessioned by the Smithsonian Institution History of Science Section](#).

Guralnik Earns Alliance for Aging Research Award

The Alliance for Aging Research named Jack M. Guralnik, MD, PhD, MPH, FGSA, as the 2020 recipient of its Daniel Perry Founder's Award. This distinction is presented to an individual who is helping to change the paradigm of how we view aging and well-being as we age. Guralnik is a professor of Epidemiology & Public Health at the University of Maryland School of Medicine. He spent 25 years doing epidemiologic research at the National Institute on Aging and was chief of the intramural Laboratory of Epidemiology, Demography and Biometry. He has received multiple professional awards during his career. In 2005, he was awarded an honorary doctorate from the University of Tampere, Finland, and in 2009 received the National Institutes of Health Director's Mentoring Award.

Kheirbek To Lead New University of Maryland Division

Raya Elfadel Kheirbek, MD, MPH, a professor of medicine and chief of the Division of Palliative Medicine at the University of Maryland School of Medicine, has been appointed as chief of the newly merged Division of Gerontology, Geriatrics and Palliative Medicine. Kheirbek and her multidisciplinary team aim to increase interdisciplinary research collaboration and lead clinical and educational programs across campus and at the VA Geriatric Research Education and Clinical Center.

Kopera-Fryer Takes Hawaii Dean's Post

University of Hawaii at Hilo Chancellor Bonnie D. Irwin has announced the appointment of Karen Kopera-Frye, PhD, FGSA, FAGHE, as the new permanent dean of the College of Arts and Sciences following the UH Board of Regents meeting held virtually on September 17.

Kopera-Frye was previously a professor in public health sciences at New Mexico State University, a position she has held since fall 2016. For more than 18 years, she has served in a variety of academic leadership positions, including tenured professor, internship and assessment coordinator, numerous director roles and more.

Kopera-Frye has an extensive list of refereed publications, newsletter articles, presentations and published abstracts from 1985 through 2019 with more in progress. She is skilled in community-based participatory research, grant writing and in obtaining external fiscal resources for programs serving those who are rural and/or economically disadvantaged, especially among Indigenous groups.

Last Actions of 116th Congress Address Appropriations, Pandemic Relief

Preface: My sincere sympathies go out to the GSA family, who knew Kathy Hyer and worked with her for many years. I hope you saw my [November interview with Kathy](#); even as she battled cancer, she kept giving to GSA in so many ways. I had wonderful experiences working with her over the years and benefited from her leadership, insights, and commitment. She always provided the support I needed to do my job. I was honored to call Kathy a friend.

Since our last chat about the elections, the nation has worked its way through the election-related legal challenges by the outgoing president and witnessed the December 14 vote that certified the results by the Electoral College.

As we go to print, there are at least 140 members of the House and 12 members of the Senate who will team up on January 6 to challenge the electors in several states (likely Arizona, Pennsylvania, Nevada, Georgia, and Wisconsin), even though Senate Majority Leader Mitch McConnell (R-KY) had asked his caucus not to do this. This will lead to debate in each chamber and votes by the House and Senate, with Vice President Mike Pence overseeing the process. The outcome of the process — the counting of electoral votes to reaffirm Joe Biden as president-elect — is ensured given the Democratic majority in the House and statements of support by some of the Republicans in the Senate.

All that being said, there have been glimmers of bipartisanship in the face of potential inaction on the emergency needs of Americans facing the pandemic and the possibility of another government shutdown. Congress passed continuing resolutions (CRs) while negotiations continued on the appropriations levels for FY 2021, as well as on pandemic relief.

Passage of the CRs allowed time for the merging of the bills to combine funding for government for the rest of the fiscal year (through September 30) with a modest pandemic relief package — if one can consider nearly a trillion dollars modest (some of the funds are reprogrammed). Here are some of the details.

FY 2021 Appropriations

The final bill titled “Consolidated Appropriations Act, 2021” — H.R. 133 — was signed into law on December 27. Here are a few key items from the final FY 2021 Labor, Health and Human Services, Education, and Related Agencies section of the bill:

The bill provides a total of \$42.934 billion for the **National Institutes of Health (NIH)**, an increase of \$1.25 billion. The bill increases funding for each institute and center by no less than 1.5 percent, with the National Institute on Aging receiving \$3,899,227,000, a \$355,554 million increase. The bill provides

no less than \$3.118 billion for **Alzheimer’s disease and related dementias research**.

Additionally, the bill includes \$42.7 million (a \$2 million increase) for the **Geriatrics Workforce Enhancement Program** and Geriatrics Academic Career Awards program; a \$35 million increase for the Administration for Community Living, with \$2.1 billion total for **Older Americans Act** programs and programs serving individuals with disabilities, including increases of \$15 million for meals, \$3.5 million for caregiver supports, and \$1 million for the **Long-Term Care Ombudsman Program**; \$7.87 billion for the **Centers for Disease Control and Prevention**, an increase of \$125 million; \$56 million (an increase of \$5 million) in **public health workforce** initiatives; \$29.3 million (an increase of more than \$2 million) for the **Diabetes Prevention Program**; and \$63.9 million (an increase of \$3 million) for the only federal program addressing the **nation’s racial and ethnic health disparities** (Racial and Ethnic Approach to Community Health — REACH).

Pandemic Relief Package

The pandemic relief package provisions were driven in part by the need to address the imminent loss of unemployment benefits for more than 12 million Americans at the end of December. As the covid-19 surge continues, much is needed — more PPE and testing equipment, more loans for small business, more cash and protections for families struggling to pay rent and buy food, more home-delivered meals and funds to protect nursing home residents, and funds for states and local governments stretched to their limits.

Most of the Senate was reelected without having passed this needed legislation, so whether they would compromise before the holiday recess or wait until next year or until after January 20 has been a mystery. To help the stalled process along, a bipartisan group assembled the proposals that became the key elements of the \$900 billion package.

The bipartisan group given credit for developing the package was led by Senators Susan Collins (R-ME) and Joe Manchin (D-WV), joined by Senators Mark Warner (D-VA), Jeanne Shaheen (D-NH), Maggie Hassan (D-NH), Angus King (I-ME), Lisa Murkowski (R-AK), and Bill Cassidy (R-LA), along with Representatives Tom Reed (R-NY), Josh Gottheimer (D-NJ), Anthony Gonzalez (R-OH), Dusty Johnson (R-SD), Fred Upton (R-MI), Abigail Spanberger (D-VA), and Dean Phillips (D-MN) — in case you’d like to thank them.

As the discussion about the plan unfolded, the strategy was developed to split the proposal into two bills. The one bill, a \$160 billion bill that includes the two most controversial proposals — dealing with more money for state and local governments

(Republicans have objected) and protections against coronavirus-related lawsuits (Democrats have objected).

The other bill eventually included about \$900 billion in funding for broadly supported programs to help small businesses, schools, the unemployed, and to address health care issues. The bill is far from the Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act passed by the House in May or the HEROES Act 2.0 (skinny version — \$2.2 trillion) passed in October as a proposed compromise between the larger HEROES Act (\$3.4 trillion) and the Senate Republican Health, Economic Assistance, Liability Protection and Schools (HEALS) Act (\$1 trillion). None of those bills became law.

But make no mistake about it, it is real money that is desperately needed, and Biden will offer an additional proposal shortly after taking office. GSA, primarily through the Leadership Council of Aging Organizations, has supported the two HEROES Acts that proposed a clear set of funding and programmatic requests to Congress.

The bill signed by President Donald Trump includes: funding for **an extension of all pandemic unemployment insurance programs** and provides Federal supplemental unemployment insurance benefits of \$300 per week from the end of December into March 2021; **health care funding** including \$35 billion to the Provider Relief Fund; \$7 billion for rural providers and \$1 billion for **tribes, tribal organizations, urban Indian health organizations**, and health service providers to tribes; a directive to the **Department of Health and Human Services** to consider appropriate distribution of funds, including for health providers who were under-represented in previous allocations, or are at risk of imminent closure; **vaccine development and distribution, testing, and tracing**; and \$1 billion for **addiction and mental health**, including state systems for technology modernization and fraud prevention.

There is also an extension of the **Paycheck Protection Program & Small Business** (\$300 billion), **education funding, student loans deferment, transportation industry funding, rental assistance, nutrition including \$750 million in Older Americans Act nutrition, U.S. Postal Service support, childcare providers, and broadband resources**. The state and local funding (objected to by Republicans) and the liability protections bill (objected to by Democrats) have been dropped for the time being.

Extenders Package

In addition to the appropriations and pandemic relief bills, there was an effort afoot to pass the annual health extenders package, which the Leadership Council of Aging Organizations had hoped would include (and did include) the following Medicare and Medicaid provisions. It was wrapped up in the big appropriations/pandemic bill, as well:

- Make permanent, within any Medicaid-funded Home and Community-Based Services (HCBS) program, protections against spousal impoverishment.

- Make permanent the Medicaid HCBS Money Follows the Person Program.
- Extend — preferably with permanent, increased funding — support outreach and enrollment activities for Medicare beneficiaries with low incomes.
- Prevent cuts to the Medicaid Disproportionate Share Hospital program.
- Extend funding for Community Health Centers.
- Exercise flexibility regarding implementation of electronic visit verification for Medicaid-funded personal care services and home health services.

Please see the [House Ways & Means Committee press release](#) for additional information and links.

So, that is the year-end frenzy you likely heard about. The results will make a real difference for many who are hurting during this pandemic. We'll start the process all over again in January with some new faces and in February/March when our next president sends his first budget up to the Hill.

Let me end with a quote from Thucydides (460–394 BC), an ancient Greek historian who has been referred to as the father of scientific history because of his GSA-like strict standards of evidence-gathering and analysis of cause and effect without reference to intervention by the gods. He said, “In a democracy, someone who fails to get elected to office can always console himself with the thought that there was something not quite fair about it.” Sounds like something one would have recently heard on “Meet the Press.”

Recent GSA Policy Actions

GSA, working with the conveners of its Cancer in Aging Interest Group, [Shelley Bluethmann, PhD, MPH](#) and [Jessica Krok-Schoen, PhD, MA](#), submitted comments for the United States Preventive Services Task Force's Draft Recommendation Statement for Colorectal Cancer Screening.

GSA, with support from its National Adult Vaccine Program Workgroup, submitted comments to the Agency for Healthcare Research and Quality Evidence-based Practice Center's “Safety of Vaccines Used for Routine Immunization in the United States: An Update” report.

GSA joined 170 organizations to sign on to a letter from American Society for Microbiology and the American Association for the Advancement of Science to congressional leadership urging swift action to complete work on the FY 2021 appropriations bills.

GSA signed on to the Leadership Council of Aging Organization's FY 2021 appropriations bill urging congressional leadership to include adequate funding levels for the Older Americans Act and other key programs within the Departments of Health and Human Services, Labor, Housing, Transportation, Agriculture, and Justice that prioritize and promote the goal to enhance the dignity, health, and independence of older adults.

new resources

National Academies Publication Explores Airborne Coronavirus Transmission

The National Academies of Sciences, Engineering, and Medicine has released "[Airborne Transmission of SARS-CoV-2: Proceedings of a Workshop In Brief](#)." In August 2020, the Environmental Health Matters Initiative at the National Academies hosted a virtual workshop on airborne transmission of the virus that causes COVID-19. Thousands of researchers and experts in aerosol sciences, virology, infectious disease, and epidemiology came together to discuss the evolving science related to the spread of the virus.

New Platform Helps Older Adults Ask for and Get Age-Friendly Care

The John A. Hartford Foundation has partnered with WebMD, one of the internet's most popular consumer-focused health and wellness websites, to provide older adults and their caregivers with information and tools they can use to get age-friendly care. The dedicated partnership portal, [Over 70: Take Control of Your Health](#), has dozens of articles, tools, videos, and other resources for consumers to learn about and receive age-friendly care focused on what matters to them.

Continued from page 1 – Disruption to Transformation: Aging in the "New Normal"

lost family, friends, or colleagues during this pandemic. I also thank you for your ongoing efforts to mitigate the negative consequences of the novel coronavirus and the COVID-19 pandemic through your relentless dedication to research, education, and clinical practice, even under the most adverse of circumstances.

While the events of 2020 caused tremendous distress and unrest, I think we would be remiss if we didn't recognize that these moments of immense upheaval in history also create the openings to make big, transformative changes that are often not possible in the context of life as usual. Please note that I am not in any way trying to diminish the significance and challenges that have been the hallmarks of 2020. Instead, I want to suggest that in the midst of chaos, we have, perhaps, unprecedented opportunity for change.

We see evidence for this in nature. For example, one of the first species of plants to regenerate after a destructive forest fire are fire poppies, whose delicate beauty sits in stark contrast to the surrounding devastation. In "The Structure of Scientific Revolutions" (1962), Thomas Kuhn proposed that science doesn't unfold in an orderly fashion, but instead experiences periodic explosions of theories where the old world order is replaced with a new paradigm that accounts for those findings that couldn't be explained by prior conceptualizations.

I propose that the disruption that defined this past year offers us opportunities to make dramatic shifts in how we conduct research, how we view isolation and connection, how we deliver care to our most vulnerable populations and how we ensure equitable advancement among all of our GSA scholars. At a time when the way we have always done some things no longer works, let's seize the moment to shift our paradigms and create new ways of thinking, doing and being. In the wake of this chaos, I hope that innovation can amplify the recovery. When the dust settles, instead of things returning to normal they could instead become a new normal, with more emphasis on "new" than on "normal."

I thank Kathy Hyer for her stalwart leadership of GSA during this past year. She established a COVID-19 Task Force that met weekly during the early months of the pandemic, in order to help our members make sense of a rapidly shifting public health crisis and to offer sound, evidence-based advocacy on behalf of the GSA and older adults. She also formed a Diversity and

Justice Working Group to provide guidance to the Board of Directors so that we can work to dismantle the structural racism that has resulted in unacceptable inequities in health, health care, and in professional advancement.

I also thank Michal Jazwinski and the entire GSA Board of Directors for their tremendous efforts to ensure that our new governance structure was enacted collaboratively and with integrity.

I am so grateful to our CEO James Appleby and the entire GSA staff who successfully navigated one of the most challenging years to date and ensured that we remain strong and financially stable despite the many obstacles that characterized 2020. They pivoted quickly and worked tirelessly to host our first ever virtual conference so that we could share our scholarship and celebrate our members' accomplishments.

Finally, I appreciate all of you, the members of The Gerontological Society of America, for electing me as the president for 2021. GSA has been my professional home since 1986 and I am truly humbled by the opportunity to lead an organization that plays such an integral role in improving the health and well-being of older persons. I wish you all the best in this new year. Stay safe.

Theresa (Terri) Harvath, PhD, RN, FAAN, FGSA, is a professor and the senior director for strategic initiatives at the Betty Irene Moore School of Nursing at the University of California, Davis. She also serves as the founding director of the school's Family Caregiving Institute, which launched in 2017 to advance research, education and policy to support caregivers. An internationally recognized expert in gerontological nursing and nursing education, Harvath focuses her scholarship on improving the health and healthcare for frail older adults and their family caregivers. Prior to her UC Davis appointment, Harvath was the director of the Hartford Center for Geriatric Nursing Excellence and the Advanced Practice Gerontological Nursing Program at Oregon Health & Science University School of Nursing, where she was also a professor. Harvath has been a member of GSA since 1987 and served as chair of the Health Sciences Section in 2018. She earned a master's degree and a doctorate in nursing from Oregon Health & Science University and a Bachelor of Science degree in nursing from the University of Wisconsin, Madison.

Hello from the New Communications Task Force Members!

By Shelbie Turner, MPH, with the entire task force

Happy New Year, ESPO!

I'm looking forward to an exciting year. For those of you who do not know me yet, my name is Shelbie and I am ESPO's Communications Task Force lead. This year as lead, I will work with the rest of the task force to evaluate our

communications efforts, and re-organize and re-structure as needed.

We're excited, and we will relay our updates to you all as we move forward! But, before we roll up our sleeves and get to work, we wanted to introduce ourselves. Enjoy our brief bios below!



Shelbie Turner, MPH

Current position: PhD candidate at Oregon State University

Research/practice interests: Preparation for age-related change; intergenerational caregiving

Favorite movie: I watched "Sleepless in Seattle" for the FIRST TIME during the pandemic and can confidently say it is my current favorite.



Carolyn Ham, BA, PTA

Current position: Strategic Partners Program supervisor, Healthcare-Associated Infection Section, Washington State Department of Health; completing an MPH with focus on Aging, Policy and Public Health at UMass Amherst (anticipated graduation May 2021)

Research/practice interests: Adverse event prevention in long-term care and in-home care settings

Favorite quote: "When you follow your bliss ... doors will open where you would not have thought there would be doors, and where there wouldn't be a door for anyone else." (Joseph Campbell)



Francesca Falzarano, PhD

Current position: T32 Postdoctoral fellow at Weill Cornell Medicine

Research/practice interests: Dementia caregiver stress and psychosocial functioning

Favorite food: Pizza!



Sara Feldman, MPH

Current position: Doctoral candidate and T32 ELSI genetics pre-doctoral trainee at the University of Michigan

Research/practice: Dementia caregiving; early detection and diagnosis of Alzheimer's disease; ethical and social implications of disclosing genetic/biomarker information to persons at risk of developing Alzheimer's disease and their family members (pre-caregivers)

Favorite food: Masala dosa (a fantastic South India dish)



Christine Ferguson, MS, RD, LD

Current position: Doctoral candidate in human nutrition at the University of Alabama

Research/practice interests: Clinical nutrition research with older adults with neurological diseases

Favorite food: Sushi!

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2020 Meeting Abstracts Archived Online

The GSA 2020 Annual Scientific Meeting Online program abstracts have been published in a supplemental issue of GSA's open access journal, *Innovation in Aging*. It contains all accepted program abstracts, including late breakers.

Series A Seeks Papers with Focus on FOXO3 Gene

The Biological Sciences section of *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences* invites investigators to submit original research papers for the special issue titled "[The FOXO3 Gene and Its Relation to Lifespan and Healthspan](#)." Of particular interest are papers that make a significant contribution to the field and shed further mechanistic insight into the effect of FOXO3 on lifespan and healthy aging. Papers that report on studies in humans or utilize animal models will be accepted. Papers that report on the effect of other genes on aging will be accepted as long as FOXO3 is the central focus. Submissions are due March 16.

Series B Planning Special Issue on COVID-19 Implications

The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences is welcoming brief Research Reports focused on the COVID-19 crisis and its implications for older adults. In contrast to the first round of appropriately descriptive work that has already been published on the topic, the goal of the special issue titled "[COVID-19 and Aging 2.0](#)" is to highlight rigorous work on the mechanisms through which COVID-19 affects older adults, ideally drawing on longitudinal studies. Cross-national studies, as well as submissions focused on the disparate impacts of COVID-19 for Black, Latinx and Native American populations are also encouraged. Submissions are due March 15.

Innovation in Aging Examines Race and Mental Health

A new special issue of *Innovation in Aging*, "[Race and Mental Health Among Older Adults: Within- and Between-Group Comparisons](#)," is expressly devoted to research on aging and mental health within racial and ethnic minority populations (e.g., African Americans, Asian Americans, Latinx). The lack of quality research on mental health for older members of racial and ethnic population groups has been a serious impediment to amassing a solid understanding of aging processes and contextual factors that are consequential for mental well-being in later life.

This gap in the literature on aging is long-standing and particularly problematic given projected increases in the numbers of older adults from racial and ethnic minority population groups. The articles address several psychosocial issues in relation to mental health status including loneliness and hopelessness, risk factors for poor mental health such as obesity and stress, as well

as protective factors such as religion and social support. Robert Joseph Taylor, PhD, MSW, served as the guest editor for this special issue.

Older Adults Who Live Alone See Benefits in Interacting with Others

In a recent study appearing in *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, researchers surveyed 226 people age 69 and up in May and June 2020 to determine the impacts of the COVID-19 pandemic on the lives of older adults. Of those surveyed, 81 lived alone and 145 lived with spouses, family or other people. Nearly all the older adults were taking safety precautions, sheltering in place and avoiding contact with people outside their home.

The study found that older adults who live alone are more affected by social contact during the pandemic. Individuals who live alone experienced more positive emotions when they saw someone in person than people who had no contact.

"These older adults were also appropriately aware that in-person contact could put them at high risk of a life-threatening disease," said Karen Fingerma, PhD, FGSA, an author of the study and co-director of the Texas Aging and Longevity Center at The University of Texas at Austin. She recommended that those who seek to support emotional well-being in older adults living alone with in-person contact do so "while following safety guidelines for COVID-19, such as limited contact with other individuals who are also sequestering, keeping that contact at a distance of at least 6 feet, visiting outside and mask wearing."

For those living alone, phone calls actually were often linked to negative emotions, especially loneliness.

"This is not to discourage people from reaching out to older loved ones by phone," Fingerma said. "But it is important to be aware of potential impacts and plan around that."

Fingerma suggested older adults living alone might schedule phone calls on days they may also see a friend in person from a distance and while wearing a face mask.

The study found that friends play an important role for older adults living alone. Those living alone had more contact with friends, both in-person and by phone, than with family members during the pandemic.

Most of the participants reported that contact with family members was the same or more frequent during the pandemic. Those who live alone reported more frequent contact with friends.

Ye To Ng, MA, Shiyang Zhang, BS, and Katherine Britt, BSN, RN, of The University of Texas at Austin; Gianna Colera, BS, of Texas State University; Kira S. Birditt, DrPH, FGSA, of the University of Michigan; and Susan T. Charles, PhD, FGSA, of the University of California, Irvine also contributed to the research. The research was funded by grants from the National Institute on Aging and a grant from the Eunice Kennedy Shriver National Institute of Child Health and Human Development.

2020 awardees

The following award was announced after the conclusion of GSA's 2020 Annual Scientific Meeting Online. The Society salutes the outstanding researchers below for their contributions to gerontology and thanks the review panelists for their time and efforts in choosing the recipient.

Social Research, Policy, and Practice Section

The Social Research, Policy, and Practice (SRPP) Outstanding Student Poster Award recognizes a current SRPP student member, graduate or undergraduate, for excellence in research as reflected in an outstanding research poster presentation. The award hopes to encourage outstanding research.



Recipient: Dylan Jester

Poster title: "Deficiency Citations in Nursing Homes that Predominantly Serve Residents with Serious Mental Illness"

Korijna Valenti:

"It's Like We Speak a Different Language: Support Needs & Preferences of Older LGB Women Who Have Lost a Spouse or Partner"

Joyce Wang:

"Rehabilitation Therapy Staffing Composition and Post-Acute Care Quality in Skilled Nursing Facilities"

Shuangshuang Wang:

"Risk Factors for Older Pedestrian Injuries and Fatalities among Communities in Massachusetts"

Mengzhao Yan:

"The Role of Age, Political Affiliation, and Framing in Attitudes toward Hispanic/LatinX Immigrants"

Finalists and poster titles:

Choi Bomi:

"Social exclusion and suicidal ideation: Analysis of the bereaved living alone"

Cindy Bui:

"Together, We Can Make This Place Our Home: Civic Engagement Among Asian Immigrants"

Ethan Siu Leung Cheung:

"Age Cohort Differences and Depressive Symptoms among Community-Dwelling Older Americans"

Sunghwan Cho:

"Moderating Effect of Races and Ethnicity Between Technology Use and Social Isolation"

Athena Koumoutzis:

"Local Initiatives to Fund Services for Elders: Increased Community Recognition of the Importance of Social Care"

Ke Li:

"Cross-lagged Panel Analyses of Reciprocal Effects of Social Isolation, Perceived Loneliness and Solitary Activity"

Peter Sun:

"Trends in Deaths of Despair Among Older Adults, 1999-2018"



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).

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

distinction of serving as the first GSA president under the recently implemented governance structure. (New GSA President Theresa A. Harvath, PhD, RN, FAAN, FGSA, will now take on the additional role of board chair.)

“Those of us who had the privilege of working with Kathy on a project or committee know she was an extraordinary colleague and mentor who always went the extra mile,” said long-time colleague Lisa M. Brown, PhD, ABPP, FGSA. “Meeting her at the start of my academic career, she opened my eyes to the possibilities of what could be accomplished to improve the lives of older adults at a systems level. She introduced me to thinking about how policy, regulations, and laws could be enacted to facilitate group change. Kathy was passionate, committed, vibrant, brilliant, and kind. All-in-all, she possessed a winning combination of attributes that made her a natural leader and a wonderful friend.”

Hyer was a professor in the School of Aging Studies and director of the Florida Policy Exchange Center on Aging at the University of South Florida. Her scholarship focused on the quality of care in long-term care settings, disaster preparedness, curriculum development, and educational evaluation. She also headed her university’s Geriatric Workforce Enhancement Program.

Another colleague of many years, David M. Dosa, MD, MPH, collaborated with Hyer on numerous grants and manuscripts.

“Kathy had a way of inspiring those who worked with her,” Dosa said. “She was genuine and sincere. She knew how to motivate those around her and when to back off and just listen. Even when she had her own issues professionally, a conversation with Kathy was never about her own needs first — ‘How are you?’ she would begin. ‘Tell me about those kids of yours. What is going on with your career? What can I do for you?’”

Hyer was well-respected throughout the field for her many accomplishments. She worked tirelessly to raise awareness of the impact of disasters on older adults and to develop appropriate responses, and more broadly served as a champion for ensuring the health care field is adequately trained to serve the older population.

Hyer served on, and provided expert advice and testimony to, numerous federal, state, and local committees. A career highlight was [testifying to the U.S. Senate Special Committee on Aging](#) about disaster preparedness in nursing care facilities in the wake of Hurricanes Harvey and Irma. At the time of her passing, she was serving on the Florida Gold Seal Panel of the Governor’s Panel on Excellence in Long-Term Care.

Throughout her career, Hyer formed mentoring relationships with many students that were a source of pride for her. Among them was Kali S. Thomas, PhD, MA, FGSA, who was introduced to GSA by Hyer.

“Dr. Hyer served as a role model in how to inspire the next generation of leaders who have the potential to make lasting impacts in the field of gerontology,” Thomas said.

She also noted that there were many words that could describe Hyer — “intelligent,” “fun,” “kind,” “courageous” — but the best adjective would be “devoted.”

“She was devoted to her research and teaching. Devoted to

her students, colleagues, family, and friends. Devoted to the field of gerontology and improving long-term care for older adults,” Thomas said. “And, in the manner in which it affected me most deeply, devoted to mentees who couldn’t have made the impact they’ve had without her boundless commitment to nurturing our growth, both personally and professionally. She led a life filled with love and devotion to everyone who was fortunate enough to work with her or call her family — and sometimes, working with her made you feel like a part of hers! She will be so very missed.”

Hyer received her undergraduate degree in economics and sociology from Boston College, where she graduated summa cum laude and Phi Beta Kappa and subsequently earned a master’s degree in public policy from Harvard University’s Kennedy School of Government and a doctorate in Public Administration from Arizona State University.

“Kathy was always quick to trumpet success and offered a shoulder to cry on when things didn’t go as planned,” Dosa said. “She valued her family beyond all of her academic successes and ensured that everyone around her knew what was most important. Under different circumstances, I might never have gotten to know Kathy. I am grateful and fortunate to have gotten the opportunity and will miss my friend deeply.”

Hyer’s husband of 39 years, Jim Soley, has shared his email address (jim@dentalga.com) for those who wish to send condolences or remembrances. He said that, in accordance with her wishes, in lieu of flowers, donations can be made to GSA (a [Kathryn Hyer Memorial Fund](#) has been established to support emerging scholars) or the [Suncoast Hospice Foundation](#).

In addition to Soley, Hyer is survived by a daughter and son and their spouses, two grandchildren, four siblings, and an extended family. [A full obituary](#) is available online.

“Kathy was a woman of faith who quietly led others in her efforts to make the world a better place,” Brown said. “Regardless of what she was facing, she exuded hope about the future. She was always gracious about investing her energy into the lives of others to help shape their academic endeavors, launch careers, and provide support when the chips were down. Her loyalty and support of family, friends, and colleagues were unparalleled. I could always count on Kathy. Despite being busy with a wide variety of professional activities, she always made her family and friends a priority. I am blessed to have had her in my life and I will miss her dearly.”

During Hyer’s tenure as GSA president, she led the development of the 2020 GSA Annual Scientific Meeting, which was transformed into a fully online event for the first time in the organization’s history. She chose the theme “Turning 75: Why Age Matters.”

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

funding opportunities

Two NIH Katz Awards Offered for Those with a Change in Research Direction

The National Institutes of Health (NIH) has posted two opportunities for the Stephen I. Katz Early Stage Investigator Research Project Grant, which supports an innovative project that represents a change in research direction for an early stage investigator and for which no preliminary data exist.

Applications submitted to this funding opportunity announcement must not include preliminary data. Applications must include a separate attachment describing the change in research direction. The proposed project must be related to the programmatic interests of one or more of the participating NIH institutes and centers based on their scientific missions.

1. [Stephen I. Katz Early Stage Investigator Research Project Grant \(R01 Clinical Trial Not Allowed\)](#)
2. [Stephen I. Katz Early Stage Investigator Research Project Grant \(R01 Basic Experimental Studies with Humans Required\)](#)

The next available application due date is January 26, 2021. Several other due dates thereafter are available.

Federal Agencies Will Support Clinical Trials for Lewy Body Dementia

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

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



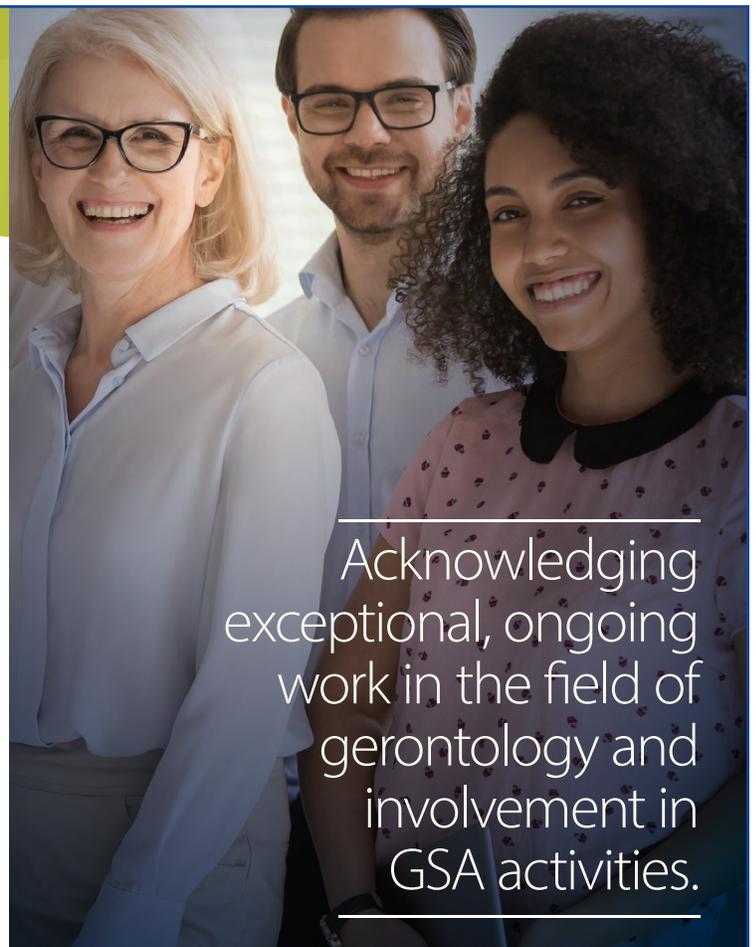
GSA Fellows Nominations

Fellow status is the highest class of membership within The Gerontological Society of America (GSA).

The awarded status recognizes a member's excellence in a broad scope of activities: research, teaching, administration, public service, practice, and participation within the society.

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

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



Acknowledging exceptional, ongoing work in the field of gerontology and involvement in GSA activities.

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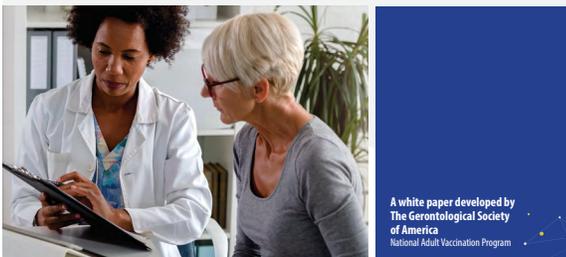


A White Paper Developed by GSA

Vaccines for Older Adults: Overcoming the Challenges of Shared Clinical Decision Making

Based on input from experts in shared decision making, communicating with older adults, and vaccine recommendations, GSA developed 8 recommendations to inform implementation of a new category of vaccine recommendations.

Vaccines for Older Adults:
Overcoming the Challenges of
Shared Clinical Decision Making



A white paper developed by
The Gerontological Society
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