

gerontology news

The Gerontological Society of America®

June 2021

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Graduates Eligible for Transitional Membership

GSA offers a transitional status of membership for recent graduates. Those who are currently student members are eligible to receive a reduced annual membership fee of \$125 as they transition into a full-time career. This rate is available for two years. A transitional member also will continue as a member of GSA's Emerging Scholar and Professional Organization.

Join a GSA Interest Group

Did you know GSA has more than 50 interest groups covering a range of topics? They are a great way for members to connect with others who share their interests. They also help members stay informed about topics outside their areas of expertise. Each GSA interest group has its own GSA Connect Community to share information and resources. Visit www.geron.org/interestgroups to learn more.

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GSA Presidential Candidates Issue Statements



Nelson

James F. Nelson, PhD, FGSA

My first scientific meeting was the 1974 Portland GSA meeting, attended thanks to my PhD mentor. The breadth of science, policy, and the spirit of that meeting inspired me and revealed the unique role of GSA in efforts to increase health and wellbeing during aging.

Paraphrasing John Donne: "No gerontologist is an island." As a biologist, I am keenly aware of the importance of multidisciplinary approaches to advance understanding — drawing input not only from diverse biological subdisciplines, but also from clinicians, psychologists, social scientists, and policymakers. With help from many trainees and collaborators, my research has contributed



Taffet

George E. Taffet, MD, FGSA

Having been a GSA member for 35 years and fellow for a decade, I am honored to be nominated and excited to serve an organization I call my professional home. GSA

was the site of my first scientific presentation in New Orleans (1985). The reception I received was so positive; it reinforced my career choice as physician/scientist.

I continue to present at GSA and promote its meetings and journals as prime academic venues. I have had multidisciplinary mentors with whom I shared activities at GSA, priceless opportunities facilitated at GSA's meetings.

I serve as an associate editor of the *Journal*

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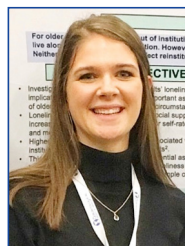
GSA Adds New Policy Internship in Hyer's Memory, Alongside O'Neill's

GSA is expanding its summer policy internship program in 2021 — with the addition of a position named in memory of late Board Chair Kathryn Hyer, MPP, PhD, FGSA, FAGHE, who passed away in January.

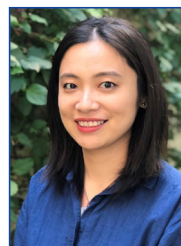
As established in 2019, this professional development opportunity for emerging scholars in the aging field also includes an internship named in memory of Greg O'Neill, PhD, a scholar himself and long-time GSA staff member who passed away in September 2018.

The program, which will be conducted virtually this year, is managed by GSA Vice President for Policy and Professional Affairs Patricia M. D'Antonio, BSPHarm, MS, MBA, BCGP.

"As we honor the memory of Drs. Hyer and



Ligus



Chen

O'Neill, it is immensely gratifying to find two internship candidates with the passion and potential to carry on their legacy and make a meaningful difference in the advancement of aging policy and research," said D'Antonio.

Lei Chen, MS, MSP, a doctoral student in the Department of Social Welfare at the UCLA Luskin School of Public Affairs and a graduate student researcher at the UCLA Center for Health Policy Research, will serve as the inaugural Kathryn Hyer Student Policy Intern.

"As a doctoral student in social welfare specializing in aging and health policies, I am passionate about applying research to the real world and making evidence-based policies

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From the CEO



Trust in Public Health: A Great Challenge of Our Time

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

I noted with great interest [a recent survey by the Robert Wood Johnson Foundation and Harvard T.H. Chan School of Public Health](#), which found that Americans' trust in our public health institutions is on the decline (and it wasn't very high to begin with). It's a sobering finding. The new study found that only about one-third of adults (34 percent) currently give positive ratings of the nation's system for protecting the public from health threats and preventing illness, down from 43 percent in 2009.

In the same 12-year timeframe, positive ratings for the Centers for Disease Control and Prevention fell overall, from 59 percent to 54 percent. State and local health departments were even lower than that, and the National Institutes of Health and Department of Health and Human Services were near the bottom in terms of public trust.

Yet the same survey found that a large majority of the public (71 percent) favors substantially increasing federal spending on improving the nation's public health programs, and a similar share of the public (72 percent) believes the activities of public health agencies in the U.S. are extremely or very important to the health of the country.

This is encouraging, particularly at a time when plans to improve our public health infrastructure are underway. I applaud the [Biden Administration's recent efforts to use the American Rescue Plan](#) for such investments, which include federal funding to support hiring for local and state governmental public health departments, and a new grant program to aid under-resourced health departments to enhance their workforce.

But there remains the discrepancy between support for strengthening public health measures and support

for the agencies that oversee them. As these entities are all guided by the interpretation and communication of scientific findings, some important insights may be provided in a recent *Issues in Science and Technology* piece by Alan Leshner, former CEO of the American Association for the Advancement of Science and former director of the National Institute on Drug Abuse.

Under the title "[Trust in Science Is Not the Problem](#)," Leshner says that we shouldn't be looking at whether trust in science is waning, but rather "how scientific advances intersect with such variables as individuals' values, economic and other interests, or politics."

"Levels of trust in science remain high and are at virtually the same levels they have been for decades," Leshner writes. "What is cause for concern is that there appear to be more instances of late where members of the public feel safe in ignoring, distorting, or denying recommendations from the scientific community about solutions to issues of societal concern."

This is a timely topic for discussion. The COVID-19 pandemic has put us through a punishing year, and it's not hard to imagine there could be a worse public health crisis in the future. And the GSA community, given its particular insights into aging research, can play a role in addressing the problem — because it's not just an issue for "this time," it's an issue for "our time."

Leshner says that each public health issue needs an individual approach. Scientists, rather than positioning themselves as teachers, should listen respectfully and demonstrate willingness to work on problems collectively. He reminds us of findings from social and behavioral research that explain why individuals may be more

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Volume 49, Issue 6, June 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

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

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member news

In Memoriam

Marilyn Hennessy passed away on March 27. She was the first paid staff person of the RRF Foundation for Aging (then the Retirement Research Foundation) and eventually rose to become its first CEO and president, and later a member of its Board of Trustees.

She began her career as an occupational therapist at Hines Veterans Hospital in the Chicago area. She later worked for the Curative Workshop in Milwaukee and the Wisconsin State Board of Health before returning to Chicago to work in the National Office of Easter Seals. For a time, she worked with the Supplemental Security Income in Chicago.

For more than 30 years, she helped to establish RRF as the first U.S. foundation devoted to improving the quality of life of older people, particularly the most vulnerable and disadvantaged. She built the organization from the ground up, developing a top-flight staff, as well as the foundation's reputation for innovative and high quality grantmaking.

She supported RRF's OWL Awards, recognizing people in the film industry who portrayed aging and older people in compassionate and realistic ways. She was also one of the founders of Grantmakers In Aging, the national network of funders that champions older adults, and participated in several White House Conferences on Aging.

In her personal life, she helped resettle several families from Laos, Vietnam, and Thailand. Professionally, she was instrumental in the launch of the Coalition of Limited English Speaking Elderly (CLESE), nurturing its growth from 12 to 50 ethnic service providers. The CLESE network annually assists 200,000 older immigrants and refugees and works in 80 different languages.

James C. Romeis, PhD, FGSA, lost his battle with Parkinson's Disease on April 3 at the age of 75. He received his PhD from the Maxwell School at Syracuse University in 1976, was recruited to Saint Louis University (SLU) in 1984, and remained there until his retirement in 2012. During his tenure at SLU, Romeis served as professor and chair of the Department of Health Management and Policy, director of the Doctoral Program in Health Services Research, director of the Comparative Aging and Health Status Laboratory, co-founder and co-director of the Center for International Health Systems Management, assistant dean for research, director of the Undergraduate Program in Health Management and Policy, and coordinator of the Department of Veterans Affairs Health Services Research & Development (VA-HSRD) Program.

In 2004, SLU recognized Romeis' outstanding dedication and commitment with its highest honor, the Distinguished Faculty Award. He published 63 journal articles, edited four books, and wrote eight book chapters. His primary research interests were in the use of health services by female veterans, the heritability of health and health services use using twin studies, and global health systems change in Taiwan, Sweden, and the Republic of Georgia. That research was supported by grants from the National Institutes of Health, the VA-HSRD Program, and the Robert Wood Johnson and AARP Andrus Foundations, among others.

Romeis' research has been cited in over 1,000 journal articles published by other scholars. But his greatest joy was his role in training and mentoring new scholars locally, nationally, and internationally. Always the professor, Romeis donated his brain to Parkinson's research and his body to medical students to teach them about the disease that took him and so many others from us. He is survived by Dana, his loving wife of 55 years. (Submitted by Fredric D. Wolinsky, PhD, ScD, FGSA.)

Kane Remembered in Social Work Journal

The Journal of Gerontological Social Work's first issue of 2021 was dedicated to the life and work of the late Rosalie A. Kane, PhD, MSW, FGSA, who helped shape much of the current thinking about long-term services and supports (LTSS). The nine articles/commentaries cover topics ranging from the importance of learning participant preferences to the role of "quality of life" measures in evaluating LTSS, and show Kane contributions to the growth of home- and community-based services, the development of assisted living, and the idea of "small nursing homes." Interspersed between these commentaries are reflections about Kane from ten leading gerontologists.

Nadash Takes Co-Chair Role with Long-Term Care Discussion Group

Pamela Nadash, PhD, FGSA, has been named co-chair of the Long-Term Care Discussion Group, a voluntary independent body that meets solely for the purpose of educating the policy community on all facets of long-term care. Nadash is currently an associate professor of gerontology at the University of Massachusetts Boston in the McCormack School of Policy & Global Studies and a fellow of the LeadingAge LTSS Center@Umass Boston. Her work centers on policies that enable people with long term care needs to access the supportive services they need. She also sits on the Leadership Council of The National Consumer Voice for Quality Long-Term Care.

Sanders Earns Iowa Dean's Posting

Sara Sanders, PhD, MSW, FGSA, has been named dean of The University of Iowa College of Liberal Arts and Sciences after serving in the role as interim since July 2020. She is a professor in the School of Social Work and served as the undergraduate program director from 2011 to 2015 and as director of the School of Social Work from 2015 to 2019. She also serves as the college's director of diversity, equity, and inclusion. She was awarded the Distinguished Professor Award in the School of Social Work four times and the President and Provost Award for Teaching Excellence in 2015. Sanders was named a Dean's Scholar in 2011, and an Emerging Leader in Professional Practice by the Social Work Hospice and Palliative Care Network in 2013.

Members in the News

- An April 7 article in Time titled "Ageist Attacks Against President Biden Reinforce Outdated Stereotypes—and Hurt Younger People, Too" featured quotes from Manfred Diehl, PhD, FGSA, Becca Levy, PhD, FGSA, Shevaun Neupert, PhD, FGSA, and Alison Chasteen, PhD, FGSA.
- On April 8, an article in The New York Times titled "Turning Away From Nursing Homes, to What?" quoted Gretchen Alkema, PhD, FGSA.
- An April 13 Next Avenue article titled "How the Biggest Groups on Aging Are Tackling Diversity, Equity and Inclusion" quoted GSA President Theresa (Terri) Harvath, PhD, RN, FAAN, FGSA.
- On April 20, Allen Glicksman, PhD, FGSA, was featured in a special that aired on WIPR-TV in Puerto Rico titled "Caregivers in Times of Emergency."

Member Spotlight

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

[Joshua Chodosh, MD, MSHS](#)

Gallo Shares Impact of GSA's Policy Internship Experience



Gallo

As you have seen from the newsletter's front page, GSA has secured two exceptionally qualified interns for this summer and we are quite enthusiastic about the contributions they will make to our work on policy and advocacy during what looks to be a summer packed with legislative activity.

This offers a good opportunity to check back in with our loyal GSA colleague and the first Greg O'Neill Policy Intern, Haley Gallo. Haley came to DC for her internship in 2019, and her fans at GSA thought it would be interesting to catch up on her work and see how her perspective on policy may have evolved.

Brian Lindberg: Thank you for giving me some of your time today to talk about your current work and your experiences as the Greg O'Neill Policy Intern. So, let us start with what has transpired since your time with us in the nation's capital.

Haley Gallo: Thanks for having me. It's always good to talk with you. So, it's been two years now since I've been in DC, and since then I passed my qualifying exam at the Leonard Davis School of Gerontology PhD program at the University of Southern California. I recently finished my coursework and so now I'm primarily focusing on writing my dissertation, and for my dissertation topic I largely have you and Trish [GSA Vice President for Policy and Professional Affairs Patricia D'Antonio] to thank for setting me on this path. Because I'm writing it about the aging network. So, primarily about how area agencies on aging are structured, and what allows them to be so innovative.

Brian: Wow, what a perfect time to look at the aging network as it has just spent the last year making dramatic adjustments to provide supports and services during the pandemic. Would you say a bit more about your USC program though?

Haley: Yes, and what I really like about the program is when you graduate, you suddenly feel like an expert in the psychology, biology, sociology, and policy of aging. Well, at least those are the four core classes that you must take and that's what you're tested in your qualifying exam. We also take statistics courses and chose electives of every kind and shape. So, I took some health policy courses and some qualitative courses, so I feel extremely fortunate that the program is designed to make people well rounded.

Brian: It sounds great. Let's go back then, two years or so to what was the draw for you to come to Washington, DC, and work on public policy?

Haley: I think like most gerontologists, I have some pretty awesome grandparents and that's what initially got me interested in aging. My interest in public policy and my first case of Potomac

fever arose out of an internship that I did in college with the White House Office of Science and Technology Policy. As part of that internship, I got to attend a meeting with the President's Council of Advisors for Science and Technology, and researchers came from around the country to present their research and make recommendations to a group of people who ultimately had the ear of the president. That was my first introduction to people who were using research to inform policy, which would then impact millions of older adults. That experience made me want to focus on aging policy in grad school and return to DC when I learned about the Greg O'Neill Internship.

Brian: Why don't we talk about the projects you worked on when you were in DC.

Haley: Sure, first, I think that I started by reading every *Public Policy & Aging Report* [PP&AR] issue since 1998. That was so informative, and it helped [Editor-in-Chief] Brian Kaskie select articles that were to be highlighted for the GSA 75th anniversary. That led to a project that you and Trish had created in response to input from Hill staff. They needed us to boil down our PP&AR issues into more concise documents they could use to determine whether the articles and the issues could become part of their legislative work. I attended hearings and briefings on the Hill and provided summaries for GSA staff and that helped me play a role in planning a policy session for the Annual Scientific Meeting in Austin, Texas. I was also fortunate to have been given the opportunity to support GSA staff in analyzing legislative proposals.

Brian: Yes, you were quite helpful on the Older Americans Act reauthorization.

Haley: I really enjoyed interacting with the small coalition you created and helping to compare different drafts of the act and helping to craft our responses. This was my favorite part of the internship because it allowed me to learn a lot about policy development, supporting one's work with facts, and being an engaged educator and advocate. I also learned how important it is to focus on really specific language — like a "shall" versus a "may" and "or" versus "and." We would sit around that conference table at GSA headquarters and go back and forth about various words and phrases and how they would be perceived by others and implemented, and what to push back on, which ultimately mattered.

Brian: So, all this may have changed your view of what goes on in DC and the policy, process, and politics that need to come together to pass a bill?

Haley: I did not know what an important role organizations like GSA have in the policymaking process. Before the internship I thought that GSA and many other organizations were just

membership organizations. I knew GSA put on the conference that I went to every year and published the journals that I read, but the process of the internship helped me realize that GSA and coalition members play an important role. They develop relationships with decision makers and make themselves available to support the policymaking process, and often they cite their members work, and put forward recommendations based on what their members are telling them.

Brian: Now during this period, you met and had some friendships with Hill staff. I wondered if you wanted to share your impression of the people who write the laws.

Haley: Yes, first, I don't think they sleep. I felt fortunate to be able to meet with staff in both chambers and from both political parties. They work so hard and absorb information really quickly. But meeting them and working with them, showed me how important it is to provide material that's short and easy to digest, because they have hundreds of pages of reading to do every day. So, if I can translate research findings into bullet points rather than paragraphs, I'll do that to make their lives easier and increase the odds that they'll actually use what I give them.

Brian: When you think of your experience in DC, and all your GSA colleagues across the country, do you think enough of their good work and knowledge is getting in the hands of our key federal policy makers?

Haley: I do think that GSA does a good job of promoting its members' work. If someone reaches out to GSA with a question about a certain topic, GSA will work to connect members to the right policymakers or make sure that they have a chance to testify on the Hill. But, yes, of course more could be done to get members' works in the hands of policymakers. I would like to see GSA host more workshops on research dissemination — teaching people how to write one page policy briefs or disseminating their work in a way that's quick and easy to understand for a hill staffer who doesn't have a graduate degree maybe or who is just so busy. And I think something that I would like to start doing is reaching out to my elected representatives and supporting their efforts and making it known that I'm a researcher in their district who focuses on X, Y or Z.

Brian: Some of our members are cautious about doing education, advocacy or worse yet, lobbying. What would you say to those colleagues about how you look at this role?

Haley: I think it's important to contribute to the field through teaching and publishing and research. But I think most gerontologists are not interested in knowledge, just for the sake of knowledge. They want their research to make a difference. So, I think all gerontologists are advocates in one way or another, whether it's directly for older adults and a specific outcome for older adults, or whether it's for more NIH funding, which is going to support their research, but that research will support older adults.

Brian: As you're looking toward finishing up your program, how do you see policy fitting into your career — maybe back to DC?

Haley: I'm not sure; maybe. I think I'll always be an advocate for older adults and for aging research, whether it's formally through my career, or as just an invested citizen who cares about those topics. I am graduating in a year and I'm looking forward to seeing how this will manifest as I am applying for jobs. I really enjoy teaching and research, but I also like things that are more applied, and policy focused, so I'm still searching for that job that allows me to, you know, have the best of both worlds.

Brian: Well, it was a pleasure to work with you as the Greg O'Neill Intern and it is inspiring to hear what you are doing and how you have made the most of that experience. Good luck, Haley.

Haley: Thank you. It was really great to work with you and all the GSA staff, I feel fortunate to have had that experience and that experience continues to shape my graduate career and will shape my post graduate career.

Recent GSA Policy Actions

GSA, in consultation with its Minority Issues in Gerontology Advisory Panel (MIGAP), submitted a response to a National Institutes of Health request for information to advance and strengthen racial equity, diversity, and inclusion in biomedical research and advance health disparities and health equity research. The MIGAP's efforts were coordinated by its chair, Ronica Rooks, PhD, FGSA, of the University of Colorado, Denver.

GSA signed on to a letter to the Biden Administration in support of paid family leave as critical to economic recovery for caregivers of all kinds, including individuals providing care for older adults, people living with serious medical conditions such as Alzheimer's disease, and for people living with disabilities. The letter was coordinated by the National Alliance for Caregiving, The Arc, and UsAgainstAlzheimer's.

GSA issued a [press release](#) following President Joe Biden's April 28 address to Congress, echoing his call for investments in caregiving, education, and research. Specifically, GSA supports measures in the Biden Administration's American Families Plan that recognize family caregivers by including a comprehensive national paid family medical leave program. Additionally, GSA supports measures to provide four additional years of public education and to invest in making college more affordable for low- and middle-income students, including those at minority serving institutions. And as a professional membership society whose mission is to cultivate excellence in interdisciplinary aging research and education to advance innovations in practice and policy, GSA also applauds the president's recognition of the need for continued investment in research and development to produce breakthroughs to prevent and treat diseases like Alzheimer's, diabetes, and cancer.

Continued from page 1 – Nelson

to understanding female reproductive aging, the health extending actions of dietary restriction and, most recently, sex differences in aging and resilience.

I have always strived to mentor, conduct research, and organize meetings incorporating interdisciplinary approaches and alternative perspectives. As president, I will apply my experience organizing meetings, leading multidisciplinary groups, and mentoring to the GSA enterprise. I will bring a biogerontological perspective to the table of experts from all branches of gerontology — in order better to advocate and achieve the society's goals by building bridges connecting disciplines, enhancing communication and collaboration, and, especially, energizing and engaging the next generation of gerontologists.

James F. Nelson, PhD, FGSA, is a professor of cellular and integrative physiology at the Barshop Institute for Longevity and Aging Studies at UT Health San Antonio, and the director of the Biology of Aging Discipline in the Interdisciplinary Biomedical Sciences Graduate Program.

He has been funded by the National Institute on Aging (NIA) since 1993, the Medical Research Council of Canada, and the Ellison Medical Research Foundation as a senior scholar. A mentor to many graduate students and postdoctoral fellows, he has directed a NIA Training Grant in the Biology of Aging.

His research publications, numbering over 110, range from studies of menopause and reproductive aging to experiments elucidating biological mechanisms underlying dietary and pharmacologic interventions that prolong healthy life. Recent work seeks to understand the basis for sex differences in aging and resilience.

He has organized numerous aging conferences, including the Gordon Research Conference on the Biology of Aging, Oxford University, 2009, and the 44th Annual Meeting of the American Aging Association in 2016 when he served as president. A fellow of GSA since 1992, he chaired the Biological Sciences Section, and has served on numerous GSA committees as well as scientific advisory boards and review panels at NIA and elsewhere.

Continued from page 1 – Taffet

of Gerontology: Biological Sciences and have participated on the Membership, Fellowship, and Research Committees as a Health Sciences and Biological Sciences Section member. I helped found and co-lead the Geroscience Interest Group.

I enthusiastically await the opportunity to work with all colleagues to strengthen and promote the mission of GSA. We remain in a critical phase, where older adults' vulnerability was underscored by COVID-19. Only GSA, spanning from molecules to societies, can meet the challenge of emphasizing older adults' strengths and contributions, part of reframing aging. I am eager to contribute to a Society pivotal to my career and to our collective futures.

George E. Taffet, MD, FGSA, FACP, is a professor and the Robert J. Luchi Chair in Geriatrics in the Section of Geriatrics and Palliative Medicine within the Department of Medicine at Baylor College of Medicine (BCM), vice chair for education at Houston Methodist Hospital, and a Huffington Center on Aging faculty member.

As an accomplished clinician, educator, research scholar, and

administrator, Taffet created interprofessional opportunities for colleagues and trainees to advance the well-being of older people. He received his BA and MD from Brown University, followed by internal medicine residency and geriatric medicine and cardiovascular research fellowships at BCM.

During his tenure as section chief (2002 to 2018), he led the Hartford Center of Excellence and diversified training opportunities for an expanded number of fellows and advanced care providers encompassing the care continuum from house calls to hospice. This included the DeBakey VAMC and county health care systems.

Taffet has won BCM's highest clinical acclaim and its highest educator recognition. As a researcher, Taffet focused on cardiovascular aging, heart failure, and advancing bench to bedside research. He designed techniques measuring cardiovascular function in mice and human studies to remedy aspects of aging. He has authored 150 papers, 10 book chapters, and served on several GSA activities and National Institutes of Health study sections.

Ballots for the GSA elections will be sent by e-mail to all members with a valid e-mail address on June 10. Reminders will be sent prior to the voting deadline of July 1. Make sure GSA has your correct email address on file by checking your member profile at www.geron.org. If you do not receive your electronic ballot, contact ballots@geron.org. The full biographical sketches and personal statements of all candidates running for GSA office will be available online at <https://www.geron.org/membership/gsa-elections> by June 10.

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likely to follow long-held beliefs, instead of those coming from science, when confronted with competing information.

Investment in public health resources will hopefully increase the opportunity for more public engagements. If communities have an ongoing relationship with public health systems, rather than transactions only in times of crisis, trust can be built over time. A 2017 consensus report from the National Academies of Sciences, Engineering, and Medicine, "[Communicating Science Effectively](#)," provides key principles

for researchers to follow for effective engagement.

Lastly, I encourage everyone to visit the site whypublichealthmatters.org, which is run by an impressive list of organizations in the public health arena. This online resource is intended to raise the profile of public health professionals while collecting stories and experiences from the COVID-19 response. Our public health professionals — with many GSA members among them — are real heroes and deserve to be recognized as such.

"Silence Supports the System": Practical Strategies to Address Issues of Diversity and Social Justice in Aging Research, Practice, and Education

By Manka Nkimbeng, PhD, MPH, RN and Darlentina Esiaka, PhD

The long history of unfairness, inequity and injustice in our systems have increasingly been brought to the limelight in recent years. It is not everyone that can recognize every instance of injustice that happens arounds us, but many of us recognize the injustices that are found in our health, practice, and educational systems. Despite this recognition, we still struggle with what to do to bring about equity and inclusion in our spheres of influence.

In the spring webinar titled "[Addressing Issues of Diversity and Social Justice in Research and Practice: Lightning Rounds and Panel Discussion](#)," the ESPO Webinar Task Force sought to bring together a diverse group of experts who can offer our members some practical strategies to address issues of diversity and social justice in their professional endeavors.

The webinar included a skilled panel of researchers, educators, and clinicians: Adriana Perez, PhD, CRNP, ANP-BC, FAAN, FGSA, Andrew Porter, PhD, Rabbi Erica Steelman, and moderator by Kalisha Bonds Johnson PhD, RN, PMHNP-BC.

The panel addressed the following learning objectives: how to identify and incorporate diversity and equity in everyday life; how to ensure diversity and equity in research and collaborations; and how to facilitate inclusivity in teaching and service. The panelists shared their unique stories describing the path to their current social justice and equity work, and answered questions from the moderator and attendees. Below are three key strategies for addressing issues of diversity and social justice in aging research, teaching and practice as described by the panelists:

Normalize Speaking Out

Everyone who recognizes an injustice has to speak up and do it immediately. It is our collective responsibility to speak out and/or do something against injustice, especially when we find ourselves in a privileged position and even if we are uncomfortable with speaking out.

For example, someone in a privilege position can listen and play an active role in bringing voices that are not represented to "a table." However, in speaking out, we must ensure that we center the voices of those that suffer the injustice we are speaking out against and recognize that the interests of the community supersedes our personal recognition in the fight against injustice. Finally, we

must be willing to be vulnerable, transparent and speak out with compassion. We all can make a difference and must speak out — silence is what sustains systems of inequity and injustice.

Find a Connection

More than likely, there is always someone in a given community already doing this work. Often times, these are members of the community who are more in tune with the struggles and the needs of the community. To be effective, we have to do the research to identify community leaders already engaging in the diversity and equity work and join forces with them. Such actions will aid us in identifying the strengths of the community and where our service will be most needed.

Additionally, in seeking to build equitable communities, we have to do our homework to continuously seek out time and prime opportunities for sustainable change in our research, teaching, and practice. This homework is what will enable us to tailor our approach to the target groups and communities.

For example, a potential approach in one scenario might be to seek/offer mentorship, yet another might involve the use of empathy while being vulnerable and transparent with those we interact with. This work cannot be done alone, it must be done in, and with communities.

Start with Equity

Diversity is important but it is not enough. Inclusion is important but it is not enough. Equity is what provides the systemic or structural solution and should always be at the forefront of our work. We must engage in an active process of examining every circumstance in our research, teaching and practice with an equity lens.

This is the "difficult" work that we must perform daily in order to examine why inequities persist in our society. With an equity lens, paired with work in and with communities, we can identify long lasting solutions to persistent and intractable issues of inequity and injustices in our systems.

ESPO Webinar Taskforce Members

Chair: Manka Nkimbeng, PhD, MPH, RN
Co-Chair: Darlentina Esiaka, PhD
Member: Liza L. Behrens, PhD, RN
Member: Kristin N. Levoy, PhD, RN

new fellows

Distinguished Members Granted Fellow Status

GSA's Board of Directors has approved the following 38 individuals for fellow status within the Society. In addition to being honored during the Fellows and International Reception (Thursday, November 11, from 6 to 7:30 p.m.) at the Annual Scientific Meeting, they will be presented with fellow certificates and pins at their respective section business meetings.

Fellow status is peer recognition for outstanding contributions to the field of gerontology and represents the highest class of membership. This distinction comes at varying points in a person's career and is given for diverse activities that include research, teaching, administration, public service, practice, and notable participation in the Society.

Academy for Gerontology in Higher Education

Lisa Borrero, PhD, FAGHE, University of Indianapolis;
Mary Ann Erickson, PhD, FAGHE, Ithaca College; Jennifer
Sasser, PhD, FAGHE, Portland Community College

Behavioral and Social Sciences Section

Alex Bishop, PhD, FGSA, Oklahoma State University;
Marvin Formosa, BPsy, PGCE, MA, PhD, FGSA, University
of Malta; Mark Hayward, PhD, FGSA, University of Texas
Austin; Daniel Jimenez, PhD, FGSA, University of Miami;
Nicky Newton, PhD, FGSA, Wilfrid Laurier University

Biological Sciences

Benjamin Miller, PhD, FGSA, Oklahoma Medical
Research Foundation

Health Sciences Section

Karen Bandeen-Roche, PhD, FGSA, Johns Hopkins
University; Cynthia Brown, MD, FGSA, Louisiana State
University; Jane Cauley, DrPH, FGSA, University of
Pittsburgh; Xi Chen, DDS, PhD, FGSA, University of Iowa;
Tara Cortes, PhD, FGSA, New York University;
Kristine Ensrud, MD, MPH, FGSA, University of Minnesota;

Evan Hadley, MD, FGSA, National Institute on Aging;
Gregory Hicks, PhD, FGSA, University of Delaware;
Jung-Ah Lee, PhD, FGSA, University of California,
Irvine; Suzanne Leveille, PhD, RN, FGSA, University of
Massachusetts, Boston; Hao Liu, PT, PhD, FGSA, University
of North Texas; Marco Pahor, MD, FGSA, University
of Florida; Ronald Shorr, MD, MS, FGSA, University
of Florida; Philip St. John, MD, FGSA, University of
Manitoba; Jessie VanSwearingen, PhD, PT, FAPTA, FGSA,
University of Pittsburgh; Joe Verghese, MBBS, MS, FGSA,
Albert Einstein College of Medicine; Jeff Williamson, MD,
FGSA, Wake Forest; Beverly Gwen Windham, MD, FGSA,
University of Mississippi; Franziska Zuniga, PhD, RN,
FGSA, University of Basel

Social Research, Policy, and Practice Section

Sharon Bowland, PhD, FGSA, University of Tennessee;
Karen Bullock, PhD, FGSA, North Carolina State
University; Holly Dabelko-Schoeny, PhD, FGSA, The Ohio
State University; Linda Edelman, PhD, MPhil, RN, FGSA,
University of Utah; Brian Kaskie, PhD, FGSA, University
of Iowa; Tsuann Kuo, PhD, FGSA, Chung Shan Medical
University; Darren Liu, DrPH, FGSA, Des Moines University;
Kristine Mulhorn, PhD, FGSA, Drexel University; Kelly Niles-
Yokum, PhD, FAGHE, FGSA, University of La Verne; Karla
Washington, PhD, FGSA, Washington University in St. Louis

To learn more about the nomination process and see a listing of all fellows, visit
www.geron.org/membership/fellows.

new resources

NIH Releases Results of COVID-19 Impacts Survey of Extramural Researchers

The National Institutes of Health (NIH) Office of Extramural Research has released [results from two surveys of extramural researchers](#) seeking information on the impacts of COVID-19 to the research enterprise. Initial survey results show respondents indicated concerns about career trajectories and the ability to apply for grants; mental health impacts including from external stressors, isolation, and caregiving duties; and decreased productivity in part due to decreased access to labs and facilities.

“The effects of the COVID-19 pandemic have been far-reaching. Our survey findings show that the scientific workforce has not been immune to its effects. It is clear the NIH-funded community of extramural researchers has experienced inequities in several domains, with early-career researchers and those with caregiving responsibilities most affected,” Marie Bernard, MD, FGSA, FAGHE, acting chief officer for scientific workforce diversity, and Michael Lauer, MD, deputy director for extramural research, said in their summary of the survey results.

Report Highlights Need for Paid Leave Through Racial Lens

The National Partnership for Women and Families has released a new report titled “[Called to Care: A Racially Just Recovery Demands Paid Family and Medical Leave](#).” It explores the deep racial inequities that

have deprived millions of people of color of a meaningful right to care for themselves and their loved ones without risking their livelihoods.

This resource shows how the lack of national paid leave has exacerbated harms to the health and economic lives of people of color, particularly women, before and during the pandemic. It details how the pandemic further widened the divide between the two halves of our economy: one where more-advantaged workers — most often white — had the benefits and resources to quarantine safely at home, and one where workers of color in essential jobs faced daily risks of infection. And it demonstrates that an equitable national paid family and medical leave program for all workers is an essential step toward addressing and repairing the damage done to Black and brown families, and toward preventing further harm.

WHO Releases New Agesim Report

“[Global Report on Ageism](#),” a new publication from the World Health Organization (WHO), outlines a framework for action to reduce ageism including specific recommendations for different actors (e.g. government, UN agencies, civil society organizations, private sector). It brings together the best available evidence on the nature and magnitude of ageism, its determinants and its impact. And it outlines what strategies work to prevent and counter ageism, identifies gaps and proposes future lines of research to improve our understanding of ageism.

Candidates Unveiled for 2021 Elections

Ballots for the GSA elections will be sent by e-mail to all members with a valid e-mail address on June 10. Reminders will be sent prior to the voting deadline of July 1. Make sure GSA has your correct email address on file by checking your member profile at www.geron.org. If you do not receive your electronic ballot, contact ballots@geron.org. The full biographical sketches and personal statements of all candidates running for GSA office will be available online at <https://www.geron.org/membership/gsa-elections> by June 10.

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Tetyana Pylypiv Shippee, PhD, FGSA

funding opportunities

RRF Accepting Grant Applications; LOI Now Required

The [RRF Foundation for Aging](#) (formerly The Retirement Research Foundation) is accepting proposal applications for its next grant cycle. The deadline to submit is August 15. The foundation's grantmaking is focused on four priority areas: caregiving, economic security in later life, housing, and social and intergenerational connectedness. On a selective basis, it also remains open to considering compelling applications on other topics.

Proposals for direct service projects are considered from organizations based in Illinois, Indiana, Iowa, Kentucky, Missouri, Wisconsin, or Florida. Advocacy, training, and research projects, all with national relevance, are considered from organizations in any state. Organizational capacity building requests are accepted from nonprofits located in Illinois.

RRF now requires applicants to submit a letter of inquiry (LOI) as part of its grantmaking process. LOIs should be submitted online by June 15 for the August 15 proposal deadline.

NIA Will Enable Teams to Lead AD/ADRD Therapy Development

A [new funding opportunity announcement](#) from the National Institute on Aging (NIA) seeks to enable the development of a diverse, translational research workforce capable of participating and/or leading cross-disciplinary team science programs focused on advancing therapy development for Alzheimer's disease (AD) and AD-related dementias (ADRD).

This opportunity will support institutional training programs for predoctoral and postdoctoral level researchers with diverse educational backgrounds (i.e., basic biology, translational and clinical research, data science and behavioral research). The program invites eligible institutions to develop interdisciplinary training programs that will provide trainees with the knowledge and skills in data science, disease

biology, and traditional and emerging drug discovery disciplines necessary to conduct rigorous and cutting-edge basic, translational, and clinical research for AD and ADRD.

The grant does not allow appointed trainees to lead an independent clinical trial, but does allow them to obtain research experience in a clinical trial led by a mentor or co-mentor. The next application due date is September 27.

NIH Grant to Support Advancement of Biologics

The Blueprint Neurotherapeutics Network for Biologics (BPN-Biologics) provides support for biologic-based therapeutic discovery and development, from lead optimization through phase I clinical testing. A [new funding opportunity announcement](#) from several National Institutes of Health (NIH) agencies supports preclinical discovery and development of potential therapeutic biotechnology products and biologics including, but not limited to, large biologic macromolecules, (e.g., proteins, antibodies, and peptides), gene-based therapies (i.e., oligonucleotide- and viral-based), cell therapies, and novel emerging therapies (e.g., microbial and microbiome therapies).

Applicants will collaborate with NIH-funded consultants and can augment their project with NIH contract research organizations that specialize in manufacturing, scaling, pharmacokinetics, toxicology, and Phase I clinical testing. BPN-Biologics awardee institutions retain their assignment of intellectual property rights and gain assignment of intellectual property rights from the BPN-Biologics contractors (and thereby control the patent prosecution and licensing negotiations) for biotherapeutic candidates developed in this program.

Applications may be submitted starting July 10, with the first due date being August 10.

Continued from page 1 – GSA Adds New Policy Internship in Hyer's Memory, Alongside O'Neill's



Hyer

beneficial for people who need long-term services and supports, especially those in marginalized groups," Chen said. "After attending my first GSA Annual Scientific Meeting in 2018, I see great collaborations and opportunities to connect research and policy in the GSA community. I am excited and feel honored to support GSA this summer while in memory of Dr. Kathryn Hyer's contributions to the field."

Chen's research focuses primarily on health and aging policy, long-term care services and supports, older adults' social support, cross-cultural studies, immigrants' access to health care, and mixed methods.

Kaleigh Ligus, MA, has been selected as the Greg O'Neill Student Policy Intern. She is a doctoral student in the Department of Human Development and Family Sciences at the University of Connecticut and a clinical research assistant for the UConn Health Center on Aging.

"I am thrilled to serve as the second Greg O'Neill Student Policy Intern with GSA," Ligus said. "Through my experience at the Center on Aging at UConn Health, I have been exposed to several policy evaluations on a state level and I look forward to addressing policies



O'Neill

on a national scale. I am eager to contribute to aging-related policy development in this capacity in honor of Dr. O'Neill's myriad contributions to the field of gerontology."

Ligus' research focuses on long term services and supports among rural older adults; she said her interests span the areas of health disparities, social determinants of health, and access to quality healthcare for older adults.

The six-week summer GSA program will enable the interns to be immersed in aging-related policy development and participate in this process at the national level.

Their duties and opportunities may include attending congressional hearings; researching and analyzing issues that impact older people; meeting with federal regulatory agencies and national coalitions; monitoring legislation and regulations; contributing to GSA's *Public Policy & Aging Report*; developing policy sessions for the GSA Annual Scientific Meeting; drafting communications; and attending networking events with GSA staff.

journal news

PP&AR Focuses on Medicare/Medicaid Oversight

The work presented the latest issue of in the latest issue of *Public Policy & Aging Report (PP&AR)*, titled “[Parens Patriae: How Does Public Monitoring and Enforcement Provide for Older Adult Health and Well-Being?](#)” considers several distinct aspects of how U.S. public authorities monitor and enforce policies designed to provide the highest quality of care possible to Americans who are Medicare and Medicaid beneficiaries.

This issue indicates that taken together, the articles support the need for policy makers and researchers to take a greater interest in the effectiveness of monitoring and enforcement efforts. As a result, it is urged that policy makers and researchers make a more deliberate effort to examine how many violations are identified, whether or not fines improved outcomes, and how much is lost when state and federal authorities have limitations to the execution of monitoring and evaluation functions.

educational news

Innovative Teaching Modalities: Engagement Techniques (Part Two of Two)

By Leah M. Janssen, MGS, Miami University (jansselm@miamioh.edu), and Jennifer Ellis, MS, HS-BCP, Wisconsin Indianhead Technical College (jennifer.ellis@witc.edu)

In this article, we share part two in our two-part series on virtual classroom engagement techniques that have been successfully utilized in two gerontology education settings. [Like part one](#), part two also addresses adaptability as a key skill in the education arena, recognizing that educators have navigated a sea of changes over the last year.

In pivoting from campus-based learning to more technology-heavy approaches, educators are making continual progress in adjusting their course delivery. As we noted in part one, a global pandemic presents a host of previously untapped opportunities alongside notable challenges for learners and educators alike. Part two describes a transition to an innovative, adaptable online classroom activity that meaningfully engages students with course material.

Part Two: Memory Kits and an Alzheimer's and Dementia Course

At Wisconsin Indianhead Technical College (WITC) in northwestern Wisconsin, gerontology students take a three-credit course titled “Alzheimer's and Dementia.” The course, designed by Jennifer Ellis and co-instructor Kimberly McDonald, provides students with a biopsychosocial understanding of dementia and tangible, translatable skills that can be implemented in various aging services settings. The course requires students to create a themed memory kit as a reminiscence tool that engages students' prior experiences with older adults and taps into their creative side.

Each student creates an individualized, themed memory kit, with items that engage older adults' five senses. Historically, kits were presented in-person on campus, however synchronous online learning environments allow for students to continue to participate over web conference. Similarly, students in asynchronous online courses can make videos of their themed memory kits, and post and share in the learning management system (i.e., discussion board). Some students select a general theme such as a holiday or a season, while others use this as an

opportunity to create a personalized memory kit for a loved one.

Interestingly, the themed memory kits have application outside of this particular course by students and community partners. Many local libraries in Wisconsin and Minnesota are becoming dementia-friendly environments and have created their own themed memory kits that patrons can check out. Students have implemented themed memory kits during fieldwork placements, many in long-term care settings, providing the expertise in compiling, implementing and training the staff on their use.

Yet other students have been able to take this concept into their own workplaces, assisting facilities to implement these tools with use in activity programs. As a former activity director, witnessing the power of themed memory kits inspired the implementation of this concept into this course within the gerontology curriculum at WITC. A non-pharmacological approach such as themed memory kits has translatability across health and human services curriculum; its application and adaptability across the trajectory of a person's journey with dementia may provide a tangible intervention that can be shared across the continuum of care.

Adapting to New Learning Environments

As we acknowledged in part one, adapting the exercise in part two to a new learning environment proved to be easier and more effective than was initially anticipated, which was encouraged through a willingness of both the instructors *and* students to engage the course material in different ways. This two-part series provides examples that inspire students to apply course concepts beyond the online classroom setting, while simultaneously working together to build a supportive online community. It is our hope that these examples will provide ideas of how to adapt your course to new learning environments and we welcome any questions or dialogue on how we can assist you with this process.



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