

gerontology news

The Gerontological Society of America®

October 2021

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**Join the Next
COVID Conversation**

Building on the work of the GSA COVID-19 Task Force, a new COVID Conversations web series is featuring GSA member scientists who have published research on COVID-19. The next event, taking place October 12, will focus on how well older people and the long-term care workforce adapted to the pandemic. These conversations, curated and moderated by *Innovation in Aging* Editor-in-Chief Steven Albert, PhD, FGSA, will come together in a special session at the 2021 GSA Annual Scientific Meeting.

Engage with GSA Members in October

October is Pre-Meeting Engagement Month, providing members the opportunity to learn, network and share. Activities include webinars, more than 50 GSA Interest Group meetings, the GSA memorial service, and section business meetings. Check out the full schedule of programs; advance registration is required for each.

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Engage with GSA on social media!

Annual Scientific Meeting Moves All-Online

GSA's [2021 Annual Scientific Meeting](#), originally scheduled as an in-person event in Phoenix, will now take place as a state-of-the-art online conference from Wednesday, November 10, to Saturday, November 13.

The GSA Board of Directors approved the transition at a special September meeting, as a step to ensure that attendees are able to expand their knowledge, share their research, and network with colleagues while protecting their health and safety.

Content Accessible Worldwide, Anytime

The GSA 2021 Annual Scientific Meeting Online will offer a convenient way for scholars from the U.S. and around the world to participate without having to travel. It expands the meeting's reach for presenters to gain a larger audience and enables accessibility for a greater number of people to attend.

All individuals with accepted abstracts for symposia, papers, or posters can register and



share their research as part of the GSA 2021 Annual Scientific Meeting Online.

Session Formats

Symposium, paper, and poster presenters will still be required to pre-record their presentations for on-demand viewing as originally stated in acceptance notices; this will enable registrants to access all scholarship presented regardless of schedule. These presentations will remain available until December 31, 2021. *Continued on page 10*

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GSA Amplifies Unprecedented Joint Climate Change Editorial

Three of GSA's peer-reviewed publications joined have joined more than 200 other medical, nursing, and public health journals across the world in simultaneously publishing an editorial calling for world leaders to take emergency action to transform societies and limit climate change, restore biodiversity, and protect health. Never before have so many journals combined to publish the same editorial, which appeared in *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*, *The Gerontologist*, and *Innovation in Aging*.



The editorial was published in advance of the United Nations (UN) General Assembly, one of the last international meetings taking place before the UN Climate Change Conference of the Parties in Glasgow in November. In a year of COVID-19 and crucial environmental conferences, the editorial

warns that the greatest threat to global public health is the continued failure of world leaders to take adequate action to keep the global temperature rise below 1.5 degrees Celsius and to restore nature.

Innovation in Aging Editor-in-Chief Steven Albert, PhD, FGSA, said it was important that GSA's journals participate in this joint call to action.

“Climate change is a threat to persons of all ages, but older adults are especially susceptible,” Albert said. “We see increasing mortality from extreme heat, lethal disruption of services from storms that level our coasts, and increasing health hazards from air toxics. Gerontologist expertise will be critical as we address the challenges of planetary climate heath.”

For decades, health professionals and health journals have warned of the severe and growing impacts on health from climate change and the destruction of nature. Heat related mortality, health impacts from destructive weather events, and the widespread degradation of ecosystems essential to human health are just a few of the impacts that nations are seeing more of due to a

Continued on page 8

From the GSA President



Pandemic Underscores Importance of Family Caregivers

By Theresa (Terri) Harvath, PhD, RN, FAAN, FGSA •
tharvath@ucdavis.edu

As I sit down to write this last column as your GSA president, it is with the knowledge that the GSA Board of Directors just made the difficult decision to cancel the in-person part of our Annual Scientific Meeting and move to an all-online conference format.

Back in January of this year, I think we were optimistic that we would be able to gather in person this year. The vaccines were starting to roll out and it seemed as though the measures that many of us were taking (e.g., masking) were bending the curve on this pandemic in the right direction.

Fast forward to now and it is painfully obvious that we are not out of the woods yet. Large swaths of the country and the world are experiencing increasing rates of community spread of the COVID-19 virus and its variants. Hospital ICUs are bursting at the seams in many areas. Significant portions of the population remain unvaccinated. Despite the safeguards that were planned, meeting in person just seems too risky — too risky for our members, our families, and the older patients many of us serve.

When the pandemic started to unfold in March 2020, many hospitals around the world banned visitors to try to control transmission of the virus. Exceptions to this policy were made for parents of minor children and partners of pregnant women. These exceptions recognize the important role that parents and partners play during illness and hospitalization. Unfortunately, exceptions for family caregivers to frail older adults were rarely, if ever, made.

I experienced the cruelty of this policy personally when, on March 18, 2020, I was asked to leave the hospital where my partner was recovering from her second surgery in two weeks. She had a tracheostomy and therefore could not speak. COVID precautions that had been implemented meant that she was not allowed to receive the nebulizer treatments that kept her secretions liquid enough to clear her airway. She was experiencing

delirium and couldn't always figure out how to use the call button to summon help when it became occluded. As I left the hospital at midnight that night, I wondered if I would ever see her alive again.

I share this story because I want to draw attention to the millions of family caregivers who have borne a disproportionate burden of the pandemic along with their older family members. I think of family caregivers as the invisible member of the health care team for older adults. While they are essential to the health and well-being of frail older adults, we often fail to include them when planning care or developing health policies.

That is why I am so excited about the opening plenary session for this year's annual scientific meeting. It will feature a screening of the documentary "Caregiver: A Love Story" by Dr. Jessica Zitter. It is a moving story that highlights the invisible role that family caregivers play at end of life. She has an unusual capacity to engage an audience in complex issues in ways that are accessible and thought-provoking. She has a unique blend of medical knowledge, emotional intelligence, and the gift of storytelling that is compelling.

Her talk will deliver a comprehensive overview of the challenges faced by family caregivers as they navigate medical, financial, and personal obstacles in their roles as caregivers.

The GSA audience will leave with a better understanding of the issues facing family caregivers in many sectors, be better prepared to initiate conversations around family caregiver support strategies and leave with a few key action items to better support family caregivers.

So, while I won't be able to greet you all in Phoenix, I hope that you will join me as we gather for the Annual Scientific Meeting Online from November 10 to 13 to share our science, to network, to celebrate this year's award recipients, and more.

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member news

In Memoriam

Arnold J. Kahn, PhD, passed away on June 16 at age 84. He was born in Louisville, KY, son of the late David L. and Reva W. Kahn. His most recent research interests were on aging and longevity, serving as a member of the Longevity Consortium at California Pacific Medical Center, visiting scientist at the Buck Institute for Age Research, and the editorial board of *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*.

His first faculty position was at Syracuse University. This was followed by subsequent positions at Washington University in St. Louis, where he was initially professor of biomedical science and ultimately assistant dean for biomedical sciences at the School of Dental Medicine. He then served as director of the Pediatric Research Institute and professor of pediatrics and orthopedic surgery at St. Louis University.

In 1990 he moved to California to become professor and chair of the Department of Growth and Development at the University of California, San Francisco School of Dentistry. In 1996 and 2002, he was a visiting professor at Hebrew University in Jerusalem. Since 2006, he has been a professor emeritus at University of California, San Francisco, but remained active as a visiting scientist at the Buck Institute in Novato, California.

Kahn published more than 200 papers, abstracts, and book chapters on a wide range of topics, and mentored dozens of fellows and students. Earlier in his career, he served as chair of the Gordon Conference on Bones and Teeth and as secretary/treasurer of the American Society for Bone and Mineral Research.

Crimmins Earns Top Award From PAA

Former GSA Behavioral and Social Sciences Section Chair Eileen Crimmins, PhD, FGSA, has been given the Irene B. Taeuber Award by the Population Association of America (PAA), a non-profit professional organization established to promote and support high-quality population research. The biannual award goes to an individual who has made an unusually original or important contribution to the scientific study of population or for an accumulated record of exceptionally sound and innovative research, per the award website. Crimmins received the award during the recent PAA Annual Meeting in May 2021.

Crimmins is currently the AARP Chair in Gerontology at the University of Southern California Leonard Davis School of Gerontology, the director of the USC/UCLA Center on Biodemography and Population Health, and director of USC's Multidisciplinary Research Training in Gerontology Program. She also is a co-investigator of the Health and Retirement Study in the U.S. and is past president of the PAA. She previously earned GSA's Robert W. Kleemeier Award.

Lichtenberg Honored for Michigan Work

GSA Vice President Peter Lichtenberg, PhD, ABPP, FGSA, who serves as the director of the Institute of Gerontology at Wayne State University, has received an Exemplary Service Award for his years of extraordinary contributions to aging services in Michigan. He was jointly honored by the Michigan Commission on Services to the Aging, the Aging & Adult Services Agency, and the Statewide Network of Services for the Aging.

Lichtenberg previously served on the Michigan Commission on Services to the Aging for five years, regularly presenting to the commission and the State Senior Advisory Committee. He has also served on the Attorney General's Elder Abuse Task Force since 2019.

Fulmer Named Living Legend for Nursing Work

Former GSA President Terry T. Fulmer, PhD, RN, FAAN, FGSA, is one of four individuals being honored at the Living Legends Ceremony held during the American Academy of Nursing's annual Health Policy Conference taking place this month. The Academy has recognized that through their influence in leadership, innovation, and science, these individuals have made a lasting policy impact and significantly advanced the public's health. Fulmer, current president of The John A. Hartford Foundation, is a leading expert in the field of gerontological nursing and has dedicated her career to improving the care and quality of life for older adults. She was the first nurse to serve as GSA president and as a board member of the American Geriatrics Society.

Hodgson Earns Fagin Professorship at University of Pennsylvania

Nancy Hodgson, PhD, RN, FAAN, FGSA, has been named the Claire M. Fagin Leadership Professor in Nursing at the University of Pennsylvania School of Nursing. Hodgson, who is also chair of Penn Nursing's Department of Biobehavioral Health, is an internationally recognized nurse scientist. She is a leading gerontologist with a strong program of research focused on incorporating evidence-based findings into geriatric nursing practice to conquer challenges in palliative care such as promoting dignity, minimizing symptoms, and honoring peoples' preferences for care at the end of life and advancing palliative dementia care.

New Books by Members

- "Healthy Aging Through The Social Determinants of Health," edited by Elaine T. Jurkowski, PhD, MSW, and M. Aaron Guest, PhD, MPH, MSW. Published by APHA Press, 2021

Members in the News

- Jon Pynoos, PhD, FGSA, FAGHE, was quoted in an August 4 *USA Today* article titled "8 adjustments to make at home to help prevent trips and falls."
- On August 6, Pamela Teaster, PhD, FGSA, FAGHE, and Kathleen Wilber, PhD, FGSA, FAGHE, were quoted in a *Forbes* article titled "How To Fix Conservatorship In America."
- On September 1, Vogue quoted Valter Longo, PhD, FGSA, in an article titled "6 Ways to Reset Your Diet This Fall, From Detoxes to CSA Boxes"
- Caleb E. Finch, PhD, FGSA, was quoted in a September 3 article in *The Washington Post* titled "The Mystery of 9/11 and Dementia."

Colleague Connection

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

George Sutphin, PhD

The recipient, who became eligible after referring new member [Hope Dang, MS](#), 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:

[Tonya J. Roberts, PhD, RN](#)

Support for Family Caregivers Continues to Grow

One had high hopes of describing the passage and signing of the Build Back Better Budget Reconciliation Act this month, but evidently my deadline did not persuade moderate Senators Joe Manchin and Kysten Sinema or anyone else in the Democratic Party to reach a compromise and pass the bill. So I may or may not be able to write about that topic next month; not even the president knows. Fortunately, it has been a great period for happenings in the family caregiver policy arena at the state and national levels.

Caregiving and GSA

Before I dive into the latest in federal and state caregiving news, I should bring to your attention a few upcoming GSA events in this space. First, there are three GSA caregiving-related interest groups that will be meeting this month. Both the [Family Caregiving Interest Group](#) and the [Grandparents of Caregivers Interest Group](#) will be meeting on October 15 from 1 to 2:30 pm. ET. The [Paid Caregiver Interest Group](#) will be meeting on October 14 from 4 to 5 p.m. ET.

Next, with President Terri Harvath at the GSA helm, I am pleased to note that the Opening Plenary Session of this year's Annual Scientific Meeting will feature a screening of "Caregiver: A Love Story," which will be followed by [Dr. Jessica Nutik Zitter's keynote](#) exploring the public health crisis of family caregiver burden. Dr. Zitter calls for a new approach to caring for serious illness and end of life care. And yes, I too am very disappointed not to be seeing you in person in Phoenix, but I am betting on Indianapolis next year (not the Colts)!

RAISE

I have been writing about the RAISE (Recognize, Assist, Include, Support, and Engage) Family Caregiving Advisory Council's (FCAC) progress on several occasions. On September 22 the FCAC sent its statutorily mandated [Initial Report to Congress](#) and turned the page to its next chapter, the development of a National Strategy to Support Family Caregivers to implement the FCAC's recommendations and a coordinated response across federal agencies.

GSA has been an active participant in this process as well as the previous work of the National Academies of Sciences, Engineering, and Medicine's committee that wrote the report "Families Caring for an Aging America."

GSA and its members have provided expertise, research, and knowledge in the dissemination of the report and its related publications, online resources, Capitol Hill briefings, testimony,

and advocacy, as well as on the family caregiving issue in general and RAISE in particular.

The FCAC includes GSA members, and it has conducted briefings that included GSA expert witnesses. The council also includes federal agency staff, family caregivers, older adults and individuals with disabilities, providers of various health and supports and services, the eldercare workforce, employers, state representatives, and other experts and advocacy organizations.

The work of the FCAC that led to the 141-page initial report has ranged from broad requests for input and environmental scans to listening sessions, focus groups, and hearings. But as Mike Wittke, vice president for research & advocacy at the National Alliance for Caregiving (NAC), stated at a pre-release meeting of the FCAC, "It is a privilege to participate in this major milestone — a next step toward a more person- and family-centered and proactive family caregiver support infrastructure. ... This federal stamp of approval validates the painstaking work that countless people have done in the recent decades to understand, define, and spread awareness about this once invisible population."

NAC has been a strong leader in this space with its focus on evidence-based work to support policy makers at the state and national levels. The alliance also helped provide insights into the human experiences of being a caregiver through a series of interviews that were included in the report to Congress and can be viewed on line: [RAISE caregiver spotlights](#).

By the way, GSA CEO James Appleby helps guide NAC's work as a member of its Board of Directors.

A great deal of credit for the report must also go to the National Academy for State Health Policy (NASHP), which houses the RAISE Act Family Caregiver Resource and Dissemination Center (funded by The John A. Hartford Foundation) for the valued resources it provided to the FCAC; and to the Administration for Community Living, particularly Greg Link, director of the Office of Supportive and Caregiver Services, for their expertise and ability to shepherd the players through the process and bureaucracy.

According to Rani Snyder, vice president, program, for The John A. Hartford Foundation, "The RAISE recommendations represent the most comprehensive and meaningful ways to support family caregivers, who desperately need support. ... The Council drew on the latest research on caregiving, surveyed more than 1,600 family caregivers, held focus groups, and interviewed experts. Now we must bring these recommendations to life with concrete federal, state, and private sector actions."

The report is quite impressive and includes a moving look at who America's family caregivers really are, the struggles they face on a daily basis, their own health and wellness needs, how their roles intersect with members of the direct care work force and federal programs such as Medicare, Medicaid, and Older Americans Act. It also provides an inventory of federal caregiver support programs and provides examples of caregiver program implementation strategies abroad.

The intent of the FCAC was to provide the perspectives and needs of caregivers of older adults and those of care partners and family members of people with disabilities.

National Alliance for Caregiving (NAC) President and CEO Grace Whiting also presented to the FCAC at its September 21 meeting and shared views on the report and directions for the future. She outlined what NAC sees as the next steps in the national effort and strategy, including these areas:

- Awareness and outreach for family caregivers, such as expanding the role of public health in reaching caregivers;
- Engagement of family caregivers as partners in healthcare and long-term supports and service, such as including caregivers more in roles in biomedical innovation and reimbursement for their time;
- Services and supports for family caregivers, such as tax credits, and addressing caregiver needs in diverse communities;
- Financial and workplace security for family caregivers, such as paid leave; and
- Research, data, and evidence-informed practice, including looking at how to expand data collection and tools to better understand caregiver need, and working to centralize data on family caregivers around the world.

As the FCAC moves forward with additional listening sessions, research, and strategy discussions, each of the report's recommendations will take on new characteristics. With each recommendation will come implementation roles for federal, state, and local governments and public and private entities, all of whom will need to step up to fulfill the promise of this work and address the needs of caregivers across the nation.

RAISE Act State Policy Roadmap for Family Caregivers

NASHP, which as I mentioned runs the RAISE Resource Center, also aims to assist states as they develop and implement policies to support family caregivers. NASHP recently [created a roadmap](#) to help policy makers navigate the possible avenues of state and local action. The roadmap fulfills an important role for all who want to see meaningful action for caregivers: it provides resources and guidance for how partnerships between federal, state, and local governments and the private sector can successfully accomplish their mutual goals for family caregivers.

The roadmap particularly identifies the innovative opportunities that exist on the state and local level. The roadmap was developed following research and a series of

listening sessions which identified challenges for caregiver support programs, including the fact that many caregivers do not self-identify as such, as well as the impact of linguistic barriers and lack of awareness.

State actions include: caregiving awareness campaigns (Minnesota, Washington); outreach to employers (New York); customized toolkits such as Supporting Caregivers During COVID (New Hampshire); specific outreach requirements written into regulations for National Family Caregiver Support Program recipients (Delaware, Vermont, Wyoming); caregiver supports specified in the Master Plan on Aging (California); and task forces on caregiving (12 states).

Also of interest regarding state-level resources is NAC's ["From Momentum to Movement: Developing a Unified Strategy to Support Family Caregivers Across the Nation."](#)

Finally, be on the lookout for the upcoming report from the Supporting Grandparents Raising Grandchildren Advisory Council.

Recent GSA Policy Actions

GSA supported the Leadership Council of Aging Organizations' [Principles on Paid Medical, Parental, and Caregiver Leave](#) and its chair's letter sent to Congress.

GSA supported a Leadership Council of Aging Organizations [chair's letter](#) to Senator Ron Wyden, chair of the Senate Finance Committee, and Representative Richard Neal, chair of the House Ways and Means Committee, in support of the Elder Justice Reauthorization and Modernization Act of 2021.

GSA supported a letter from the [Obesity Care Advocacy Network](#) sent to the Biden Administration calling for action to address a critical health equity crisis: the growing number of Black and Latino people living with obesity who lack access to comprehensive care. GSA recently published ["Obesity in Older Adults: Succeeding in a Complex Clinical Situation"](#) and aired a podcast, ["Obesity and Its Disproportionate Impact on Racial and Ethnic Minority Populations."](#)

GSA, through the [Adult Vaccine Access Coalition](#), continues to advocate for the [Protecting Seniors Through Immunization Act](#) to be included in budget reconciliation. The bill will help strengthen vaccine uptake by improving education and equitable access to recommended vaccines for Medicare beneficiaries. It will bring much needed parity to the out-of-pocket payment required of Medicare beneficiaries for vaccines covered under Part B and Part D.

new resources

Brief Identifies Top Districts Affected by ADRD for Blacks, Latinos

The UsAgainstAlzheimer's Center for Brain Health Equity has released [a new data brief](#) highlighting the 41 congressional districts with the highest prevalence of Alzheimer's disease and related dementias (ADRD) among Black Americans and Latinos in the traditional Medicare program. The brief details how government leaders can take action to help these hard-hit communities of color.

The brief identifies the 41 congressional districts that overlap with the top 25 counties with the highest prevalence of Alzheimer's among Black and Latino Americans in the Medicare Fee for Service program; highlights the social determinants of health and systemic inequities prevalent in these districts; and makes recommendations for policymakers to advance brain health equity in hard-hit communities.

These counties — and the congressional districts that represent them — are home to families that are less likely to have health insurance, less likely to have access to exercise opportunities, and less likely to have a bachelor's degree or higher. At the same time, they are more likely to have lower incomes and more likely to report poor health than families living in counties with lower levels of Alzheimer's disease.

NASEM Report Measures Dementia's Impact

The National Academies of Sciences, Engineering, and Medicine (NASEM) have released a new report, [“Reducing the Impact of Dementia in America - A Decadal Survey of Behavioral and Social Science Research,”](#) detailing the path forward for the next 10 years of research on dementia in the behavioral and social sciences.

The NASEM report recommends that research prioritize improving

the lives of people affected by dementia and of their caregivers, rectifying disparities, developing innovations that can improve quality of care and social supports, easing the economic costs of dementia, and pursuing advances in researchers' ability to study dementia. The report also says research will be most effective if it is coordinated to avoid redundant studies, ensures findings can be implemented in clinical and community settings, and takes policy and socio-economic implications into account throughout the course of a study. Funders of dementia-related research should incentivize these approaches and others in their guidelines for awarding research grants.

RRF Brief Provides Insight on Bolstering Caregiver Support

RRF Foundation for Aging has released an issue brief on one of its priority funding areas — caregiving. More than 53 million people — one in five residents of the U.S. — are family caregivers who provide essential support to older adults who can no longer live independently.

Estimates suggest that the care they provide is worth nearly half a trillion dollars, an economic contribution significantly greater than all government outlays for institutional and community-based long-term services and support (LTSS) combined. This makes caregivers the nation's largest healthcare workforce, an indispensable part of the health and social service delivery system for older adults and a vital resource for the nation.

[“Investing in Caregivers: An Essential Resource for Our Nation”](#) provides an overview of the key issues around caregiver support, describes some of the work the foundation is funding to address these issues, and invites others to join them in developing the next generation of solutions to address this increasingly important issue.

Continued from page 1 - Annual Scientific Meeting Moves All-Online

Each symposium and paper session also will be convened live using a video conferencing platform; session chairs will manage the live presentations and Q&A, and discussants will participate. (This platform is not the one used for the 2020 Annual Scientific Meeting.)

Poster sessions will be on-demand only with no live presentation; attendees will have the opportunity to engage in Q&A with presenters asynchronously.

The GSA 2021 website now has [speaker procedures](#) and a [speaker FAQ](#) that have been updated to reflect the all-online nature of the meeting. Late-breaking poster abstract notifications will be sent in early October.

[Continuing education credit](#) will still be offered for all qualifying online programs.

Session Topics

The Annual Scientific Meeting will feature the very latest research on the most critical and timely issues facing the field of aging. The following topics have garnered the highest numbers of abstracts submitted this year:

1. Alzheimer's Disease and Related Dementias
2. COVID-19 Pandemic
3. Family Caregiving
4. Long-Term Care
5. Education and Training
6. Cognition
7. Social Isolation and Loneliness

8. Technology: Older Adult Interface and Use

9. Minority & Diverse Populations

10. Social Determinants of Health and Aging

Registration

Registration information and other details are available on the [GSA 2021 website](#). As is always the case, a discount will be provided for GSA members and students will be eligible for a further reduced rate. Individuals who paid the in-person early bird registration are automatically converted to an online only registration.

For those who paid the standard in-person rate prior to the announcement of the transition to an all-online format, GSA will refund the difference; likewise, individuals who registered for luncheons or other in-person ticketed events will be refunded in full. Housing deposits made through the official GSA housing bureau will also receive a full refund. No action is required by the registrant.

Pre-Meeting Engagement Month

October is [Pre-Meeting Engagement Month](#), providing members an expanded opportunity to learn, network, and share outside the dates of the meeting itself. Activities include webinars, more than 50 GSA interest group meetings, the GSA memorial service, and section business meetings. Separate registration is required for each.

Another Year of a New Normal: Making the Most of Your Experience at the Annual Scientific Meeting

By Francesca Falzarano, PhD

The last year and a half has forced us to reframe our definition of normalcy — we've had to be flexible, patient, and creative — all while doing our best to roll with the punches as they come. When I initially wrote this article, I discussed the tangible excitement I was feeling as our first in-person Annual Scientific Meeting in nearly two years drew closer. I was excited about sharing and learning about emerging research, connecting with colleagues, meeting new friends, and exploring a new city.

Now, as we once again have been tasked with pivoting our plans with GSA's Annual Scientific Meeting going all-online, we must also shift our perceptions in tandem to maximize what we'll get out of what is still an incredibly valuable experience.

For us researchers, a critical skill we need to learn is how to navigate the uncertain and unpredictable nature of the research process: IRB barriers, difficulties with recruitment, missing data, and protocol deviations are just among a few. When these circumstances face us, we must make the most of what's available to us. Think about some of the challenges you've faced in your own research and how you have overcome them. How can you apply these same lessons to enhance your experience at GSA? Like in research, we must continue to roll with the punches and make the most of the resources we have. It may feel a little strange to attend another virtual meeting as we continue to redefine what normalcy means and looks like to us. Regardless, ESPO is here to help you navigate the Annual Scientific Meeting so you can make the most of your experience.

The challenges we have collectively faced over the course of the last year and a half led me to reflect on my prior experiences at GSA and how instrumental it has been for my professional development. I've met colleagues, collaborators, and friends from across the world and have learned about exciting, emerging research — both of which I deeply value from both a personal and professional standpoint.

Whether we are meeting in-person or virtually, GSA still affords us with opportunities to connect with others. My own experience with the Dissertation Writing Group is evidence that this holds true — when a virtual group of doctoral students from across the world became true colleagues; I have no doubt that ESPO's efforts at this year's meeting will foster wonderful collaborations and connections across our entire organization.

Whether you're a graduate student, post-doc, early-career

faculty member, or somewhere in between — ESPO-sponsored events are your go-to for a guaranteed, valuable experience (and a chance to e-meet amazing people!).

So, before we sign on to the Annual Scientific Meeting in November, I am here to give you the lay of the land of some of the wonderful events ESPO has in store for you that you won't want to miss!

In October, we'll be hosting a few informal chats to get you excited about the Annual Scientific Meeting, including an ESPO-sponsored Career Conversation on the expansive field of Gerontology on October 18. Details are forthcoming, so keep your eye on GSA connect for our official announcement! Additionally, we will be hosting our [ESPO Virtual Business Meeting](#) on Friday, October 29.

Now, what's happening during the official dates of the meeting (November 10 to 13)? ESPO has you covered! Mark your calendars for the ESPO presidential symposium, titled "Stories of Struggles and Resilience: Expert Interdisciplinary Reflections of the Past Year," which will take place on Friday, November 12.

ESPO will also be hosting chats on various topics targeting professional development throughout the conference. These informal discussions are a great low-stakes way to learn about the paths your fellow ESPO members have taken and to have your questions answered by the experts who have been there. One of our informal chats will discuss the process of securing a post-doc (and do you need to?), and the International Task Force will also be hosting a chat to introduce their new peer mentoring program for international scholars on November 13.

Stay tuned on [GSA Connect](#) as we announce more informal chat topics and details! Watch the ESPO Community for additional details regarding ESPO-sponsored events and registration. From one early-career researcher to you, no matter the format, let's all continue embrace that feeling in the air that GSA is coming! Make the most of every opportunity, conversation, and event — there is something for everyone. Continue to visit the [GSA Annual Scientific Meeting website](#) or the [ESPO webpage](#) for more information.

We can't wait to see you online!

funding opportunities

RRF Updates LOI Process

The [RRF Foundation for Aging](#) has announced a change to its letter of inquiry (LOI) submission deadlines. To provide invited applicants more time to prepare a full proposal, RRF is moving its LOI submission deadline two weeks earlier. Deadlines for full proposals and funding decisions remain unchanged.

The next deadline to submit an LOI is now November 15. RRF will review and respond to LOIs by mid-December. Organizations invited to submit a full proposal will have three deadlines to do so: February 1, May 1, and August 1. Due to the change in deadline, RRF's LOI application portal is now open. This will allow applicants to submit earlier, with the possibility that RRF may be able to provide feedback sooner.

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.

Evaluation Project to Focus on Age-Friendly Health Systems

Trust for America's Health is providing an opportunity to evaluate its [Age-Friendly Public Health Systems project](#). Funded by The John A. Hartford Foundation, the goal of this project is to enhance the ability of departments of public health across the country to support the health of older adults in their communities through policy, systems, and programmatic changes. Proposals should be submitted by November 1; the evaluation should be completed by March 31, 2023.

NIA Grant Focuses on Transposable Elements and Alzheimer's

The National Institute on Aging has issued a [funding opportunity announcement to support hypothesis-driven research](#) to gain an understanding of the dysregulation of transposable elements (TE) and their contributions to Alzheimer's disease (AD) and Alzheimer's disease-related dementias (ADRD) and aging. This announcement encourages applications that investigate causal effects of TE activation in disease and aging and applications that model therapeutic interventions to facilitate the transition of the field from observational discovery towards a deeper mechanistic understanding of the function and regulation of TEs. Applications are due November 2.

NIA Offers New Round of GEMSSTAR Grants

The [Grants for Early Medical/Surgical Specialists' Transition to Aging Research \(GEMSSTAR\) program](#), offered by the National Institute on Aging (NIA), provides support for early-career physician-scientists trained in medical or surgical specialties or early-career dentist-scientists to launch careers as future leaders in aging- or geriatric-focused research.

To achieve this goal, a new GEMSSTAR funding opportunity announcement will provide small grants to conduct transdisciplinary aging research that will yield pilot data and experience for subsequent aging research projects. The GEMSSTAR program also encourages candidates to seek out a supportive research environment to achieve the program's goal of fostering the development of early-career physician- and dentist-scientists in aging- or geriatric-focused research, particularly as it applies to their clinical specialty/discipline.

In selecting GEMSSTAR awardees, NIA will consider the extent to which a candidate's environment is supportive of aging- or geriatric-focused research. Applications are due November 2.

Continued from page 1- GSA Amplifies Unprecedented Joint Climate Change Editorial

changing climate. These impacts disproportionately affect the most vulnerable, including children and older adults, ethnic minorities, poorer communities, and those with underlying health conditions.

The release of the editorial in early September coincided with several severe weather events across the U.S.

GSA Social Research, Policy, and Practice Section Vice Chair-Elect Debra Dobbs, PhD, FGSA, who was not involved with the editorial but has studied the impact of such events, said that weather-related disasters (e.g., hurricanes and wildfires) due to climate change are happening more frequently and are no longer limited to just certain areas of the country.

"For example, Hurricane Sandy and more recently Ida, reached the northeast states where nursing homes and assisted living settings may not be as prepared as a place like Florida," Dobbs said. "Our qualitative interview research with almost 100 nursing home and assisted living administrators in Florida shows that disaster experience and leadership are key to successfully navigating most disasters."

She said her team's research findings on disasters also indicates that nursing home residents exposed to a hurricane significantly increases mortality rates.

"As communities continue to have more frequent encounters with disasters because of climate change, long-term care providers

will need to coordinate with their local emergency operation centers," she said. "And more research is needed about how wildfires affect vulnerable elders. Some of the work done in the area of hurricanes could be applied to wildfires."

The editorial warns that while recent targets to reduce emissions and conserve nature are welcome, they are not enough and are yet to be matched with credible short- and longer-term plans. It urges governments to intervene to transform societies and economies, for example by supporting the redesign of transport systems, cities, production and distribution of food, markets for financial investments, and health systems.

Such investments will produce huge positive benefits, including high quality jobs, reduced air pollution, increased physical activity, and improved housing and diet. Better air quality alone would realize health benefits that easily offset the global costs of emissions reductions. These measures will also improve the social and economic determinants of health, the poor state of which may have made populations more vulnerable to the COVID-19 pandemic, according to the editorial — arguing that sufficient global action can only be achieved if high-income countries do far more to support the rest of the world and to reduce their own consumption.

What Does It Mean to Be a Gerontologist?

By Taka Yamashita, PhD, MPH, MA, University of Maryland, Baltimore County (yamataka@umbc.edu)

The question of what it means to be a PhD gerontologist is a lot to unpack. While the area of the aging studies can be broad, does it have something to do with the knowledge about the gerontology paradigm, theory of aging, specific research methods, or working in the aging-related industries? There are only a handful of gerontology PhD programs in the U.S. Some, if not many, PhD gerontologists, whether in academia or not, often have difficulty articulating their background and identity to others. I was certainly one of them in my earlier career. I am a faculty member in the Department of Sociology, Anthropology, and Public Health, as well as in the gerontology PhD program at UMBC. Sometimes, I still wonder how I can better present my professional identity as a social gerontologist to my colleagues from different disciplines.

In our gerontology PhD program, I teach one of the two-course sequences of Gerontology Theory and Methods Seminar I & II (GERO750 & GERO751). These are courses in the first two semesters that new students take. In GERO751, I challenge students to articulate what it means to be a (PhD) gerontologist. Unlike other conventional academic disciplines like economics, psychology, and sociology, we often have a hard time articulating our professional identities. As my colleague once said, “We don’t see gerontology PhD in the wild that often.” Indeed, a gerontology PhD is still one of the rare species today. However, over the years, I have seen increasing numbers of PhD gerontologists making an impact both in academia and industries.

In the second seminar course, one of the assignments in GERO751 is to articulate what it means to be a gerontologist. I ask the students to identify gerontologists and interview them. In the past, our students found a variety of gerontologists, including a university professor who teaches gerontology courses, a geriatric

care professional, a nursing home administrator, and a researcher who studies hip fracture among older patients.

I provide a few guiding questions — for example, “In your opinion, what do gerontologists do?” and “What do you think makes you a gerontologist?” At the same time, I also encouraged our students to develop their own questions. At the end of the course, students develop a short report to summarize their findings and articulate what it means to be a gerontologist. We take turns to present a short summary of the findings. Each student has an opportunity to present their own view of what it means to be a gerontologist.

Although this assignment is not directly related to any theory or methods, my hope is that it gives students an opportunity to think of their professional identity critically and prepares them to eloquently present themselves at non-gerontology conferences and job interviews. Indeed, the difficulty of explaining what a PhD in gerontology is to family members and friends is a common theme in GERO751. I can personally speak to that. And we tend to relate our academic identities to more common ones such as psychology, sociology, epidemiology, etc., even though we should talk more about the gerontological paradigms, such as the interdisciplinary biopsychosocial model and life course perspective.

“PhD gerontologists are the ones who can conduct aging-related research and publish it as the lead author in gerontology scientific journals.” I believe that this is one of the measurable things that makes someone a gerontologist. A PhD program is meant to train researchers. And yet, my answer reflecting this is often unpopular among GERO751 students, even though being able to publish in gerontology journals reflects one’s abilities to formulate an aging-related research question, design and conduct the study, and speak the language of gerontology when presenting their research to journal reviewers who might be from multiple disciplines.

I have enjoyed learning from students’ reports on “What it means to be a gerontologist” since 2018. I believe that such information can be valuable to many soon-to-be gerontologists and those who are interested in the field. I plan to conduct a content analysis and learn what future PhD gerontologists have to say about their identities.

While I am not ready to present the results, it may be useful to share my preliminary observations of students in our UMBC gerontology PhD program. One of the recurring themes that I see in students’ reports is that not everyone knows what exactly gerontology is, although everyone knows the importance of aging research, and, as such, we are the ones who need to demonstrate what gerontology is and what we can do.



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Regular Social Engagement Linked to Healthier Brain Microstructure in Older Adults

Older people who report greater levels of social engagement have more robust gray matter in regions of the brain relevant in dementia, [according to new research](#) led by scientists at the University of Pittsburgh Graduate School of Public Health. It is the first to use a particularly sensitive type of brain imaging to conduct such an evaluation.

The findings, reported in *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, suggest that “prescribing” socialization could benefit older adults in warding off dementia, much the way prescribing physical activity can help to prevent diabetes or heart disease.

“Our data were collected before the COVID-19 pandemic, but I believe our findings are particularly important right now, since a one-size-fits-all social isolation of all older adults may place them at risk for conditions such as dementia,” said lead author Cynthia Felix, MD, MPH, a geriatrician and a post-doctoral associate in Pitt Public Health’s Department of Epidemiology. “Older adults should know it is important for their brain health that they still seek out social engagement in safe and balanced ways during the pandemic.”

Felix and her colleagues used information about social engagement from 293 community-dwelling participants from the Health, Aging and Body Composition (Health ABC) study. These participants, who averaged 83 years old, also received a sensitive brain scan called Diffusion Tensor Imaging MRI that measured the cellular integrity of brain cells used for social engagement.

These participants provided detailed information about their social engagement and were scored using a tool Felix developed. High scores were awarded to people who did things like play board games; go to movies; travel long distance; attend classes, lectures or adult education events; participate in church or other community activities; get together with children, friends, relatives or neighbors at least once a week; volunteer or work; be married and live with others.

Felix and colleagues found that greater social engagement is related to better microstructural integrity of brain gray matter in these older adults. Maintaining brain health is of critical importance. Once brain cells die, dementia typically follows.

Social engagement with at least one other relative or friend activates specific brain regions needed to recognize familiar faces and emotions, make decisions, and feel rewarded. The good news is that even moderate “doses” seem to be beneficial.

“We need to do more research on the details, but that’s the beauty of this — social engagement costs hardly anything, and we do not have to worry about side-effects,” Felix said. “There is no cure for dementia, which has tremendous costs in terms of treatment and caregiving. Preventing dementia, therefore, has to be the focus. It’s the ‘use it or lose it’ philosophy when it comes to the brain.”

Felix notes that cause-and-effect still need to be disentangled: Does greater social engagement keep these brain regions healthy? Or is it that having a healthy brain results in better social engagement?

Similar to how large public health studies assess the best

programs to encourage physical activity to prevent chronic disease in older people, Felix believes her team’s findings, coupled with previous research, provides justification for randomized control trials to assess the impact of specific types and amounts of social activities on brain health.

Enriched by her prior public health training at Johns Hopkins University, Felix recognizes the critical role of public health in applying this finding on a large scale.

“It would be good if we develop programs across the U.S. through which structured social activities can be prescribed for community-dwelling older adults, aimed at reducing rates of dementia and the resulting health care costs,” Felix said. “Existing platforms providing group physical activities can be a good starting point.”

Additional authors on this article, titled “Greater Social Engagement and Greater Gray Matter Microstructural Integrity in Brain Regions Relevant to Dementia,” are Caterina Rosano, MD, MPH, Xiaonan Zhu, PhD, and Andrea L. Rosso, PhD, MPH, all of Pitt; and Jason D. Flatt, PhD, MPH, of the University of Nevada, Las Vegas.

This research was supported by National Institutes of Health (NIH) contracts N01-AG-6-2101, N01-AG-6-2103 and N01-AG-6-2106, NIH grants R01-AG-028050, R01-NR-012459, K23-AG-028966 and R01-AG-029232, and University of Pittsburgh Claude D. Pepper Older Americans Independence Center grant P30-AG-024827-07.

Adult Children with College Degrees Influence Parents’ Health in Later Life

Write down the benefits of obtaining a college degree and, more than likely, all the items on the completed list will relate to graduates: higher salaries, autonomous jobs, and better access to health care, for instance. All of those factors, supported by extensive research, help draw a direct line connecting higher education and health. Similar research suggests how the education of parents affects their children.

Now, two University at Buffalo (UB) sociologists have used a new wave of data from a survey launched in 1994 to further extend the geometry linking educational attainment and health that demonstrates another dimension of the intergenerational effects of completing college. Their findings, [published recently in *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*](#), suggest that adult children’s educational attainment has an impact on their parents’ mental and physical health.

“By analyzing these data we arrived at the conclusion that it was detrimental to parents’ self-reported health and depressive symptoms if none of their children completed college,” said co-author Christopher Dennison, PhD, an assistant professor of sociology in UB’s College of Arts and Sciences. “The negative mental health outcome of the parents was in fact our strongest finding.”

Dennison and co-author Kristen Schultz Lee, PhD, an associate professor in the UB Department of Sociology, have both used the

National Longitudinal Study of Adolescent to Adult Health (Add Health) in their previous research. Add Health is a nationally representative longitudinal study of over 20,000 adolescents. It is the largest such survey of its kind. There was an initial wave of data on the parents (ages 30 to 60) when the survey began and another wave of data from roughly 2,000 of those original participants (now ages 50 to 80) gathered from 2015 to 2017.

It's this latter data set that provided the researchers an opportunity to look at the intergenerational relationship between parents and children over time, while statistically balancing factors that could influence an aging parent's health.

"These results are particularly important in light of growing educational inequalities in the U.S. in the last several decades," said Lee. "We know how our own education impacts our own health. We know how parents' education impacts their children in many different ways. Now we're trying to add to that understanding by explaining how children's education can have an impact on their parents."

"One thing I thought particularly interesting about these findings is that those parents who are the least likely to have a child attain a college education (low socioeconomic status) seem to benefit the most from a child having a college degree."

Dennison and Lee speculate on a number of elements that might be driving this association, including anxiety, assistance and lifestyle.

"Parents whose children have lower levels of education might spend more time worrying about their children. That has negative implications for their mental health and their self-rated health," said Lee. "Kids without a degree might need more help from their parents and are also less able to provide help if needed in return."

"Another possibility is that educated children might be doing a better job of helping their parents live healthier lives by encouraging exercise and a sensible diet."

What's clear is the evidence pointing to how the benefits of a college degree show up in the parents' health later in life.

"In this era when a college degree is of ever-growing importance, we see how the long-term investment in education is advantageous to the adult child's health, but also has benefits down the road for their parents too," says Dennison.

And it's this idea of an investment that speaks to how educational attainment reaches across generations from a policy perspective.

"Historically, there has been a debate over whether or not different generations are at odds with one another, with one generation taking resources away from another older or younger generation," said Lee.

"But our findings point to the fundamentally inter-related nature of the interests and needs of different generations."

"Investing in one generation, in this case, positively benefits another generation."

Online Interactions May Slow Memory Decline, Study Finds

Regularly communicating with friends and family online as well as in person can help maintain long-term memory among older people,

according to a study by the University of West London's Geller Institute of Ageing and Memory, and the University of Manchester.

Researchers found that older people who frequently use online communication such as email alongside traditional social interactions in person or over the phone, showed less of a decline in episodic memory — the ability to recollect meaningful events and the impairment of which is a hallmark sign of major forms of dementia.

The study "[Social Contact and 15-year Episodic Memory Trajectories in Older Adults with and without Hearing Loss](#)," published in the *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, looked at regular communication habits of 11,418 men and women aged between 50 and 90 years old.

Participants were asked how often they interacted with friends and family online, over the phone, and in person, before completing memory tests where they were asked to recall a list of 10 words at various intervals.

Researchers recorded immediate and delayed recall to generate memory scores from 0 to 20. They then divided respondents by those with or without hearing loss to assess the impact on both groups.

Studying the impact over 15 years, it was found that people using only traditional communications experienced steeper memory decline than participants who enriched their social activity online.

Also, the more diverse the communication methods overall, the greater the benefit to cognitive function over time — particularly among those with hearing loss where even greater impact was observed.

The study was led by Snorri Rafnsson, PhD, an associate professor of ageing and dementia care at the University of West London's Geller Institute of Ageing and Memory.

"This shows for the first time the impact of diverse, frequent and meaningful interactions on long-term memory, and specifically, how supplementing more traditional methods with online social activity may achieve that among older adults," Rafnsson said.

"There are combined factors here, as learning to use and engage with online social technology can offer direct cognitive stimulation to keep memory function active. In addition, communicating through diverse channels can facilitate social support exchanges and interactions, which in turn benefit our brains."

"We can also see a positive impact among older people with hearing loss, who by making use of online tools such as email, may be better able to focus solely on the quality of an interaction to achieve those same cognitive benefits."

"With more and more older adults now using online communication so frequently, especially during the past year of global lockdowns, it poses the question as to what extent technology can help sustain relationships and overcome social isolation, and how that can also help maintain brain health."

Along with Rafnsson, the paper was co-authored by Asri Maharani, MD, PhD, from the Division of Nursing, Midwifery & Social Work at the University of Manchester, and Gindo Tampubolon, PhD, from the University of Manchester's Global Development Institute and Manchester Institute for Collaborative Research on Ageing.



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