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### 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.

### October Event to Address Early Detection of Dementia

The BOLD Public Health Center of Excellence Early Detection of Dementia is bringing leaders in public health together for a virtual three-part national symposium to discuss strategies to advance the early detection of dementia. The program, titled "[Public Health Action to Advance Early Detection of Dementia](#)" and taking place October 25 to 27, will also have interactive workshops that provide opportunities to share dementia detection goals and efforts with peers to identify opportunities for collaboration and improvement.

### JOIN THE CONVERSATION

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-  [www.facebook.com/geronsociety](http://www.facebook.com/geronsociety)
-  [www.twitter.com/geronsociety](http://www.twitter.com/geronsociety)

Engage with GSA on social media!

## RAI Guide Will Advance Inclusive Language About Aging

The [Reframing Aging Initiative](#) (RAI), a long-term social change endeavor designed to improve the public's understanding of aging and the ways that older people contribute to society, has released "[Communication Best Practices: Reframing Aging Initiative Guide to Telling a More Complete Story of Aging](#)."

Drawing from RAI research on ways to increase the public's understanding of aging, this new guide will influence nationwide narratives about aging. Thanks to RAI advocacy, the American Psychological



Association, the Associated Press, and the American Medical Association are already promoting similar guidance in their widely used publication style guides, used by journalists, communicators, and more than 1,000 scholarly journals in more than 100 academic disciplines.

"I'm so proud of this new guide which will advance more constructive and inclusive language about aging," said RAI Project Director Patricia D'Antonio, BSPHarm, MS, MBA, BCGP, the vice president for policy and professional affairs at GSA. "To ensure wide impact, all ten members of the Leaders of Aging Organizations (LAO) collaborative are incorporating reframing aging and bias-free language principles into their work."

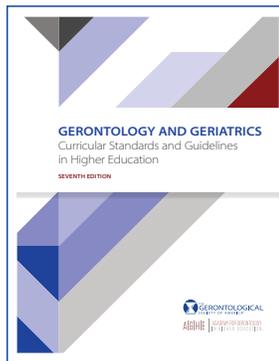
The LAO collaborative includes GSA, AARP, American Federation for Aging Research, American Geriatrics Society, American Society

*Continued on page 10*

## AGHE Issues Comprehensive Update to Its Standards and Guidelines

GSA's education member group, the Academy for Gerontology in Higher Education (AGHE), has released the seventh edition of its "[Gerontology and Geriatrics Curricular Standards and Guidelines in Higher Education](#)."

This is an integral resource for colleges and universities implementing and revising programs in liberal arts, the sciences, and health professions education. The new edition was edited by Tamar E. Shovali, PhD, and Marilyn R. Gugliucci, PhD, FGSA, FAGHE.



"The importance of this publication is that it provides a guide for adding competency-based education (CBE) on aging into a myriad of higher education programs, including all health professions programs," said Gugliucci, a former AGHE president and professor and director of geriatrics research at the University of New England College of Osteopathic Medicine.

The evolution of the field of aging with a focus on both gerontology and geriatrics has demanded increased breadth and depth of gerontology and geriatrics content. Through AGHE's leadership, gerontology education is now competency-based, as the health professions programs have been for years.

"All chapters in the publication have been comprehensively rewritten to include the standards and guidelines for CBE, including the addition of curricular matrices in the appendices for both gerontology and health professions

*Continued on page 9*

# From the GSA President



## Diversity and Engagement in GSA

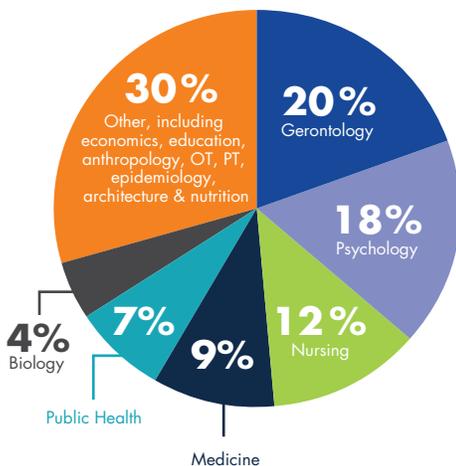
By Peter Lichtenberg, PhD, ABPP, FGSA •  
p.lichtenberg@wayne.edu

One of the most impressive aspects of the GSA over the past two years has been the response of its members and staff to the COVID-19 pandemic, to the social unrest we are experiencing as a society, and to the need for increased member connection and engagement.

During this time, many GSA members volunteered to produce the [GSA statement on Diversity, Equity and Inclusion](#) and to increase opportunities to engage with GSA year-round as opposed to mainly at the Annual Scientific Meeting.

Diversity is embedded in our members' disciplinary backgrounds and in their methodological and measurement approaches. This interdisciplinary and often "team science" approach deepens our understanding of aging across the life course.

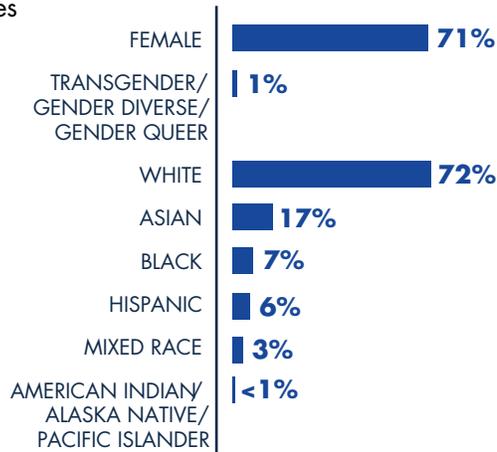
**GSA members endorsed 26 different disciplinary backgrounds:**



- Embracing diversity also means embracing social justice — a priority for GSA, its sections, and committees. In spring of 2021 and again this January, GSA sent this important message:

"As part of GSA's commitment to Diversity, Equity, and Inclusion, the Society wants to ensure that we have accurate and informative member demographics that include age, gender, ethnicity, race, sexual orientation, and disability."

To date, more than 75% of our members have updated their profiles. What have we learned?



**We must know where we stand today, so we can mark our future progress in enhancing the diversity of our membership. If you have not done so, please [go online and complete your demographic information in your member profile](#).**

GSA staff and members are exceptional in providing much needed enhanced member engagement. Prior to the pandemic, GSA's member engagement primarily focused on its activities at the Annual Scientific Meeting. While the need for enhanced member engagement pre-dated the pandemic, the pandemic provided the spark for a wildly successful member engagement program including interest groups, section activities, and general membership activities.

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## In Memoriam

**Toni Tripp-Reimer, BSN, PhD, FAAN**, passed away on December 13, 2021. She received her BSN from the University of Maryland and served in the U.S. Army Nurse Corps for three years. She received her PhD in anthropology from The Ohio State University in 1977 and began her career at the University of Iowa College of Nursing that same year. She served as director of the college's Office for Nursing Research Development and Utilization for 11 years, associate dean for research for 14 years, and senior advisor to the dean for seven years.

Her initial research focused on health care among various ethnic groups, and later focused on health care for gerontological populations. She earned the Iowa Regents Award for Faculty Excellence in 1996, The Hartford Institute for Geriatric Nursing/MNRS Award for Leadership in Geriatric Nursing Research in 2002, The University of Iowa Hancher-Finkbine Medallion for Faculty Excellence in 2005, and the Midwest Nursing Research Society Lifetime Achievement Award, Midwest Nursing Research Society in 2007.

**Kevin Hansen, PhD**, passed away on March 6. He earned in PhD from the School of Aging Studies at the University of South Florida under the mentorship of late GSA Board Chair Kathryn Hyer, MPP, PhD, FGSA.

He later moved to the University of Wisconsin, Eau Claire, and then became an associate professor and chair of the Department of Health & Aging Services Leadership at Bellarmine University.

He began his career as an attorney with a focus on elder law and health law, and worked extensively on public policy reform and elder maltreatment issues prior to his time in higher education.

## Super Elevated to New Milken Institute Role

Nora Super, MPA, has been named executive director of the Center for the Future of Aging at the Milken Institute. In this role, Super provides strategic direction for two primary focus areas: healthy longevity and financial Wellness. In 2020, Super launched the Milken Institute Alliance to Improve Dementia Care, which seeks to transform and improve the complex health and long-term care systems that people at risk for and living with dementia must navigate. From 2014 to 2016, Super served as the executive director of the White House Conference on Aging, and has held leadership roles at the U.S. Department of Health and Human Services, AARP, Kaiser Permanente, and USAging.

## Nicklas, Der Ananian, Marquez, Rosenberg named to Presidential Council Board

The Office of Disease Prevention and Health Promotion

## Colleague Connection

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

**Pao-feng Tsai, PhD, RN, FAAN**

The recipient, who became eligible after referring new member **Hae Sagong** was randomly selected using randomizer.org. For more details on the Colleague Connection promotion visit [www.geron.org/connection](http://www.geron.org/connection).

## Member Spotlight

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

**Adam Davey, PhD**

## Members in the News

- A January 12 article in *3rd Act Magazine* titled "A Song of Hope for People with Memory Loss" featured quotes from Theresa Allison, MD, PhD, Stuart MacDonald, PhD, and Andre Smith, PhD.
- Cary Kreutzer, MPH, RD, was quoted in a January 15 *Consumer Reports* article titled "How Older Adults Can Meet Their Protein Needs."
- On January 31, Toni Miles, MD, PhD, FGSA, was quoted in *The Wall Street Journal* in an article titled "One Million Deaths: The Hole the Pandemic Made in U.S. Society."
- Fayron Epps, PhD, was quoted in a February 1 *Trice Edney News Wire* story titled "Holding on to Their Faith: Strengthening Black Families Living with Dementia."
- A February 4 *Kiplinger* article titled "4 (Imperfect) Ways Retirees Can Pay for Dental Care" included quotes from Stephen K. Shuman, DDS, FGSA.

(ODPHP) within the U.S. Department of Health and Human Services has named four GSA members to the 2022 President's Council on Sports, Fitness & Nutrition Science Board: Barbara J. Nicklas, PhD, FGSA, of the Wake Forest School of Medicine (serving as board chair); Cheryl Der Ananian, PhD, of the College of Health Solutions at Arizona State University; David X. Marquez, PhD, FNAK, FACSM, FSBM, FGSA, of the University of Illinois at Chicago; and Dori Rosenberg, PhD, MPH, of the Kaiser Permanente Washington Health Research Institute.

The board is a subcommittee of the council that helps elevate scientific research related to physical activity, physical fitness, sports, and nutrition. The board assists the council in its efforts to promote healthy and active lifestyles for all Americans. This assistance includes sharing scientific expertise related to council activities, supporting the implementation of specific initiatives, or developing science-based reports.

## “Aging My Way” with President Biden’s Budget

This May, the [Administration for Community Living’s \(ACL\) observance of Older Americans Month \(OAM\)](#) focuses on helping people age in place and continue to contribute to the vibrancy of their communities. The theme, “Age My Way,” emphasizes the ways that “planning, participation, accessibility, and making connections all play a role in aging in place — underscoring that what each person needs and prefers is unique.”

Clearly ACL devotes a good deal of time to create the month’s theme and develop logos, social media posts, and sample communication materials to help those of us in the aging field to promote the month. It turns out that promoting the value of older Americans and making an effort to make us “visible” are really important actions to undertake.

According to the [Reframing Aging Initiative](#), the public doesn’t think all that highly of older people and is pretty negative about aging in general. This is due to implicit bias against older people and misperceptions about aging both of which can be altered with our deliberate attention to how we talk about aging. ACL’s success with OAM will result from, to some degree, our embracing of it and doing our part, as members of the field of aging, to disseminate the theme and help celebrate its message as best we can even past May 31.

Spring is also budget season, so one must consider whether we will be more able to age the way we want to if the President’s budget is followed as it has been written. ACL points out that some of the ways we can “age my way” involve “planning programs that encourage independence. ... Ensuring activities are responsive to individual needs and preferences ... increasing access to services that support aging in place.”

Below I explain what’s in President Joe Biden’s budget, and as you review the budget, I encourage you to consider ways that it does or doesn’t support the “Age My Way” reality that many will face.

### The Budget of the U.S. Government, Fiscal Year (FY) 2023

The budget process begins anew. Congress just last month completed its work on the [Consolidated Appropriations FY 2022](#), the president signed it on March 15, and on March 28 the president released and sent to Congress his [FY 2023 budget](#). You may recall that last year, many of the Joe Biden-Kamala Harris Administration’s programmatic and funding proposals were first included in their budget proposal and then detailed in the Build Back Better (BBB) Act, which still has not been passed in the Senate.

Since Congress is still considering BBB under the budget reconciliation rules, the FY 2023 budget forgoes providing many of those specific proposals and costs again. It does include a “deficit neutral reserve fund” to cover the future legislation.

### A Wide Range of Social Spending Increases

The budget includes a \$26.8 billion increase for the Department of Health and Human Services (HHS) for a total of \$127.3 billion.

Here are some of the programs the budget would fund and some of the legislative changes they propose.

**National Institutes of Health (NIH):** NIH is a foundational part of the president’s budget and would receive an increase of \$19.6 billion increase for a total of \$62.5 billion. This includes mandatory spending and funds allocated from other sources; for example, \$12 billion for pandemic preparedness. The NIH discretionary budget authority is increased \$7.5 billion to \$49 billion.

“The request allows NIH to make bold new strategic investments to address several national priorities, including combatting the acute and lasting effects of the COVID-19 pandemic, fighting the opioid epidemic, eradicating HIV in the United States, expanding mental health research, addressing health disparities and inequities, researching the human health impacts of climate change, contributing to the HHS Pandemic Preparedness Plan, and continuing to fund the newly established Advanced Research Projects Agency for Health (ARPA-H) that was first proposed in the FY 2022 President’s Budget.” The National Institute on Aging is funded at a total of \$4.011 billion, an increase of \$112.2 million from the FY 2022 continuing resolution level.

### Advanced Research Projects Agency for Health (ARPA-H):

The budget proposes a major investment of \$5 billion for ARPA-H, with an initial focus on cancer, diabetes, and dementia. This investment is designed to drive transformational innovation in health technologies and speed the application and implementation of health breakthroughs.

**Vaccines for Adults (VFA) program:** The budget would expand access to vaccines by establishing a new program which would provide uninsured adults with access to all vaccines recommended by the Advisory Committee on Immunization Practices at no cost. The budget would also vaccine coverage under Medicare Part B, making preventive vaccines available at no cost.

**Transforms Mental Healthcare:** Proposes reforms to health coverage and major investments in the mental health workforce, mental healthcare and suicide prevention, healthcare access for vulnerable populations, requires parity in coverage between behavioral health and medical benefits, and expands coverage for behavioral health providers under Medicare, and provides sustained and increased funding for community-based centers and clinics.

**Geriatric Education:** Overall, the Health Resources and Services Administration (HRSA) received an increase of \$1.4 billion for a total of \$13.3 billion. The geriatrics education funding — Geriatrics Workforce Enhancement Program (GWEP) and Geriatrics Academic Career Award (GACA) program — were proposed to be increased again this year by \$3.8 million to \$46.5 million for FY 2023. The request would fund approximately 48 GWEP continuation awards and 26 GACA awards through a new

competition. In addition, this request will fund approximately five additional GWEP grantees. This has been a GSA priority.

**Social Security:** The spending proposal includes \$14.8 billion (an increase of 14 percent above the 2021 enacted level) for Social Security Administration operations to address long wait times on hold when calling the 800 number, excessive waiting periods for disability hearings and benefit determinations, and to reopen field offices.

**Centers for Disease Control and Prevention (CDC):** The budget includes \$47.5 billion in total mandatory and discretionary funding for CDC and the Agency for Toxic Substances and Disease Registry. CDC's discretionary budget authority would increase to \$10.674 billion, a bump up of \$2,824 million. Funds would alleviate shortfalls in staffing and capacity for laboratory analysis, data collection and dissemination, and epidemiology.

**Agency for Healthcare Research and Quality (AHRQ):** "The total proposed for AHRQ programs is \$527 million. This includes \$376 million in budget authority (a \$26 million increase), \$40 million in Public Health Service Evaluation Set Aside funding, and \$111 million in mandatory transfers from the Patient Centered Outcomes Research Trust Fund.

**Money Follows the Person (MFP) Demonstration.** The budget includes \$456 million – increased by \$191 million, the MFP demonstration supports state efforts for rebalancing their long-term services and supports system so that individuals have a choice of where they live and receive services.

**Medicare Survey and Certification.** The budget includes \$494 million for survey and certification activities – an increase of \$97 million. Surveys can include mandated federal inspections of long-term care facilities (i.e., nursing homes), home health agencies, and hospices, as well as federal inspections of hospitals.

**Funding for other Community Supports.** The budget provided additional funds for home and community-based supports and services to help older Americans and those living with disabilities, including American Indian, Alaska Native, and Native Hawaiian elders, to live independently and with dignity.

**Administration for Community Living (ACL):** Older Americans Act (OAA) programs and programs supporting individuals with disabilities are funded under ACL. ACL has requested budget authority of \$3.108 billion, an increase of \$752 million over the FY 2022 numbers. The budget proposal includes the following increases: Nutrition (\$306 million), Home and Community-Based Supportive Services (\$107 million), Preventive Health Services (\$1.5 million), Aging Network Support Activities (\$6.5 million), Aging and Disability Resource Centers (\$4.0 million), Family Caregiver Support Services (\$61 million), Native American Caregiver Support Services (\$5 million), Alzheimer's Disease Program (\$2.6 million), Lifespan Respite Care (\$7.1 million), Long-Term Care Ombudsman/Prevention of Elder Abuse (\$18 million), Native American Nutrition and Supportive Services (\$35

million), and Elder Justice/Adult Protective Services (\$59 million). The State Health Insurance Assistance Program (not authorized under the OAA) is funded at about \$55.242 million, which would be an increase of \$3.12 million. It is worth noting that the Family Caregiver Support Services request includes \$400,000 to keep the RAISE Family Caregiver Advisory Council going for another year. The Community Service Employment for Older Americans is level funded at \$405 million in the budget.

**AmeriCorps:** The Foster Grandparents Program is increased \$8.9 million, the Senior Companion Program increased \$4.3 million, and the Retired Senior Volunteer Program is increased \$1.1 million in the budget.

**Elderly Housing, Energy, Community Service Block Grants:** The Biden budget proposes the following in programs that support older adults: \$966 million for Housing for the Elderly, an increase of \$111 million; Social Services Block Grant reduction of \$9 million to \$1.627 billion; Low-Income Home Energy Assistance Program budget request of \$4 billion, an increase of \$225 million over FY 2022 enacted; and Community Services Block Grant would be increased by \$1 million to \$754 million.

## Recent GSA Policy Actions

**GSA** recently [responded to a request for information](#) from the Office of the Assistant Secretary for Preparedness and Response of the U.S. Department of Health and Human Services regarding national health security threats, challenges, and promising practices to help inform the [development of the 2023-2026 National Health Security Strategy](#).

**GSA** signed on to a public comment letter submitted by the [Adult Vaccine Access Coalition](#) after the U.S. Department of Health and Human Services released its [Vaccines Federal Implementation Plan 2021-2025](#) for review and comment on March 2. The letter offered a few overall perspectives and specific comments related to implementing goals 3 and 4 of the plan.

**GSA**, as a member of the [Council of Subspecialty Societies](#), supported a letter to the U.S. Centers for Medicare & Medicaid Services regarding its policy on split/shared evaluation and management (E/M) visits. The letter urges the agency to reevaluate and revise its policy on split/shared E/M visits due to concerns about the impact to the physician-advanced practitioner care delivery model, patient experience, and administrative burden.

**GSA** supported the [Job Protect Act](#) introduced by [Representative Lauren Underwood](#) (D-IL) and Senator Tina Smith (D-MN). The legislation would extend Family and Medical Leave Act protections to tens of millions of workers by ensuring the law encompasses all workers — no matter the size of their employer or part-time status — by shortening the timeline for employees to be eligible for coverage. GSA CEO James Appleby, BSPHarm, MPH, was [quoted in a related news release](#).

# An Informal Talk with Our Early Career Professionals

*By Butler-Williams Scholars and ESPO organizers*

Hello, everyone! My name is Yujia (Susanna) Qiao, ScM, this year's ESPO's Communications Task Force Newsletter co-lead. I enjoyed many events that ESPO has organized to help early career professionals.

In February, ESPO hosted an informal chat with National Institute on Aging Butler-Williams Scholars, who shared their experiences of the program and their general tips for early career researchers. I also interviewed the Butler-Williams Scholars and our ESPO organizers after the event, asking specifically: How would you prepare yourself differently during PhD/post-doc training given your current position? What is the biggest challenge during your early career? How did you tackle it?

I hope their stories will be inspiring to you!



**Shana D. Stites, PsyD, MS, MA**  
 Bulter-Williams Scholar  
 Assistant Professor  
 Department of Psychiatry  
 University of Pennsylvania

I would have undertaken two additional training opportunities while completing my clinical psychology degree in order to prepare for my current position as a clinician-researcher in Alzheimer's Disease and Related Dementias (AD/ADRD) research: 1) Sought out a training opportunity at the National Institute on Aging (NIA) or in an Alzheimer's Disease Research Center (ADRC); 2) Took a grants administration course to get an overview for the process and components associated with grants.

A challenge during my early career was finding a path that would let me receive training as both clinician and researcher. Programs tended to focus on one to the exclusion of the other. I focused on obtaining formal training to build clinical skills and sought out paid research positions to gain on-the-job training in research.



**Karen O. Moss, PhD, RN, CNL**  
 Bulter-Williams Scholar  
 Assistant Professor of Nursing,  
 Colleges of Nursing and Medicine,  
 The Ohio State University

During my PhD program I wished that I would have published all of my class papers. Looking back, each would have added value to the literature. I also wished that I maintained a consistent as opposed to sporadic exercise routine. Prioritizing

good physical and mental health is critical to continued success and goal attainment. Having flexible physical and mental health plans in place to accomplish my goals helps me to show up better for my family and for my work.

The pandemic and the racial reckoning of 2020 were the most challenging thus far. These two life changing events made striking the balance between consistent scholarly productivity and self-care more challenging. The pandemic has pushed us to get creative with recruitment and retention for research. Focusing on the many positive ongoing outcomes with regards to both of these events keeps me grounded.



**Jasmine Travers, PhD, MHS, RN, AGPCNP-BC**

Bulter-Williams Scholar  
 Assistant Professor  
 New York University Rory Meyers  
 College of Nursing

During PhD and post-doc training, I would have leveraged my mentors more. I tended not to draw on them as much because I wanted to protect their limited time, but I came to realize they agreed to be mentors for a reason.

The biggest challenge during my early career is saying no to all the great opportunities that presented to me. I tackled this by hearing someone share that opportunities will always come back around even on a daily or weekly basis and the next sometimes better than the last so no need to have FOMO if it doesn't work at the given time. I also allowed my level of enthusiasm along with the opportunity's fit to my area of work and what I was already doing or planned to do to be the deciding factor.



**Brianna Morgan, MSN, CRNP, ACHPN®**

ESPO organizer  
 PhD Candidate in NewCourtland Center for Transitions and Health & Clark Scholar at the Penn Memory Center  
 University of Pennsylvania School of Nursing

Something I have learned so far is you are in charge of your own journey, which is both overwhelming and liberating. This mindset helped me to be more proactive, confident, and intentional in my work.

Becoming a new parent as a PhD candidate shortly before the

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beginning of COVID-19 pandemic has been more challenging than I could have ever anticipated. It put incredible limits on how much time and energy I had to devote to my career. Though I'm still finding balance, what has helped me so far is focusing on work that is meaningful and moves me toward my career goals, which also means learning how to say no to opportunities outside of those goals.

We also want to thank Kalisha Bonds Johnson, PhD, RN, PMHNP-BC, our ESPO vice chair, for moderating this event!

As a doctoral student at the University of Pittsburgh, my take-home messages from this event are:

- 1) Have a plan. It's ok to deviate. But it helps us focusing on important things.
- 2) Find interconnections between multiple lines of research we are interested in.
- 3) Put new ideas on a piece of paper. We may not be able to study it now, but later, we might find ourselves circling back to these research aims.

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## educational news

### Coping with COVID-Related Transitions — A PhD Student's Perspective

*By Yan-Jhu Su, PhD student, Department of Gerontology, University of Massachusetts Boston (YanJhu.Su001@umb.edu)*

The year of 2021 had been an atypical year for students. First, it was the second year of the COVID-19 pandemic. Moreover, for me as a second-year doctoral student with an international background from Taiwan, it was a mixed year (half the year we were doing everything online, and the other half year we were doing most everything in-person). The anticipated opportunity of seeing friends in-person at the GSA Annual Scientific Meeting was also replaced by online modalities for both 2020 and 2021.

I believe many of you, like me, are looking forward to a “new normal”. In this article, I would like to share some resources and my personal experiences regarding coping with this transition. Obviously, the biggest challenge during the COVID pandemic has been socializing.

Because of the pandemic, we have been forced to stay home and work remotely. To be honest, at the beginning of COVID I was very grateful for not having to commute because it saved me a lot of time. I was so happy that I could start my work in 10 minutes after I wake up. However, after a few weeks, I felt very anxious about such a routine. It was not only because my mental state was not quite good enough but also that my physical state was not as good as it used to be. So, that's when I started thinking about how to deal with this “new normal.”

First, I started to figure out how my routine could be different before and after the pandemic. Learning that routines and schedules can be important to stay on track, I started to set up a schedule so I could be more focused. I also learned how to rest when it's time to rest, and exercise when it's time to exercise. Although it was

strenuous and difficult in the beginning, this new schedule did help me to use my time wisely and concentrate.

Secondly, I used the dialectical behavioral therapy list to help me cope with the stress during the hard times. For example, I found awareness exercises to be really helpful for me. My physiology responds to certain situations (such as increased heart rate), but I am not necessarily aware it instantly. I often don't realize it until I already have heart palpitations. While working from home during this time, I often drink coffee as water, plus I sit for long periods of time without moving. This often makes me ignore my biological responses. However, awareness exercises help me “listen” to my body and the world. Using this exercise, I learned to do everything consciously. This also saves me from some automated behavior.

Finally, I would like to share some of my experiences and suggestions on coping with stress and anxiety during this time of transition. In addition to the above-mentioned exercise of doing things consciously, I think positive thinking is important. People experience anxiety due to uncertainty during transitions. For example, during the pandemic, the specifics of the virus were not well understood. Therefore, there have been many people expressing a lot of opinions about the virus on the Internet. I was very confused after reading this kind of information myself. After that, I decided to cut down on reading those articles and spend some time reading unrelated books that I hadn't had the chance to read before. I feel like I'm thinking more positively and less focus on viruses and pandemics all day long.

# new resources

## New RRF Brief Highlights Need for Affordable, Supportive Housing

RRF Foundation for Aging has released an issue brief on one of its four priority funding areas —affordable and safe housing. “[Home Front and Center: Supporting Access to Affordable and Quality Housing](#)” provides an overview of housing insecurity for older adults, describes RRF’s approaches to funding innovative projects promoting safe and affordable housing, and invites others to join them in this important work.

While the issue of accessible housing confronts millions of Americans, the problem is especially acute for older adults, according to the brief. But for those whose access to safe and affordable housing has been limited by economic inequities and discrimination, such as communities of color and LGBTQ+ individuals, the disparities of housing insecurity loom much larger. And with the end of COVID-19 eviction moratoriums, the risk of homelessness threatens many older adults with low or fixed incomes. For these reasons, and more, studies show that the ranks of homeless older people are rising fast, despite a decline in homelessness in other age groups.

## Archstone Report Highlights Outcomes from 30 Years of Palliative Care Grants

Archstone Foundation’s newest report, “[Starting, Supporting, Sustaining: An Archstone Foundation Legacy Report on Palliative Care 1989-2021](#),” documents more than 30 years of grantmaking and efforts to build the field of palliative care.

Improving the care and experience of people with serious illness has been a major focus of Archstone Foundation for over three decades. Since 1989, the foundation has been a champion and consistent funder of palliative care and end-of-life initiatives at the local, state, and national levels. Between 1989 and 2021, the Foundation made 136 grants in palliative and end-of-life care, investing more than \$16 million.

While most of the grants went to organizations in California, a number supported projects with national reach. Many of the initiatives continue to benefit people with serious illness today,

sustaining and building on the professional and educational structures that make better care possible.

The new legacy report examines this extensive portfolio of work, grantee achievements, and the enduring impact of this investment.

## DEC Toolkit Aims to Help Providers Support Diverse Caregivers

The Diverse Elders Coalition (DEC) has released a new resource, “[Caring for Those Who Care — Resources for Providers: Meeting the Needs of Diverse Family Caregivers Toolkit](#).”

The toolkit offers information on what providers need to know about meeting the needs of diverse family caregivers and key pieces from DEC’s comprehensive training curriculum, “Caring For Those Who Care: Meeting the Needs of Diverse Family Caregivers.”

The toolkit includes fact sheets and diverse family caregiving resources such as information on national caregiving resources, ten things to know about language-access advocacy for older adults, and COVID-19 resources for diverse family caregivers. The toolkit was created by the six members of the DEC with funding from The John A. Hartford Foundation.

## New Public Facing Website Provides Information on Alzheimer’s Disease

The National Institute on Aging (NIA) has launched a new website, [www.alzheimers.gov](http://www.alzheimers.gov), designed to educate and support people whose lives are touched by Alzheimer’s disease and related dementias. This is the federal government’s portal to information and resources on Alzheimer’s disease and related dementias, including Lewy body dementia, frontotemporal disorders, and vascular dementia.

The new website includes resources for community and public health workers, health care providers, and researchers; information about Alzheimer’s disease and related dementias, including causes, symptoms, diagnosis, and treatment; tips and resources for caregivers and people living with dementia; clinical trials and studies people can join to help advance ways to treat and prevent dementia; and updates on what the federal government is doing to address Alzheimer’s and related dementias.

## *Continued from page 2 - Diversity and Engagement in GSA*

During the first six weeks of 2022, 20 interest groups met, with 10 other general membership and section activities engaging well over 400 attendees. Highlights from these sessions include the Aging Workforce Interest Group’s second session on Dementia in the Workplace. The Dyadic Research on Health and Illness across the Adult Lifespan Interest Group continues its monthly mentoring group launched late last year. ESPO is piloting “ESPO Write-In,” which consists of informal virtual writing support sessions hosted by an ESPO Officer checks-in and shares what he or she is working on for the session. The GSA/HBCU Collaborative held its second meeting in January.

Additional meetings are planned.

None of this would be possible without the dedication of our GSA staff. We send a huge thank you to our member volunteers who are the heart of all of these sessions. Interested in learning more? Visit our GSA website:

- [Interest groups](#)
- [Webinars](#)
- [Career conversations](#)

Watch also for emails on upcoming activities from GSA Connect and through GSA Announcements. Let’s continue this momentum throughout the year, culminating at the GSA Annual Scientific Meeting November 2 to 6 in Indianapolis, Indiana. See you there!

# funding opportunities

## Clin-STAR Aims to Fund Transdisciplinary Aging Research

The Clinician-Scientists Transdisciplinary Aging Research (Clin-STAR) Coordinating Center is [seeking to fund pilot or planning grants](#) that aim to stimulate new collaborations focused on the development of clinical aging research projects.

A major goal of this effort is to bridge junior and senior researchers from different disciplines and institutions in order to stimulate new areas of age-related clinically relevant research that is focused on generating or analyzing data from human subjects. This might include epidemiological, clinical, health services, or biological measurement research.

Funding may be used by investigators who are collecting preliminary data in emerging areas and/or understudied areas of clinical aging research, for collaborative projects to support transdisciplinary collaborations, or for smaller planning grants. The funding also provides opportunities to build mentee/mentor relationships at different institutions and content expertise in different disciplines for the junior investigator.

Letters of intent are due April 12; invitations to submit full applications will be sent mid-May.

## AFAR Scholarships Will Support Biomedical Research

The Diana Jacobs Kalman/American Federation for Aging Research (AFAR) Scholarships for Research in the Biology of Aging aim to give students the chance to learn more about the field of aging research, as well as increase their understanding of the challenges involved in improving the quality of life for older people.

The program is designed to give students enrolled in MD, DO, PhD, or combined-degree programs the opportunity to conduct a three-to-six-month research project focused on biomedical research in aging.

Up to ten scholarships will be awarded in 2022. Students are encouraged to make their proposals as focused as possible – the strongest projects are those that focus on a particular subject area. Clinical, epidemiology, health services, and outcome projects will not be considered.

For one of the awards, priority may be given for a research

project that focuses on eye-related diseases and conditions. Each scholarship is \$5,000. No indirect costs or overhead are allowed; a budget is not required. The deadline for receipt of all applications and supporting materials is April 14.

## NIH Supplements Slated for Research on HIV/AIDS and Aging

The National Institute on Aging (NIA) and the National Institutes of Health (NIH) Office of AIDS Research have announced the availability of [administrative supplements to support research on HIV/AIDS and aging](#).

Eligible parent awards include NIA-funded projects with or without an existing focus on HIV/AIDS as long as other eligibility criteria are met. Supplemental projects may involve a variety of scientific approaches and methods provided that they are focused on HIV/AIDS, fit within the scope of the parent grant, and can be conducted within one year of the supplement award.

The application due date is April 25.

## RCCN Issues Request Inter-NIA Center Pilot Proposals on Measuring Biologic Age

The Research Centers Collaborative Network (RCCN) is seeking to fund at least two [pilot or developmental projects](#) of up to \$50,000 each that involve multiple National Institute on Aging (NIA)-sponsored research centers to foster new research as it relates to measuring biologic age.

The RCCN's goal is to bring together researchers from the six NIA centers programs to foster the development of cross-center collaborations around issues important to the health and wellbeing of older adults. The RCCN sponsors a series of workshops addressing specific problems of high salience to multiple NIA center programs. These workshops feature the sharing of paradigms, conceptual models, and key insights from perspectives of the participating centers programs.

Applications are due May 13.

## *Continued from page 1 - AGHE Issues Comprehensive Update to Its Standards and Guidelines*

programs.” said Shovali, an associate professor at Eckerdt College. “This publication offers tools to identify and implement CBE in programs and to develop students’ skills and abilities needed in the workforce.”

The intended audience of this new resource is program directors/coordinators, faculty, deans, administrative leadership at education institutions — colleges and universities, including technical schools and community colleges, nationally and internationally.

The publication is available through [GSA's online store](#); the cost is \$49 for members and \$150 for non-members.

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## Series B Features Virtual Collection on COVID-19

The Psychological Sciences section of *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* has published a new virtual collection titled “[COVID 2.0](#).” Following up on a prior collection made up primarily of descriptive studies about issues related to psychological aging in the early months of the COVID-19 pandemic, the new collection presents the next generation of research on psychological issues related to aging during COVID.

The introduction paper describes how this next generation work can still be descriptive though over a wider time window. The work in the collection also considers more concrete mechanisms, such as individual and interpersonal processes that may promote resilience in the COVID context.

## GSA Seeks Editor-in-Chief Nominations

The GSA Program, Publications, and Products Committee is conducting a [conducting a search for two positions of editor-in-chief](#): *The Gerontologist* and The Biological Sciences section of *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*.

The four-year contract terms for these positions will become effective January 1, 2023. The editor-in-chief works closely with publishing staff, associate editors, and at times directly with authors, reviewers, and readers for the benefit of the journal and the Society. Nominations and applications, which may be submitted by the candidate or others, are due by April 30. To learn more, visit [academic.oup.com/gsa/pages/editor-nominations](http://academic.oup.com/gsa/pages/editor-nominations).

## GSA's Journals Have Several Open Calls

The GSA journals have several open calls for submissions with various due dates. Stay up to date on the latest and current calls by visiting [GSA Call for Papers](#).

- Sleep, Circadian Rhythms, and Aging: Advancing Knowledge to Promote Older Adults' Health (Due April 15)
- Empirical Work Challenging Dominant Conceptual Models (Due May 10)
- Interdisciplinary Pathways: Humanities, Arts, and Gerontology (Due July 1)
- Immigration and Aging (Due August 1)

## GSA Journal Alerts: Delivered Right to Your Inbox!

Stay up to date on the latest research with content alerts delivered to via email. This free service from Oxford University Press allows you to create custom email alerts to make sure you never miss out on the latest research from your favorite GSA publications. Just follow the steps below:

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## *Continued from page 1 - AGHE Issues Comprehensive Update to Its Standards and Guidelines*

on Aging, Grantmakers in Aging, LeadingAge, National Council on Aging, National Hispanic Council on Aging, and USAging. GSA leads the Reframing Aging Initiative on behalf of the LAO. The FrameWorks Institute conducted the research that underpins the Reframing Aging Initiative and this guide.

“We need to find better ways to talk about aging so that the public learns the whole story about aging, not just the incomplete version that focuses on dependence and decline,” said RAI Program Manager Laurie G. Lindberg. “Framing can make a difference in how people understand your message. Research shows that when these new frames are used, knowledge about aging increases, attitudes toward actions and solutions shift, and policy support for programs and funding grows.”

“Communication Best Practices” will enable academics, aging services providers, researchers, leaders, and advocates to advance productive language and avoid communication traps. It provides

research-based rationales for these communication best practices, suggesting terms to avoid and wording to advance.

This guide is one of several resources available online from RAI, including the overview brief [The Story of Reframing Aging](#) and a [Quick Start Guide](#) with tips on themes to avoid and alternatives to advance. A new video series shows how to use inclusive language to avoid “Us vs. Them” and other traps. The website also houses the bimonthly newsletter [Caravan](#), podcasts, and webinars.

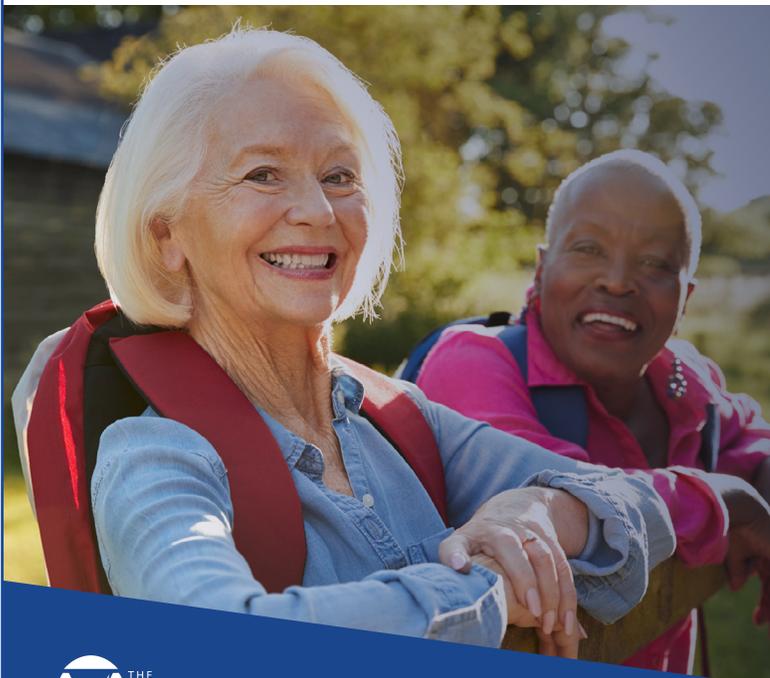
Support for the initiative comes from The John A. Hartford Foundation, Archstone Foundation, RRF Foundation for Aging, and The SCAN Foundation. Additional support is provided by E4 Center of Excellence for Behavioral Health Disparities in Aging at Rush University, Endowment for Health New Hampshire, Fan Fox and Leslie R. Samuels Foundation, NextFifty Initiative, Point32Health Foundation, and San Antonio Area Foundation.



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# SAVE THE DATE



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[GSA2022.org](https://GSA2022.org)

