

gerontology news

The Gerontological Society of America®

February 2022

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Board of Directors Meets

The GSA Board of Directors met December 15 via Zoom, led by Chair Terri Harvath, PhD, RN, FAAN, FGSA. The CEO provided an update regarding relevant Society activities, highlighting the 2021 GSA Annual Scientific Meeting; GSA diversity, equity, and inclusion initiatives; the Reframing Aging Initiative; the Historically Black Colleges & Universities Working Group; and interactions with partners, organizations, funders, stakeholders. The CEO also introduced the 2022 Action Plan, which was approved. The board approved the 2022 operating budget from the Finance Committee following a presentation from Treasurer Janet Wilmoth, PhD, FGSA, who provided an overview and highlighted revenue risks and the budget's investment in people, technology, and engagement. The board also approved changes to the GSA Bylaws recommended by the Governance Committee, as well as changes to fellows eligibility from the Membership Committee. The board also received an update on GSA Strategic Alliances activities, including process, the corporate support policy, and 2022 partners and programs.

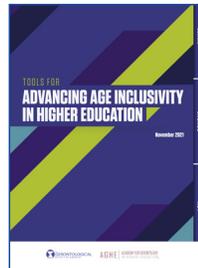
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GSA Updates Toolkit to Promote Age Inclusivity Across Campuses

GSA and its Academy for Gerontology in Higher Education (AGHE) have released a new edition of the "[Tools for Advancing Age Inclusivity in Higher Education](#)," with support from AARP.



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

This suite of tools can be used as a foundation

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

The updates to this edition of the toolkit include:

- [Working definitions](#) for the terms “age-friendly,” “age-inclusive,” and “age-diverse.”
- [Frequently asked questions](#) based on a 2021 virtual “campus conversations” series in which campus representatives met with GSA/AGHE members and AFU partners to discuss how to put age-friendly principles into practice and advance age inclusivity.
- [Case studies from three universities](#) to which GSA provided seed grants (with support from AARP) to enable efforts to incorporate age-inclusive principles on campus.

“These tools also reflect the collective knowledge we are gaining from educators and

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Researchers Offer Direction for Achieving Age-Friendly Environments

A [new special issue](#) of GSA's journal *The Gerontologist* takes on the complexities at the intersection of aging and environment to advance our understanding of how to promote age-friendly environments across a variety of human ecosystems.



In 2010, the World Health Organization (WHO) founded its Global Network for Age-Friendly Cities and Communities — with a guiding framework that emphasized multiple dimensions, including physical (indoor and outdoor), economic, social, and health care environments. In a major 2018 report, WHO defined successful outcomes in terms of improved functioning of older people, resulting

in longer and fewer inequities in healthy life expectancies. However, the report also noted continuing knowledge gaps for determining best practices and tools for achieving these aims.

“The articles in this issue address the current progress of age-friendly communities and the relationship between age-friendliness and aging in place,” wrote *The Gerontologist* Editor-in-Chief Suzanne Meeks, PhD, FGSA, in an opening editorial. “They confront intersectional challenges to age-friendliness and evaluate measurement approaches. They are international in scope and heterogeneous in methodology, representing the range of scholarship on global environments for older adults.”

Further, the authors of the special issue's nearly 20 articles demonstrate the importance of considering the diversity of communities and whether age-friendly initiatives are inclusive

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circulation worldwide: 5,000

letters to the editor: We will publish letters to the editor in response to issues raised in the newsletter. Please limit letters to no more than 350 words. Letters should include the writer's full name, address, and telephone number. Letters will be accepted or rejected at the sole discretion of the editors and may be edited for clarity or space. Send to: **tkluss@geron.org**

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

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At the Two-year Mark, a Shout-Out to Your Collective Resilience

By James Appleby, BSP Pharm, MPH • jappleby@geron.org

As we conclude the second full year of the COVID-19 pandemic, let's take stock of how far we've come and how we can continue to make a positive difference moving forward. And that starts with me issuing a heartfelt "thank you" to the GSA family of researchers, clinicians, educators, and aging service professionals working to advance meaningful lives as we age.

Just about two years ago, America truly started to come to grips with the reality that this pandemic was not only on our shores, but was going to disrupt our lives in a major way — with only modest appreciation for its unpredictability and unknown duration. We've all experienced personal, professional and family losses, including for many the loss of loved ones, friends, and colleagues. We have again and again been exposed to the limits of our resilience, only to find we've got a little bit more in the tank.

Past GSA President Barbara Resnick is one of many distinguished scholars with expertise in the area of resilience. During a recent conversation, she noted that there are many different types of resilience. During the pandemic, we have all seen our psychological, emotional, and physical resilience put to the test. For those in the gerontological research and scholarship arena, you have also had to confront *research resilience* as well — needing to overcome new obstacles to research undertakings such as the consent process, implementing interventions, and/or gathering data. Dr. Resnick noted, "This will change how research is done forever,"

Studies also show us the traits associated with greater resilience, such as stronger self-efficacy, sense of humor, spirituality, and certainly optimism. It's sometimes hard to find optimism in current events, but there are inspiring stories to be found and progress to be celebrated. The pandemic impacted the oldest segments of our population the

hardest. But the work to cultivate age-friendly environments, such as explained in our two cover stories this month, is a source of hope for the future.

And as we learned from the theme of the GSA 2021 Annual Scientific Meeting (in which there were at least 60 presentations with "resiliency" in the title), many have found ways to turn pandemic disruption into meaningful transformation.

We are working through this crisis but learning all the way. We should celebrate that we have learned. We can celebrate that GSA members found ways to overcome the barriers to conducting research and continued advancing scholarship in the field. We can celebrate that GSA members have found innovative ways to share research, and educate others, by leveraging existing technology to new effect. We can celebrate that available technologies were harnessed by medical science to enable the development of vaccines, drug treatments, and therapies at breakneck speeds. We can celebrate the essential role GSA members had in administering lifesaving treatments and providing compassionate care for patients and support to families.

Our drive to learn has not been diminished. The essential role that you play is more important now than ever. And there will be no shortage of topics for GSA researchers to dive into for decades.

If there are colleagues you've worked with during this historic time who should be nominated for GSA [fellow status](#), or a [GSA award](#), now is the time to nominate them. Fellow status recognizes a broad scope of activity, including research, teaching, administration, public service, practice, and notable participation within the Society. If you know a current member who [meets the requirements](#), please consider nominating them. The call for 2022 GSA award nominations is also now open through March 31. These honor outstanding leaders in the field of gerontology as described

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member news

In Memoriam

Robert L. Schneider, PhD, FGSA, a professor emeritus at Virginia Commonwealth University (VCU) School of Social Work, passed away on September 4, 2020, at age 78. He began his 34-year career at VCU in 1974 as an assistant professor. He served as assistant dean of the School of Social Work from 1976 to 1983, was promoted to associate professor in 1979 and full professor in 1988. His vision for teaching, research, and community service focused on three fields: gerontology, legislative advocacy, and social policy.

Schneider was appointed by three Virginia governors to the Advisory Board to the Virginia Department for the Aging, serving as its chairperson from 1984 to 1986. He was also appointed to the 1981 White House Conference on Aging. He earned GSA fellow status in 1985. And he had served on the Virginia Center on Aging's Advisory Board since 1997.

Schneider had an aptitude for organizing groups in order to advance educational goals. In 1981, he co-founded the Association for Gerontology Education in Social Work, a national organization that supports faculty teaching gerontology. In 1997, Schneider founded Influencing State Policy (now Influencing Social Policy), a national organization that appeals to social work faculty and students to participate actively in legislative advocacy in each of the 50 states.

Member Spotlight

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

[Janiece Taylor, PhD, MSN, RN](#)

Colleague Connection

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

[Christine Mueller, PhD, RN, FAAN, FGSA](#)

The recipient, who became eligible after referring new member [Rebecca Watry, BSN](#) was randomly selected using randomizer.org. For more details on the Colleague Connection promotion visit www.geron.org/connection.

Members in the News

- A November 23 article in the Rochester Democrat & Chronicle titled "[Solitary lives of Black caregivers: 'People deal with stuff you don't even know about'](#)" included quotes from Donna Benton, PhD.
- A November 23 Healthline article titled "[How Effective Are Anti-Aging Diets? Here's What Science Tells Us](#)" included quotes from Matt Kaeberlein, PhD, FGSA, and Valter Longo, PhD, FGSA.
- Karl Pillemer, PhD, FGSA, was mentioned in a November 24 Wired article titled "[How to Deal With Difficult Family During the Holidays](#)."



GSA Fellows Nominations

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

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

Nominations open December 15, 2021 and close February 15, 2022.

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



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

Education, Advocacy, and Lobbying in the Time of COVID-19

This month's column wrote itself when I asked ten colleagues to provide their perspectives on how the pandemic has shaped education, advocacy, and lobbying activities. I would say more but they have said it so well; starting and ending with the two quotes from Capitol Hill staffers.

Anonymous Senate Professional Staff Member: "Like many across the country, the pandemic forced members of Congress and their teams to operate in a fully virtual environment. While we are fortunate to have technology that allows us to connect, working in a virtual world further distances members and their staff from the people affected by the policies we are working to advance. Advocates can best help members of Congress by bringing forward the stories of their constituencies, helping share the on-the-ground perspectives essential to good policymaking. Such stories are necessary to make the case for change and to grab the hearts and minds of lawmakers."

Max Richtman, President and CEO of the [National Committee to Preserve Social Security & Medicare](#): "The pandemic has been devastating to older adults from so many perspectives, most of all the loss of life, often in isolation without loved ones nearby. As an advocacy organization representing millions of members across the nation, the National Committee has faced significant challenges to our ability to share our membership's viewpoints with policy makers and Congress. Historically, we have used townhall meetings to show our support and present our policy positions to candidates and elected officials. We have testified before the Congress and brought large numbers of members to DC for hearings, rallies, and Hill office visits, and have attended political fundraisers. All of this has been made more difficult or impossible by the pandemic. Events have been cancelled, one-on-one opportunities are very limited, and frankly, tele-town halls and remote interactions are less effective. Of course, we have made adjustments and continue to carry our members' messages to the Administration and the Hill, but like most everyone, we are ready to return to a more normal world, including with our advocacy and lobbying work."

Amy Gotwals, Chief, Public Policy and External Affairs of [USAging](#): "Advocacy during the pandemic took on a whole new level of importance and intensity, but what you did to nurture relationships with lawmakers *before* the crisis still had the greatest effect on your results. The Older Americans Act, for example, had been reauthorized by Congress just before COVID-19 hit, which meant that the advocacy community had the eyes and ears of more Members of Congress on the critical work of the Aging Network than we would in an ordinary year. That's the reason

we were able to get early and ambitious COVID-relief dollars — they understood exactly how the federal dollars would support the day-to-day essential needs of older adults and why more of these services were especially needed during the pandemic. Never underestimate the value of staying in touch with your champions!"

Mike Wittke, Vice President, Research & Advocacy of the [National Alliance for Caregiving](#): "The National Alliance for Caregiving is proud of the non-partisan role we play in providing policymakers with evidence-based research regarding older adults, individuals with disabilities, and their caregivers. The pandemic has put these individuals and their caregivers at even greater risk, and we have had to redouble our advocacy. It has not been as easy to engage our grassroots teams or to have the kind of face-to-face meetings on the Hill that we are used to having, but we have seen some great progress. For one, the Hill staff have been exceptional in almost every way, working nearly round the clock to get supports and services out to those in need during the early phases of the pandemic and more recently working on the Build Back Better to make longer-term investments in programs that support caregivers. The pandemic has revealed the importance of focusing on at-risk populations and brought out the best in those in public service."

Jennifer A. Blemur, Director of Policy & Advocacy for the [Coalition to Transform Advanced Care \(C-TAC\)](#): "A key component to advocacy is storytelling. Integral to storytelling is the perfect setting. Because we are working remotely, it can be difficult at times to read your listener's responses. Have their eyes widened? Leaned forward to hear more? Even with those challenges, there are opportunities. In a remote setting, we've opened accessibility and can bring more voices into the circle to share in the storytelling. We can also be creative and innovative through digital and social media to make compelling arguments on issues we care deeply about. More voices and more strategies can mean more results."

Andrew MacPherson, Managing Partner [Healthsperien, LLC](#) and Founder and Co-Chair of the [Coalition to End Loneliness and Isolation](#): "The enormity of the COVID-19 public health crisis has led to unprecedented federal legislative and regulatory policy efforts to support Americans and those that care for them, creating innumerable opportunities for advocates to influence and shape those efforts. But those opportunities have come during a time of remote work, which creates significant challenges for an industry based much on policy expertise and personal relationships. Political events, luncheons, Capitol Hill rendezvousing, and regular networking are the hallmarks of pre-covid lobbying, all of which have been suspended for the

foreseeable future, forcing advocates to more pro-actively manage their professional networks. All of these activities continue to occur in the shadow of the grief and loss associated with a pandemic that has killed more than 800,000 Americans.”

Lauren Pongan, National Director of the [Diverse Elders Coalition](#): “Due to the pandemic, much of the more traditional grassroots actions tied to Hill Days and fly-in meetings aren’t possible, so we’ve had to rethink how to engage with staff and members of Congress who really need to hear directly from the Diverse Elders Coalition’s constituents. For example, we’ve used personal storytelling through writing and videos to share the real-life challenges of diverse elders’ family caregivers. Also, a lot of people are just waking up to the realities of racism, discrimination, and injustice in our society, and they’re struggling with ways to be good allies in advocacy. As complex and pervasive as these issues are, the good news is that many activists, advocates, and community leaders have been doing this social justice-centered work for a long time. Now that more people are paying attention, we have a new opportunity to center racial equity and social justice in all of our policy efforts across different issues. Any researchers and advocates looking to become allies in this work should aim to develop meaningful partnerships early on—not as an afterthought—and to co-design research, data gathering, and demonstrations with communities who are traditionally ignored or left out. This includes sharing funding and resources. This is one way we can start to build long-term relationships and earn trust from underrepresented communities.”

Andrea Price-Carter, Manager, Workforce and Technology Legislative Affairs for [LeadingAge](#): “The last two years has been a very difficult time for LeadingAge, who represents more than 5,000 nonprofit aging services providers and organizations — which includes nursing homes, assisted living, life plan communities, home and community-based providers, home health, hospice and low-income senior house. Primarily since people over age 65 represent close to 75 percent of those who have lost their lives to COVID-19 in the United States — many of whom use aging services or worked in aging services. Yet, LeadingAge has been advocating on behalf of our members who have been in the battle for more than two years, and we have been involved with negotiating provisions in every federal legislative response to the COVID-19 pandemic. The most challenging aspect is attempting to negotiate on issues related to the pandemic while largely working virtually. Attending virtual hearings was also an adjustment, since I lost the opportunity to engage with congressional staff, or a member of Congress in an actual hearing room. In a virtual setting they don’t know who is watching online; and I can’t engage with colleagues from stakeholder organizations.”

Anonymous House Professional Staff Member. “I think I can speak for many of my colleagues when I say that when I came

to the Hill to serve the American people, I never imagined being at the forefront of responding to a crisis of the magnitude of the COVID-19 pandemic. While I have always been aware of the risk inherent in my job, particularly in a post-9/11 world, I also never dreamed that my workplace would be subject to a violent insurrection on our democracy. I am simultaneously in awe of everything we have accomplished for the American people and heartbroken that we haven’t been able to do more. I have seen policy ideas move from unthinkable before the pandemic to “must pass,” and this progress gives me hope for the future. I have also witnessed a conversation emerging around how we do our work on Capitol Hill that I think is critically important. I see our community starting to grapple with the reality that Audre Lorde affirmed in 1984: “the master’s tools will never dismantle the master’s house.” My hope going forward is that we can continue to focus not only about what our goals are, but also how we get there.”

Well, there you have it from some of the best in our field. We truly appreciate your work and sharing your perspectives with us.

Recent GSA Policy Actions

- GSA submitted comments to the U.S. Food and Drug Administration (FDA) on the draft rule, [Medical Devices; Ear, Nose, and Throat Devices; Establishing Over-the-Counter Hearing Aids and Aligning Other Regulations](#). In 2017, GSA supported the [Over-the-Counter Hearing Aid Act of 2017](#), subsequently included in the FDA Reauthorization Act of 2017.
- GSA supported the [Revitalizing the Aging Network Act](#) sponsored by Senator Mark Kelly (D-AZ) and Senator Robert P. Casey (D-PA). The bill provides relief to the Aging Network by allocating funding for nutrition programming and in-home supports such as transportation, in-home care, and caregiver supports.
- GSA supported the [Innovations in Aging Act](#), introduced by Senator Angus King (I-ME) and Senator Robert P. Casey (D-PA). This legislation seeks to provide funding for the Administration for Community Living to invest in the research, evaluation, and innovation necessary to identify best practices and evaluate the impact of the services provided by the aging services network on older adults’ health and independence. [GSA worked to include language in Section 207](#) of the Supporting Older Americans Act of 2020 to revitalize the research, evaluation, and demonstration activities.

GSA Invites Policy Intern Applications by Feb. 7

GSA is home to an established summer policy internship program. In 2022, we are seeking three internship candidates to participate in six week in-person experiences in Washington, DC. [Applications are due February 7th.](#)

Promoting an Intergenerational Lifespan Approach to Gerontological Education

By Sandra L. McGuire, EdD, University of Tennessee, Knoxville (smcguire@utk.edu) and Lyn M. Holley, PhD, University of Nebraska, Omaha (lmholley@unomaha.edu) on behalf of the Geriatric Education Interest Group and the Intergenerational Learning, Research, and Community Engagement Interest Group

Lifespan aging education has been endorsed since the first White House Conference on Aging, “Education and Aging,” in 1961. This education enables addressing the omissions, stereotypes, and misleading information that continue to characterize people’s knowledge of aging (National Retired Teachers Association & National Academy for Teaching and Learning About Aging, 1998). Society cannot afford to have its future guided by people who grow up ignorant about aging. People need to be prepared to live a long life in an aging world.

Learning about aging needs to begin with young children. Research has consistently shown that children as young as preschool exhibit ageist attitudes, that these attitudes become more negative as the child grows older, and that they become increasingly difficult to change. What is conveyed to children about aging lays a foundation for attitudes and beliefs about aging. Indeed, “If we teach children that growing old is a natural part of life, and raise them to appreciate and value the contributions of older people to their world, ageist stereotypes and fears of growing old will become obsolete” (Butler, 1999, p. v).

Attitudes about aging play a significant role in how people age, and people with positive attitudes about aging are living longer, healthier lives (Levy 2009). Ageist attitudes are readily transmitted. Creating awareness of what one is transmitting about age and aging is important. This is especially important with young children who readily assimilate societal values and attitudes.

Literature on aging education tends to focus on what is being done in academic settings, often times in secondary education. This education also needs to be promoted outside educational settings and to regularly occur in homes and communities. Numerous aging education opportunities exist every day that can be implemented immediately, at little or no cost, and with great rewards. It’s past time to start promoting them. Intergenerationality is an important part of this education and promotes intergenerational knowledge and understanding.

Numerous resources exist for lifespan aging education. The Gerontological Society of America’s social change initiative, [Reframing Aging](#), educates about aging, strives to defuse aging myths and stereotypes and increase public and self-awareness of aging. Canada’s [Age Is More initiative](#) promotes aging education and intergenerational collaborations, positively changes thinking about aging, and counteracts ageism. The initiative offers the “Are You Age Aware?” quiz. Australia’s [EveryAGE Counts initiative](#) strives to educate about aging, change public thinking about aging, and lay a foundation for current and future generations to age without ageism. Age Friendly City initiatives can provide a stepping stone to operationalizing intergenerational opportunities

and aging education. Celebrations of Older Americans Month and Intergenerational Month provide opportunities to educate about aging and promote intergenerational knowledge and understanding. [Generations United](#) is a 35+ year champion for intergenerational programs and collaborations, offers an Intergenerational Program Database, and has numerous resources available.

A number of K-12 curricular resources for aging education exist. However, many of these resources have become “fugitive” in nature and can be difficult to locate. “Learning for Longer Life: A Guide for Developers of K-12 Curriculum and Instructional Materials” (Couper & Pratt, 1999) is a comprehensive reference for K-12 aging education and provides general learning objectives and classroom activities for teaching about aging. It was written by leaders in the aging education field and remains available in the [Education Resources Information Center](#) (ERIC) along with other K-12 aging education resources. A quiz to educate about aging and explore attitudes about aging is the EveryAGE Counts “[Am I Ageist](#)” quiz. GSA and AGHE offer a number of secondary educational aging education curricular resources. Children’s literature has been identified as an important resource for intergenerational aging education. AGHE’s Best Children’s Literature on Aging Award highlights children’s literature (PS-Primary) with positive, meaningful portrayals of aging.

Increased life expectancy worldwide makes preparation for a long life in an aging world imminently important. Aging education can aide in this preparation. This education needs advocates. Gerontologists have the opportunity to play an important role in advocating for intergenerational lifespan aging education. Let’s do it!

Please contact either of the interest groups directly for more detailed resources and information.

Geriatric Education Interest Group:

Elaine Jurkowski (etjurkow@siu.edu)

Jennifer Mendez (jmendez@med.wayne.edu)

Intergenerational Learning, Research, and Community Engagement Interest Group:

Lisa Borrero (borrerol@uindy.edu)

Skye Leedahl (skyeleedahl@uri.edu)

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Presenting at GSA's 2022 Annual Scientific Meeting

By Sanjay Pandey, PhD

If you are an emerging scholar in gerontology, GSA's Annual Scientific Meeting is a perfect place to present your work. What makes this conference a unique event is the diversity in attendees' backgrounds. GSA's meeting is networking bliss for behavioral and social scientists, physicians, nurses, biologists, psychologists, social workers, educators, economists, policy experts, practice leaders, and those who study the humanities and the arts.

Therefore, presenting your research at the Annual Scientific Meeting is perfect opportunity to enhance the visibility of your work and network with peers from diverse disciplines. It is a hub for aging research collaborations. Experiencing this interdisciplinary intersection of research is a must for young researchers in the field of gerontology. Even after the conference is over, the potential visibility and reach of your research is huge.

Abstracts from the meeting are published in GSA's journal [Innovation in Aging](#). GSA provides a URL and a DOI for your individual abstract. Conference abstracts are also listed in [PubMed](#) central and are assigned a PMID, and abstracts can even be cited through [crossref](#). Only a couple of conferences provide such an opportunity for you to expand the visibility of your work.

Capsule for GSA Abstract Submission

The abstract submission period is open from February 1 to March 3. You can learn more about the details by checking out the [abstract submission site](#). Below, we summarize this information to help you gain a better sense of the abstract submission guidelines and process. Another important point to note is GSA's commitment to the [Reframing Aging Initiative](#), which discourages the use of categorical terms like "seniors," "the aged," or "the elderly" in abstracts, articles, or presentations. To find additional guidance on this initiative, you can check out the [Abstract Submission Planning Guide](#) or initiative site.

Abstract Organization

When preparing to submit your abstract, you will be applying to one of six program areas featured within the conference, including: Behavioral and Social Sciences; Biological Sciences; Health Sciences; Social Research, Policy, and Practice; Academy for Gerontology in

Higher Education; as well as an Interdisciplinary category. Abstracts are organized, reviewed, and scheduled according to respective sections and session topics. Therefore, in your submission, you will be asked to indicate the specific sections and session topics for your abstracts. You will choose two session topics while a choice of third topic will be optional. These topics will also be available as a search feature in the meeting mobile app.

Abstract Structure

Abstracts should begin with a research aim or educational objectives and should describe the significance of the work. Authors then can discuss the study's methods, key findings (results and/or major conclusions), and implications of study for the education or the practice. Excluding your title, GSA abstract submissions are limited to 250 words. Authors can submit abstracts for a paper presentation, a poster, or as part of a symposium.

Abstract Submission

Abstracts are submitted through [GSA's submission site](#). The system will direct and navigate you through the entire submission process. Unlike some conferences, you can submit as many abstracts as you want! There is no limit on the number of submissions. However, each abstract submitted will be charged with a nonrefundable processing fee (regardless of acceptance).

Abstract Review

GSA has a peer review system in place which scores abstracts according to submission criteria. The Annual Scientific Meeting Program Workgroup will then determine acceptance based on scores provided by reviewers. GSA also provides a no-cost peer-to-peer pre-submission review.

Awards

[You can also apply for various awards](#) (paper and poster awards, travel stipends) offered by GSA. Self-nominations generally open and close around the abstract submission window.

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acknowledgment of support

GSA is deeply indebted to the following agencies, corporations, foundations, and individuals for their contributions to the Society and its activities during 2021.

GSA Innovation Fund

Andy Achenbaum
Steven Albert
Loretta Anderson
Georgia Anetzberger
Toni Antonucci
James Appleby
Orion Bell
David Brill
David Chiriboga
Leanne Clark-Shirley
Harvey Jay Cohen
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Tools for Advancing Age Inclusivity in Higher Education

AARP
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What's Hot: "Cellular Nutrition and Its Influence on Age-Associated Cellular Decline"

Nestlé Health Science
"Dementia-Related Psychosis: Strategies to Address Barriers to

Care Across Settings" Publication and Three-Part Podcast Series
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"Understanding the Vaccine Development Process" Podcast
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Flu Vaccine for Older Adults: A Decision Tool

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"Respiratory Syncytial Virus in Older Adults: Understanding Risks and Prevention Strategies" Fact Sheet
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"Obesity and Its Disproportionate Impact on Racial and Ethnic Minority Populations" Podcast
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Geriatric Oncology Gap Assessment, Practical Application of Geriatric Assessment: A How-To Guide for the Multidisciplinary Team and an Online Resource Library

Developed in partnership with the Oncology Nursing Society, the International Society of Geriatric Oncology, and the Association of Community Cancer Centers with support from Pfizer.

"Chronic Insomnia in Older Adults: Epidemiology and

Approaches to Assessment in the Primary Care Setting" Webinar
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"Risk Communication for Vaccine Preventable Illnesses: Addressing Concerns, Facilitating Behavior Change" Momentum Discussion
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"Fostering Resilience and Fighting Poverty" Momentum Discussion

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"The Evolving and Essential Role of Interdisciplinary Care of the Mouth, Ears and Eyes of Older Adult" Momentum Discussion

GlaxoSmithKline Consumer Healthcare
"Exploring the Economic Contributions of People 50 and Over and the Business Case and Innovative Best Practices for Supporting Healthy Longevity" Momentum Discussion
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Margret M. and Paul B. Baltes Foundation Award in Behavioral and Social Gerontology

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Barbara J. Berkman SRPP Award

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PhD, FGSA

"Cross National Comparisons of Social and Economic Contexts of Aging": A Supplement to *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*

University of Southern California

"Motivation and Healthy Aging": A Supplement to *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*

Velux Stiftung
"The National Social Life, Health, and Aging Project Round 3 (2015–2016): Cohort 1 Wave 3 and Cohort 2 Wave 1": A Supplement to *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*
NORC University of Chicago

Call for 2021 Award Submissions

CAREER AWARDS

The Gerontological Society of America recognizes outstanding individuals through a variety of awards. Nominations for these awards open February 1 and must be submitted by March 31. [A GSA awards informational webinar](#) to overview the awards program and nomination process will be held on Wednesday, February 16, at 12 p.m. ET. For a full description of nomination requirements, how to nominate, and the list of past awardees, visit www.geron.org/membership/awards or e-mail awards@geron.org.

SOCIETY-WIDE

Donald P. Kent Award

This award is given annually to a GSA member who best exemplifies the highest standards for professional leadership in gerontology through teaching, service, and interpretation of gerontology to the larger society.

Robert W. Kleemeier Award

This award is given annually to a GSA member in recognition for outstanding research in the field of gerontology.

James Jackson Outstanding Mentorship Award

This award recognizes outstanding commitment and dedication to mentoring minority researchers in the field of aging.

Margret M. and Paul B. Baltes Foundation Award

This award acknowledges outstanding early career contributions in behavioral and social gerontology.

M. Powell Lawton Award

This award honors contributions from applied gerontological research that have benefited older people and their care. Sponsored by the Abramson Senior Care's Polisher Research Institute

Maxwell A. Pollack Award for Contributions to Healthy Aging

This award recognizes an individual whose research, scholarship or practice has generated new or improved policies or practices related to healthy aging. Sponsored by the New York Community Trust through a generous gift from Maxwell A. Pollack Fund.

Doris Schwartz Gerontological Nursing Research Award

This award is given to a member GSA in recognition of outstanding and sustained contribution to geriatric nursing research.

BEHAVIORAL AND SOCIAL SCIENCES (BSS) SECTION

Distinguished Career Contribution to Gerontology Award

This award recognizes career contributions that have articulated a novel theoretical or methodological perspective or synthesis that addresses a significant problem in the literature.

Distinguished Mentorship in Gerontology Award

This award is given to an individual who has fostered excellence in, and had a major impact on, the field by virtue of their mentoring, and whose inspiration is sought by students and colleagues.

Richard Kalish Innovative Publication Award

This award recognizes original and innovative publications on aging and life course research in the behavioral and social sciences in two categories: (1) Book Category and (2) Article Category.

BIOLOGICAL SCIENCES (BS) SECTION

Nathan Shock New Investigator Award

This award recognizes innovative and influential publications by an early career professional (Assistant Professor or Associate Professor level). It acknowledges outstanding contributions to new knowledge about aging through basic biological research.

HEALTH SCIENCES (HS) SECTION

Joseph T. Freeman Award

This award is given to a prominent clinician in the field of aging, both in research and practice.

Excellence in Rehabilitation of Aging Persons Award

This award is designed to acknowledge outstanding contributions in the field of rehabilitation of aging persons.

SOCIAL RESEARCH, POLICY, AND PRACTICE (SRPP) SECTION

Elaine M. Brody SRPP Thought Leader Award

This award acknowledges outstanding career contributions in social research, policy, and practice.

Carroll L. Estes SRPP Rising Star Award

This award acknowledges outstanding early career contributions in social research, policy, and practice.

Barbara J. Berkman SRPP Award for Outstanding Interdisciplinary Research, Practice, or Policy in Aging and Health Care

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

ACADEMY FOR GERONTOLOGY IN HIGHER EDUCATION (AGHE)

Clark Tibbitts Award

This award is given to an individual or organization that has made an outstanding contribution to the advancement of gerontology as a field of study in institutions of higher education.

Hiram J. Friedsam Mentorship Award

This award recognizes individuals who have contributed to gerontological and/or geriatrics education through excellence in mentorship to students, faculty, and administrators.

Distinguished Faculty Award

This award recognizes persons whose teaching stands out as exemplary, innovative, of impact, or any combination thereof.

Rising Star Early Career Faculty Award

This award recognizes new faculty whose teaching and/or leadership stands out as impactful and innovative.

David A. Peterson Award

This award honors excellence in scholarship in academic gerontology and/or geriatrics for an article in a volume of Gerontology & Geriatrics Education.

Student Leadership Award

This award recognizes students whose leadership has advanced the goals and mission of AGHE as well as the respective goals of their AGHE-affiliated institutions.

funding opportunities

RRF Accepting Grant Applications

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

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

RRF now requires applicants to submit a letter of inquiry (LOI) as part of its grantmaking process. LOIs should be submitted online by March 1 for the May 1 full proposal deadline.

Kirschstein Awards to Promote Diversity in Health-Related Research

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

Through this award program, promising predoctoral students will obtain individualized, mentored research training from outstanding faculty sponsors while conducting well-defined research projects in

scientific health-related fields relevant to the missions of the participating NIH institutes and centers. The proposed mentored research training is expected to clearly enhance the individual's potential to develop into a productive, independent research scientist. This funding opportunity announcement does not allow candidates to propose to lead an independent clinical trial, a clinical trial feasibility study, or an ancillary clinical trial, but does allow candidates to propose research experience in a clinical trial led by a sponsor or co-sponsor. Standard application due dates apply, with the next available due date being April 8, 2022.

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

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

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

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

The next available application due date is May 26, 2022. Several other due dates thereafter are available.

Continued from page 2- At the Two-year Mark, a Shout-Out to Your Collective Resilience

in detail on pages 10 and 11. We'll also be hosting [an informational webinar on Wednesday, February 16, at 12 p.m. ET](#). It will introduce the GSA awards program, including how to write a nomination letter and how to submit an application.

Looking ahead, the time has come to submit abstracts for the [2022 Annual Scientific Meeting](#), which will see our planned return to an in-person conference after three years — taking place from November 2 to 6 in Indianapolis, Indiana. The presentation

of your research results is the main driver of advancing the field and making a positive difference in peoples' lives as we age. It's something we're all optimistic about, and you can submit abstracts until March 3.

Our ability to overcome and adapt has been tested, but not bested.

With Gratitude, *James*

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

Continued from page 1- GSA Updates Toolkit to Promote Age Inclusivity Across Campuses

researchers who have undertaken concerted efforts to advance age inclusivity on their campuses — and it's inspiring to know there are more lessons learned to share," said Joann Montepare, PhD, FGSA, FAGHE, of Lasell University, who chaired the workgroup that oversaw content development for the toolkit.

As the toolkit indicates, shifting age demographics are reshaping our social structures with far reaching implications for higher education and age-diverse students with new educational needs. Aging populations are

creating career opportunities for which higher education must prepare students as future professionals, and many older learners are looking to higher education to meet their professional and personal needs.

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

new resources

[SAMHSA Guide Looks at Mental Illness Interventions](#)

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) has released a new guide titled [“Psychosocial Interventions for Older Adults With Serious Mental Illness.”](#) It provides considerations and strategies for interdisciplinary teams, peer specialists, clinicians, registered nurses, behavioral health organizations, and policy makers in understanding, selecting, and implementing evidence-based interventions that support older adults with serious mental illness.

Several GSA members served on the expert panel that oversaw development of this new resource.

[RRF Releases Brief on Social, Intergenerational Connectedness](#)

RRF Foundation for Aging has released an [issue brief](#) on one of its four priority funding areas — social and intergenerational connectedness. [“Engaged and Thriving: Promoting Social and Intergenerational Connectedness”](#) describes RRF’s support for innovative projects to address social isolation and loneliness, and to the development and implementation of new assessment tools to measure these issues and their impact.

In one study, 40 percent of older adults reported feeling lonely and 24 percent were socially isolated. There are many reasons why older adults can be isolated and as the COVID-19 pandemic brought to light, the unequal allocation of resources has further created a divide that separates many of us from the technological supports and services that can provide needed connections to people and programs.

[CMS Facilitates Tracking of Nursing Home Vaccination Rates](#)

The Centers for Medicare and Medicaid Services (CMS) has added a new feature on [Nursing Home Care Compare](#) website that makes it easier to check COVID-19 vaccination rates for nursing home staff and residents. Residents, families, and consumers can now easily identify the percent of residents and staff vaccinated in a nursing home, and compare those rates to other nursing homes, or to state and national averages.

CMS and the Centers for Disease Control and Prevention are also continuing to use this data to monitor vaccine uptake among residents and staff and to identify facilities that may need additional resources or assistance to respond to the pandemic.

[Study Finds Few COVID-Displaced Workers Re-Employed in Direct Care](#)

A new study by PHI and the Health Workforce Research Center on Long-Term Care at the University of California, San Francisco

finds that many COVID-displaced workers were in occupations with similar entry-level requirements as direct care, but that few took jobs in direct care, where there continues to be a worsening staffing shortage.

These results are detailed in a new report, [“Workforce Displacement and Re-Employment During the COVID-19 Pandemic: Implications for Direct Care Workforce Recruitment and Retention,”](#) which examines workforce displacement and re-entry during the COVID-19 pandemic among direct care workers and workers from similar entry-level occupations, such as food preparation and serving, office and administrative support, and others.

The purpose of this study was to understand whether and how new workers were recruited into direct care jobs during this crisis, which has implications for how the long-term care field could fill job openings in the future.

[Visual Advocacy Piece Aims to Include Hearing Coverage in Medicare](#)

The Johns Hopkins Cochlear Center for Hearing and Public Health has produced a new graphic narrative titled [“What Do You Mean Medicare Doesn’t Cover Hearing Aids?”](#) It was authored by GSA members Frank R. Lin, MD, PhD, and Nicholas Reed, AuD, along with Molly Sheehan and Ian Sampson. Developed to explain the policy issues around Medicare hearing care coverage, the graphic narrative is intended to be used as an advocacy piece as Congressional leaders undertake efforts to expand Medicare to potentially include hearing (as well as vision and dental) coverage. It is distributed in partnership with the Johns Hopkins Bloomberg School of Public Health, the Hearing Loss Association of America, and GSA.

[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.

Continued from page 1- Researchers Offer Direction for Achieving Age-Friendly Environments

across dimensions including cognitive and physical disability, socioeconomic advantage/disadvantage, ethnicity, and personal/neighborhood historical influences, including trauma.

“The issue of inclusivity may in fact be the greatest challenge to

age-friendliness,” Meeks wrote. “Until communities can provide the housing, transportation, access to health care and services, and sociocultural support needed by all the older people living within them, age-friendliness will be incomplete.”

Series A Virtual Collection Seeks to Bridge Neuroscience, Geroscience

The field of cognitive aging from the neuroscience perspective has focused on studying cognition over the lifespan from the “neck up,” while fields studying the biology of aging/age-related diseases, known collectively as geroscience, have focused from the “neck down,” according to a new virtual collection in *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences* titled “[The Nexus of Geroscience and Neuroscience](#).”

However, investigators in both of these fields agree there is no discrete boundary at which the body ages independently of the brain, and the existing division between neuroscience and geroscience has led to a less unified understanding of the aging process. Processes affecting aging in one area often have profound effects in another, even when the timescales at which different organ systems age do not align perfectly.

Thus, understanding the aging process by “reuniting the body” is an innovative approach and a new direction for both fields to with the goal of improving the cognitive and physical health of older individuals. In the new virtual collection of articles, a diverse group of neuro- and geroscientists have collaborated on an overall perspective on the “geroscience/neuroscience” nexus that sets the stage for two additional “primer” papers, one each from neuroscience and geroscience thought leaders.

The goal of this series of papers is to provide an understanding of essential knowledge that explores theoretical, biological, and state-of-the-art outcome measurements in each field. The authors aim to forge a new integrated aging science that synergistically provides a pathway to mitigate age-related cognitive decline and that will enhance our ability to “reunite the body” in doing so.

Article Collections Centered Around 2021 GSA Meeting Theme

Each of GSA’s journals features a special collection of articles addressing the theme from the 2021 Annual Scientific Meeting. [Read more than 45 articles](#) related to the theme, “Disruption to Transformation: Aging in the ‘New Normal.’”

Study Finds Lower Dementia Risk in Adult Patients with Tdap Vaccinations

Research from Saint Louis University (SLU) shows that adult patients who have received a Tdap vaccination have a 42 percent lower risk for dementia, compared with patients who are not vaccinated.

The study, “Lower Risk for Dementia Following Adult Tetanus, Diphtheria and Pertussis (Tdap) Vaccination,” was led by Jeffrey Scherrer, PhD, a professor in family and community medicine at SLU, and is published in *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*.

“The magnitude of the effect of Tdap vaccination on delaying dementia is very exciting from the geriatrician’s viewpoint,” said co-author John Morley, MD, FGSA, a professor of geriatrics at SLU. “These effects on dementia are more pronounced than any treatments we have available for Alzheimer’s disease.”

Infections have been found to contribute to worsening cognitive impairment and incident dementia.

Several vaccine types, including influenza and herpes zoster

vaccination, have been linked to a lower risk for dementia but existing evidence is limited by self-reported vaccination history and inadequate control for healthy adherer bias. Specifically, patients who get vaccinations are more likely to obtain other preventive care and take actions to prevent chronic disease, including dementia.

“These results are very impressive in suggesting that routine vaccinations can significantly reduce the risks of dementia,” said co-author Daniel Hoft, MD, PhD, a professor of internal medicine and director of the Division of Infectious Diseases, Allergy and Immunology at SLU. “At this point, the mechanism for this protection is unclear, but could be related to either nonspecific effects that limit brain inflammation or specific immune effects.”

In the study, the authors controlled for the number of well visits, and other confounders, to establish whether Tdap vaccination is associated with lower risk for dementia.

Researchers tested their hypothesis first in Veterans Health Affairs (VHA) cohort and then replicated it in an IBM MarketScan medical claims cohort.

The study looked at whether VHA individuals with an objective history of Tdap vaccination had lower dementia incidence in patients aged 65 and older, controlling for significant confounders. The researchers then determined whether the association differed by age groups (65 to 69, 70 to 74 and more than 75 years of age). The analysis was then replicated in the private sector claims data base.

The representative cohort study used deidentified VHA medical record data from 2008-2019. The MarketScan cohort was comprised of de-identified patient data from 2009 to 2018. The cohorts included patients who had at least three well-visits during the observation period.

Eligible patients were 50 years of age or older on their first well visit and had follow up visits within index dates. For the two years leading up to the index, patients were free of dementia diagnoses, any dementia treatment medications and conditions which lead to cognitive impairment.

After applying eligibility criteria, there were 122,946 eligible VHA patients and 174,053 eligible MarketScan patients.

Researchers controlled for sustained use of anticholinergics, non-steroidal anti-inflammatory drugs, statins, steroids, antivirals, Metformin, and sulfonylurea. Co-morbid physical and psychiatric conditions, including type 2 diabetes, obesity, hypertension, ischemic heart disease, congestive heart failure, atrial fibrillation, asthma, chronic obstructive pulmonary disease, traumatic brain injury, vitamin B-12 deficiency, depression, anxiety disorders, nicotine dependence, and alcohol/drug dependence were defined.

Multiple types of vaccinations are linked to decreased dementia risk, suggesting that these associations are due in part to non-specific effects on inflammation in the body, rather than vaccine-induced pathogen-specific protective effects.

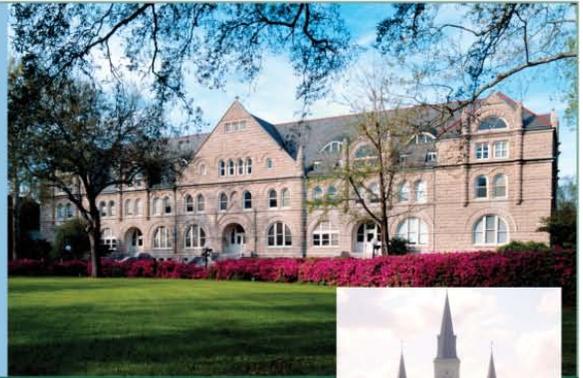
“Appropriate vaccination may be a cost-effective way to either prevent dementia or slow progression of cognitive decline,” Scherrer said. Prospective studies and clinical trials are needed, Scherrer says, to confirm the conclusion.



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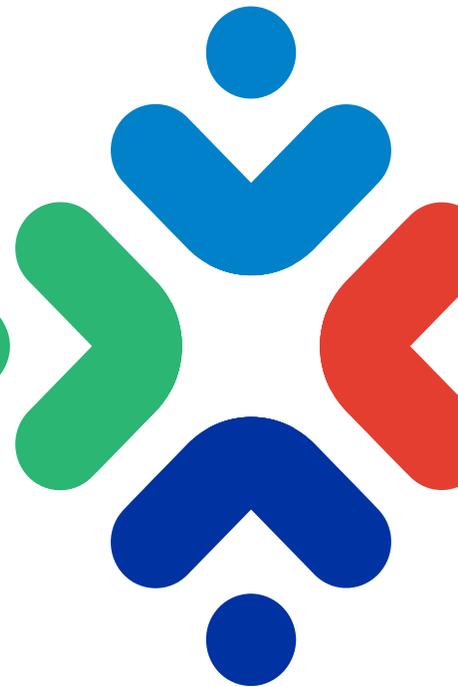
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