

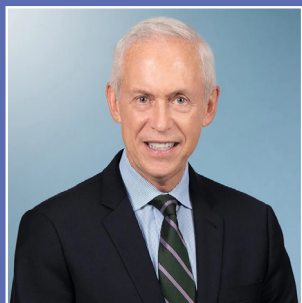
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Zook Joins Board of Directors

GSA has appointed David Zook, the chair of Faegre Drinker Consulting, as an at-large member of its Board of Directors. His three-year term began January 1. In accordance with the Society-wide governance restructuring that took effect in 2019, the board may have up to three appointed members outside of the GSA membership with skills that are valuable to implementation of the strategic plan.

At Faegre Drinker Consulting, Zook advises private and public sector clients on federal strategy, regulatory, and legislative matters, with expertise in the health, higher education, and research arenas.



Zook

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U.S. Must Act to Recruit and Retain Nurses, Member Tells Senate

Speaking at a February 16 hearing of the U.S. Senate Committee on Health, Education, Labor, and Pensions, Johns Hopkins School of Nursing Dean Sarah Szanton, PhD, RN, FAAN, FGSA, told lawmakers about factors contributing



Szanton

to a national nursing crisis and offered some solutions for consideration.

Senators convened the hearing, titled [“Examining Health Care Workforce Shortages: Where Do We Go From Here?”](#) to focus on the nationwide health care professionals shortage among nurses, doctors, dentists, social workers,

and mental health services providers.

According to the Association of American Medical Colleges, the United States will face a shortage of up to 124,000 physicians by 2034, including 48,000 primary care physicians. The U.S. Health Resources and Services Administration reports that nearly 100 million Americans live in areas without enough primary medical health care providers and about 70 million Americans live in areas without enough dental providers.

Szanton, who was called on to highlight nursing shortages, said that the nation needs between 200,000 and 500,000 more nurses in addition to the 4.5 million that are currently the largest part of the health care workforce.

“Our country is perilously short of nurses, and those we do have are often not working in the settings that could provide the most value. This was true before the COVID pandemic,

Continued on page 10

National Center to Reframe Aging Welcomes 16 to New Advisory Board

The [National Center to Reframe Aging](#) — the nation’s leading organization dedicated to reshaping the conversation about older people

— has established a new advisory board with 16 members from such diverse professional backgrounds as communications and public relations, research, policy, and law.

These board members were tapped to bring knowledge, strategic thinking, and interpersonal attributes to their role; to identify key organizations and decision-makers who can help advance the initiative; and support activities aligning with National Center project goals.

“We look forward to working with this



talented group of advisors to grow the national movement to improve the public’s understanding of what aging means and the many ways that older people contribute to our society,” said National Center Director Hannah Albers, BSBA. “At our recent first meeting, the board began a conversation on the National Center’s areas of greatest opportunity and our goals this year.”

Led by GSA, the National Center acts on behalf of and amplifies efforts of the Leaders of Aging Organizations collaborative. It is a source of proven strategies and tools to frame aging issues effectively, and it trains and supports an active community of individuals and organizations capable of advancing a complete and more equitable story about aging in America. Together, this network is spreading awareness of implicit bias against older people and influencing policies and programs that will

Continued on page 7

From the CEO



Destination Florida: GSA and Members Mobilize for Justice

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

As the window closes for abstract submissions for GSA's 2023 Annual Scientific Meeting — [you have until March 9 to act!](#) — the plans for our Tampa, Florida, venue are taking shape.

This includes GSA's response to laws that continue to discriminate in states like Florida. It has perhaps received the most national attention with its so-called "Don't Say Gay" law. While many use this short, catchy term for this legislation, it's important to remember that it discriminates against the entire LGBTQIA+ community, and it's not the only law of its type in Florida.

While GSA's meeting will be held in a diverse and welcoming environment — Tampa has a perfect 100 score for LGBTQIA+ rights on the Human Rights Campaign (HRC) Municipal Equality Index, and the city is led by an LGBTQIA+ mayor — GSA will not be ignorant of the impact that the state-wide laws are having. GSA members know all too well of the effects of discrimination across the life course.

At the urging of members of our Rainbow Research Group Interest Group in 2022, the GSA Board of Directors came up with a plan of action to use the collective weight of our Society to raise awareness of Florida's discrimination. In the subsequent months, we've had productive conversations with the conveners of the interest group and action is now underway. I thank outgoing conveners Sara Bybee, PhD, LCSW, and Austin Oswald, PhD, for their efforts and look forward to continuing to work with the new conveners, Amanda Collins, MPH, and Minzhi Ye, PhD. I would also like to credit Aaron Guest, PhD, MPH, MSW, for leading the member-driven effort to mobilize GSA.

The interest group is already encouraging individuals to submit abstracts related to LGBTQIA+ research. GSA members are the best experts in the world regarding the many factors that affect our well-being as we age. And we will have related

webinars in the intervening months between now and November.

GSA is planning to make outreach to the Florida state government to express contempt for discriminatory laws. We also will send a letter to the Tampa municipal government to applaud their commitment to the LGBTQIA+ community.

And in the run-up to November, GSA will add a new optional field for meeting registration badges enabling attendees to indicate their preferred pronouns. On-site, we will also add a new badge ribbon to our inventory — indicating that the wearer is an LGBTQIA+ ally. We're also working to identify possible organizations to receive a GSA corporate contribution and will invite members to do so as well.

GSA is an inclusive Society, and we will do our best to support member needs, including those based in states where harmful legislation has taken affect. GSA President James Nelson, PhD, FGSA, and I recently returned from a trip where we visited the campuses of the University of Central Florida and the University of South Florida. The issue of new Florida policies impacting higher education was raised. [GSA has joined 19 other professional societies in a statement](#) reaffirming our commitment to support diversity, equity, and inclusion initiatives. This statement addresses the issue of interventions to censor the teaching of science or limit academic freedom.

GSA Annual Scientific Meeting venues are generally scheduled at least five years in advance due to the complex planning of such a large event. Although it is difficult to predict with certainty where discriminatory laws may emerge, the GSA Board of Directors and staff will be deliberate in efforts to identify potential future meeting locations that align with the GSA commitment to diversity, equity, inclusion, and belonging.

gerontology news

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member news

In Memoriam

Gisela Labouvie-Vief, PhD, FGSA, passed away on December 22. She was a distinguished lifespan developmental psychologist and internationally renowned scholar in psychological aging research.

After several years (1972 to 1976) as assistant professor of educational psychology at the University of Wisconsin, Madison, Labouvie-Vief joined the faculty of the Department of Psychology at Wayne State University in 1976 where she remained for nearly 30 years, eventually holding the rank of distinguished professor. In 2005, she received a call to be a full professor of social emotional development across the lifespan at the University of Geneva, Switzerland.

In several highly noted theoretical papers and with the support of a Research Career Development Award from the National Institute on Aging, she developed a theory of adult intellectual development. Specifically, Gisela's theoretical deliberations suggested that mature adult thinking transcended an emphasis on certainty, infallibility, and static outcomes that characterize the thinking of youth. Instead, mature adult thinking becomes more flexible, less conventional, and less dualistic. She summarized and further refined her thinking into a dual-process theory of development across the lifespan in her 1994 book "Psyche and Eros: Mind and Gender in the Life Course."

Labouvie-Vief's work has been acknowledged by a series of awards and distinctions, including the American Psychological Association Division 20 Distinguished Research Achievement Award in 2001, the Creative Longevity and Wisdom Outstanding Researcher Award from Fielding Graduate University in 2006, and Distinguished Faculty Awards from Wayne State University in 2009.

(Excerpts included from a memorial piece by Manfred K. Diehl, PhD, FGSA, and Mark Lumley, PhD.)

Elizabeth C. Elmore, PhD, FAGHE, passed away on December 28. Throughout her life, Elmore was a trailblazer: the first female graduate student and instructor in economics at the University of Notre Dame (MA, 1972, and PhD, 1976); and hired as a founding faculty member at Stockton State College (now University), where she was professor of economics and gerontology, helped to establish Stockton's gerontology and women's studies programs, and served as the first female moderator of Stockton's Faculty Assembly.

In 2019, she was pivotal in encouraging Stockton University to join the Age Friendly University Global Network via the Academy for Gerontology in Higher Education (AGHE) Academic Program Development Committee. She served on AGHE's Executive Committee (2014 to 2016), and Task Force on K-12 Education, where she established and chaired AGHE's Children's Book Award, designed to dispel ageism in children's literature. At other times she served on AGHE's Business and Aging Committee, Advancement Committee, and Public Policy Committee. She was a regular presenter at AGHE's Annual Meetings.

At Stockton, Elmore and her husband Richard established the Frances Leonilda Acerra Christopher Endowment Fund in honor

of her mother, who died at the age of 101, and to support the Stockton Center on Successful Aging.

(Submitted by David C. Burdick, PhD, FGSA, FAGHE.)

Edwin Kaskowitz, MSW, passed away on January 19. He was GSA's second executive director, serving from 1967 to 1980. During his tenure, the Society moved its headquarters from St. Louis, Missouri, to Washington, D.C., and played key roles in several national efforts, including the creation of the National Institute on Aging and the Center on Aging at the National Institute of Mental Health and the organization of the 1971 White House Conference on Aging.

Kaskowitz oversaw many GSA initiatives and projects, such as several publications on housing and environments for older people, which were recognized by the American Institute of Architecture; summer institutes funded by National Institute of Child Health and Human Development to bring in new professionals to the field; the Fellowship Program in Applied Gerontology; one of the first workshops on Black aging; workshops for congressional fellows; and several programs on media and aging.

He was also a founding member and key player in the development of the Leadership Council of Aging Organizations.

K. Warner Schaie, PhD, FGSA, passed away on February 7 at age 95. He was the Evan Pugh Professor Emeritus of Human Development and Psychology at the Pennsylvania State University and affiliate professor of Psychiatry and Behavioral Sciences at the University of Washington.

He also served as a director of clinical training and as department head of psychology while at West Virginia University, as director of the Gerontology Research Institute at the Andrus Gerontology Center of the University of Southern California, and as director of the Gerontology Center at the Pennsylvania State University.

He was the founding director of the Seattle Longitudinal Study of cognitive aging and was the author of more than 300 journal articles and chapters on the psychology of aging. He was author or editor of 60 books, including the textbook "Adult Development and Aging" and all seven editions of the "Handbook of the Psychology of Aging." His late career research interests included the life course of adult intelligence, its antecedents and modifiability, the impact of cognitive behavior in midlife upon the integrity of brain structures in old age, the early detection of risk for dementia, and as methodological issues in the developmental sciences.

He earned GSA's Robert W. Kleemeier Award in 1987, Behavioral and Social Sciences (BSS) Section Distinguished Career Contribution to Gerontology Award in 2008, and BSS Distinguished Mentorship in Gerontology Award in 1996. Among his other distinctions, he received the MENSA lifetime career award and the Distinguished Scientific Contributions Award from the American Psychological Association.

Colleague Connection

This month's \$25 Amazon gift certificate winner: **Paul Nash, PhD**. The recipient, who became eligible after referring new member **Kate Abate, MS** was randomly selected using randomizer.org. For more details on the Colleague Connection promotion visit www.geron.org/connection.

Member Spotlight

GSA's website features monthly Q&A sessions with distinguished members. The current spotlight shines on: **Joel L. Olah, MA, PhD**

Why It's Important to Stay Focused on Education and Advocacy

In this partisan climate, with the beginnings of a presidential election season, and ([as I discussed last month](#)) so much hanging on the debt limit and budget negotiations, we must not be so distracted or depressed that we lose focus on the process of policy making.

Policies will be made, and we need to be a part of that process with our unique education and advocacy. Why? Even amid rancorous partisanship, the nation's business continues: budgets are formulated by federal agencies and defended to the congressional oversight committees; reauthorizations of longstanding programs are considered; new legislative proposals are examined in committee meetings; hearings are conducted to explore, educate, and inform; regulations are proposed, and rules are drafted; laws are implemented; campaign events are held — sometimes with vital policy themes.

There are roles for advocates to play in all of these areas and beyond. You don't have to get involved with the extreme partisanship if you don't want to; in fact, gerontologists and aging network advocates are fortunate that our issues tend to garner bipartisan support. I like to think that our ability to combine scientific evidence with compassionate explication is a strength that plays well with members of Congress (and their brainy staff) in particular. They need to be able to use an illustration or example of a challenge or problem occurring in their own district or state (or to a constituent) and expand its relevance to the state or nation. It's a way of taking an individual problem and showing the systemic underpinnings and the solution that will help everyone involved in that system.

As citizen advocates, we shine a light on the affected individual or family (the constituent). We call on researchers to help explain why this occurs. We suggest evidence-based solutions that provide system-wide remedies.

Much of our work as advocates is conducted under the radar (and we may not call it "advocacy"). It may take place during a short conversation in an elevator that sparks an idea. It may occur in a letter to the editor that is tweeted to thousands of followers. It may happen in a coalition meeting or during a panel discussion at a conference. The key is to be aware and ready to take advantage of these situations to the extent that you are comfortable. And then one day, you may find yourself meeting with a congressional staffer or even sitting in a hearing room testifying before a congressional committee.

For this column, I am going to review briefly some of the things to keep in mind as you consider ways to include advocacy in your otherwise quite busy life. Again, you don't have to commit to major actions. Small steps add up ... but if you do happen to earn an opportunity to come to DC to testify before Congress, please let me or GSA Vice President of Policy and Professional Affairs Patricia D'Antonio know and we'll take you to lunch.

Meet Your Elected Official

When you believe that you have groundbreaking research, new data, information, a report or a story that Congress, your state

legislature, or an executive branch agency should see, reach out and set up a meeting with staff. Members of Congress spend time in their states/districts; the district office(s) and Washington, D.C., office are in close communication. If you are going to be in Washington when Congress is in session, call your legislator's office and ask for a meeting with personal office or relevant committee staff.

Another approach is to invite congressional staff or elected officials to tour your program/center/location to learn what constituents are experiencing and what you are doing to address their issues. Of course, using Zoom or other communications platforms to meet with Capitol Hill staff can also be very effective and can be an efficient use of everyone's time.

Communicate Effectively with Staff

Each member of Congress has a professional staff in Washington and in the district offices. These congressional staff are young, old, and everything in between. They are usually well-educated and/or full of real-world experience. Staff are quite stretched, so this gives us an opportunity to be a consistent resource for concise, credible, and compelling information that can make their work easier and make the member of Congress look well-informed.

- Know the committee assignments of the member; review the bills that the member has introduced. Investigate whether the member has knowledge or background in your area of expertise or interest.
- Be respectful and polite when speaking with staff, particularly in cases of disagreement.
- Limit jargon and medical and technical terms.
- Make sure that facts and figures support your statements; don't spout numbers without context.
- Say "I don't know" when appropriate and offer to get back to the office with the answer.
- Always follow up with an email or phone call thanking the staff for meeting with you
- Periodically contact the office with additional information as appropriate
- Familiarize yourself with the tenets of the [Reframing Aging Initiative](#) and GSA's National Center to Reframe Aging. This is fundamental to our work as educators and advocates. For example, we need to communicate the understanding that we are all aging, that older people are not a monolithic population separate from the rest of society, and that discrimination on the basis of age has no place in discourse or public policy.

Join or Lead Local Coalitions

Become involved in a local coalition or work group to create power in numbers. This can be effective in catching the attention of legislators.

Use Publications as Advocacy Tools

Write letters to the editor, publish a blog or op-ed, and then use social media outlets to amplify its reach; share with congressional staff.

Make Commemorative Months Work for You

Use a promotion like Older Americans Month or National Family Caregivers Month to link to your work. Let federal officials as well as congressional staff know how your work in the state or district is connected to the national movement.

Monitor Committees

Be prepared to discuss plans for hearings with staff. You can also watch relevant hearings (online) in the state or in Congress to keep track of legislation and how issues and consensus are developing at both the state and federal levels.

Prepare for Testimony

You may recall [my interview](#) with our colleague Erin Emery-Tiburcio of Rush University's Center for Excellence in Aging in which I asked her, "What advice do you have for colleagues in preparation for testifying?" Her response was right on target: "Identify which members of the Senate or House have priorities or pending legislation aligned with your work. Contact their staff and set up a meeting to offer them the very useful knowledge and resources you have that may benefit them in their work. As you become a resource to them, they may keep you in mind for opportunities like hearings. ... My preparation included connecting with colleagues on both substantive issues and process questions, doing the needed additional research, practicing my presentation, and offer solutions to the issues and challenges that you identify."

Also, see my article "[Using Testimony to Present Your Findings and Tell Your Story](#)," which describes the successful testimony of our colleague Amy Berman of The John A. Hartford Foundation.

Administrative Advocacy

I have a colleague who proclaims that legislation and the resulting laws are nothing without the regulations that follow. Well, I look at it differently, but it is true that there is a great deal of interpretation that goes on in federal agencies as they implement new laws. Therefore, the advocacy for a policy change does not stop once a bill is signed into law.

We have a great example of GSA advocacy including foundational research, developing consensus among key stakeholders, testifying before Congress, leading to passage of legislation and ultimately regulations from a federal agency. I am referring to last year's Food and Drug Administration creation of a regulatory classification for over-the-counter hearing aids, including evidence-based performance standards and consumer protections. The rule was first presented to the public as a proposed rule and the public, GSA members, consumers, the industry, and other stakeholders had an opportunity to weigh in on details of the policy. Advocacy was again an important part of the process of ensuring the original intent of the work and the law was not undermined. Another example involves GSA's long-term work to address oral health coverage and the physician fee schedule for 2023, which codifies Medicare coverage for dental services

linked to certain illnesses and creates a process for additional coverage. Administrative advocacy can make a big difference for millions of older adults when legislation becomes law.

Conclusion

Check out our [Advocacy Toolkit](#) on the GSA website. And one way to follow some of GSA's advocacy is to make sure you read "Recent GSA Policy Actions" each month on page 5 of *Gerontology News*.

You will also receive announcements about proposed rules, hearings, bill introductions, and "Hill days" posted by our colleagues on the GSA Connect online networking platform. Take advantage of these opportunities to flex your advocacy muscles.

I want to end with a quote of an "anonymous" Capitol Hill staffer and friend of mine: "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."

I share this because we often hear about the impact that stories can make and I do not dispute this, but I hope that we are able to use both our evidence-based findings and our hands on experiences with older adults and combine them in the most meaningful kinds of stories that can point to systemic public policy solutions for our nation. Happy advocating!

Recent GSA Policy Actions

GSA released a [press release](#) following President Joe Biden's 2023 State of the Union Address, commending his administration's commitments to several national initiatives that will contribute to meaningful lives as we age.

GSA publicized the testimony of member Sarah Szanton, PhD, RN, FAAN, FGSA, before a recent hearing of the U.S. Senate Committee on Health, Education, Labor, and Pensions. (See page 1 of this issue of *Gerontology News*.) Titled "[Examining Health Care Workforce Shortages: Where Do We Go From Here?](#)" the hearing focused on the nationwide health care professionals shortage among nurses, doctors, dentists, social workers, and mental health services providers.

GSA continues to support the [Job Protection Act](#). Lawmakers recently reintroduced the bill in the 118th Congress ahead of the 30th anniversary of Family and Medical Leave for All (FMLA). The Job Protection Act will close the gaps in FMLA and strengthen the law's protection — ensuring that millions of workers can take family or medical leave without concern of job security.

GSA supported a [consensus statement on obesity](#). Developed by several of the nation's leading obesity care organizations who are dedicated to the prevention and treatment of obesity, this unified effort aims to address the various roadblocks that the organizations face when addressing efforts to improve access to obesity treatment and reduce weight stigma and bias surrounding the disease.

new resources

New Decision Tree Serves as Tool for Treatment of Agitation in Alzheimer's

Agitation in Alzheimer's disease impacts nearly 80 percent of persons with Alzheimer's disease and is a cause of significant distress for patients and family/professional caregivers. GSA's new [Agitation in Alzheimer's Disease Decision Tree](#) walks the clinician through a range of non-pharmacologic treatment options and highlights rational use of pharmacotherapies as well as their hazards in this vulnerable population. Informed by an expert panel, GSA developed the decision tree, and it was [presented as a poster](#) at the GSA Annual Scientific Meeting in November 2022.

Podcast Highlights How to Refer People with Dementia to Community Resources

In a new GSA Momentum Discussion podcast, "[Risk-Based Strategies for Referrals to Community Services for Older Adults with Dementia and their Care Partners](#)," GSA member Carolyn K. Clevenger, DNP, GNP-BC, FAANP, FGSA, FAAN, and Laura Medders, LCSW, discuss the fourth step of the [GSA KAER framework](#): Refer for community services. They share their interdisciplinary insights and discuss how primary care teams can use risk-based strategies to refer older adults with dementia and their care partners to appropriate community services, and they share strategies for success that they and their interdisciplinary colleagues use in their everyday practice.

GSA Releases New Podcast to Support Provider Reimbursement for Dementia Care

Expanding on the valuable information about provider reimbursement for KAER-based quality dementia care available in the [GSA KAER Toolkit for Primary Care Teams](#), GSA has released a new Momentum Discussion podcast, "[Reimbursement as a Pathway for Quality Dementia Care](#)." In this podcast, GSA member Carolyn K. Clevenger, DNP, GNP-BC, FAANP, FGSA, FAAN, and Laura Medders, LCSW, share their interdisciplinary insights into the documentation, infrastructure, and processes necessary to capture appropriate reimbursement for quality dementia care. They also discuss how using reimbursement as a pathway for quality dementia care supports high-functioning teams, incentivizes care teams to provide care that aligns with guidelines, and prevents the vital work of the entire interdisciplinary team from being invisible.

National Poll on Healthy Aging Data Available for Download

The [University of Michigan National Poll on Healthy Aging](#) (NPHA) recently published its [seventh wave of data for free public use](#) through the [National Archive of Computerized Data on Aging \(NACDA\)'s Open Aging Repository](#) to help advance research on aging and health. The NPHA is a nationally representative survey of approximately 2,000 U.S. adults age 50 to 80, sponsored by AARP and Michigan Medicine and directed by the [University of Michigan Institute for Healthcare Policy & Innovation](#). Topics included in the newly released data from the June 2020 poll (Wave 7) include: advance care planning, loneliness, hearing, emergency department visits, the built environment, and telehealth. Information on all available waves of NPHA data [can also be found online](#).

Federal Agency Issues Updated Profile of Older Americans

The Administration for Community Living has released the [2021 Profile of Older Americans](#), an annual summary of critical statistics related to the older population in the U.S.

Relying primarily on data offered by the U.S. Census Bureau, the 2021 Profile of Older Americans illustrates the shifting demographics of Americans age 65 and older. It includes key topic areas such as income, living arrangements, education, and health. The 2021 Profile includes a special section on family caregiving.

The report is prepared by the Administration on Aging, part of the Administration for Community Living, an operating division of the U.S. Department of Health and Human Services. Principal sources of data are the U.S. Census Bureau, the National Center for Health Statistics, and the Bureau of Labor Statistics.

ASTDD Shares New Oral Health Resources

The Association of State & Territorial Dental Directors (ASTDD) has released "[Older Adult Oral Health Resources for Collaboration](#)," which was developed by a workgroup consisting of individuals from state public health programs, academia, and clinicians caring for older adults in a variety of settings.

The Gary and Mary West Foundation supported its development. The intent was to answer a need expressed by state oral health programs and other partners during ASTDD Healthy Aging Committee meetings. Committee members expressed a desire to collaborate with groups that focus on older adults to improve the health of this growing population. The resources include information on the link between oral health and overall health, oral health and chronic disease, special populations, ventilator and non-ventilator pneumonia, nutrition, financing routine dental care, information for non-dental providers, teledentistry, and equity.

CMS Launches HCBS Quality Measure Set

The Centers for Medicare & Medicaid Services (CMS) has released the first-ever home- and community-based Services (HCBS) quality measure set to promote consistent quality measurement within and across state Medicaid HCBS programs. The measure set is intended to provide insight into the quality of HCBS programs and enable states to measure and improve health outcomes for people relying on long-term services and support (LTSS) in Medicaid. The release of this voluntary measure set is also a critical step to promoting health equity among the millions of older adults and people with disabilities who need LTSS because of disabling conditions and chronic illnesses.

The HCBS quality measure set is included in a [state medicaid director letter](#) that also describes the purpose of the measure set, the measure selection criteria, and considerations for implementation. CMS strongly encourages states to use this information to assess and improve quality and outcomes in their HCBS programs. CMS expects to update the measure set in the future, including adding newly developed measures that address measure gaps, as the field of HCBS measure development advances.

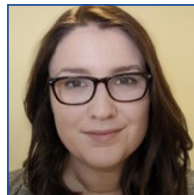
Get to Know the ESPO Newsletter Team!

Greetings from Molly McHugh, BSN, RN, and Claire Grant, MA, your incoming ESPO Communications Task Force Newsletter Team members! This monthly newsletter brings you news on ESPO programming, activities, and leadership. Both Claire and Molly are excited to have the opportunity to introduce ESPO community updates in upcoming features. This month, we would like to introduce ourselves!



McHugh

Molly is a third-year doctoral student in the NewCourtland Center for Transitions and Health at the University of Pennsylvania's School of Nursing. She received her Bachelor of Science in Nursing from the University of Pennsylvania before working as a critical care nurse. Molly now supports the Transitional Care Model (TCM) team as a graduate assistant evaluating the implementation of the TCM intervention. Molly's research focuses on caregiver engagement in community-based interventions for older adults and their caregivers. She has participated in GSA programming since beginning her doctoral studies and is now looking forward to supporting ESPO as the Communications Task Force Newsletter co-lead.



Grant

Claire is a fourth-year doctoral student at Cleveland State University and a member of this year's ESPO Newsletter Team. She earned her Master of Arts with a thesis titled "Predicting depression, anxiety, and burden: Self-compassion, self-esteem, and coping in caregivers of individuals with dementia" at Cleveland State University and Bachelor of Arts in psychology at the State University of New York at Geneseo. She is a graduate assistant under Dr. Katherine Judge at Cleveland State and works on a team focused on developing and testing a variety of caregiver focused evidence-based protocols. Claire's current research interests include family caregiving, the illness experience of living with dementia, applications of self-compassion, and creation and translation of evidence-based protocols.

This newsletter is just one resource to connect with your ESPO colleagues this year. ESPO members can also engage using [GSA Connect](#) and the [ESPO membership page](#) on the GSA website. We also cannot wait to connect in Tampa in November for the Annual Scientific Meeting. The newsletter team looks forward to sharing the exciting ESPO events planned for this year — check in each month to hear more from the ESPO community!

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Continued from page 1 - National Center to Reframe Aging Welcomes 16 to New Advisory Board

support all of us as we age. Support for the National Center comes from Archstone Foundation, The John A. Hartford Foundation, RRF Foundation for Aging, and The SCAN Foundation.

The Advisory Board members are:

- James Appleby, BSPHarm, MPH, ScD (Hon), The Gerontological Society of America
- John Beilenson, AB, MA, SCP
- Rita B. Choula, MA, AARP
- Leanne Clark-Shirley, PhD, FGSA, American Society on Aging
- Susan Donley, BA, LeadingAGE
- Gary Epstein-Lubow, MD, Brown University
- Robert Espinoza, MPA, PHI
- Nat Kendall-Taylor, PhD, FrameWorks Institute
- Nancy E. Lundebjerg, BA, MPA, American Geriatrics Society
- Nancy Morrow-Howell, MSW, PhD, FGSA, Washington University in St. Louis

- Brianna Paden Williams, BA, LiveOn NY
- Christina Peoples, MS, Gero-what?!
- Lauren Pongan, MA, Diverse Elders Coalition
- Al Race, BA, Al Race Consulting
- Julie Schoen, JD, National Center on Elder Abuse, Reframing Elder Abuse
- Nora Super, MPA, Long-Term Quality Alliance

"Since its inception in 2012, the movement to change the conversation on aging has grown exponentially to establish the National Center as the trusted source of evidence-based strategies and tools to frame aging issues effectively," said GSA Vice President of Policy and Professional Affairs and National Center Executive Director Patricia M. D'Antonio, BSPHarm, MS, MBA, BCGP. "We continually welcome new partners to counter ageism by changing how we talk about aging."

PP&AR Examines Impact of Academic Programs

In the latest issue of *Public Policy & Aging Report (PP&AR)*, authors spotlight academic programs that have made a concerted effort to prepare gerontologists to possess subject matter expertise in aging policy, conduct empirical evaluations of policy formation and implementation, and offer well-informed contributions to public officials who are most involved with supporting and protecting older Americans. The issue, titled “[Does Gerontology Lag in Speaking Truth to Power?](#)” includes contributions from well-established higher education programs in gerontology, public policy, and elder law.

The Gerontologist Focuses on Sexuality in Special Issue

The papers in a new special issue of *The Gerontologist* titled “[Sexuality and Aging](#)” give insight into the ways that older people negotiate sexual intimacy and expression across the second half of life, and how societal stereotypes about older sexuality continue to influence satisfaction with our intimate lives. They also demonstrate that much more work is needed to incorporate the perspectives of older people, especially those from minoritized identities and from non-Western countries. The papers in this collection represent movement in the direction of integrating the study of sexuality fully into gerontology and point to important directions for future research.

A brief historical search of works published in *The Gerontologist* reveals little attention to sexuality until recently, but the field is now beginning to see scholars tackle the complex intersections of sexual behavior with other aspects of identity, and recognize older adults, including those with cognitive impairment, as active agents in control of their sexuality.

Nursing Home Experts Unveil Path Toward Quality Improvements in PP&AR

A new supplemental issue to *Public Policy & Aging Report (PP&AR)* titled “[2022 NASEM Quality of Nursing Home Report: Moving Recommendations to Action](#),” focuses on specific recommendations from the 2022 National Academies of Sciences, Engineering, and Medicine (NASEM) report “[The National Imperative to Improve Nursing Home Quality](#).” The journal includes articles are co-authored by members of the committee that produced the report. Support for this issue was provided by The John A. Hartford Foundation. The goals of the report spanned several areas: care delivery, workforce, transparency and accountability, financing, quality assurance, quality measurement, and technology. The [February issue](#) of *Gerontology News* featured a cover story on the PP&AR.

Pandemic Affected Mental Health of Grandparents Who Stopped Caregiving for Grandchildren

Grandparents who stopped looking after their grandchildren during the COVID-19 pandemic were considerably more likely to experience depressive symptoms compared to those who continued to care for their grandchildren, finds a new UCL-led study titled “[Changes in Grandparental Childcare During the Pandemic and Mental Health: Evidence from England](#).”

The study, published in *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, also found that grandparents in England who either stopped or reduced the amount of time spent caring for their grandchildren reported lower life satisfaction and quality of life.

Researchers examined data from a sample of 2,468 grandparents over the age of 50 with grandchildren under the age of 15 from the English Longitudinal Study of Ageing (ELSA).

Right before the pandemic outbreak, in February 2020, 52 percent of the grandparents looked after their grandchildren. However, during the first year of the pandemic older people were advised by the government to stay indoors and limit their in-person interactions with others to reduce the risk of catching COVID-19. This included staying away from grandchildren and younger people, with former Health Secretary Matt Hancock using the phrase “don’t kill your gran” in a BBC radio interview.

Perhaps partly as a result, 22 percent of grandparents reported that their engagement in grandchild care was mostly reduced compared to pre-pandemic, and around 10 percent stopped caring for their grandchildren entirely over the first nine months of the pandemic.

In November and December 2020, more than a third (34.3 percent) of grandparents who stopped looking after their grandchildren throughout the first nine months of the pandemic reported high levels of depressive symptoms, such as feeling sad or having restless sleep, compared to 26 percent of those who continued to look after grandchildren. They also reported lower life satisfaction, and a lower quality of life.

The researchers were able to account for pre-pandemic mental and physical health, socioeconomic and demographic characteristics, as well as social contacts with family and friends and loneliness during the pandemic to better understand if the relationships observed between reduction in grandchild care provision and poorer mental health were driven by pre-existing conditions or socioeconomic adversity.

Lead author Giorgio Di Gessa, PhD, of the UCL Institute of Epidemiology & Health Care said, “Grandparents who were unable to see and spend time with their grandchildren for reasons beyond their control might have been frustrated and distressed about it, leading to negative consequences for their mental health.”

“Looking after grandchildren may provide grandparents with emotional gratification and a sense of usefulness and competence, thereby enhancing life satisfaction. Grandparents’ involvement in such a family activity may also provide them with a sense of value and attachment, thereby strengthening intergenerational relationships and positive emotional exchanges that might benefit their mental health.”

Co-author Bruno Arpino, PhD of the University of Florence said, “We know from previous studies that the pandemic and policies restricting human interaction have posed a greater risk to mental health and well-being. Few studies, however, have so far looked at grandparents despite their vital role in family life and the potential health benefits for grandparents to look after grandchildren.”

Co-author Valeria Bordone, PhD, of the University of Vienna added, “If physical distancing policies remain a core strategy to

protect individuals at higher risk from COVID-19 variants or indeed in a future pandemic, attention should be paid to addressing the mental health and wider needs of older people who may suffer from the loss of meaningful roles in their family and society.”

ELSA is supported by the National Institute on Aging and a consortium of UK Government departments coordinated by the National Institute for Health Research. ELSA does not record detailed information about the kind of childcare grandparents provide; instead it asks generic questions linked to the amount

of time spent looking after grandchildren. It also does not collect information on parents’ employment or other childcare arrangements. ELSA also did not collect information about respondents’ ability to cope with uncertainty due to COVID-19 or personality characteristics that may leave them vulnerable to higher levels of depression in uncertain times and might have influenced their choices of grandparental childcare provision during the pandemic. This study only considers data from one wave of the pandemic.

funding opportunities

NIA Website Update with New Payline Information

The National Institutes of Health (NIH) and National Institute on Aging have received an appropriation through H.R.2617, the Consolidated Appropriations Act of 2023, which provides full-year funding through September 30, 2023. NIA will now pay FY 2022 non-competing awards at 100 percent of the committed level as shown in the notice of award. [Information about the new NIA paylines is available online.](#)

CDC Offers Grants in Support of BOLD Infrastructure

The Centers for Disease Control and Prevention (CDC) has announced the availability of funding for the [BOLD Public Health Programs to Address Alzheimer’s Disease and Related Dementias](#) to fulfill the BOLD Infrastructure for Alzheimer’s Act.

This notice of funding opportunity (NOFO) intends to help build the public health infrastructure and increase capacity in Alzheimer’s disease and related dementias and dementia caregiving, emphasizing social determinants of health through five-year awards. All NOFO activities are designed to improve the health of populations across the lifespan by employing data-driven strategies and aligning CDC’s Healthy Brain Initiative’s State and Local Public Health Partnerships to Address Dementia: The 2018-2023 Map or the Road Map for Indian Country framework.

The closing date for applications is March 23.

Call for 2023-2024 Policy Fellows Applicants Now Open

Are you committed to improving health and aging? Are you interested in learning about policymaking to increase your impact? If so, you are invited to [apply to join the next class of Health and Aging Policy Fellows.](#)

The program aims to create a cadre of leaders who will serve as change agents in health and aging policy to ultimately improve the health care of older adults. The year-long fellowship offers a rich and unique training and enrichment program that is focused on current policy issues, communication skills development, and professional networking opportunities to provide fellows with the experience and skills necessary to help affect policy. The deadline to apply is April 17.

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 May 25.

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; the next deadline will be September 26.

Growing Our Audience: Finding New Partners in Gerontological Education

*By M. Aaron Guest, PhD, MPH, MSW, Arizona State University
Chair, AGHE Communications Working Group*

In taking over the chairship of the AGHE Communications Working Group, I found myself reflecting. First, on the exceptional work of our immediate past chair, Dr. Lisa Borrero, and her leadership of the working group over the last several years. Second, on the work published in this section. And third, on the state of gerontological education and where the field is heading.

Of course, thinking about where the field is heading has been a perennial hobby of AGHE members since 1974. Over these last nearly fifty years, we have witnessed the development and dissolution of degree programs, a consistent tug-of-war between whether to support the infusion into existing degrees and disciplines or the development of standalone aging-specific programs, seven editions of the AGHE Standards and Guidelines, and, recently, the development of an accreditation body for gerontology programs (AGEC).

Unfortunately, one consistent question I believe still exists among students and administrators is what is gerontology? As the series published in this section in Fall 2021 reminded us, there are multiple pathways to a career in gerontology.

GSA responds to this question on their [What is Gerontology?](#) page. I will not write out the full definition here. Still, I want to highlight this portion: “As a result of the multidisciplinary focus ... professionals from diverse fields call themselves gerontologists.” I believe we would all agree with this statement. Is there a way we could better identify those programs producing gerontologists and invite them to engage with us?

Deepening the Bench

Our colleagues at the University of Nebraska have developed a valuable repository of programs in aging and gerontology. It lists 43 undergraduate majors, 264 undergraduate minors or certificates, 92 graduate certificates, 57 masters, and 16 PhD Programs. These include both named (gerontology or aging) degree programs and focus areas.

How can we ensure that individuals from these programs are represented in AGHE? What must we do to ensure that those who

claim to be gerontologists or are educating future gerontologists have the information and training they need to be successful — and make a meaningful contribution to our older population?

The contribution the field of gerontology has made to the world has been because of its multidisciplinary nature. It is what drove many of us, me included, to seek out programs in gerontology (PhD in gerontology, University of Kentucky) and to continue developing them today. At the same time, how do we engage those disciplines that have yet to be represented in AGHE or part of discussions about gerontological education?

While gerontological educators will face challenges related to ChatGPT, changing enrollment patterns, and new modes of delivery (all topics we will cover this year), we also need to consider how we can begin to increase engagement between gerontology programs. When first looking over the database, I was struck by the reach of gerontology programs and how many I was unaware of and have yet to be engaged in the broader gerontological community. What can we do to engage these individuals and programs? What might they teach us? What new teaching methods may they bring? But also, how can we ensure their graduates have informed field representatives?

Your Turn: What Are Your Thoughts?

Officially, AGHE is the “GSA’s education group of colleges and universities that offers education, training, curricular innovations, and research programs in the field of aging.” In practical terms, I view AGHE as a community of people invested in gerontology programs’ growth, success, sustainability, and the infusion of gerontological principles throughout curriculums. Looking over the last several years of content, I am amazed at all we do and have done. We have shared a lot. Now, I would like to hear from you. What content would you like to see in the Educational News section? What material would be most beneficial? Do you have an idea for a column? Reach out to me at aaron.guest@asu.edu.

Continued from page 1 - U.S. Must Act to Recruit and Retain Nurses, Member Tells Senate

and has become more acute since COVID struck,” said Szanton in [her testimony](#).

Szanton currently is the dean of the Johns Hopkins School of Nursing, where she is also the Patricia M. Davidson Professor for Health Equity and Social Justice.

“As a country, we need people to become new nurses and to retain current nurses. And there are many steps to both,” Szanton said.

She also emphasized that the U.S. is currently experiencing a

shortage of approximately 2,100 nurse faculty in nursing schools.

“We need to increase the number of highly educated nurses who can be faculty in the U.S. To retain them, we need to pay them on par with what they can earn clinically,” she said.

Szanton urged the Senators on the committee to support the Future Advancement of Academic Nursing Act, passage of which would address the areas of need she highlighted, “solving barriers for students, preceptors, faculty, and enhancing infrastructure.”



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