Trends in Gerontology: Perspectives of the GSA Sections 2020
Top 10 Trends in 2020

Gerontologists: Using Science to Extend and Improve Life

The interconnectedness of the world—the dependency we all have for the global village around us—has never been more apparent than in the strange year we call 2020. A virus emerging in one city infects people worldwide within a few short weeks, and the only way we have of staying socially connected is an internet of computers and digital devices linking megacities with tiny hamlets. Like the increasingly frequent natural disasters—they all seem to be the largest ever, most violent ever, swamping record amounts of land in floodwaters, wildly burning larger and larger areas each season—it seems the victims of the new coronavirus skew toward older adults and people of color.

Gerontologists want to know why. These are scientists looking for the secrets to making life longer and making a longer life more productive and satisfying. The Gerontological Society of America (GSA) is their professional home. As social scientists in fields such as social work and clinical psychology, GSA members identify the demographic, behavioral, and socioeconomic factors that keep some older adults disconnected or unable to flee when natural disasters threaten. As biological scientists, gerontologists look for clues in the longevity of organisms of all types and levels of complexity, and they investigate the ways health and disease factor into the process of aging. In the health professions, GSA members look into the factors that make some people more susceptible to chronic diseases and pandemics such as COVID-19. Gerontologists also study the role of government and society in people’s lives and how research, social nets, and tax structures can be optimized to increase the value of each person’s life.

“I’ve devoted the bulk of my career to ‘gerontologizing’ people in a variety of fields,” said Judith L. Howe, PhD, DSW, FGSA, FAGHE, chair of GSA’s Academy for Gerontology in Higher Education. Gerontology is unique in that most people in the field would generally self-identify in the area of their terminal degree, such as medicine, nursing, social work, or a basic science. Howe, for instance, often says she is a “gerontological social worker,” but she might just say “social worker” depending on the situation. “Given this conundrum, my focus has been to expose students and trainees to gerontology and geriatrics and make sure they exit the program or rotation with a full appreciation of the needs of older adults and the issues that must be addressed.”

Darina V. Petrovsky, PhD, RN, vice chair of GSA’s Emerging Scholar and Professional Organization (ESPO), conurs. “A lot of what we do in ESPO has to do with career development, but we do these very targeted career development efforts in order to position our emerging scholars as leaders in aging,” she said. “Since there is a real lack of awareness of the positive aspects of aging, I think it is important for emerging leaders to have that voice and to become advocates for older adults. That is why we are spending a significant amount of effort in providing those career development skills to our members.”

“This is an extraordinarily exciting time to be involved in research on the basic biology of aging,” Stephen L. Helfand, MD, FGSA, vice chair of the GSA Biological Sciences Section, said in describing the broader study of
aging at the biological level. “In just the last few decades, research on aging has progressed from describing changes in anatomy and physiology, to understanding the physiological, cellular, and biochemical underpinnings of aging, now culminating in interventions that promise to extend healthy lifespan. Remarkably, the increase in our understanding of the biology of aging has resulted in a truly transformative consequence: the emergence of the geroscience approach. Geroscience postulates that interventions that extend lifespan, such as calorie restriction, simultaneously delay the onset and reduce the severity of many different age-related disorders, including cardiovascular disease, diabetes, cancer, arthritis, and Alzheimer’s disease. Instead of taking a back seat to the more traditional highly focused ‘one disease at a time approach,’ aging research, viewed through the lens of geroscience, will be on the front line of research developing interventions that will truly extend healthful longevity.”

GSA is, simply put, the organization working to make longer lives better, added Cynthia J. Brown, MD, MSPH, FGSA, vice chair of the GSA Health Sciences Section. “It used to be that we extended your life, but during a whole lot of that extension you were disabled or less able to do what you would like to be able to do,” said Brown. “Today, we’re getting more and more evidence that we can impact that healthspan—the part of your lifespan when you are healthy, mobile, and able to do those things you love—through exercise programs, strength training, and reducing disabilities. To put this in personal terms, for me, getting to 85 or 90 isn’t all that exciting. But if I only live to 75, and at 74 and ¾ I’m still rocking the house, I’m actually good with that.”

Relying on science in a host of divergent fields, GSA is a leading organization within the world of aging that seeks to promote research and disseminate those findings. By advocating for more knowledge and better understanding of the process of aging, GSA works to identify the values people around the world share, celebrate the differences that make each person unique, and share information about the paths that lead to optimal life for all.

The Knowledge Needed to Live Longer, Better, and Healthier Lives

The gerontologists who are members of The Gerontological Society of America (GSA) will be the ones who help people navigate the barrage of information older adults face as they age, GSA Past President, David J. Ekerdt, PhD, FGSA, explains in this short video.

Gerontologists join GSA for many reasons, including the camaraderie, mentoring, networking, and strength that a person can find when joined with thousands of like-minded colleagues across a broad range of disciplines. Programming and services are provided through the member sections, and content for the Top 10 Trends in 2020 was generated through interviews with the listed section leaders:

- **Academy for Gerontology in Higher Education**  
  **Chair:** Judith L. Howe, PhD, DSW, FGSA, FAGHE  
  Icahn School of Medicine at Mount Sinai, New York, New York

- **Behavioral and Social Sciences Section**  
  **Vice Chair:** Tamara A. Baker, PhD, FGSA  
  University of North Carolina at Chapel Hill

- **Biological Sciences Section**  
  **Vice Chair:** Stephen L. Helfand, MD, FGSA  
  Brown University, Providence, Rhode Island

- **Emerging Scholar and Professional Organization**  
  **Vice Chair:** Darina V. Petrovsky, PhD, RN  
  University of Pennsylvania, Philadelphia

- **Health Sciences Section**  
  **Vice Chair:** Cynthia J. Brown, MD, MSPH, FGSA  
  University of Alabama at Birmingham

- **Social Research, Policy, and Practice Section**  
  **Vice Chair:** Philip A. Rozario, PhD, MSW, FGSA  
  Adelphi University, Garden City, New York
"Young people these days…" – “Never trust anyone over 30.” – “OK, Boomer.”

If the coronavirus pandemic has taught us anything, it’s how much work we have to do to address the needs of a highly populated world where historic proportions of people are aged 60 years or older. The gaps that separate generations—and create an “other” for exploitation by those who would divide us—are nothing new. But the ties that bind, the reality of an equal-opportunity virus that will infect anyone, the knowledge that asymptomatic carriers can bring down dozens in a community—these are among the lessons that need to come from this tragic loss of life.

As an ever-increasing number of people age into older adulthood, the opportunities to explore ideas, solutions, and systems designed around current realities are multiplying. The Millennial generation—more than 90 million strong just in the United States—looks for new kinds of housing solutions that meet their unique needs, even as the 70 million Baby Boomers wonder who will buy their older homes when they need a different living environment. The Baby Boomers have long been maligned as a generation always wanting to have it their way, but in just 10 years, it’s Generation X that will start turning 65, as shown in the figure. A decade and a half after that, in 2046, the Millennials begin their journey into older adulthood.

Scientists working on the biology of aging have begun to focus on translating many of the insights gleaned over the past decades about the mechanism of aging at a cellular, molecular, and biochemical level to help transform the way we look at healthy aging. These next few years promise to be a watershed time as we transform the biology of aging into translational opportunities to dramatically improve life in older ages.

Stephen L. Helfand, MD, FGSA
Vice Chair of the GSA Biological Sciences Section
Gerontologists are needed now more than ever to study the process of aging across the lifespan, said Philip A. Rozario, PhD, MSW, FGSA, vice chair of The Gerontological Society of America (GSA) Social Research, Policy, and Practice Section. One aspect of his research is the ways Singapore and other countries with aging societies have acted to ensure care for older adults. Laws in Singapore require children to be financially responsible for their parents. While this sounds like an aspect of filial piety that wouldn’t translate to other places, Rozario found that 28 states in the United States have such laws on the books. Typically, these laws are in place when there is inadequate late-life financial security.

Gerontologists are focusing on these and other trends, and they are increasingly doing so through a lens that takes into account the multicultural, multiracial, and gender differences in today’s world. Without that attention, we might never understand why children are not as susceptible to coronavirus, but older men and older Black adults die from it more frequently. “Who are we training? And who will we serve?” asked Tamara A. Baker, PhD, FGSA, vice chair of the GSA Behavioral and Social Sciences Section. “Past research has focused primarily on older White men, for example. That’s how the history of gerontology has unfolded. We need to move beyond the more traditional theories in health, longevity, and the life course and look at society’s diverse populations. There also needs to be a bigger push for gerontologists from diverse race and ethnic populations. Such efforts will allow us to build on our strengths, within the discipline, while also reflecting on some of the weaknesses.”

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**Defining the Generations**

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<thead>
<tr>
<th>Generation</th>
<th>Born Years</th>
<th>AGE IN 2020</th>
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<tbody>
<tr>
<td>Silent Generation</td>
<td>1928-45</td>
<td>1–7 years old</td>
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<tr>
<td>Baby Boomers</td>
<td>1946-64</td>
<td>8–23 years old</td>
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<tr>
<td>Generation X</td>
<td>1965-80</td>
<td>24–39 years old</td>
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<td>Millennials</td>
<td>1981-96</td>
<td>40–55 years old</td>
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<tr>
<td>Generation Z</td>
<td>1997-2012</td>
<td>56–74 years old</td>
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<tr>
<td>Generation Alpha</td>
<td>2013-25</td>
<td>75–92 years old</td>
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“I feel like I’m 45. And I act like I’m 35. When I start to feel like I don’t have the energy to do the job, whatever my age, I’ll walk away and write my book.”

With those words, Anthony S. Fauci, MD, explained to Politico why he remains at the helm of the National Institute of Allergy and Infectious Diseases as he approaches age 80, applying his decades of knowledge of the pandemics and epidemics that have defined generations—AIDS/HIV, SARS, Ebola, MERS—to the challenges facing the world in the form of SARS-CoV-2 and COVID-19. His words also exemplify the challenge facing health care professionals as they care for a growing number of older adults whose ages do not define their activity levels, mentation, and needed medications and interventions.

For many of the 75 years since The Gerontological Society of America (GSA) was founded, members have dreamed about the day when there would be enough gerontologists and geriatricians to staff American hospitals and health systems. Today, the realization has set in that that day is not coming.

There are 6,500 board-certified geriatricians in the United States right now. And our numbers are going down. We can’t take care of the growing number of older adults we have in the United States, so the training has to improve for all health professionals. We have plenty of opportunities during the clinical rotations of medical, nursing, pharmacy, and allied health profession students to reorient their thinking and share with them the systems of care that best address the needs of older adults.

Cynthia J. Brown, MD, MSPH, FGSA
Vice Chair of the GSA Health Sciences Section
“Those in health care fields and those training to work in health care must be prepared to work with older adults and to recognize the red flags associated with aging and geriatric syndromes and conditions,” added Judith L. Howe, PhD, DSW, FGSA, FAGHE, chair of GSA’s Academy for Gerontology in Higher Education. “For instance, I work with [U.S. uniformed services] veterans, many of whom live in rural areas and have a high level of chronic disease. We have to work in a team-based approach.”

Without specialists, new approaches to medicine and health care and new systems of delivery are needed to address the widely varying needs of a large population of older adults. As the number of people aged 60 years or older will soon top 1 billion, this is a worldwide challenge, and systems of care must be applied and refined based on which processes produce the best outcomes.

“In medicine, we have internal medicine residents who’ve been very well trained as internal medicine residents, but there are holes in their understanding of older adults,” Brown said. “There is a general understanding by both the medical community and the population at large that caring for older adults is different. We need to make health care professionals realize that they are taking care of older adults—they may think it’s cardiology or urology, but it’s also geriatrics.”

While hospitals and health systems have adopted models of care that assist practitioners in focusing on proper care of older adults, not all trends are pointing in that direction. Darina V. Petrovsky, PhD, RN, vice chair of GSA’s Emerging Scholar and Professional Organization, expressed concern about the replacement of gerontological nurse practitioner programs with the ones focused on adults only. “In that revised curriculum, the student may get only a couple of courses in aging,” Petrovsky said. “They are missing the unique aspects related to the needs of older adults—while previously, the courses in aging were the foundation of the entire curriculum. I see that as an alarming trend.”

Without such training up front, a new kind of health care is needed, one that “makes sure nurses are assessing activities of daily living, they’re assessing for delirium, and the nurse says to the physician during transition of care rounds, ‘Hey, this patient is now delirious.’ We know we can’t rely on the education level and the knowledge of any one person; the system actually helps up the level of care,” Brown said.

In the COVID-19 pandemic, Fauci is playing a pivotal role in bringing science into a political process that has frequently failed to comprehend available data and statistics. In many ways, Fauci’s crystallized knowledge is an example of what has led cultures around the world and throughout the centuries to honor and revere their older members. Today’s digitally driven world, inundated by the beeps and tweets of news alerts and social media posts, needs to learn the difference between information and knowledge. GSA and its members will be working hard over the next 75 years to build and sustain systems of care worthy of the value our older adults bring to society.
Increased Longevity Means New Opportunities for Older Adults

A membership organization that makes it to 75 years is in its prime. As with The Gerontological Society of America (GSA) in this anniversary year, an organization at 75 has gone through the sometimes stormy start-up process, found its mission as a dedicated group of members committed to a common purpose, experienced growing pains as the founders handed off to later leaders, and matured to become an integral part of the life of a profession or other group of people who benefit from a solid core group of programs and services offered by their professional home.

Why should people at 75 be any different? In today’s society, people are working far into the traditional retirement years, some are pursuing their true calling through encore careers, and volunteer and caregiving roles make older adults feel just as useful as ever. These opportunities are fueling what GSA has called a Longevity Economy, comprising trillions of dollars in wealth and billions each year in direct work, volunteer roles, and unpaid care.

When people pursue second careers—or just want to continue their lifelong learning—an age-friendly educational environment is needed. These and other factors led GSA to adopt the principles of the Age-Friendly University (AFU) movement; it seeks to bring learners of all ages together by supporting inclusion of older adults in campus educational, career, wellness, and other activities, and by encouraging younger people to learn more about aging and the longevity dividend. The shift toward distance learning before and especially during the COVID-19 pandemic only reinforces the possibilities for older adults living away from campuses to participate in learning and other activities.

“The AFU concept began in 2012 at Dublin City University, and it was brought to GSA by the members of the Academy for Gerontology in Higher Education [AGHE],” said Judith L. Howe, PhD, DSW, FGSA, FAGHE, chair of AGHE. “This is an important effort for GSA broadly, one that will go far in integrating AGHE into the GSA structure and organization.”

“Before we had pension systems in place, people had to work until they died,” said Philip A. Rozario, PhD, MSW, FGSA, vice chair of the GSA Social Research, Policy, and Practice Section. With a special interest in the field
of productive aging, Rozario asserts that older adults do contribute and want to continue contributing to society. “Now that we have extended life for many people, we are faced with the question of ‘What can developed societies do for people who are retired?’ More often than not, these older adults tend to be productively engaged, but in places like the United States and other Western countries, it becomes a challenge to ensure that there are meaningful opportunities for the growing number of older adults.”

Such questions are classic fodder for the members of GSA. Social determinants that affect older adulthood, policies that affect people’s lives, diseases such as Alzheimer’s, and the biological mechanisms that affect the length of lab animals’ lives—the researchers who collectively call themselves GSA are interested in these and all other aspects of the aging process.

“Studies in the biology of aging are pushing the boundaries of what once was thought of as the inevitability of decrepitude with aging,” said Stephen L. Helfand, MD, FGSA, vice chair of the GSA Biological Sciences Section. “Many interventions known to extend lifespan in model organisms also show a continued preservation of wellness deep into old age. The finding of a continuation of a state of good health at older ages in a diversity of different species, ranging from nonhuman primates and mice to flies and nematode worms, points to real-world approaches in the quest for a long healthy life that will result in continued positive contributions of individuals to their family and community well into older age.”

To find solutions to the vexing problems of a society with increasing numbers of older adults requires these and many other research approaches. That knowledge must be shared with the community of gerontological researchers through publications, through posters and presentations at meetings, and through networking online and in person. It’s something this 75-year-old Society is ready for as it seeks to serve the 75-year-old Americans now looking for success in a world with millions of people in older adulthood—and challenges to their basic daily needs, aspirations, social connections, and health.

“In honor of the past, enrich the future”
GSA’s 75th Anniversary

In this short video, GSA Past President, Rosemary Blieszner, PhD, FGSA, shares plans for the 75th Anniversary celebration of The Gerontological Society of America (GSA). Hear the chair of the Anniversary Workgroup discuss the theme and what it means as well as talk about how GSA members can do celebration activities at their own workplace or campus.
Economic Inequality Means Greater Disparities in Physical and Mental Well-Being

Money has always bought a more comfortable lifestyle for “the privileged few.” That is certainly true today, but now, the gap between the have’s and the have not’s is wider than ever. In fact, this gap can be quantified using the most meaningful statistic of all: the age when you are likely to die. The difference in life expectancy between rich and poor in the United States is an astounding 15 years for men and 10 years for women, according to the Health Inequality Project. Based solely on the percentile of people’s income at age 40, life expectancy can range from 72.7 years for men at the lowest income percentile and 87.3 years for men at the highest income percentile; for women, that range is 78.8 and 88.5 years, respectively, as shown in the figure.

Yes, we have this increasing number of older adults and particularly older adults from diverse race and ethnic populations. But are the resources equally and equitably available for this increasing demographic? If you go to some urban or rural areas, the answer may be no, because the resources may not be available for certain individuals. In my research, I try to identify the upstream factors that produced these downstream effects across marginalized groups.

Tamara A. Baker, PhD, FGSA
Vice Chair of the GSA Behavioral and Social Sciences Section

The impact of wealth on health extends to many other measures. This gradient of health outcomes across diverse socioeconomic groups did not exist one or two generations ago to the degree it does today; like wealth, the rich are getting healthier, and the health of the poor is declining faster.

As detailed in GSA’s Longevity Fitness report, financial strain is linked directly to self-rated health, cardiovascular disease, alcohol use and smoking, and mortality, but the impact of wealth extends to the resources near people’s homes, the relative safety of a neighborhood, and the transportation options available for getting to stores with greater selection and lower prices, medical providers, friends and relatives, or houses of worship. Where a person is born, raised, and lives has an effect across the lifespan, with inequities extending to the drinking water in places such as Flint, Michigan, or during crises such as Hurricane Katrina or COVID-19 in New Orleans.

“As people become increasingly frail, they cannot even leave their homes,” Philip A. Rozario, PhD, MSW, FGSA, vice chair of The Gerontological Society of America (GSA) Social Research, Policy, and Practice Section, said. “The very act of leaving one’s home allows people to interact with at least one other person. Homebound older adults are challenged with social isolation and may face a host of other problems that come with not being able to leave their homes—activities such as getting food, health care, exercising, and interacting socially. Factoring in people’s longevity, long-lived older adults are also faced with the reality that they may be outliving a lot of their friends and relatives. This creates a very real sense of isolation and a sense that you might be the only surviving person.”
Like many gerontologists, Baker wants to know why, and she is working to find out: “There’s research showing disparities across the railroad tracks, certain neighborhoods, and even state lines. What we’re really looking at are micro and macro social determinants of health. At my institution, we are looking at both populations and the individual, all relating to these determinants of health.”

Noting the high numbers of deaths and cases of COVID-19 in low-income, Black, and Hispanic groups during the early phase of the pandemic, New York Governor Andrew Cuomo said, “Why do the poorest people always pay the highest price?” Why indeed? GSA members work every day to learn why—and what can be done about it.
Memory is a funny thing. How does your mind, using proteins and nucleic acids amidst a strange tangle of neurons, have the ability to recall facts from across the lifespan, events from yesterday and decades ago, musical tunes and lyrics, faces and the names that go with them?

If we only knew. For the older adult, “senior moments” may be an ageist running joke in the family, but it is also frightening when a person suddenly cannot recall a name or fact. Older adults know that maintaining their independence relies greatly on their mentation and cognitive abilities involved in managing their home, their money, and their activities of daily living.

“The long-standing philosophy of the inevitability of a decline in intellectual function with age is being challenged,” said Stephen L. Helfand, MD, FGSA, vice chair of the Biological Sciences Section of The Gerontological Society of America (GSA), “not by philosophical argument, but by the convergence of biological and clinical science. With older age—in the absence of trauma to the brain from diseases such as strokes, neurodegenerative disorders, and other coexisting illnesses—it is no longer thought that functional disability is an essential part of aging.”

Older adults differ greatly in their mental acuity, and clinicians need to assess this one person at a time. “In the hospital, we teach residents and nurses to look at medications, mobility, what matters most, and mentation,” said Cynthia J. Brown, MD, MSPH, FGSA, vice chair of the GSA Health Sciences Section. “This 4Ms framework comes from the Institute for Healthcare Improvement’s Age-Friendly Health Systems, an initiative of the John A. Hartford Foundation. It is a great example of how gerontological research is boiled down into what we need to pay attention to in both the hospital and practice settings.”

Gerontologists have also studied the effects of negative events—from illness to loss to natural disasters—on mental health. A person’s adaptability is an important factor in maintaining mentation in the face of an ever-changing world. This trait has been measured in terms of a person’s resilience, and this can be quantified on a cognitive resilience scale that has been studied in people dealing with various types of personal or environmental stressors.

Resilience can be a personal trait; some people seem to “bounce back” from whatever life throws at them. But that doesn’t mean society and governments should leave everything to the individual—it does not always mean “pulling yourself up by your bootstraps,” said Tamara A. Baker, PhD, FGSA, vice chair of the GSA Behavioral and Social Sciences Section. “It’s a metaphor, but we often assume that everyone has the same opportunities and access to and availability of resources. Privilege is huge and cannot be understated when addressing the issues of health and health outcomes among more marginalized groups.”

Within that context, GSA researchers look at the importance of social programs and economic policies on people’s ability to cope with life’s changes. Social Security ensures monthly income, Medicare and Medicaid provide basic health care coverage, and social programs such as Meals on Wheels can help older adults with social contacts and a hot meal. Hurricanes, tornadoes, and wildfires disproportionately affect some older adults who lack the mobility to move out of harm’s way or are not as technologically connected to emergency alert systems as others are. Social programs can recognize and address such disparities. The impact of these programs is real—they help people pull upon whatever bootstraps they have and maintain their outlook on life, their mentation, and ultimately their own independence and ability to live life to the fullest.
From telehealth to Zoom calls to morning visits with grandparents around the corner, the COVID-19 pandemic has eliminated everyone’s excuses for not adopting today’s communications technology. Combined with rapid advances in digital technology in the health care setting and for personal wearable devices, 2020 is looking like an inflection point in adoption of technology, much of it designed to help people age with grace and enjoy healthier lives.

“Older adults in rural settings often have few options for health care—maybe just one nurse practitioner or physician within miles,” said Darina V. Petrovsky, PhD, RN, vice chair of the Emerging Scholar and Professional Organization of The Gerontological Society of America (GSA). As a result of the need to provide care while physically distant from patients, organizations have quickly developed and scaled their telehealth capabilities during the pandemic. “This will benefit those in rural settings over the long run,” Petrovsky said. “Now we’re starting to think of how to use technology in many other ways—promoting physical activity, ensuring social connectedness in older adults to address loneliness and social isolation, and of course in distance learning programs. As we become more technologically advanced, perhaps the devices that could have separated us will in fact end up uniting us.”

At its recent Annual Scientific Meetings, GSA has offered “Inside Innovative Technologies,” daylong programs that cover the breadth and depth of gerotechnology. These sessions have covered research, devices, and apps that address everything from artificial intelligence and social robots to biomes, genomes, and other “inner” processes of aging. Here are examples of the innovations highlighted during these sessions:

- **MyndVR** uses virtual reality to improve the quality of life in older adults with anxiety, depression, and Alzheimer’s disease.
- A wearable “OnStar for people” is how UnaliWear describes its Kanega watch, which combines fall detection, medication reminders, and active medical alert capabilities.
- **OneClick.chat** connects older adults and caregivers for training, support, and social engagement.
- Intelligent assistants such as **Amazon Alexa** help people create connections, while ride-sharing services such as **Lyft** provide transportation options.
- In addition to going on actual walks with people in Los Angeles, Chuck “The People Walker” McCarthy has developed an app for people to use when they can’t walk with him in real life.

“Technology can contribute to innovation and generation of new ideas,” Petrovsky said. “But there are obviously two sides to any coin. Take the electronic medical record [EMR], for example. It has advantages in sharing information and reminders among health care team members. At the same time, I also hear from a lot of health care professionals that EMRs impede the human connection during visits. Another example is telehealth visits. Telehealth may not initially give people the same engagement they perceive during in-person visits. Yet, technology can be a really good thing when the situation requires it and it is properly integrated into the care of older adults.”
"John" was an older man living alone after his partner of many years passed away. With his closest child living 100 miles away across the busy San Francisco Bay area, his social interactions were limited by a lack of surviving friends and a quite limited monthly budget. When John began receiving phone calls from people pushing a wonder drug, he knew they were hucksters. Still, because he enjoyed the conversation so much, he didn’t seem to care that his purchases had added up to $2,000—money he needed for next month’s rent.

Mistreatment of older adults takes many forms, all of them of deep concern to the gerontologists who are members of The Gerontological Society of America (GSA). Older adults have been exploited through scams or outright theft of monies or fraud involving real estate, mortgage, or investment transactions. Contractors, lottery scams, “phishing” email messages—the list is a long one, according to the National Adult Protective Services Association. Abuse of older adults includes physical and sexual assaults as well as emotional or psychological abuse and neglect or abandonment, according to the National Institute on Aging (NIA).

Data show that many perpetrators of abuse and exploitation of older adults are family members or other close friends—people who ironically are responsible for the care of these at-risk individuals. Families with multiple people working together in providing care is a healthier situation for reasons that go beyond avoiding abuse and exploitation.

Philip A. Rozario, PhD, MSW, FGSA
Vice Chair of the GSA Social Research, Policy, and Practice Section

The care itself can be all-consuming and can be very challenging. Caregivers who have siblings may have to deal with family dynamics that can make coming together for shared decision making more challenging. And when it comes to caregiving, everyone has an opinion about what’s right.
The topics of mistreatment and financial exploitation of older adults are perfect for illustrating two important functions of GSA: publishing research findings and advocating for change in federal policies and laws. By shining a light on the topic and providing peer-reviewed evidence of the nature and extent of the problem, GSA increases awareness and the sense that action is needed. Leaders, members, and staff then work with Congress, NIA, other parts of the federal government, and the rest of the aging community to identify solutions and bring those to fruition.

Those research findings form the core of GSA’s journals, described by Judith L. Howe, PhD, FGSA, chair of GSA’s Academy for Gerontology in Higher Education, as “a unique and important benefit to its members and the larger community.” Howe, who also serves as editor-in-chief of Gerontology & Geriatrics Education, added, “Having such a rich collection of journals is an extraordinarily rare benefit of a professional society. They highlight the cutting-edge, interdisciplinary work of GSA and are an unparalleled contribution to the advancement of knowledge on gerontology and geriatrics.”

In the pages of GSA’s many journals and publications, these are some of the articles on mistreatment of older adults published in the past few years:

- The Social Relationship Context of Elder Mistreatment
- EATI Island: A Virtual-Reality-Based Elder Abuse and Neglect Educational Intervention
- Neglect of Older People: Touching on Forensic and Pathophysiological Aspects
- Exploring Elder Neglect: New Theoretical Perspectives and Diagnostic Challenges
- “Build Rapport, Otherwise No Screening Tools in the World Are Going to Help”: Frontline Service Providers’ Views on Current Screening Tools for Elder Abuse
- Advancing National Policy on Elder Abuse

By bringing the problem to light and offering tools for addressing elder abuse and financial exploitation, GSA is able to tackle this issue with legislators and regulators at the federal level. Posters and presentations at the GSA Annual Scientific Meetings contribute to the discussion and stimulate discourse among the researchers and practitioners in attendance. It is a formula that has worked well for 75 years and holds promise for continuously improved outcomes in the future.
A New Way of Talking About Aging

The sign said “Open.” Taking a break from studying during her days in medical school, Camara P. Jones was out for a late dinner with classmates. She noticed people peering in through the windows. Then she saw the sign on the door. From the inside, it said “Open.” That’s when she realized that from the outside, people saw “Closed.” They were not allowed to come inside and enjoy the meal she and friends were sharing.

Jones, whose credentials now include MD, MPH, PhD, and currently Senior Fellow in the Satcher Health Leadership Institute and Cardiovascular Research Institute at Morehouse School of Medicine, uses that moment to help those in dominant groups understand how discrimination feels. When you’re on the inside, you go on with life, enjoying yourself, not really noticing those on the outside. But if you’re among those told “no” because of race, gender, nationality, or disabilities, the exclusion can be deep, jarring, and lifelong.

This allegory is relevant to members of The Gerontological Society of America (GSA) and others in the aging community who are addressing ageism, the last form of acceptable discrimination in Western society. Older adults are offered early retirements by companies and organizations that fail to value the crystallized wisdom and institutional memory they bring to teams in the workplace. Throughout the media, entertainment, and daily conversations, the repetition of tired and inaccurate stereotypes of aging are detrimental to the growing population of older adults.

Changing misunderstandings about the aging process and reversing the lack of information about how older people contribute to society is at the heart of GSA’s leadership in the Reframing Aging Initiative.

As thoroughly evidenced in the Longevity Economics report produced by GSA, older adults are contributing well past the traditional retirement age of 65 by means of productive roles in their primary or encore careers, through consulting and contracting, by volunteering in organizations and institutions of many types, and by providing much of the unpaid care needed in American society. With their longer lives giving them more years of activity and energy, 65 is not an age for slowing down; it’s when you can speed up and engage the parts of life you most enjoy.

“When our researchers at the FrameWorks Institute investigated American perceptions of aging, they found something really interesting,” Julie Sweetland, PhD, a sociolinguist and senior advisor at FrameWorks, says in an online video recorded at the International Association of Gerontology and Geriatrics 21st World Congress hosted by GSA in 2017. “There’s this ‘ideal’ versus ‘real’ model. People either think aging is this time of earned leisure, of going on cruises with your grandkids, or it’s complete physical decline. They didn’t see a middle ground between the two of those.”
But for people who want to continue contributing in their lifelong career or an encore one, there need to be opportunities.

Describing Discrimination

In this TEDx Talk recorded in 2014, Camara P. Jones, MD, MPH, PhD, of Morehouse School of Medicine in Atlanta, shares four allegories of racism with lessons for those seeking to eliminate ageism, the last remaining form of acceptable discrimination in today’s society.

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Discrimination is systemic. Society has yet to embrace the contributions of older adults, thus resulting in discriminatory behaviors. This ageist approach may exclude those in greatest need, while reinforcing behaviors that may demean and/or exploit older adults. Research shows that these behaviors may have an impact both short and long term, which ultimately dictates life-course experiences.

Tamara A. Baker, PhD, FGSA
Vice Chair of the GSA Behavioral and Social Sciences Section

Within GSA and its Emerging Scholar and Professional Organization (ESPO), members are developing intergenerational programs that connect those in training with older adults in their universities and communities. “Exposure to the positive aspects of getting older and the positive ways that one could live a productive life creates a fascination and engagement in the early phases of our education,” said Darina V. Petrovsky, PhD, RN, vice chair of GSA’s ESPO. “This gives early scholars the awareness of issues and possibilities at a point in their careers when they have not yet set their educational and research path.”
Can just being alone increase an older adult’s chances of disease and dying?

Yes, according to a growing number of studies on the effects of social isolation in older adulthood. Gerontologists and other researchers have found declines in health and related quality of life indicators when people live alone, lose touch with others, and lack adequate care and social support to help them as activities of daily living decline.

As people age, they can outlive all their friends and neighbors. The example I have is my own father. One of the things that I realized as he aged was that he had outlived all his friends by the time he died at 93. The idea of people wanting to ‘age in place’ sometimes ends up with them ‘aging in isolation.’ We must look for ways in which we can help people age in a more connected fashion, and that unfortunately requires more commitment from us as a society.

Philip A. Rozario, PhD, MSW, FGSA
Vice Chair of the GSA Social Research, Policy, and Practice Section

The direct health effects that can be tied back to social isolation have been linked to increased morbidity and mortality, leading to their designation as “the new smoking” by some researchers. In analyzing the neighborhoods and homes where people live, gerontologists are finding that the needs of older adults—sidewalks, safety, social centers such as parks—are the same as those for children and adults in all age groups. As we are learning during a period of “social distancing,” avoiding social isolation is important, even when it’s necessary to remain physically apart.

“People become frail, some get to the point where they cannot leave their house, and that means they are going to be interacting with at best one or maybe a few other people,” Rozario said. “Helping people live longer and better means we need to be thinking about ways in which people can live a more socially connected life.”

Tamara A. Baker, PhD, FGSA, vice chair of the GSA Behavioral and Social Sciences Section, studies health disparities, those factors that lead to better or worse outcomes based on demographic or geographic factors. Many of these are operative in worsening the impact of social isolation.

“Upstream factors implemented in certain communities have downstream effects,” Baker said. “What’s really important to understand is that, yes, in certain
neighborhoods, there are certain resources that are or aren’t available. That’s decided at the macro level, which may impact what resources are available in the certain neighborhoods, for example. In my research, I focus on pain management and health outcomes, and available resources. My focus on social determinants of health, particularly across the life course, allows me to better understand the influence these factors have in the availability, accessibility, and acceptability of resources, particularly among older adults from diverse and marginalized populations.”

“If you look at how much we fund the [2020 reauthorization of the] Older Americans Act—which is supposed to do a lot of great things for people in terms of helping them maintain their independence, helping them continue to live in their communities—we have not supported these services at the same level that we have supported programs such as Medicare,” Rozario said. “Health care is important, but we also need to be committed to other aspects of life that ensure people are aging well.”

Rozario has been watching reruns of *The Golden Girls*, and that has him thinking of what’s possible. “Obviously it’s fictionalized, but this premise of essentially four strangers coming together to live together in a cohousing arrangement makes me think about new ways of living,” Rozario said. “What many older people have in their favor is that they have property. They’re more likely than not to be homeowners, so they have all this space. It’s a matter of thinking about some arrangement in which they can have people who they can trust living with them.”

“We also have to factor in that housing costs have become such that the average Millennial who is working often cannot afford rents in big cities,” Rozario said. “There is definitely a need to further develop programs that can link people who need housing with those who have space to share. This can potentially promote intergenerational living arrangements.”