gerontology news

The Gerontological Society of America®

April 2021

inside this issue:

Board of Directors Meets

The GSA Board of Directors met on February 18 via Zoom, led by Chair Terri Harvath, PhD, RN, FAAN, FGSA. The board approved naming Kathryn Hyer, MPP, PhD, FGSA, who passed away on January 1 after taking office as chair, as honorary board chair for the remainder of 2021. The CEO provided an update on key activities, information on the strategic plan, and navigation of Society matters following Hyer's loss. He also spoke of ongoing COVID-19 updates, the funding front, and activities in which GSA has been present. The board approved the annual operating plan in support of the GSA multi-year strategic plan. Treasurer Janet Wilmoth, PhD, FGSA, provided an update from the Finance Committee on the preliminary 2020 financial statement. The board also reviewed the progress of Diversity and Justice Working Group and received program updates on the Annual Scientific Meeting, membership, and the Reframing Aging Initiative.

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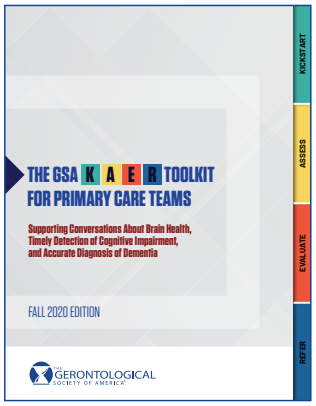
Toolkit Promotes Care Conversations on Brain Health, Cognitive Status

GSA has released a new edition of its KAER toolkit, which is intended to support primary care teams in implementing a comprehensive approach to initiating conversations about brain health, detecting and diagnosing dementia, and providing individuals with community-based supports. It includes practical approaches, educational resources, and validated clinical tools that teams can integrate into their clinical workflow.

The GSA KAER Toolkit for Primary Care Teams, Fall 2020 Edition is focused on a model first introduced in a 2015 report from the GSA Workgroup on Cognitive Impairment Detection and Earlier Diagnosis. The acronym is derived from a four-step process:

- **Kickstart** the brain health conversation
- **Assess** for cognitive impairment
- **Evaluate** for dementia
- **Refer** for community resources



"Alzheimer's disease and related dementias have been a longstanding priority area for GSA members," said GSA Director of Strategic Alliances, Judit Illes, BCL/LLB, MS, CPHQ, who led the development of the new edition. "With the pending approval of a disease-modifying therapy, there is a renewed sense of urgency around improving early detection and diagnosis. However, it typically takes many years to translate new clinical tools and guidance into practice. We hope that the KAER toolkit will help to accelerate change."

Among the enhancements from the toolkit's

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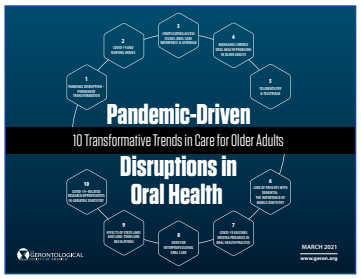
Oral Health in Older Adults: 10 Pandemic-Driven Care Transformations

The disruptions in long-term care facilities caused by the COVID-19 pandemic have created opportunities for positive long-term changes in this setting, according to a new GSA publication titled "Pandemic-Driven Disruptions in Oral Health: 10 Transformative Trends in Care for Older Adults."

It calls attention to transformative trends with the potential to improve oral health care for residents — based on webinars developed by GSA's Oral Health Workgroup and presented by nationally recognized speakers under the theme of "Geriatric Oral Health and COVID-19: Old Problems, New Challenges."

"During many years of dealing with oral health barriers, it always seemed to me that oral health had wound up somewhere near the top of Maslow's hierarchy of needs in long-term care," moderator Stephen K. Shuman, DDS, MS, FGSA professor of dentistry at the University of Minnesota and chair of the GSA Oral Health



Workgroup, said in opening the first webinar. "When COVID-19 was added to the bottom of the pyramid, it bounced oral health completely off the top. And that's what moved the GSA Oral Health workgroup to plan these webinars."

The following trends are presented in the publication:

1. **Pandemic disruption can produce permanent transformation:** "COVID-19 gives us the chance to accelerate the change we want to see," said Terry Fulmer, PhD, RN, FAAN, FGSA, president of The John A. Hartford Foundation. "We have a mandate — ethical, moral, and clinical — to get things right going forward."

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From the GSA President

Safety vs. Autonomy and Quality of Life

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

As we see the vaccines for the coronavirus getting rolled out, we are starting to envision what our lives may look like in this "new normal." I use quotations because I remain hopeful that we won't try to return to a pre-pandemic way of life, but instead will use the lessons of the past year to reimagine how life and healthcare can be different, better, more equitable.

In particular, I hope that we explore root causes of the disproportionate toll that the coronavirus exacted on older persons, especially frail older persons in long-term care, and on communities of color in order to redesign our systems of care.

As our research continues to try to understand the impact of COVID-19, one thing is clear, older adults appear to have a greater risk for increased disease severity and more adverse outcomes, including greater rates of mortality. What is less clear is whether it is age per se, that puts older adults at greater risk, or whether age is a proxy for other variables (e.g., frailty, comorbidities, obesity) that may accompany advancing age. This distinction is important as we continue to uncover the myriad ways that ageism impacted healthcare decisions during the past year.

We also are beginning to recognize the adverse impact that actions taken to contain the spread of infection are having on older persons. I recently read an opinion piece by Katie Engelhart in The New York Times decrying the fact that the safety measures we implemented in long-term care to try to minimize the impact of the coronavirus (e.g., isolation, banning visitors) have themselves had harmful effects on the health and well-being of the very older persons they were intended to protect.

Over the 40 years of my career in gerontological nursing, I have learned from many older patients that they believe we in healthcare over-estimate the risks involved in their choices (e.g., whether they are safe at home, able to climb a ladder or drive). Or that while the risks may be real, the infringement on their quality of life, their autonomy and their sense of control are also great and must be factored into any decision.

Perhaps what is most important is that we need to try to recognize the limits of our ability to "protect" older adults from harm and to acknowledge that for most of us, maintaining our quality of life means taking on some risk.

And yet, as simple as that message seems to be on the face of it, it is one that challenges those who are involved in the care of older adults, especially those who care for frail older adults and older adults living with dementia. When faced with a situation where the expressed preferences of older adults involve some perceived risk, we often come down on the side of safety, ignoring, disregarding or minimizing their stated preferences and the impact on their quality of life.

To be clear — I am not advocating that we ignore serious threats to the safety of the older patients in our care. Instead, I would like to emphasize that while protecting vulnerable older adults is important, especially during this time of global pandemic, it is also important to recognize the trade-offs that come with protective measures.

We need to carefully weigh the risks and benefits to quality of life that come with our attempts to keep older adults safe. We must acknowledge that even our best intentions can have a dramatic negative impact on the lives of older adults. Most importantly, we must include the voices of older persons in our planning and our discussions about how to keep them safe while also promoting social interactions that contribute to their well-being.

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member news

In Memoriam

Phoebe Stone Liebig, PhD, FGSA, FGSA, passed away on February 24 at age 87. She was a professor emerita in the University of Southern California (USC) Leonard Davis School of Gerontology. After completing her PhD in public administration at USC in 1983, she joined the Davis School faculty as a research assistant professor.

Liebig took on numerous leadership roles, including directing the USC Pacific Geriatric Education Center, directing information outreach for the USC Alzheimer's Disease Research Center, and being a co-principal investigator of the USC Fall Prevention Center of Excellence. She also spent two years as a senior economics policy analyst for the AARP Public Policy Institute.

Her research largely focused on public policies and their effects on older adults in communities throughout the U.S. and across the world. Among her many honors, Liebig earned two Fulbright Senior Scholar Awards; the USC Faculty Lifetime Faculty Achievement Award; and the Clark Tibbitts Award, Distinguished Teacher Award, and Mildred M. Seltzer Distinguished Service Recognition Award from GSA's Academy for Gerontology in Higher Education.

Mary Wylie, PhD, FGSA, who served as chair of GSA's Social Research, Policy, and Practice Section in 1976, passed away in late 2020 at age 94. She was a professor emerita at the University of Wisconsin-Madison.

She received a Master's Degree in social work from the University of Kansas and a PhD in social welfare administration from the Heller School at Brandeis University. She then began teaching at the University of Wisconsin-Madison, becoming a tenured professor and serving as the school's director in the 1980s.

She was known as a mentor to many students and young professionals and faculty across the U.S. Her research focused on services and supports for older people moving to new communities, also taking a sabbatical doing research with the Del Webb Corporation.

Members in the News

- On January 21, Changhan David Lee, PhD, was quoted in an Atlanta Journal-Constitution article titled "'Exercise protein' doubles running capacity in mice."
- On February 3, Cary Kreutzer, EdD, MPH, RD, FAND, was interviewed on the "Insight" program in California's CapRadio for a segment titled "Aging In California / Breakthroughs In Alzheimer's Disease Research / Intersection Of Diet And Aging."
- On February 14, an article in The Roanoake Times titled "Virginia Tech researchers seek to understand effects of caregiving on extended family" quoted Karen A. Roberto, PhD, FGSA, FAGHE.
- Tam E. Perry, PhD, FGSA, and Steven Albert, PhD, FGSA, were quoted in a February 17 article titled "9 things you can do to remain independent as you age," which originated on the Next Avenue website and was picked up by MarketWatch.
- Eileen Crimmins, PhD, FGSA, was quoted in a February 18 CNN article titled "US life expectancy drops, a vaccine contract revelation, and news on shots and variants."
- Theresa Andrasfay, PhD, was cited in a February 18 article in The Washington Post titled "Pandemic cut U.S. life expectancy by a year during the first half of 2020."

New Books by Members

- "The Handbook of Rural Aging," edited by Lenard W. Kaye, PhD, FGSA. Published by Routledge, Taylor & Francis Group, 2021.

Update Your Member Profile

As part of GSA's Commitment to diversity, equity, and inclusion, the GSA Diversity and Justice Working Group wants to ensure that we have accurate and informative member demographics that include age, gender, ethnicity, and race. We are collecting this new information in your online user profile.

Complete demographic information is important since it will help GSA with future planning and program development, and to achieve a GSA strategic plan goal to support diversity, equity, and inclusion.

Also, make sure your contact information is correct if you are transitioning back to an office work environment. We want to ensure we are staying connected and that you can continue to access all your member benefits.

By updating your profile information, you will ensure:

- Your GSA print Journal is being delivered to the most convenient location for you.
- You get important updates from GSA regarding the Annual Scientific Meeting, COVID-19 resources, and the latest news happening in the society.
- You can participate in the latest conversations and timely resources on GSA Connect.

Updating your contact information in your GSA account takes less than five minutes. Please be sure to update your name and designation, demographic information, and contact information. We are still implementing database programming changes for some fields and welcome member input.

Update your member profile by logging into your member account at https://www.geron.org.

Colleague Connection

This month's $25 amazon.com gift certificate winner:
Molly Perkins, PhD, FGSA
The recipient, who became eligible after referring new member Savita Pahwa, MD, 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:
Rahul Malhotra, MBBS, MD, MPH

Member Referral Program — Get $25, Give $25

Do you have a friend or colleague who seems to want to join GSA but never quite gets around to it? Now is the perfect time to share your GSA success story and recruit them as a GSA member!

The Member Referral Program will give you the opportunity to recruit a qualified member and reward both of you. From March 15 through May 15, 2021, when you refer a member to GSA, you and the new member will receive a $25 Amazon e-gift card when that person joins and lists you as the person who referred them. There is no limit on the number of new members you can refer.

Recruiting a new member helps grows GSA's rich, diverse network of researchers, practitioners, educators, and other professionals. Spread the word about GSA's many member benefits and ask your colleagues to join! Learn more at geron.org/get25give25!

GSA, Reframing Aging, and Communities of Strength

So, what is the connection between GSA and this year's Older Americans Month (OAM) theme? I will let my interview with CEO James Appleby, BSPharm, MPH, ScD (Hon); Vice President for Policy and Professional Affairs Patricia "Trish" D'Antonio, BSPharm, MS, MBA, BCGP; and Program Manager Laurie Lindberg answer that question along with the others I served up for this month's article/interview.

Brian Lindberg: OAM is just around the corner in May and the theme this year is "Communities of Strength." When I heard that, I immediately thought of you and your Reframing Aging Initiative team. The home page of the initiative's new website shows a group of intergenerational volunteers unloading a van full of supplies for a community project, with the tagline "countering ageism by changing how we talk about aging."

So, am I on to something here by connecting this year's Older Americans Month theme and your work?

James Appleby: Yes, Brian, the 2021 OAM theme "Communities of Strength" aligns perfectly with the work of the Reframing Aging Initiative, which GSA is honored to lead on behalf of ten colleague organizations in the aging field.

The extensive research supporting the Reframing Aging Initiative demonstrates that what surrounds us, shapes us. This means that staying fully engaged in our communities across the life-course strengthens the entire community. It also reminds us that older adults are part of the "we," not some "other" group simply because of age. The U.S. is becoming what we call an "Every Generation Nation." We need to remember that we are all just younger versions of our older selves.

Brian: GSA leadership has condemned anti-democratic riots, white supremacist movements, and racial discrimination and created a Diversity and Justice Working Group. Isn't one of the themes in the Reframing Aging Initiative related to ensuring justice for all?

James: Yes, confronting injustice is a key element of GSA's Reframing Aging work. Today, society marginalizes older people and minimizes their contributions. Older adults are equal members of our society, and we need to ensure they can be full participants — socially, culturally, and economically. To live up to our ideals, we need to reshape society so that older people are accepted as full participants in our communities.

Brian: What is different about individual strength vs. community strength?

James: Community strength is about thinking in terms of "we" and "us," which translates into better outcomes for all. The strength of individuals making wise choices for themselves is important, while recognizing the role they play in their community is more *essential* to community strength.

Brian: How do you see older adults as part of communities of strength?

James: Older adults are an essential backbone of our communities. The 50+ population drives the U.S. economy, supports families through caregiving up and down the age pyramid, and provides billions of hours of service to their communities each year.

Communities are stronger when older adults are able to be equal members of our society. When reflecting on global population aging, I believe that societies that acknowledge, embrace, and magnify the contributions of older adults will be most successful.

Brian: How has your view of the initiative changed during the pandemic?

James: The COVID-19 pandemic has only strengthened GSA's resolve to continue working with our colleague organizations, philanthropic funders, and community partners across the U.S. to advance the Reframing Aging Initiative. The blatant ageism on full display as the pandemic unfolded was like a booster shot to the initiative.

The proven negative impact of ageism on American's health has been well documented, and the pandemic further shone a light on this pernicious societal illness. The pandemic reminds us of the work ahead and provides us renewed enthusiasm for the mission.

Brian: How you do you get the word out to thought leaders and policymakers about reshaping our perceptions and thinking.

Trish D'Antonio: We have many opportunities to work with our colleagues. In the past two years, we've been invited to give keynote presentations for national and state organizations like n4a and the Maine Legislative Caucus on Aging. Prior to the pandemic, we held a workshop for policy and communications staff for the Leadership Council of Aging Organizations (LCAO). We've provided technical assistance on several policy briefs and press releases for the LCAO and the Adult Vaccine Access Coalition.

Particularly during the pandemic, we are working to ensure that policymakers hear the messages that the programs we advocate for benefit us all.

We also work closely with the ten national organizations, the Leaders of Aging Organizations, that started the Reframing Aging project, to be sure we're sharing resources with all of our members and constituents. We provide workshops at meetings of the LAO.

In the past year, we presented to more than 20 organizations, including Federal Emergency Management Agency, Nuclear Regulatory Commission, Iowa Coordinated Community Response Team, Vermont Association of Area Agencies on Aging Annual Meeting, Maine Wisdom Conference, and the Tri-State Learning Collaborative on Aging. As age-friendly movements continue to grow, we have presented as part of age-friendly health systems initiatives.

Brian: Would you mind saying a bit about how far and wide your outreach is?

Trish: We are so excited about the updated Manuals of Style for the American Medical Association, the American Psychological Association and the Associated Press. This represents a significant

victory in ensuring that bias-free language regarding aging is adopted by publications ranging from major scholarly journals to national and local newspapers, websites, and other media outlets.

Brian: Who are your other key partners?

Trish: Our philanthropic partners are key to our success as well, not only for their financial support, but also for their support in promoting the initiative and principles with their grantees. We are grateful for the support from Archstone Foundation, The John A. Hartford Foundation, RRF Foundation for Aging, and The SCAN Foundation. We receive additional support from the Endowment for Health, Fan Fox and Leslie R. Samuels Foundation, Next50 Initiative, Rose Community Foundation, San Antonio Area Foundation, and Tufts Health Plan Foundation.

Brian: You and I work closely with Capitol Hill staff and often coordinate with GSA members who are testifying on the Hill or serving as resources to policy makers. How does Reframing Aging fit into that public policy work?

Trish: One important way is that we model reframed language. Our testimony, letters of support, and policy briefs are shared broadly with Hill staff who then incorporate this language into the speeches, testimony, and press releases from the congressional offices. Members of the press will pick up the language used in testimony and communications pieces as well. It's a subtle yet deliberate and evidence-based process to ensure that we tell the story that builds understanding, shifts attitudes, and generates support for systemic solutions.

Brian: What is the latest with your reframing work?

Laurie: Recently one of our goals became reality with our new website, www.reframingaging.org. This will enable us to expand our reach, interact more easily with our community, and provide tools and resources in an easy-to-navigate format. We also recently partnered with a dynamic organization in New York City called LiveOn NY. LiveOn NY is an advocacy organization for more than 100 community-based aging services programs and senior centers serving 1.8 million older people in the five boroughs. We just completed a series of training sessions that spanned three months to bring on nearly 25 new Reframing Aging facilitators for LiveOn NY.

Brian: When you do the trainings are there moments when you see that the participants have changed the way they see and talk about aging?

Laurie Lindberg: Absolutely! For some people, it's gradual but for others, it's like the proverbial light bulb turning on in their heads. One of our newest facilitators in NY said after the training, "You guys have 'messed' me up (in a very good way). I have thoroughly enjoyed participating, I've gone through 'disruption' in my thinking, and now already find myself cringing at the depiction of older people and the comments that I hear often every day doing this work. OMG!"

Brian: What do you think of the "Communities of Strength" OAM messaging?

Laurie: The Administration for Community Living (ACL) has done an excellent job of framing its OAM messaging to emphasize the collective benefit of strong communities. Strong communities require the energy, knowledge, and commitment of all their members, including older people.

Note this quote from the OAM messaging: "In our community, older adults are a key source of this strength. Through their experiences, successes, and difficulties, they have built resilience that helps them to face new challenges. When communities tap into this, they become stronger too."

This is a great example of what we call in Reframing Aging lingo, "Embracing the dynamic." It points out several positive attributes of older people, encourages inclusivity, and promotes a can-do attitude. Research has shown that the embracing the dynamic narrative can reduce implicit bias against older people by 30 percent! In addition, we know from recent studies that in some ways, older people are weathering the pandemic better than others, so the term "resilience" is especially appropriate.

Brian: Thank you all!

For OAM resources, visit the official OAM website, follow ACL on Twitter and Facebook, and join the conversation via #OlderAmericansMonth.

Recent Policy Actions

GSA signed-on to a letter organized by Trust for America's Health to support the Public Health Infrastructure Save Lives Act. Senator Patty Murray (D-WA), chair of the Senate Health, Education, Labor, and Pensions Committee, and 19 of her Democratic Senate colleagues reintroduced the act on March 10. The legislation would establish a new core public health infrastructure program that ramps up to $4.5 billion in annual funding to bolster the nation's efforts to fight the COVID-19 pandemic, and strengthen its ability to respond to other public health challenges going forward.

GSA supported a letter from the Friends of NIA to President Joe Biden requesting a $3.3 billion dollar increase in FY 2022 total spending for the National Institutes of Health (NIH). Within this amount, an increase of least $500 million specifically dedicated to support cross-institute aging research at the NIH, including but not limited to biomedical, behavioral and social sciences aging research. The letter specifically highlighted the National Institute on Aging's involvement in the Rapid Acceleration of Diagnostics (RADx) program and the RADx-Underserved Populations program related to COVID-19 research.

GSA supported the Continued Funding for Senior Services During COVID-19 Act sponsored by Senators Bob Casey (D-PA), Mark Kelly (D-AZ), and Kirsten Gillebrand (D-NY). The bill supports more than $1.5 billion in funding to the aging network to support services during the COVID-19 pandemic, including vaccination outreach and programming, nutrition services, caregiver support services, and the Long-Term Care Ombudsman Program. This bill was included as part of the American Rescue Plan Act of 2021 recently passed by Congress and signed into law by President Biden.

new resources

Reframing Aging Initiative Launches New Website

The Reframing Aging Initiative has a colorful and easy-to-navigate new home on the web. Visit our www.reframingaging.org to learn more about the initiative, find helpful resources, listen to a recent GeriPal podcast devoted to reframing aging, watch webinars, keep up with the latest news, and find out how to get involved.

The Reframing Aging Initiative — led by GSA on behalf of the Leaders of Aging Organizations coalition — is a long-term social change endeavor designed to improve the public's understanding of what aging means and the many ways that older people contribute to our society. This greater understanding will counter ageism and guide our nation's approach to ensuring supportive policies and programs for us all as we move through the life course.

Since April 2019, the initiative has trained more than 100 facilitators locally on the research and fundamentals of reframing aging so they can play a key role in teaching others and changing the narrative. It also has promoted its efforts nationally, including successfully getting three major style guides used by thousands of scholars, researchers, communications professionals, journalists, students, and others to adopt bias-free language and incorporate the principles of reframing aging.

WHO Report Provides Roadmap for Decade Ahead

The World Health Organization (WHO), an agency of the United Nations, has released a new resource, "Decade of Healthy Ageing: Baseline Report," which brings together data available for measuring healthy aging, defined by WHO as "the process of developing and maintaining the functional ability that enables well-being in older age."

WHO's Decade of Healthy Aging is taking place from 2020 to 2030, and is billed as "an opportunity to bring together governments, civil society, international agencies, professionals, academia, the media, and the private sector for ten years of concerted, catalytic and collaborative action to improve the lives of older people, their families, and the communities in which they live."

RRF Brief Examines Challenges to Economic Security

The RRF Foundation for Aging has released an issue brief on one of its priority funding areas — economic security in later life. "Working Together to Achieve Economic Security in Later Life" is the first in a series that describes the foundation's approach to grantmaking and improving quality of life for older people. It is also an invitation to others to partner with the foundation to develop innovative ways to enable more older adults to achieve a greater measure of financial well-being.

The brief outlines the challenges to achieving economic security as well as some of the solutions-providing access to sufficient income, building financial knowledge and skills, and advocating for a stable, equitable retirement system. It also highlights some of the programs currently funded by RRF that are addressing these issues.

Continued from page 1 – Toolkit Promotes Care Conversations on Brain Health

original 2017 edition are a shorter, more accessible digital format; an improved format with navigation tabs for each step; key section takeaways for ease of use; a new section on ways care team members can be reimbursed for implementing steps in the toolkit; an expanded section on brain health and risk factors for dementia; an updated table of cognitive assessment tools; and an expanded section on referral to community resources and randomized controlled trials.

The content of the toolkit and selection of tools was developed for primary care teams. GSA recognizes that health care professionals outside the primary care setting also play a valuable role in detecting cognitive impairment. Medical educators and medical students may also find its contents useful.

"To assist healthcare professionals to provide the highest quality patient-centered care, it is recommended that professionals evaluate people age 65 and older for thinking and memory problems," said Patricia Heyn, PhD, FGSA, an associate professor at the University of Colorado Anschutz Medical Campus who served as a reviewer of the toolkit.

"The KAER toolkit is guided by the current evidence and it supports that documenting mild cognitive impairment in a person's medical record can be instrumental in alerting healthcare professionals and medical staff about the patient's cognitive status, so that the best care is provided to the patient," Heyn added. "Early diagnosis can help identify forms of cognitive impairment that may even be reversible, including those caused by sleep problems, depression, alcohol consumption, or medications. It can also help with new treatments and behavioral approaches that can improve a person's daily living and quality of life such as correcting hearing loss and avoiding social isolation."

GSA's work on the KAER model and toolkit has attracted the attention of the U.S. Centers for Disease Control and Prevention (CDC), which has awarded a two-year Special Interest Project to review, refine, test, and evaluate components of the KAER toolkit in primary care. The award recipient is Annette Fitzpatrick, PhD, a research professor of family medicine at University of Washington (UW) and an affiliate investigator of the UW Health Promotion Research Center (a CDC Prevention Research Center). Fitzpatrick and her team will use the results from this project to provide suggestions for the practical application of the KAER toolkit and initiate steps for integrating tools into a broader reach of primary care practices within the multi-state UW Medicine network. For the next phase of GSA's efforts, a Sponsors Circle has been established to ensure that the KAER workstreams are sustainable so that program goals can be successfully achieved over a multi-year period.

"GSA looks forward to working with the initial supporters for 2021 — Eli Lilly, which also helped support the 2017 edition of the toolkit, and Avanir Pharmaceuticals — to raise awareness about best practices in dementia care and disseminate new KAER-related tools," Illes said.

To learn more about the KAER toolkit, or for questions about training and implementation, contact Illes at jilles@geron.org.

Consider Peer Mentorship

Prepared by the ESPO International Task Force

- Looking to expand your professional network?
- Need ideas for achieving more success in your career?
- Need advice on getting the most out of your ESPO membership?
- Not sure about visa processes to attend a conference?
- Considering a new degree or applying to graduate school?
- Want to further your professional development by helping others?

What is Peer Mentorship?

Mentorship is a function of academic and other workplace environments aimed at promoting personal and professional growth. Mentorship can function in many ways and serve several purposes. A traditional mentorship model consists of a mentor and a mentee — wherein the mentor provides benefit to the mentee.

A mentor typically has more experience in a profession and is someone who can help less-experienced mentees navigate the complexities of applications (graduate school, jobs, visas, grants), professional development, and of a professional field at-large. While peer mentors also have a certain degree of experience that could benefit a mentee, peer mentorship dictates less rigid mentor-mentee roles and is aimed at benefiting both individuals.

Peer mentorship is a critical component of professional development and provides valuable lessons and opportunities to both members. To the mentee, peer mentorship can navigate successful entry into a professional field. Being a peer mentor provides the opportunity to give back, provide guidance, and promote professional growth and development.

Peer mentoring is generally conducted on a voluntary basis, often through formal mentorship programs. Mentoring is not a job nor is it merely an experience; it is an opportunity to create a new professional relationship and guide a more novice professional to success. It's also an opportunity to gain from the relationship by helping others. In this way, peer mentorship is mutually beneficial for mentors and mentees and is a valuable opportunity to both give and receive.

Mentors are important resources for identifying opportunities, promoting professional development and networking, and navigating the complexities of a new workplace or environment. Mentors can share their knowledge and experiences and promote mentees' confidence. As such, mentees gain practical advice and support, develop new or existing skills, and develop strategies for tackling challenging academic and professional issues. By providing mentorship, mentors support others in creative and meaningful ways.

Peer Mentorship in the International Community

The transition from graduate student to career professional is rarely easy, and often is accompanied by many challenges and learning curves. This can be even more difficult for the international community, who may face additional barriers to professional development and navigate issues including cultural integration and acculturation, collaborations, conference attendance amidst visa processes, and to issues of balancing the various demands of coursework, internships, research, and teaching.

For many, having a mentor who has managed similar experiences and challenges, especially as a member of an international community, can provide an added layer of support and validation to the mentee.

The Emerging International Students and Scholars Peer Mentoring Program

The International Task Force is launching a one-year peer mentorship program for international scholars. Our peer mentoring program aims to form a supportive community, share knowledge on gerontology-related research, and promote international and interdisciplinary collaborations.

The Emerging International Students and Scholars Peer Mentoring Program will match mentors and mentees based on compatibility assessed through a brief questionnaire and application. This program will provide a platform to promote positive, engaging, and mutually beneficial mentorship.

Peer Mentorship Program Eligibility and Commitment

We welcome all ESPO international scholars who are studying or working within or outside of the U.S. Interested parties will select their preference of becoming a mentor or mentee. This program is the first of its kind, and will be offered as a pilot program, wherein we will assess success and potential for broader implementation. We will accept 20 participants to form 10 mentor-mentee pairs. If you are interested, or want to learn more, please contact the International Task Force (by emailing Leader Emily Lim at zeekeeemily.lim001@umb.edu), and stay tuned for our promotional materials later in the year!

About the ESPO International Task Force

The ESPO International Task Force is led by Emily Lim, a doctoral candidate at the University of Massachusetts Boston. Rita Hu, a doctoral candidate at the University of Michigan, and Athena Chan, a doctoral student at the University of Minnesota, are co-leading the task force. Two other contributing members are Darlingtina Esiaka, a visiting assistant professor at Union College, and Sara Feldman, a doctoral candidate at the University of Michigan.

funding opportunities

NIA Will Support High-Priority Behavioral and Social Research Networks

The National Institute on Aging (NIA) is inviting grant applications to develop new research and research infrastructure for life course research on aging; attract new researchers in aging; infuse a focus on health disparities into aging research; and address ongoing needs for harmonization and biomarker collection in large population panel studies, as recommended by the 2019 Division of Behavioral and Social Research National Advisory Council on Aging Review.

Network/infrastructure-building activities include but are not limited to: meetings to develop novel research areas and interact on the development of infrastructure; small-scale pilots; dissemination and outreach activities; and educational activities. The NIA seeks to renew critical ongoing network efforts as well as initiate new networks limited to the following priority areas: midlife reversibility of biobehavioral risk associated with early life adversity; harmonization of Health and Retirement Study international aging studies; biomarker collection in population studies; and innovation in longitudinal aging studies. Letters of intent are due May 23 and applications are due June 23. Further information can be found at bit.ly/3eY3SzU. There is also a clinical trial option funding opportunity announcement.

NIH Offers Grants Related to HEAL Initiative

The National Institutes of Health has issued a funding opportunity announcement related to its Helping to End Addiction Long-term (HEAL) Initiative, which will support team research for initial translational efforts in non-addictive analgesic therapeutics development.

This is part of a larger effort to support the development of safe, effective, and non-addictive therapeutics to treat pain. The goal of this announcement is to support team-based research projects to develop assays, screening and early optimization work to develop a non-addictive therapeutic to treat pain. Discovery and validation of pharmacodynamic markers efficacy and pharmacokinetic/pharmacodynamic (PK/PD) studies are also responsive.

Applications should propose a plan that will lead to the development of analgesics with a rigorous biological rationale and scientifically sound assays. If the data does not currently exist, the application must include a strong plan for developing data linking the putative therapeutic target(s) to the proposed pain indication and supporting the hypothesis that altering the target activity will produce desirable outcomes for the disease.

This announcement is not specific for any one or group of pain conditions. Projects to develop therapeutics for acute pain, chronic pain, painful neuropathy, musculoskeletal pain, headache disorders, osteoarthritis, diabetic neuropathy, chemotherapy-induced neuropathy, eye pain, sickle-cell pain, post-surgical pain, cancer pain, visceral pain, post stroke pain, myofascial pain, painful disorders of the orofacial region and other conditions will be considered. Projects to develop analgesics for a combination of chronic overlapping pain conditions or for specific disease or pathological conditions will also be considered. Projects that seek to identify pain treatment targets in specific populations such as women, children, older adults, and other underrepresented groups will also be responsive to this announcement. Input from patients and caregivers on the therapeutic goals of the project is encouraged.

Letters of intent are due 30 days prior to the application due date; several application due dates exist for this announcement, with the next available on June 22 and October 13.

Continued from page 1 – Oral Health: 10 Pandemic-Driven Care Transformations

2. **COVID-19 will change nursing homes:** The COVID-19 disaster presents an opportunity to reimagine the role of nursing homes and health care for older adults, Fulmer added, in the areas of staffing, infection prevention, personal protective equipment, social and physical isolation of residents, and racial/ethnic inequities.
3. **Workforce and dental coverage challenges:** Practitioners are aging, and better coverage options are needed for older adults.
4. **Chronic oral health problems need to be better managed:** Conservative approaches should be used earlier to treat caries in frail and functionally dependent older adults, said Leonardo Marchini, DDS, MSD, PhD, of the University of Iowa College of Dentistry and Dental Clinics.
5. **Implementing teledentistry and teletriage:** Michael J. Helgeson, DDS, of Apple Tree Dental described how oral health services were "on the back burner" during the early months of the pandemic and his company was able to use teledentistry and teletriage to provide care while convincing administrators and clinicians of the need to restart in-person care.
6. **Mobile dentistry in patients with dementia:** For patients with dementia, onsite services are highly preferred, as they avoid the need for transport and care by unfamiliar individuals. Jeffrey E. Dodge, DMD, a general dentist in Woonsocket, Rhode Island, who also provides mobile dentistry services to long-term care facilities as lead dentist with CareLink, described innovations in mobile dentistry used during the pandemic to address acute problems and unfinished care.
7. **Vaccines by dentists:** Recognition of dentists as vaccinators — and health professionals on the frontlines of care — will lead to important new roles for oral health care providers and collaborative care.
8. **Interprofessional oral care:** Closer cooperation and collaboration among dentists, other oral health practitioners, and medical and allied health professionals has the potential to improve care in nursing homes and in other underserved areas such as rural and inner-city locations.
9. **State laws and long-term care regulations:** During the pandemic, Samuel Zwetchkenbaum, DDS, MPH, of the Rhode Island Department of Health, had the opportunity to collaborate with providers and deploy to facilities, thereby learning new ways of stopping the spread of influenza and future pathogens.
10. **COVID-19–related research opportunities:** The biological, social/behavioral, health service use, and policy areas are fertile with COVID-19–related queries, said Bei Wu, PhD, FGSA, Dean's Professor in Global Health in the Rory Meyer's College of Nursing at New York University. Solutions identified will go far in helping to leverage the COVID-19 experiences to address the oral health challenges faced by older adults.

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Innovative Teaching Modalities: Engagement Techniques (Part One of Two)

By Leah M. Janssen, MGS, Miami University (jansselm@MiamiOH.edu), and Jennifer Ellis, MS, HS-BCP, Wisconsin Indianhead Technical College (jennifer.ellis@witc.edu)

In this article, we are sharing part one of a two-part series on virtual classroom engagement techniques that have been successfully utilized in two gerontology education settings. Both techniques address adaptability as a key skill. In the education arena, our capacity to adapt to changing conditions has certainly been tested during the last year of the coronavirus pandemic.

One of the many challenges faced by educators in gerontology is pivoting campus-based learning to more technology-heavy approaches. However, a global pandemic also illuminates a silver lining of opportunities amidst the chaos, such as discovering innovative techniques that are adaptable to different teaching modalities.

Part One: Team-Based Learning and A "Social Forces and Aging" Course

At Miami University (Ohio), students in any discipline can enroll in a three-credit, upper-level sociology-gerontology cross-listed course, "Social Forces and Aging". This course examines the social forces that shape the diverse experiences of aging for individuals and the social structures in which they live.

In a shift to synchronous online learning, team-based learning (TBL) and Intedashboard, an online TBL platform, was chosen for its learner-centered approach to intentional engagement and purposeful application of course material. TBL "applications" offer students a chance to apply course content through a guided, team approach while also providing an opportunity for developing teams and helping students personally connect with course material.

In recent classes, several interrelated concepts were discussed: the life course perspective, cumulative advantage/disadvantage (CAD), and intersectionality. Following discussions of these concepts, students were asked to complete a scaffolded application over the course of three classes.

First, teams were given a series of prompts to create a life course for a real or fictional character, which included key components (e.g., turning points, transitions, life events, examples of linked lives, etc.) that were then presented in class. In the second class, teams revisited their characters to apply the concept of CAD and were encouraged to critically examine (and report out) their character's early life circumstances (i.e., advantages and disadvantages) and the imagined impact on later life.

In the third class, after a discussion of intersectionality, we utilized an exercise from the University of Michigan Inclusive Teaching Program, the Social Identity Wheel. This exercise supports students' exploration of their own social identities and engages students to "reflect on the various ways those identities become visible or more keenly felt at different times, and how those identities impact the ways others perceive or treat them" (University of Michigan Inclusive Teaching, n.d.).

Following a reminder of established ground rules around respect and creating safe spaces, teams met via Zoom breakout groups to discuss their unique elements of social location (e.g., race, religion, age, socioeconomic status, gender, sexual orientation, etc.) and review together questions such as, "What identities do you think about most/least often?" and "What identities have the strongest effect on how you perceive yourself/others perceive you?" This exercise concluded with an in-class debrief and a take-home reflection assignment linking their Social Identity Wheel experience to the three course concepts and perceptions of their later lives based on what they learned about themselves.

Adapting to New Learning Environments

This exercise led to increased identification and awareness of students' personal social location and the impacts on later life; it also lends itself to building an inclusive classroom of diverse learners. Additionally, this exercise encouraged students to apply course concepts to their personal lives, beyond the threshold of the online classroom setting, and find meaningful ways to connect with their online community.

Adapting this exercise to a virtual learning environment proved to be easier and more effective than was initially anticipated. The ease of this process was supported by a willingness of both the instructors *and* students to engage the course material in different ways. Part one, and the forthcoming part two, are designed to provide educators with helpful engagement techniques. We welcome questions or dialogue on how we can assist you with implementing this activity.

References

University of Michigan Inclusive Teaching. (n.d.). Social Identity Wheel. University of Michigan. Retrieved January 5, 2021, from https://sites.lsa.umich.edu/inclusive-teaching/social-identity-wheel/

Gerontology & Geriatrics Education Seeking Editor-in-Chief

GSA's Program, Publications, and Products Committee is announcing a search for the position of editor-in-chief of Gerontology & Geriatrics Education, which is the official journal of the Academy for Gerontology in Higher Education.

It is a peer-reviewed journal that focuses on the exchange of information related to research, curriculum development, program evaluation, classroom and practice innovation, and other topics with educational implications for gerontology and geriatrics.

This four-year contract term will become effective January 1, 2022. Transitions will begin as early as October 2021. The editor-in-chief works closely with publishing staff, associate editors, and at times directly with authors, reviewers, and readers, for the benefit of the journal and the Society. Nominations and applications are due by April 30.

journal news

BioRxiv Integrated with Series A Submission Platform

Beginning in 2021, authors interested in submitting articles to *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences* can directly transmit their manuscript files and metadata directly to the journals submission site from bioRxiv (pronounced "bio-archive").

This means authors do not have to re-load manuscript files and re-enter author information and data at the journals' submission websites. BioRxiv, a free online archive for unpublished preprints in the life sciences, is operated by Cold Spring Harbor Laboratory, a not-for-profit research and educational institution.

The Gerontologist Publishes Second Pandemic-Themed Special Issue

The COVID-19 pandemic has myriad implications related to aging and the lives of older people. The need to present a balanced and gerontologically-informed view of the pandemic motivated the editorial team at *The Gerontologist* to invite papers for a special collection titled "Gerontology in a Time of Pandemic."

In response, they received 132 submissions from 25 different countries. The accepted papers, as is usual for *The Gerontologist*, address a broad span of topics, from psychosocial challenges of the pandemic for older people to ageism to intersectionality and inequalities related to COVID-19 impact and response. The papers in this special issue reflect the diversity of the journal's international author base, and the heterogeneity of older people and their experiences of the pandemic.

Innovation in Aging Seeks Papers on Future of Nursing Home Care

Innovation in Aging is seeking submissions for a planned special issue to be titled "Translational Research on the Future of U.S. Nursing Home Care." The journal will showcase empirical papers that provide an evidence base for the nursing home care of the future.

The papers may indirectly address the impact of the COVID-19 pandemic, but the editorial team is looking for innovative research that has implications for the ongoing role and structure of the nursing home sector in the U.S. Papers with an international perspective will be considered insofar as they present evidence directly applicable to the U.S. sector.

The editors anticipate that the collection of articles will inform policy makers and practitioners as they consider possible reforms at the industry, state, and federal levels. Manuscripts should be empirically based but may make projections for a possible future vision for the industry. Abstracts are due by May 20. Open Access waivers will be available for articles published in this special issue. Contact the editorial office at ia@geron.org with any questions.

Researchers Urge Action Now for Eldercare Demands of the Future

With an estimated 20 percent of America's population to be 65 and older by 2030, two Michigan State University (MSU) researchers warn that current health care providers are unprepared to handle the increase in eldercare demands.

Gerontologist Clare Luz, PhD, and geriatrician Kevin Foley, MD, FACP, AGSF, from MSU's Department of Family and Community Medicine in the College of Osteopathic Medicine, say meeting the demand requires recruiting more medical students into geriatric specialties, training more direct care workers and improving the culture that defines aging.

Their research appears in a new article in *The Gerontologist* titled "Retooling the Health Care Workforce for an Aging America: A Current Perspective," and serves as an update to the 2008 Institute of Medicine report "Retooling for an Aging America," which made 13 recommendations needed to be completed by 2030 to prepare health care providers for the demands of a rapidly aging population

"We have 10 more years until 2030 when the oldest members of Generation X will turn age 65 and join over 70 million other aging adults in America whose health care needs will demand far more from our existing health systems," Luz said. "We don't have a big enough or qualified enough health care workforce to deal with this. The shortage is critical."

Luz and Foley's research was conducted at the request of the Eldercare Workforce Alliance.

"Our results were eye-opening; we aren't making much progress," Foley said. "The aging population is growing, and we aren't prepared to deal with older adults' needs."

To date, only one of the recommendations has been completed: the establishment and authorization for continuous federal funding of the Geriatric Academic Career Award that provides support for aspiring geriatrics clinician educators. Unmet recommendations focus on increasing training in care of older adults within different specialties such as nursing, social work, pharmacy and direct care.

The Institute of Medicine report said only half of graduating internal medicine and family medicine residency graduates felt confident enough to treat elders. A dozen years later, Foley said, there are only 6,800 geriatricians in the U.S. and only three residency programs in the nation that require training in geriatrics for graduation. Such training to optimize patient care and wellbeing, moreover, is often underemphasized in many hospitals.

The shortage extends across all specialties, among them, direct care workers who support daily activities critical for maintaining quality of life for aging clients.

"Home health care agencies can't find, train and maintain enough workers," Luz said. "In Michigan alone, we need 36,000 more direct care workers than we currently have."

Another challenge is cultural. "We live in an ageist society," Luz said. "We don't place a lot of value on older adults or respect the people who care for them.

Even with changes in attitudes towards aging and more trained medical professionals and skilled direct care workers, Luz and Foley say support for the IoM recommendations needs to come from the federal level.

"When the 2008 report was published, there was early interest and enthusiasm to begin the work but a lack of continuous leadership and oversight slowed the momentum for fulfilling all of the recommendations once the original committee disbanded," Foley said. "The Institute of Medicine report is an important blueprint and we need to keep working on the goals that remain unfinished."

With every year that passes, the number of baby boomers

needing eldercare increases and the problem becomes more magnified. "We need to be more aggressive now to address these issues and the IoM report should have been a wakeup call."

Staff Flexibility Key to Improving Highly-Regulated Long-Term Residential Care Sector

The results of a new study out of the Nova Scotia (NS) Centre on Aging suggest that staff working in Canadian long-term care (LTC) centers often struggle to balance care directives and resident-preferred quality of life supports, which are themselves sometimes at odds with policy expectations. The NS Centre on Aging is located at Mount Saint Vincent University (MSVU) and seeks to advance aging research toward enhancing the lives of older adults.

The recently released manuscript "Long-term residential care policy guidance for staff to support resident quality of life" is published in *The Gerontologist* and led by NS Centre on Aging fellow Mary Jean Hande, PhD. It looks at how existing long-term residential care policy in Canada guides staff in enhancing multiple aspects of resident quality of life, including dignity, physical comfort, autonomy, meaningful activity, and relationships, for example, through resident-centered recreational programming.

"Looking at the broad range of staff-related long-term care regulations in Canada can help us locate promising rules for staff to better enhance resident quality of life. Our research analyzes existing policy in four Canadian provinces that support holistic quality of life for older people in long-term care," said Hande.

The study highlights how, in a fiscally constrained, rigidly-regulated LTC setting, leveraging existing policies that support staff flexibility and discretion can enhance resident quality of life. Janice Keefe, PhD, an MSVU professor, director of the NS Centre on Aging, and co-author of the study, suggested this approach to policy analysis is unique.

"Many LTC policy analyses focus on what policy is missing, or the problems with existing policy. When it comes to LTC staff, we recognize the policy landscape is saturated with regulations that are often rigid and in tension with other policies. Our asset-based analysis, however, focuses on what is there — what is promising that can be used now to enhance resident quality of life, and what can be leveraged for further policy change," Keefe said.

Deanne Taylor, PhD, the corporate director of research for Interior Health Authority in British Columbia, also served as a co-author. This project is funded by the Canadian Institutes for Health Research, Research Nova Scotia, the Michael Smith Foundation for Health Research and the Alzheimer Society of Canada.

ANNOUNCING THE JAMES JACKSON OUTSTANDING MENTORSHIP AWARD

Previously known as the Minority Issues in Gerontology Outstanding Mentorship Award

As part of the charge of GSA's Diversity and Justice Working Group, the GSA Board of Directors has approved the implementation of several of the working group's initiatives to increase diversity and inclusion among the membership of GSA.

One of these recommendations is to change the name of the Minority Issues in Gerontology Outstanding Mentorship Award to the James Jackson Outstanding Mentorship Award in recognition of James Jackson, PhD, FGSA, a pioneering psychologist in the fields of race and culture and the impact of racial disparities on minority health.

This recommendation was developed with input and support from the Minority Issues in Gerontology Advisory Panel chaired by Ronica Rooks, PhD, FGSA who will continue to manage the award and with unanimous approval of the GSA Membership Committee.

The James Jackson Outstanding Mentorship Award is currently accepting nominations through April 15. Read more about eligibility requirements and nomination process on GSA's website.

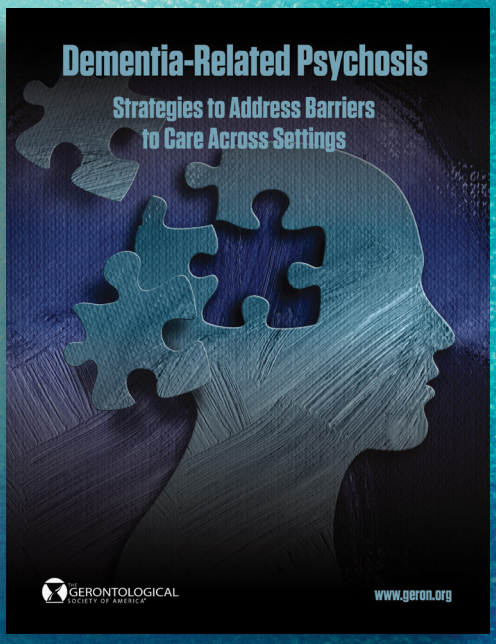
GSA RESOURCE:

DEMENTIA-RELATED PSYCHOSIS:

STRATEGIES TO ADDRESS BARRIERS TO CARE ACROSS SETTINGS

A white paper developed by GSA

GSA identified challenges that persons with dementia-related psychosis and their caregivers encounter as they move through different health care settings. The challenges and strategies to address them are based on input from experts in primary care, neurology, geriatric psychiatry, and nursing.



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