

gerontology news

The Gerontological Society of America®

August 2020

inside this issue:

- Insight on Think Tanks 4
- GSA's New Officers 6
- Getting Involved in Policy . . . 9

Honor the Past



Key Moments in History

1946: The first issue of the *Journal of Gerontology* is published.

1961: *The Gerontologist* begins publication.

1995: The *Journal of Gerontology* is split into two titles, based on its four existing sections: *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences* and *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*.

1995: The *Public Policy & Aging Report* is first published.

2017: *Innovation in Aging*, GSA's first online open access journal, begins publication.

IAGG 2021 Postponed

The International Association of Gerontology and Geriatrics (IAGG) 22nd World Congress, originally scheduled for June 2021 in Buenos Aires, Argentina, will now be held in 2022 on dates yet to be determined. This decision was reached by the World Congress Planning Committee and IAGG Executive Committee in an effort to keep attendees safe and to maximize the professional value of the World Congress.

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Annual Scientific Meeting Moving Online; Late Breakers Welcomed

GSA's [2020 Annual Scientific Meeting](#), originally scheduled as an in-person event, will now take place as a state-of-the-art online conference from Wednesday, November 4, to Saturday, November 7.

The GSA Board of Directors approved the transition at a special late June meeting, as a step to ensure that attendees are able to expand their knowledge, share their research, and network with colleagues while protecting the health and safety of all.

Abstract Acceptances

All individuals with accepted abstracts for symposia, contributed papers, or posters can register and share their research as part of the



2020 GSA Annual Scientific Meeting Online. Decision notifications for abstracts submitted for the general March deadline were sent in July. For those receiving an acceptance, details on the program schedule and instructions on how presentations will be prepared and shared will be sent in late August.

All abstracts presented will be included in peer-review literature through publication in *Innovation in Aging*, GSA's online fully open-access journal, in December.

Continued on page 8

What's Hot Says COPD Underdiagnosed, but Can Be Managed

[“Recognizing and Treating COPD in Older Adults,”](#) the latest issue of GSA's *What's Hot* newsletter, addresses what is known about the prevalence, incidence, and impact of chronic obstructive pulmonary disease (COPD) in older adults.

Despite high incidence of COPD — as many as 30 million Americans are affected — many patients are not diagnosed, according to the publication. This occurs for multiple reasons, including poor awareness of symptoms among patients and providers, low suspicion of disease, and inadequate reimbursement for diagnostic tests.

Once diagnosed, patients face further challenges with a multitude of treatment options and devices, inadequate patient education to manage their condition, exacerbations, and disparate perceptions between patients and providers of what is most important to address in treatment plans.

“This publication provides insight on improving our understanding of COPD,



enhancing the tools available to health care professionals in diagnosing and managing the illness, and raising awareness of the impact of COPD in older adults,” said Barbara Yawn, MD, MSc, who served on the advisory board that oversaw the

new *What's Hot*.

COPD is defined by the Global Initiative for Chronic Obstructive Lung Disease (GOLD) as “a common, preventable, and treatable disease that is characterized by persistent respiratory symptoms and airflow limitation that is due to airway and/or alveolar abnormalities usually caused by significant exposure to noxious particles or gases and influenced by host factors, including abnormal lung development.”

COPD is more common in older adults, but underdiagnosis may occur because they

Continued on page 11

From the CEO



GSA's 2020 Online Meeting Brings Expanded Opportunities

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

Like so many of our members' established annual practices, such as celebrating birthdays and anniversaries, the COVID-19 pandemic has caused GSA to reinvent the Annual Scientific Meeting, the mechanism through which members present research findings, share scholarship, network with colleagues and honor award recipients.

Enter the GSA 2020 Annual Scientific Meeting Online. It will "feel" different from past meetings but continue to be the premier presentation and networking venue for the aging research community.

The decision to move the meeting online this year was the best course of action to protect members, their families, and communities. While this will entail some changes, as researchers GSA members are accustomed to adapting to new learnings and the external environment.

One of GSA's core features is that we provide an outlet for the best science in aging to be brought to the field at large and we will continue to do that, albeit in a different format. In some areas we expect to expand opportunities for member interaction and enhance the meeting value for its attendees.

The core elements of the Annual Scientific Meeting will all be continued, but with the opportunity for a much larger audience to participate, as the cost of travel to the meeting will not be an impediment. This will make it easier for longtime members to attend and for first-time attendees to "check out" the meeting. And the 18 percent of GSA members based outside the U.S. won't need to navigate evolving travel restrictions.

The Society has contracted a professional online meeting provider to support the meeting and facilitate the ability for attendees to interact, share scholarship, and learn from one another. Scheduling will no longer be an impediment, either. The in-person conference format often involved times when two compelling sessions were happening simultaneously. In the online format, presentations that people miss

will continue to be accessible later for on-demand viewing at a convenient time. And attendees will be able to interact with presenters during scheduled discussion periods or asynchronously via presentation-specific questions/comments forums.

And while the official meeting dates are November 4 to 7, much of the content will be made available a week in advance so registrants can enjoy the library of scholarship to be available in an on-demand format. Some are likening this to a "flipped classroom" experience, with content available to be consumed by attendees and then discussed in real-time with session presenters at scheduled times during the meeting. This will enhance opportunities for interaction.

Imagine a meeting when you can attend all your favorite sessions without a conflict. You can decide in advance which sessions on which you want to engage the speakers. You can go through the poster sessions in a quiet environment, email questions to specific presenters, and participate in small group discussions. You'll be able to do all these things.

While we won't have the cherished receptions and the unexpected hallway meet-ups with colleagues and friends, we will have a long list of networking opportunities with scholars who have a shared interest in the science being presented. Time is being set aside for dialogue on the many issues on the minds of members as we navigate this historic time.

This is not the first time GSA has made a late change in meeting venue. In 1978, GSA pulled out of New Orleans, Louisiana, over the state's failure to support the Equal Rights Amendment. In 2005, we had to again move from New Orleans following the tragedy of Hurricane Katrina. But the science continued, and we have one advantage now in 2020: our venue change will enable a greater number of people to participate in the meeting from the comfort of home or office.

Continued on page 8

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circulation worldwide: 5,000

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

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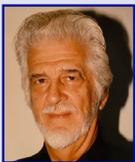
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In Memoriam



Former GSA President **Edward J. Masoro, PhD, FGSA**, passed away on July 11 at age 95. He obtained his undergraduate and PhD degrees at UC Berkeley, thereafter rapidly rising through the faculty ranks at Queens University (Canada), Tufts University, and the University of Washington, becoming chair of physiology and biophysics at the Medical College of Pennsylvania. He shifted his research midcareer from lipid biology to biogerontology, joining The University of Texas (UT) Health Science Center at San Antonio as founding chair of the Department of Physiology (1973 to 1991). Thereafter, he established the Aging Research and Education Center at UT Health San Antonio, in order to catalyze gerontological research across basic and clinical science disciplines. This center gave birth to the Barshop Center for Longevity and Aging Studies, among the first in the nation solely dedicated to biology of aging research. A recipient of the highest awards for his scientific contributions and leadership (including GSA's Robert W. Kleemeier Award), he is remembered for seminal studies on the life and health extending effects of caloric restriction and his penetrating reviews and reasoned hypotheses on the causes of aging. In addition to being president of GSA, he was editor of the *Journal of Gerontology: Biological Sciences* and ably served the society throughout his career. He was a dynamic and passionate teacher and mentor to many leaders in the field. His scientific rigor and productivity, vision, and leadership were matched by a character notable for its honesty, fairness, loyalty and compassion. He will be greatly missed. (Submitted by James F. Nelson, PhD, FGSA.)



John F. Santos, PhD, passed away on May 3. He was an emeritus professor of psychology at the University of Notre Dame. Among his many contributions to the field and its development was his service for *Gerontology & Geriatrics Education*, the journal of GSA's education section, the Academy for Gerontology in Higher Education. He was on the editorial board from 1980 to 1984 before becoming editor-in-chief from 1984 to 1990, later serving as co-editor from 1990 to 1992, and editor emeritus from 1992 onward. Santos made significant contributions to national efforts in training, research, service, and practice with older adults. He served as chair of the National Institute of Mental Health Life Course Review Group, as a member of the National Advisory Council on Aging of the National Institute on Aging, and as a member of the Advisory Committee of the Administration on Aging's National Aging Information Center. He earned numerous awards and had two named after him: the American Psychological Association Division 20's John Santos Distinguished Program Development in Clinical Gerontology Award and the University of Notre Dame Psychology Department's John F. Santos Award for Distinctive Achievement in Psychology. (Excerpted from a longer piece prepared by John McIntosh, PhD, David Burdick, PhD, FGSA, FAGHE, and Grace Dawson, PhD, for the forthcoming issue of *Gerontology & Geriatrics Education*.)

Members in the News

- Susan Enguidanos, PhD, MPH, FGSA, FAGHE, was quoted in a Consumer Reports article titled "How to Make an Online Will" on April 24.
- T. Em Arpawong, PhD, MPH, was quoted in a June 5 Health Day article titled "COVID-Related Anxiety Has Lessened Since April."
- On June 5, Reginald Tucker-Seeley, DSc, was quoted in a Los Angeles Times article titled "Coronavirus kills Black people at twice the rate as white people: Here's what we can do about it."

Colleague Connection

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

Ruth Dunkle, PhD, FGSA

The recipient, who became eligible after referring new member **Jay Kayser, LCSW**, 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:

John Migliaccio, PhD, RFG, FGSA

Brown, Fulmer, Kapp, Shaw Named to Federal Commission

Four GSA members have been named to the Coronavirus Commission for Safety and Quality in Nursing Homes, which was established by the Centers for Medicare & Medicaid Services. The 25-member independent commission includes Lisa Brown, PhD, ABPP, FGSA, Terry Fulmer, PhD, RN, FAAN, FGSA, Marshall Barry Kapp, JD, MPH, FGSA, and Penelope Ann Shaw, PhD, who were selected from among 800 applications. It is conducting a comprehensive assessment of the nursing home response to the COVID-19 pandemic. This work will inform efforts to safeguard the health and quality of life of vulnerable Americans, as well as prepare for future threats to nursing home residents' safety and to public health.

Buck Joins University of Iowa Faculty

The University of Iowa College of Nursing has announced that Harleah "Leah" Buck, PhD, is joining its faculty as the Sally Mathis Hartwig Professor of Nursing and co-director of the Csomay Center for Gerontological Excellence. Buck brings over 30 years of experience in nursing, the last 20 focused on care for the older population. Her national and international contributions include practice and research in older adults with heart failure and their caregivers. Buck is also a scholar in palliative care. She was most recently affiliated with the University of South Florida.

Feather Appointed to Archstone Board

John N. Feather, PhD, FGSA, FAGHE, has been named a member of the Board of Directors of Archstone Foundation, a private grantmaking organization whose mission is to contribute toward the preparation of society in meeting the needs of an aging population. Feather is the chief executive officer of Grantmakers In Aging, a national association of charitable foundations, public charities, and corporate giving programs who fund work to improve the lives of older people.

The Role of DC Think Tanks in Policymaking

Members of Congress have been back in the nation's capital for the past few weeks attempting to address the pandemic and the economy, while raising millions for campaign ads and putting the final touches on the image they hope to portray to voters this fall.

With COVID-19 cases on the rise, so are the related health care delivery challenges, including sufficient PPE and ICU beds. The \$600 federal unemployment benefit boost expired on July 31, while new weekly unemployment claims have been near or more than one million for the last 20 weeks. With some businesses closing again, we may witness a roller coaster economy well past the November elections. So, Congress faces all this, with little help from a president with low approval ratings, and the need to hammer out a compromise pandemic response bill somewhere between the House Democratic HEROES Act (passed May 15) and the more modest Republican Senate bill (HEALS Act) introduced the last week of July and the proposals drafted by the Senate Democrats.

On the appropriations front, the House Committee on Appropriations passed its nearly \$200 billion FY 2021 Labor, Health and Human Services, Education, and Related Agencies appropriations bill. The vote on the bill was 30-22 primarily along party lines. It would increase the Health and Human Services budget by about \$1.5 billion over last year's funding level (total \$96.4 billion). It also includes an additional \$24.4 billion in emergency spending for state and local public health departments and public health laboratories.

After passage by the full House, the Senate must do its job; it has not shared or acted on its bill yet. Many believe that there will be a continuing resolution to fund the government past September 30, and that final funding levels will be decided after the November elections. A [summary of the bill](#) is online, as is the [text of the bill prior to adoption of amendments in full committee](#), and the [bill report](#).

Here are a few key items from the committee's report: The bill provides a total of \$47 billion for the **National Institutes of Health (NIH)**, an increase of \$5.5 billion, and \$5 billion of that is emergency appropriations. The bill increases funding for each NIH institute and center by no less than seven percent. The bill provides \$2.9 billion for **Alzheimer's disease and related dementias research**, an increase of \$35 million above the FY 2020 enacted level. Additionally, the bill includes \$42.7 million (a \$2 million increase) for the **Geriatrics Workforce Enhancement Program** and **Geriatrics Academic Career Awards**; a \$153.3 million increase for the **Administration for Community Living** with \$2.2 billion total for **Older Americans Act** programs and programs serving individuals with disabilities; \$8 billion for the **Centers for Disease Control and Prevention**, an increase of \$232 million; \$56 million

(an increase of \$5 million) in **public health workforce** initiatives; \$30 million (an increase of \$3 million) for the **Diabetes Prevention Program**; \$10 million for a new effort focused on **healthy aging**; and \$67 million (an increase of \$7 million) for the only federal program addressing the **nation's racial and ethnic health disparities** (Racial and Ethnic Approach to Community Health – REACH).

Think Tanks

We have talked many times about the three "P's" of passing legislation: policy, politics, and process. This month I thought I'd add to the equation the role of Washington, DC-based think tanks. It turns out that Washington is also the think tank capital of the U.S. and world — and therefore the thought capital as P.W. Singer points out in his article "Factories to Call Our Own – How to understand Washington's ideas industry." According to Singer and the University of Pennsylvania, our DC "ideas economy" makes us intellectual leaders with more than 393 think tanks in DC (more than any other city in the world) and another 149 in nearby Virginia and Maryland.

With all this thinking, one might imagine we were living in another Age of Reason and enlightenment. These think tanks are big business and bring in from a few hundred thousand dollars to \$80 million per year, playing a major role in our local employment and economy. Remember that ideas and related policy does not necessarily move the policymakers unless the timing and politics are right...but they certainly try.

What Is a Think Tank?

I know that many of you work in think tanks of sorts, but here is how the University of California, Berkeley describes them: "Think tanks are institutions often affiliated with universities, foundations, advocacy groups, and non-governmental organizations that generate policy research and analysis. Many are ideological; others strive to be independent and non-partisan."

In DC we have a wide range of ideological perspectives, and one needs to keep that in mind when evaluating the work of a think tank. In John de Boer's article "[What Are Think Tanks Good For?](#)" [Rohinton Medhora](#), the president of the Centre for International Governance Innovation, describes the business of think tanks as "influence peddling, in the best sense of the term," and I am thinking about adding that to my business card (if I ever use business cards again).

He goes on to point out that they are in the business of selling change through ideas and should not be judged "right, left, liberal

or not, but whether it was proposing evidence-based discussion.”

De Boer also speaks with Hady Amr, director of the Brookings Institution’s Doha Center, who says that the view of many in the Middle East has been that our think tanks are really more like an “activist lobby entity that cooks up schemes that are secretly woven into government plans.” Ralph Peters, a columnist for the *New York Post*, said, “Think tanks are simply welfare agencies for intellectuals who can’t survive in the marketplace as well as holding pens for political creatures briefly out of office.” There you have some interesting definitions.

What Role Do Think Tanks Play for Policymakers?

Their influence and ammunition can be powerful in support of the constituency they represent (or funds them) and to the broader policy-making community. They often supplement the expertise of non-profit or for-profit entities that may not have the time or thinking skills needed to analyze and develop the information needed to make their case to the Hill, federal agencies, or elsewhere.

Often their staff are well-respected in their fields of expertise and can successfully stimulate debate and challenge the proposed solutions of others in the field. A more positive description of their work comes from James G. McGann, director of the Think Tanks and Civil Societies Program at the University of Pennsylvania, who described them “like the bicycle chain that links the policy world with the research world, applying academic rigor to contemporary policy problems. In a sense, they’re universities with no students, whose world of study is politics and policy. Think tanks “help set policy agendas and bridge the gap between knowledge and power.”

You are likely familiar with some of our famous think tanks (a number are found on DC’s Massachusetts Avenue, NW): Urban Institute, Cato Institute, Brookings Institution (in one survey rated overall most influential and respected; created the Marshall Plan of 1947), Human Rights Watch, Kaiser Family Foundation, Heritage Foundation (President Ronald Reagan used its 1,100-page book of conservative principles to direct his cabinet), Rand Corporation, Center for American Progress, Center on Budget and Policy Priorities and the Bipartisan Policy Center (BPC).

The BPC is somewhat unique with its approach to policy making by working to reconcile competing interests, engaging balance, securing diverse funding, and encouraging the public to share perceptions of its work and approach. They believe the real goal is to get something done.

Medhhora argued that in order to be successful, think tanks need “good ideas, a coalition of actors to support those ideas, the institutional capacity (including resources) to nurture and shepherd those ideas in a dynamic context, and the ability to seize the moment when the timing is right.” They also need quality staff and advocates to support their findings with action. We are lucky to be in a town with a new name for its football team and such a strong think tank presence and all that comes with it. Yes, often political,

but thought provoking, creative, and bias challenging. Their work helps those in the aging and health care field make our best case for practical, feasible, and humanistic approaches.

Let me close with two final points. First, for those of you who dream of spending time in Washington, DC, and influencing the policy-making on aging, health care, or almost any other issue, please consider the fact that you would not have to work on the Hill, in the White House, or a federal agency or for a non-profit association.

We have already established that there are hundreds of think tanks that could use your skills as researchers, program evaluators, educators, and practitioners, and they are positioned to change minds and inform policies. They also prepare people for roles in government; for example, at one point more than 60 percent of the assistant secretaries at the State Department came out of think tanks.

Second, during my own “extensive” research on this topic, I came across someone (Peter Lovenheim) who actually evaluated think tanks based on the free food that they provided at their various breakfast, lunch, and dinner events (in an article titled “Food for thought: a mealtime guide to D.C. think tanks”). So, if you find yourself in town and I am not available to buy you a beverage, consider taking in a policy lecture and the free meal that is often provided by the sponsoring think tank or the funder of the research being presented. See if *you* can identify a correlation between your perception of the politics of the think tank and the type of spread they put out for attendees.

Recent GSA Policy Actions

GSA signed on to the following letters in June:

- The [Joint Statement Opposing June 22 Executive Order Suspending Immigration](#) initiated by the American College of Physicians Council of Subspecialties.
- A letter to the House of Representatives from the Leadership Council of Aging Organizations regarding [COBRA support for workers](#) who have lost jobs during COVID-19.
- A letter to [Health and Human Services Secretary Alex Azar to urge him to affirm the invaluable role of the Centers for Disease Control and Prevention \(CDC\)](#) and resist any efforts that would undermine its mission, joined more than 350 organizations in signing.
- A letter to the Senate organized by the Leadership Council of Aging Organizations to oppose any proposals to cut, defer, or suspend Social Security and Medicare payroll taxes in the next coronavirus relief bill.

GSA, guided by its National Adult Vaccination Program (NAVVP) Workgroup members, submitted comments to the Senate Health, Education, Labor and Pensions Committee on its recent white paper, “Preparing for the Next Pandemic.” The feedback focused on adult vaccination principles promoted by the NAVVP and the Adult Vaccination Access Coalition.

Your Vote, Your Society

GSA congratulates the following candidates

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Penn State University



Board Member
Elizabeth Vásquez, DrPH
University at Albany

GSA extends its appreciation to the members who cast their vote in this vital Society activity and to all the candidates who volunteered to stand for election.

y! 2020 Election Results

who will take their offices January 1, 2021.

Section Leadership



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and Practice Section
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University of South Florida

new resources

Paper Indicates Recession Hit Older Adults Disproportionately

The National Bureau of Economic Research has released a working paper titled “[Early Evidence on the Impact of COVID-19 and the Recession on Older Workers](#).” The authors summarize some of the early effects and discuss possible future effects of the COVID-19 pandemic and recession on the employment outcomes of older workers in the U.S. While previous recessions, in some ways, did not affect employment outcomes for older workers as much, this recession disproportionately affected older workers of ages 65 and older. The report also indicates that COVID-19 and the recession disproportionately affected women, where women have reached higher unemployment rates than men, which was consistent for all age groups and unemployment rate measures.

Ageism Common for Older Adults, Poll Finds

A new poll of U.S. residents age 50 to 80 found that more than 80 percent said they commonly experience at least one form of ageism in their day-to-day lives. The poll even shows relationships between experiencing multiple forms of everyday ageism and health. In all, 40 percent of all respondents said they routinely experience three or more forms of ageism — and these older adults were much more likely to have poor mental and physical health. The new results come from the [National Poll on Healthy Aging](#), carried out by the University of Michigan Institute for Healthcare Policy and Innovation with support from AARP and Michigan Medicine, the university’s academic medical center. It involved a national sample of more than 2,000 adults. The poll team included GSA members Erica Solway, PhD, MPH, MSW, and Julie Ober Allen, PhD, MPH.

Continued from page 1 – Annual Scientific Meeting Moving Online; Late Breakers Welcomed

Late Breaker Poster Sessions

GSA is welcoming [abstracts for the Late Breaker Poster Sessions](#) until September 3. The submissions are reserved for compelling research results that were previously not available at the time of the general abstract submission deadline.

- Academy for Gerontology in Higher Education
- Behavioral and Social Sciences (Priority will be given to COVID-19 pandemic submissions and to GSA student and transitional members and non-member students.)
- Biological Sciences
- Health Sciences
- Social Research, Policy, and Practice

GSA has prepared an [Abstract Submission Planning Guide](#), as well as a list of [frequently asked questions](#) about submitting an abstract to the GSA 2020 Annual Scientific Meeting Online. As with general abstracts, presented late breaker poster abstracts will be included in *Innovation in Aging*.

Session Formats

GSA has contracted with an online meeting platform provider to support the hosting of this four-day tour-de-force of aging research presentations. The Annual Scientific Meeting Online will feature a variety of presentation formats including live streams, pre-

recorded streams, on-demand content, and video chats. As with the in-person meeting, there will be concurrent sessions, but all will be accessible for later on-demand viewing. Viewers will be able to pose questions to presenters. Separate interactive sessions with poster, paper and symposia presenters are also in the works.

Content Accessible Worldwide, Anytime

The GSA 2020 Annual Scientific Meeting Online will offer a convenient way for scholars from the U.S. and around the world to participate without having to travel. It expands the meeting’s reach for presenters to gain a larger audience and enables accessibility for a greater number of people to attend.

Moreover, meeting registrants will have easy access to all sessions and may enjoy each program at their convenience. Dynamic opportunities to network with colleagues across disciplines will be provided through online discussion rooms, maintaining a highly rated component of previous GSA meetings.

Registration

Registration information and other details regarding the GSA 2020 Annual Scientific Meeting Online will be made available in August. As is always the case, discounts will be provided for GSA members and students will be eligible for a further reduced rate.

Continued from page 2 – GSA’s 2020 Online Meeting Brings Expanded Opportunities

Yes, it will be a bit different. And perhaps it will provide us a new, effective way to advance aging scholarship on a year-round basis — via GSA meetings online. The best of both worlds may be an in-person Annual Scientific Meeting in the fall and other GSA meetings online throughout the year.

Please bring a friend to GSA 2020 Annual Scientific Meeting Online. This is the perfect year to encourage colleagues to take the plunge and enjoy GSA’s most accessible meeting ever.

James

Now is the Time: Getting Involved in Policy

By Jennifer T. May, MSN, ANP-BC, PhD Candidate, and Claire Pendergrast, MPH

With the ever-changing landscape of our world amidst several public crises — the COVID-19 pandemic and anti-Black violence — if you are not involved in policy, you may be thinking now is the time. Getting started in policy may be intimidating. You could be asking yourself, “What do I have to offer?” or “My role does not relate to policy, why would I get involved?”

There are many ways to be involved that do not require policy expertise. We hope this article provides you with encouragement and strategies to become active in policy.

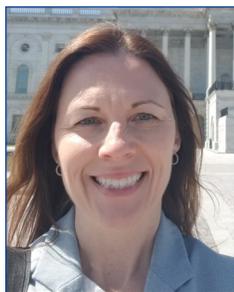
We reached out to several members of GSA, at various stages in their careers. We asked them where their policy efforts lie, how they first got involved in policy, how their day-to-day jobs influence their work in policy, and what they recommend for GSA members wanting to get more involved. We want to thank Marie Gualtieri, PhD, Brian Lindberg, MMHS, Tara McMullen, PhD, MPH, Lori Simon-Rusinowitz, PhD, MPH, FGSA, and Pamela Teaster, PhD, FGSA, FAGHE, for taking time to answer our questions.

How to get involved

Several members of the ad hoc panel were always interested in policy. Many of their influences to be active in policy stemmed from past experiences with older adults, a history of family members who worked in helping professions, or their research endeavors. Others developed a passion for policy during graduate school through university committee work or research with a specific policy focus. Several served as Health and Aging Policy Fellows, GSA postdocs, or Presidential Fellows. Teaster had an interest in writing and crafting law during graduate school. She was involved in developing a system of public guardianship that has expanded across the state of Virginia.

The policy arena includes both public and non-public policies. Many agencies and organizations have policies that are not “public policy.” Here we focus on policy that is created at the local, state, or federal levels of government. No matter where you decide to jump in, the first step is knowing the basic structure of government and the general process of how policy is developed.

Next, educate yourself on the policies that serve your interests. Read current literature from multiple reputable sources, know what legislation is being prepared, presented or actively reviewed, as well as which legislators are supporting or not supporting the legislation. Consider writing letters to representatives, calling their office, sending emails, and voicing your thoughts for or against



May



Pendergrast

the policies. Share your story and your experiences that relate to the policy issue and how it can impact the older population.

Practice or research informing policy

One way to inform policy is by sharing ideas and perspectives with policymakers. Sharing your professional or personal experiences with representatives or policy advisors at any level of government can provide “direct knowledge of the needs of older and disabled individuals out in the field,” said Lindberg. The experiences provided by those working in the field provide a “real-life” connection to the issue and can guide future policy recommendations.

Researchers can also inform policy by discovering new issues, developing ideas for solutions, determining their cost, and assisting in decision-making during the policy process. Gualtieri learned the different methods to move policy forward in her Health and Aging Policy Fellowship. She said, “Not every idea is a bill, and not everything is about funding; sometimes, it is report language, an amendment, a letter to an agency, or something else.”

Why get involved

ESPO and GSA members should translate their work into language and formats that policymakers understand. Sharing knowledge, experiences, and evidence guides the development of policies to improve the lives of older adults. McMullen said, “Knowing how to take your focus and fold that interest into policy is an important skill that will help bridge the evidence-based gaps between research, policy, and dissemination.”

ESPO members can join GSA committees, look into opportunities like the Health and Aging Policy Fellows Program or GSA’s Greg O’Neill Student Policy Internship, or volunteer for grassroots opportunities in their area. Another avenue is involvement with specific advocacy organizations. Simon-Rusinowitz encouraged all early-career members to be involved because policy plays an important role in helping older adults. GSA’s Public Policy Advisory Panel plans a webinar this fall on that exact topic.

Future policy directions in the field of gerontology are vast, and are being pushed in new trajectories related to COVID-19 and anti-Black violence. There is an urgent need to understand the pandemic’s impact on marginalized populations, and to form lasting policy solutions to combat inequities. Now is the time to get involved.

GSA Journals Commit to Reframing Aging Initiative

In accord with the Publication Manual of the APA (7th edition) and the AMA Manual of Style (11th edition), the GSA journals are requesting that authors use the term “older adult” when describing individuals aged 65 years and older. Authors also are asked to provide a specific age range (e.g., “older adults aged 75 to 85 years”) when describing their research or making recommendations about patient care or the health of the population.

Terms such as “(the) aged,” “elder(s),” “(the) elderly,” and “seniors” should not be used because such denominations connote discriminatory and negative stereotypes that may undercut research-based recommendations for better serving the needs of individuals and populations. More details are provided in the [Reframing Aging Journal Manuscript Guidelines](#) developed by the GSA Program, Publications, and Products Committee.

Rapid Publication Model Now Complete Across All GSA Journals

All GSA journals have now completed their transition to a rapid publication model. Advance Access enables the journals to publish papers online soon after they have been accepted for publication and well ahead of their appearance in an issue, thus greatly reducing publication times. Oxford University (OUP) will place the PDF of an accepted paper on advance access with the label “Accepted Manuscript.” Once the typeset version is approved, OUP will replace the “Accepted Manuscript” label with the “Corrected Proof” label. Appearance in Advance Access constitutes publication and establishes publication precedence. The official publication date appears beneath the title of each article just before its Digital Object Identifier (DOI). Further details can be found in each of the journals’ author guidelines.

GSA Journals Lead Among Most-Cited Publications

The Web of Science Group, part of Clarivate Analytics, has released the 2020 update to its annual Journal Citation Report, which includes impact factor rankings for 2019. It shows that GSA’s journals, which took three of the top five spots in the Social Sciences Citation Index’s Gerontology category, continue to grow in impact and influence within the gerontology community. Impact factor is a measure of the frequency with which articles in a journal from the two preceding years have been cited in the given year.

- *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences* held its spot at first in the Gerontology category for the tenth consecutive year, with an impact factor of 5.236. (The editors-in-chief are David G. Le Couteur, MBBS, PhD, University of Sydney, Australia; Rozalyn M. Anderson, PhD, FGSA, University of Wisconsin; and Anne B. Newman, MD, MPH, FGSA, University of Pittsburgh.)

- *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* moved to number three in the Gerontology category with an all-time high impact factor of 3.502. (The editors-in-chief are Deborah Carr, PhD, FGSA, Boston University; and Derek Isaacowitz, PhD, FGSA, Northeastern University.)
- *The Gerontologist* ranks number five in the Gerontology category with an impact factor of 3.286. (The editor-in-chief is Suzanne Meeks, PhD, FGSA, University of Louisville.)

To mark the continued growth of these prestigious publications, publisher Oxford University Press has curated a selection of high impact articles from recent years across GSA’s journals and made them free to read online. They can be accessed at academic.oup.com/gsa/pages/top_articles.

Dementia Gene Raises Risk of Severe COVID-19

Having a faulty gene linked to dementia doubles the risk of developing severe COVID-19, according to a large-scale study published in *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*.

Researchers at the University of Exeter Medical School and the University of Connecticut analyzed data from the UK Biobank, and found high risk of severe COVID-19 infection among European ancestry participants who carry two faulty copies of the APOE gene (termed e4e4). One in 36 people of European ancestry have two faulty copies of this gene, and this is known to increase risks of Alzheimer’s disease up to 14-fold* and also increases risks of heart disease. Now, the research team has found that carrying these gene mutations doubles the risks of COVID-19 — even in people who had not developed these diseases.

The team has previously found that people with dementia are three times more likely to get severe COVID-19, yet they are not one of the groups advised to shield on health grounds. Part of the increased risk effect may have been exposure to the high prevalence of the virus in care homes. However, the new study, titled “[APOE E4 Genotype Predicts Severe COVID-19 in the UK Biobank Community Cohort](#),” indicates that a genetic component may also be at play. The team found that people with the APOE e4e4 genotype were at double the risk of developing severe COVID-19, compared to those with the common e3e3 form of the APOE gene. The team used data from the UK Biobank study, which collects health and genetic data on 500,000 people.

In this analysis, 2.36 percent (n=9,022) of participants with European ancestries (n=382,188) had the APOE e4e4 faulty gene, but 5.13% percent (n=37) of those who tested positive for COVID-19 (n=721) had this gene variant, suggesting the risk is doubled compared to e3e3 (410 per 100,000 versus 179 per 100,000).

“This is an exciting result because we might now be able to pinpoint how this faulty gene causes vulnerability to COVID-

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19,” said co-author Chia-Ling Kuo, PhD, of the University of Connecticut. “This could lead to new ideas for treatments. It’s also important because it shows again that increasing disease risks that appear inevitable with ageing might actually be due to specific biological differences, which could help us understand why some people stay active to age 100 and beyond, while others become disabled and die in their sixties.”

David Melzer, MBBCh, PhD, FGSA, who led the team, said, “Several studies have now shown that people with dementia are at high risk of developing severe COVID-19. This study suggests that this high risk may not simply be due to the effects of dementia, advancing age or frailty, or exposure to the virus in care homes. The effect could be partly due to this underlying genetic change, which puts them at risk for both COVID-19 and dementia.”

funding opportunities

NIA Seeks to Create Superior Cognitive Performance Network Grants Will Support Research on Balance Control

The National Institute on Aging (NIA) is inviting grant applications to establish a network to identify, evaluate, track, and conduct research across multiple sites on older adults with superior cognitive performance for their age (“cognitive super agers”). The activity would support aggregation of sufficient numbers of these individuals to advance the field’s understanding of factors that promote sustained cognitive health and those that are not of primary importance.

Uniform identification and uniform data collection will allow the study of the behavioral, neurological, health, genetic, environmental, and lifestyle profiles that lead to sustained cognitive and brain function in advanced age. Where extant data exists, harmonization protocols would need to be developed in order to make use of all currently available data. Provision of protocols to obtain brain tissue at autopsy would be an important component.

Letters of intent are due September 1 and applications are due October 1. The full announcement can be found at <https://bit.ly/2XcL5pI>.

A funding opportunity announcement issued by the National Institute on Aging and the National Institute on Deafness and Other Communication Disorders invites applications that propose basic and/or clinical studies to investigate central and peripheral control of balance in older adults and/or in relevant animal models.

This announcement is driven by the need to address a major gap in our understanding of how aging impacts the vestibular system, which, when impaired, contributes to balance problems and an increased risk of falls in older adults. Additionally, given that balance impairment can be attributed to a number of factors (e.g. sensory, motor, cognitive, psychological, and vascular function), understanding the contribution of age-related vestibular loss, and how this interacts with these factors, is critical for informing interventions and treatments for balance problems and falls in older adults.

Letters of intent are due September 2 and applications are due October 2. Learn more at <https://bit.ly/2SNIx0x>.

Continued from page 1 – What’s Hot Says COPD Underdiagnosed, but Can Be Managed

think that shortness of breath or other symptoms are a normal sign of aging, and do not mention these symptoms to their health care providers. But outcomes can be improved with appropriate reporting of symptoms, screening, and treatment. The *What’s Hot* also indicates that COPD has well-established guidelines for management of the disease, but greater awareness and adherence to guidelines among health care providers is needed as well.

The publication further summarizes the symptoms and differential diagnoses for the disease and identifies additional reasons for underdiagnosis in older adults. Treatment options

following GOLD guidelines are explained, along with steps to improve the process of diagnosis and treatment.

“Preventive measures are effective for helping people avoid COPD,” Yawn said. “Early diagnosis and optimal management through pulmonary rehabilitation, immunizations, smoking cessation support, behavioral changes, oxygen therapy when needed, management of associated comorbidities, and pharmacotherapy will enable people with COPD to improve symptoms, increase functional capacity, and live life to its fullest.”

Support for the new *What’s Hot* was provided by GSK.

