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### GSA Innovation Fund Welcomes Donations

GSA recognizes that during the holiday season, many people make year-end donations to worthy causes. One such option is the GSA Innovation Fund, which is used to develop new programs, products, and services for members. All contributions are tax deductible. Visit [www.geron.org/giveback](http://www.geron.org/giveback) to learn more.

### Join a GSA Interest Group

Did you know GSA has more than 50 interest groups covering a range of topics? They are a great way for members to connect with others who share their interests. They also help members stay informed about topics outside their areas of expertise. Each GSA interest group has its own GSA Connect Community to share information and resources. Visit [www.geron.org/interestgroups](http://www.geron.org/interestgroups) to learn more.

### JOIN THE CONVERSATION

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## Report Looks at Hidden Costs for Many Impacted by Cognitive Decline

In planning for older adulthood, many people both fear and consistently underestimate the risk of Alzheimer's disease and related dementias (ADRD) and the tremendous impact these conditions can have on their finances. More than half of those now in or approaching older adulthood report ADRD as the condition they fear most — greater than more common but treatable conditions such as cancers, strokes, and heart disease.

Alzheimer's disease and other forms of cognitive decline are at this time incurable, progressive, and terminal. Nonetheless, people underestimate the costs associated with care of these conditions on the family and particularly on care partners—namely the family members, friends, neighbors, and others providing unpaid care to people with ADRD.

[“The Hidden Financial Dimensions of Cognitive Decline and Caregiving”](#) — the fourth report in a



series developed by The Gerontological Society of America and supported by Bank of America — differentiates Alzheimer's disease from cognitive decline and other types of dementia, documents the direct and indirect costs of ADRD on affected individuals and those providing largely unpaid care to them, and describes benefits of interventions at the individual, family, community, institutional and organizational, and policy levels. The literature on age- and disease-related cognitive decline is reviewed through the lens of the socio-ecological model (individual, interpersonal, organizational, community, and public policy levels).

“The hidden costs of ADRD are particularly difficult for communities of color and those adversely affected by social determinants of health,” said Ishan C. Williams, PhD, FGSA, of the University of Virginia, who chaired the workgroup that oversaw content development for the new publication. “This report uses data to show how the onset of ADRD occurs at earlier ages among people of color, often causing them to leave the workforce and therefore

*Continued on page 7*

## Health of Older People Is Tied to Motivation, Journal States

“Motivation is the royal road to understanding healthy aging,” says [a new supplemental issue](#) to *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*. Motivation science investigates what it is that

people desire and dislike or even fear, how these desires, dislikes, and fears are transformed into goals, how people go about pursuing these goals successfully or disengage from them if necessary, and how these processes change over time.

The supplement is comprised of nine articles addressing one or more components of a [motivational model of healthy aging](#) by reviewing the pertinent research and highlighting



open research questions aiming to advance the field of motivation and healthy aging.

The supplement was funded by the Swiss foundation Velux Stiftung. In June 2018, the foundation organized the first interdisciplinary workshop in Zurich in order to shed light onto the role of motivation for healthy aging and discuss how insights on motivational processes could advance healthy aging.

Two more workshops followed, which led to the development of the articles in the new supplement. Participants of the second workshop, held in December 2019, co-authored the lead article and represent the fields of psychology, neuroscience, psychiatry, gerontology, geriatrics, health design, and public health. Among them are supplement guest editors Alexandra M. Freund, PhD, Marie Hennecke, PhD, Veronika

*Continued on page 10*

# From the CEO



## Members' Collective Resiliency Shines at GSA 2021

By James Appleby, BSPHarm, MPH • [jappleby@geron.org](mailto:jappleby@geron.org)

We've just wrapped up the live component of the [GSA 2021 Annual Scientific Meeting Online](#), whose theme was "Disruption to Transformation: Aging in the 'New Normal.'" While all our lives have been disrupted in the last 20 months, our recent meeting underscored the fact that it is you — the GSA membership — leading the transformation part of the equation.

Although we had to quickly pivot to the online format this fall, your live and recorded presentations — 1,200 individual symposia, 700 papers, 1,400 and posters — shone very brightly, something reflected in the live chat comments and positive feedback we've received. And there was a lot of enthusiasm in the nearly 70 events held during October's pre-meeting engagement month, featuring interest group meetings and GSA section-specific activities.

This "season" of the GSA meeting, rather than a mere four-day event, served as an inspirational milestone in the first year of the [United Nations Decade of Healthy Ageing \(2021-2030\)](#). We welcomed more than 3,700 registrants from 38 countries!

All of the GSA scientific sessions remain [available for on-demand viewing](#) until December 31. This includes our powerful keynote address from Dr. Jessica Nutik Zitter, who left us with a better understanding of the issues facing family caregivers in many sectors, and better prepared to initiate conversations around family caregiver support strategies.

And other content lives on, too. We've posted our six [Momentum Discussions](#) on the GSA website. Our celebratory videos for the recipients of the Donald P. Kent Award ([Dr. Luigi Ferrucci](#)), Robert W. Kleemeier Award ([Dr. Kenneth Ferraro](#)), and James Jackson Outstanding Mentorship Award ([Robert Joseph Taylor](#)) have been added to the [GSA awards playlist on YouTube](#).

The meeting also served as the launch point for several new GSA resources and initiatives. As you read on the front page of this newsletter, we released a new report with support from Bank of America, ["The Hidden Financial Dimensions of](#)

[Cognitive Decline and Caregiving](#)" — the fourth in [a series](#).

Additionally, we issued an updated version of our [Tools for Advancing Age Inclusivity in Higher Education](#). GSA and its Academy for Gerontology in Higher Education designed this toolkit, with support from AARP, to provide resources to advance age inclusivity in institutions of higher education. The suite of tools can be used by faculty, students, administrators, and other campus leaders and may be adapted to meet your institution's approach to making the case, building relationships, addressing ageism, crafting new efforts, and conducting assessments.

We also announced the forthcoming rollout of two programs spearheaded by GSA members. The new [GSA Grant Writing Program](#), headed by GSA Visiting Scholar Dr. Patricia W. Slattum, is designed to support members in developing their grantsmanship skills. The new [GSA Manuscript Writing and Reviewing Program](#), led by *The Gerontologist* Editor-in-Chief Dr. Suzanne Meeks, is designed to help improve your publishing experience by providing resources from GSA member experts. The GSA website currently has some initial resources for these programs, and we'll make announcements about an accompanying foundational webinar series very soon.

I extend special thanks to GSA President and Board Chair Dr. Terri Harvath for her leadership during the meeting and throughout 2021 as she guided us through another year of disruption and transformation. It's been an honor to work with her as GSA continues to grow and evolve in the midst of its eighth decade.

Let's now look ahead to the promise of a GSA "family reunion" in Indianapolis for the 2022 Annual Scientific Meeting. Thank you again for continuing to make a difference, and best wishes for your holiday season!

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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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## In Memoriam

**Gloria D. Heinemann, PhD, FGSA, FAGHE**, passed away on September 21. She was from Marion, Indiana, and studied sociology at the University of Illinois at Chicago, receiving her PhD in 1980. Ethel Shanas was her major professor. In 1978, she joined the faculty of the Department of Sociology at the State University of New York at Buffalo. From March 1983 to February 2006, Heinemann was a health education specialist at the U.S. Department of Veterans Affairs in Buffalo. She directed the Interprofessional Team Training and Development Program and conducted research and published about health care teams and geriatric care. Heinemann was president of the Academy (then Association) for Gerontology in Higher Education from 2000 to 2002, having previously served as treasurer and on numerous committees. She was also president of the State Society on Aging of New York, and published the book "Team Performance in Health Care: Assessment and Development" in 2002. After her retirement, she became actively engaged in creative writing, publishing many articles in magazines and in The Buffalo News.

**Vernon L. Greene, PhD, FGSA**, passed away on October 10. He began his academic career at the University of Arizona. He later spent 32 years at the Maxwell School of Citizenship and Public Affairs at Syracuse University as an associate professor (1986 to 1992) and Professor (1992 to 2017). There he was the director of the All-University Gerontology Center (1988 to 1993) and chair of the Doctoral Program in Social Science (2004 to 2017). He made numerous contributions to his profession as editor-in-chief of The Gerontologist (1997 to 2000) and as president of the National Academy on Aging (1991 to 1994). He retired as a professor emeritus from Syracuse University in 2018.

**Robert F. Schoeni, PhD**, passed away on October 13 at age 57. He was a distinguished scholar in the areas of labor economics, socioeconomic disparities in health, immigration, the family, economic and demographic aspects of aging, poverty, and welfare policy, with academic appointments in the University of Michigan's Gerald R. Ford School of Public Policy, the Department of Economics in the College of Literature, Science, and the Arts, the Institute for Social Research (ISR) Survey Research Center, and ISR Population Studies Center. He conducted groundbreaking research that fostered interdisciplinary partnerships across a range of social science disciplines. Notably, he was the co-director of the Panel Study of Income Dynamics from 2009 to 2012, studying issues of poverty, income, family formation, wealth, and health. He authored more than 90 articles on labor economics, socioeconomic disparities in health, immigration, the family, economic and demographic aspects of aging, poverty, and welfare policy. He was also the author of two books on economic policy. In October 2020, ISR launched the Robert F. Schoeni Research Professorship in honor of his career and his commitment to excellence in research, teaching, and training.

## New Books by Members

- "Living through Loss: Interventions Across the Life Span" (Second Edition), by Nancy Hooyma, PhD, FGSA, Sara Sanders, PhD, MSW, FGSA, and Betty Kramer, PhD, FGSA. Published by Columbia University Press, 2021.

## Members in the News

- Jacqueline Angel, PhD, FGSA, was interviewed for a September 28 segment titled "As senior population grows, University of Texas researchers spotlight lacking dementia care" that aired on KXAN-TV.
- An October 11 article titled "Want to add healthy years to your life? Here's what new longevity research says." in The Washington Post included quotes from Matt Kaeberlein, PhD, FGSA, and Valter Longo, PhD, FGSA.
- On October 23, David Ekerdt, PhD, FGSA, authored a piece for The Wall Street Journal titled "I Spent 44 Years Studying Retirement. Then I Retired."
- On November 5, a Kaiser Health News article titled "'Covid Hit Us Over The Head With A Two-By-Four': Addressing Ageism With Urgency" featured quotes from Terry Fulmer, PhD, RN, FAAN, FGSA, and Patricia M. "Trish" D'Antonio, BSPHarm, MS, MBA, BCGP.

## Member Spotlight

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

**[Ashley Jennings, EdD](#)**

## Colleague Connection

This month's \$25 amazon.com gift certificate winner: **Catherine Tompkins, MSW, PhD, FGSA, FAGHE**. The recipient, who became eligible after referring new member **Rob Liebreich, MBA** was randomly selected using randomizer.org. For more details on the Colleague Connection promotion visit [www.geron.org/connection](http://www.geron.org/connection).

## Wu Elevated to NYU Dean's Post

Bei Wu, PhD, FGSA, FAGHE, has been appointed vice dean for research at the New York University (NYU) Rory Meyers College of Nursing, effective January 1, 2022. At NYU Meyers, Wu holds the Dean's Professorship in Global Health and has held several faculty leadership positions, including director of global health and aging research, director of research for the Hartford Institute for Geriatric Nursing, and inaugural co-director of the NYU Aging Incubator.

As a leader, Wu's scholarship has been distinguished by interdisciplinary collaborations with researchers in various disciplines, including nursing and dentistry, in the US and abroad. Her research areas cover a wide range of topics related to aging and global health, including oral health, long-term care, dementia, and caregiving. She is one of the first in the nation to study the linkages between oral health and cognitive decline in older adults. She has published close to 600 peer-reviewed papers, books, reports, and conference abstracts and has delivered presentations at hundreds of conferences as an invited speaker. Wu also is a member of the GSA Oral Health Workgroup.

## Build Back Better (If They Can)

We have not yet reached the end of the story, but I've made the decision to provide some details on the Biden-Harris Administration's Build Back Better (BBB) Act as written by Congress, which passed in the full House by a vote of 220 to 213 on November 19. Yes, I will likely tell *the rest of the story* next month.

Reminder: this legislation is the budget reconciliation bill that has been taking much of the energy of the Democrats in the House and Senate for months and keeping the political pundits, economic analysts, 24/7 news networks, and many of us advocates busy for most of the year. You may recall it all started as the Biden-Harris American Jobs Plan and American Families Plan.

It is a bit of a gamble to lay out for you some of the bill's aging and health care provisions before the full Senate has brought up the bill for amendments and a simple majority vote. Trust me when I say that it will be much worse for the political ambitions of the Democrats in Congress running for reelection if the bill does not become law than it will be for my career in journalism.

Under the budget reconciliation rules, the bill may pass with a simple majority: in this case it would probably be the 48 Democrats, the 2 Independents, and Vice President Kamala Harris as the tie breaking vote. But there remains much work to be done to get the senate to that point.

### Infrastructure Law

It should be noted that President Joe Biden signed into law the other major part of his agenda, the bipartisan Infrastructure Investment and Jobs Act. Thirteen House Republicans supported the bill and six progressive Democrats opposed it (19 Republican senators voted for it). This pumps federal dollars into roads, bridges, broadband, clean drinking water, public transit, and other infrastructure investments. It also includes critically needed funds to transit, rail, and airports specifically provided to improve accessibility for older adults and people with disabilities. Here is the [bill](#) and the White House [fact sheet](#).

### Back to BBB

After much negotiation and Democratic infighting between the progressive wing of the party and the moderates, when the Congressional Budget Office (CBO) cost estimates arrived, the bill was rushed to the floor for a vote before the Thanksgiving holiday. The bill passed with only one Democrat voting no. The bill now moves to the Senate where minimal changes are expected because most of the negotiations involved the Senate Democrats and the White House.

Moderate Senators Joe Manchin (D-WV) and Kyrsten Sinema (D-AZ) remain as possible obstacles to passage, although it appears that Sinema is satisfied with the Medicare drug pricing provisions. Manchin continues to question whether family and medical paid leave is a good idea. On the other hand, there are Senators who would like to add proposals, such as Medicare coverage for dental and vision care, which was taken out of the House bill prior to

passage. Hearing coverage remained in the bill.

Another concern of moderates on both sides of the Capitol is the total cost of the bill, which remains a topic of debate. The CBO [score](#) estimates that the bill will cost \$1.7 trillion and increase the deficit by \$367 billion over ten years. The figure does not include estimates for revenue raised by increased IRS enforcement of tax laws, which CBO estimates would raise \$207 billion. The White House argues that the bill is totally paid for. Here is the link to the House-passed [BBB](#).

**Advanced Research Projects Agency for Health:** Let's start with the topic of one of my previous articles, [ARPA-H](#). The BBB includes authorization to establish the Advanced Research Projects Agency for Health at \$3 billion (within the National Institutes of Health). This is a down payment, if you will, on the \$6.5 billion the president has proposed so the new agency can begin its work of making pivotal investments to accelerate the pace toward breakthrough research and technologies to transform important areas of medicine and health.

**Medicare:** Nancy LeaMond, AARP executive vice president and chief advocacy & engagement officer stated that "The bill that the House passed today includes meaningful reforms to bring down medication costs: finally allowing Medicare to negotiate drug prices, preventing prices from rising faster than inflation and adding a hard out-of-pocket cap to Part D." The BBB would cap out-of-pocket prescription drug costs at \$2000 per year and add Medicare coverage for hearing aids and audiology services. Pharmaceutical makers could be penalized for increasing drug prices more than the inflation rate.

**Home and Community-Based Services (HCBS):** The BBB contains additional funding for the federal medical assistance percentage (FMAP) for Medicaid HCBS for eligible older adults and people with disabilities. The Kaiser Family Foundation has estimated that more than 800,000 individuals are on Medicaid waiting lists for HCBS. Although the bill includes \$150 billion for Medicaid HCBS, this was cut from the \$400 billion that the administration proposed, and it is unclear how many will remain on waiting lists if the bill becomes law. Some of the funds are intended to help states increase wages and benefits for the eldercare workforce and would make the Money Follows the Person program permanent. The bill would also make permanent the HCBS spousal impoverishment protections included in the Affordable Care Act.

**Older Americans Act (OAA):** OAA programs have been relied upon and supported with additional funding during the pandemic. BBB includes \$1.3 billion to supplement OAA annual appropriations, including first-time funding for the GSA-supported newly authorized Research, Demonstration, and Evaluation Center at the Administration for Community Living. GSA and our many

colleagues at the Leadership Council of Aging Organizations worked to secure these funds and to protect them throughout the process so far. Yet almost every program is vulnerable during this last stage of the process. Here are the funding levels provided in the bill (by the Education & Labor Committee): \$75 million for the Research, Demonstration, and Evaluation Center for the Aging Network; \$655 million for supportive services; \$140 million for nutrition programs; \$150 million for the National Family Caregiver Support Program; \$50 million for services, including nutrition, for Native American older adults; \$50 million for the Long-Term Care Ombudsman Program; \$75 million for technical assistance centers or national resource centers; \$5 million for multigenerational civic engagement projects, and \$100 million for the senior community service employment program.

**Caregiver Supports:** In addition to the OAA funding for caregiver support, the BBB provides an historic change in policy to enable caregivers to assist their families while protecting their jobs. The House-passed BBB includes language proposed by the Ways & Means Committee to create a national paid family and medical leave program. The bill provides up to four weeks of paid leave for workers who need time to provide caregiving or address their own medical issues, including serious illness, the birth of a child or to take care of a loved one with an illness. Although the bill had originally included up to 12 weeks of federal benefits, it is hoped that this compromise will be acceptable in the Senate. GSA assisted in drafting paid leave principles and a letter to Congress expressing support for a comprehensive medical, parental, and caregiver paid leave program. The legislation also includes a Tax Credit for Caregiver Expenses that provide for a credit of 50 percent for qualified expenses up to \$4,000 each year (or a \$2,000 credit). In addition, the bill provides \$20 million for a Technical Assistance Center for Supporting Direct Care and Caregiving through the Administration for Community Living, which will develop and disseminate evidence-based strategies.

**Elder Justice Act (EJA):** There has been bipartisan support for reauthorizing the EJA for some time, but in the past funding has been minimal and reauthorization was no guarantee of appropriations. The pandemic relief bills changed that by providing significant support to the primary program under the EJA, Adult Protective Services and modest funds for the Long-Term Care Ombudsman Program. The BBB continues this positive movement by providing \$4.2 billion in funding for key programs to reauthorize and modernize the EJA to address elder abuse, neglect, and exploitation, legal services, and social isolation and loneliness.

**Palliative Care and Hospice Education:** BBB includes the long-delayed Palliative Care and Hospice Education and Training Act provisions that had been passed by the House in the last Congress but were held up in the Senate. It authorizes \$90 million for the training of physicians, nurses, and other health care professionals in palliative and hospice care, and \$10 million for an

awareness campaign about the benefits of palliative care for patients with serious illnesses.

**Affordable Care Act (ACA):** One of the most significant ways that the BBB addresses health inequities is through its expansion of affordable health coverage for between two and four million people with incomes below the poverty line in states that have been unwilling to use the ACA's Medicaid expansion and by extending the current increase in premium subsidy for ACA marketplace coverage. According to AARP this will produce average savings of over \$950 annually for those 50 to 64 years of age.

**Affordable Housing:** The BBB includes new funding to construct affordable housing, including a \$100 million investment in the Section 811 and 202 programs for people with disabilities and older adults.

**Other Programs:** I have focused on aging related programs, but BBB both in concept and in reality, is a massive, multi-generational package that supports families with tax credits, Pell grants, housing vouchers, etc. It also includes many provisions that are designed to support and enable individuals with disabilities and their families. Finally, health equity is a strong focus of BBB and according to Sharon Parrott, President of the Center on Budget and Policy Priorities, "These investments would narrow racial and ethnic disparities in poverty, health coverage and access, housing, and education stemming from generations of racism and other forms of discrimination, which have systematically limited opportunity for people of color."

## Recent GSA Policy Actions

**GSA** joined more than 310 organizations and institutions on a sign-on letter to House and Senate Appropriations Committee leadership, urging swift passage of the House-passed \$46.4 billion for the National Institutes of Health (NIH) base budget for FY 2022. The letter further recognizes and appreciates that both bills ensure that the new investment for the proposed Advanced Research Projects Agency for Health (ARPA-H) supplements, rather than supplants, the NIH's base.

**GSA** signed on to a letter to House and Senate Appropriations Committee leadership expressing strong support for the inclusion of a spending anomaly for the Census Bureau in the next FY 2022 Continuing Resolution (CR). If another CR that extends beyond January 1, 2022, is necessary, the bureau must have a spending anomaly to ensure a successful conclusion of the 2020 Census, including the delivery of high-quality decennial census data products, and to launch preparations for the 2030 Census. Without such an anomaly, funding for these activities will be depleted, rendering the bureau unable to sustain their essential operations.

**GSA** supported a letter sent by the Eldercare Workforce Alliance to congressional leadership focused on policies within the Build Back Better Act. The final version of the letter can be viewed [here](#). GSA Past President Michèle J. Saunders, DMD, MS, MPH, serves as co-convenor of the Eldercare Workforce Alliance.

# new resources

## RRF Releases Brief on Social, Intergenerational Connectedness

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

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

## CMS Facilitates Tracking of Nursing Home Vaccination Rates

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

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

## Study Finds Few COVID-Displaced Workers Re-Employed in Direct Care

A new study by PHI and the Health Workforce Research Center on Long-Term Care at the University of California, San Francisco finds that many COVID-displaced workers were in occupations with similar entry-level requirements as direct care, but that few took jobs in direct care, where there continues to be a worsening staffing shortage.

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

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



## GSA Fellows Nominations

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

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

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

Find out more about nomination requirements and procedures at [Geron.org/Fellows](http://Geron.org/Fellows).



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

## ESPO Chair Reflects on Progress Made in 2021

By Darina V. Petrovsky, PhD, RN

Dear ESPO community,

I had the privilege to serve as your 2021 chair. As the calendar year ends, I reflect on everything that we achieved as ESPO members. This year was challenging as the pandemic continued to impact everything from how we work and learn to how we socialize. As a result, we have experienced two all-online GSA Annual Scientific Meetings in a row while juggling multiple responsibilities. As we enter 2022, let us look back at our accomplishments and imagine the future!



Petrovsky

One of GSA's stated goals was to free itself from conscious and unconscious discrimination and bias that undermines the Society's well-being by advancing diversity and inclusion within ESPO. As a result, we organized several webinars and informal gatherings this year to not only listen to what our members are experiencing but come up with strategies on how to combat structural racism. In this year's presidential symposium as part of the Annual Scientific Meeting, Drs. Danielle Waldron and Kalisha Bonds Johnson, ESPO vice chair and vice chair-elect, respectively, brought a series of speakers together to highlight their stories of struggles and resilience.

ESPO events would not happen without our largest roster to date. More than 44 volunteers worked with ESPO leadership on new and existing programs. I would like to take a moment and thank them for all their service. These individuals took time out of their busy schedules to share their ideas, and planned and successfully executed ESPO events. They often came up with original ideas and innovative ways to engage our members. We encourage ESPO members to volunteer with us to develop their leadership skills and connect with other early career scholars!

As a result of our volunteer efforts, the Annual Scientific Meeting contained many ESPO designated events. For example, each of our

junior leaders together with scientific section senior leadership put together a symposium to highlight the work of early career scholars. In addition, our informal chats that are usually held during the in-person Annual Scientific Meeting were offered prior to and during the virtual meeting. These chats helped our members to connect with each other during the pandemic and discuss topics of interest.

As early career scholars, we certainly faced challenges this past year. A decision to travel for the Annual Scientific Meeting meant exposing family members, who were ineligible to be vaccinated for COVID-19. A decision to stay at home meant missing out on all the informal conversations and networking that happens at the meeting. In addition, early career individuals often use the Annual Scientific Meeting to build collaborations, find new training opportunities and connect with senior scholars. This meant the way we network and connect with others had to change. We learned how to adapt and use virtual platforms to build our social networks.

As we look into the future, I hope that we will find a more meaningful way to connect with each other. Fingers crossed — it will be in person. As we think about diversity, equity and inclusion, what other initiatives would you want to see within ESPO? What can we do better? And how can we adapt to the needs of our members?

Please connect with us at [espo@geron.org](mailto:espo@geron.org) to share your thoughts and feedback. I certainly learned a lot in my tenure as chair and loved hearing feedback from our members on what worked well for them. As we end the year, I hope you can take some time to reflect on your own accomplishments, goals, and dreams. And if this year was really hard, take a breath and know we are here for you. If there is anything this year taught me is to be grateful for little things in life and show compassion to those who are struggling.

### *Continued from page 1 - Report Looks at Hidden Costs for Many Impacted by Cognitive Decline*

have less wealth and fewer options for dealing with dementias and their costs. The financial impact on care partners is particularly severe — estimated at \$300,000 when loss of or reduction in employment is considered along with less wealth at retirement, lower pensions and Social Security benefits, and other more obvious costs such as out-of-pocket expenses. As a society, we need to help people compensate for these economic and personal challenges.”

Bank of America Head of Retirement and Personal Wealth Solutions Lorna Sabbia said, “Today's longer lives mean more time for the people and pursuits we love, but also present complex new challenges at the intersection of health care and financial security. To protect both, we must bring greater focus to the immense, but often hidden, financial burden of Alzheimer's disease and dementia — one of the greatest threats in our aging world.”

Over the past three years, The Gerontological Society of America

and Bank of America have explored the increasingly long lifespans enjoyed by Americans through economic, fitness, diversity, and now cognitive health lenses. The 2018 report, “[Longevity Economics: Leveraging the Advantages of an Aging Society](#),” addressed the problems of systemic ageism and age discrimination and the need for policies and programs that recognize the reality of people living far past the historical retirement age of 65. In 2019, “[Longevity Fitness: Financial and Health Dimensions Across the Life Course](#)” detailed how people can thrive, not just survive, throughout longer lifespans by making changes in their lives aimed at maximizing social, health, and wealth equity. “[The Impact of Diversity on Longevity Fitness: A Life-Course Perspective](#),” released in 2020, documented the effects of inequities and explored the beneficial efforts of corporations and other employers to enhance diversity and inclusion by recognizing and addressing the deep cultural shifts occurring in the place, race, gender, and sexual orientation/identity aspects of life.

## Getting Ready for the “New Normal” and Coronavirus: Is Liberty Worth More Than Life?

By Darren Liu, DrPH, FGSA, Des Moines University ([darren.liu@outlook.com](mailto:darren.liu@outlook.com))  
and Betty Burston, PhD, University of Nevada Las Vegas ([betty.burston@unlv.edu](mailto:betty.burston@unlv.edu))

During the past two years, the U.S. has experienced an unprecedented pandemic that has changed our life. Being the epicenter of the COVID-19, the post-acute and long-term care sector has seen 138,583 nursing home workers and residents die as of September 30, 2021 (98.5 percent were residents) (CDC, 2021). More specifically, while only four percent of confirmed cases were in this sector, the fatalities account for about 31 percent of the country's deaths due to COVID-19 (CDC, 2021). As a gerontological scholar, educator, student, or practitioner, what could we do to protect those with disabilities and/or older adults who live in institutions, communities, or in our own home?

Examples included practicing or encouraging mask wearing, hand washing, using personal protective equipment (PPE), maintaining social distancing of 6 feet, and getting vaccinated. In addition to vaccinations and all other options, masking has been considered as one of the most effective tools to mitigate the spread of COVID-19 (Rader et al., 2021). However, the decisions about the mask mandate have varied at the state level, which has perplexed Americans (Markowitz, 2021). As the U.S. is known as “the land of freedom,” the argument about whether there should be a mask mandate has become a public controversy. One may argue that it is “my right” not to wear a mask because such a mandate is unconstitutional, whereas others may assert that wearing a mask is more than just protecting oneself, it also protects those who are vulnerable, including older adults.

*“Give me liberty or give me death!” Patrick Henry, March 23, 1775*

As we review these immortal words of Patrick Henry (1736–1799), we're shifted back not only to the 1770s, but also to the 1960s. The latter period was a time in our history when younger Americans, inspired by Patrick Henry's words, engaged in protests to stimulate change. We understand, of course, how so many persons of all races/ethnicities and genders especially among older adults literally experienced death as a price that they unwillingly paid in order to achieve freedom from a biological caste system based on race/ethnicity and sex.

But, today, a far larger number and proportion of Americans appear to have implicitly adopted this position as demonstrated by their responses to COVID-19. Yet, the circumstances surrounding this trade-off of life for liberty, is one that contradicts logic and can enter the realm of severe harm to others when applied to the era of COVID-19. This is because those who have adopted this position may have unknowingly contributed to the deaths of others in their efforts to substitute personal policy preferences for optimal public health policies that temporarily reduce liberties in order to avoid deaths. Moreover, many who refuse to wear masks or take other precautions due to their commitment to personal “liberty” may cause their own deaths by putting their own lives at risk. Moreover, the lives of their children, significant others, friends, coworkers, and

others with whom they have in-person contact are also at risk.

Unfortunately, during this time, leaders who have sought to implement public health precautions to reduce the spread of infection have been put on alert. For example, Mello et al. (2020) report that public health officers and elected officials have been threatened and assaulted because they have sought to save human lives via evidence-based infection-reduction policies. Other resources highlight the resignations and/or firings of officers, threats against their lives, invasions of their private residences by armed protestors, name-calling, and other shocking acts of inhumanity (Stone, 2020). However, Patrick Henry's statement was a *personal* one regarding a willingness to trade his *own life* for the overturning of an oppressive political system. Unlike Patrick Henry, those who stand in the way of the implementation of current guidelines that will save lives in a pandemic, could be causing illness or even death for themselves and others. And so, it is not surprising that those of us who are public health workers must occasionally bow our heads and ask, “Why does one believe their ‘liberty’ is worth more than ‘life’ during this pandemic?”

As of October 1, 2021, there have been approximately 43.1 million cases and 701,000 COVID-19 deaths in the U.S.. Moreover, Stokes et al. (2021) completed a country-wide analysis which suggested that current data attributed to COVID-19 may be characterized by moderate to severe underestimation. More specifically, they hypothesize that the magnitude of the undercount may be as high as 20 percent. Less surprising is that it has been recently reported by numerous sources, that approximately 99 percent of all people who lost their lives to COVID-19 during this summer had not received a vaccination (Fauci, 2021).

While a number of scholars and media have assigned the magnitude of such deaths to a failure of public policy, the thesis therein is that the primary contribution to COVID-19 spread has been related to the operation of a phenomenon sometimes referred to as the “Patrick Henry Syndrome” in the U.S. For example, Taylor (2021) completed research on the negative attitudes regarding the wearing of facemasks by many Americans. Using a sample of 2,018 adults, the analysis revealed that 16% refused to wear masks and/or otherwise engage in preventive behaviors.

Current research also suggests that the Patrick Henry Syndrome may operate differently by race/ethnicity. Key (2021) cited findings from the Understanding Corona Virus in America study. The study revealed that while 83 percent of adults in the U.S. accept scientific findings that mask-wearing protects against COVID-19, only one-half reported wearing a mask when being less than 6 feet away from persons other than those in their household. More specifically, about 46 percent of White Americans complied with mask-wearing and social distancing. In contrast, 67 percent of Black Americans, 63 percent of Latinx, and

# educational news Continued

65 percent persons of other racial groups reported complying with these precautions. Additionally, only 21 percent of Americans wore masks when visiting the homes of other Americans while just 14 percent wore masks when engaging with others in groups of 10 or more.

Independently of country of origin, part of the reason that COVID-19 deaths continue to occur is because large segments of Americans implicitly and/or explicitly embrace the Patrick Henry Syndrome. The misuse of his statement has led to increased infectivity and COVID-19 morbidity in the U.S. As gerontologists, the clients we work with are more vulnerable to and at the highest risk of contracting infectious diseases. Knowing that living with COVID will become a “new normal” in the future, we should encourage adopting more protective measures and remind others that Patrick Henry’s statement may not apply when fighting infectious diseases, as we know an individual’s actions affect the well-being of all.

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# funding opportunities

## Glenn Foundation, AFAR Offer Grants for Junior Faculty

The Glenn Foundation for Medical Research (GFMR) and American Federation for Aging Research (AFAR) provide up to \$125,000 for a one- to two-year award to junior faculty (MDs and PhDs) to conduct research that will serve as the basis for longer term research efforts on the biology of aging. These investigators study a broad range of biomedical and clinical topics related to aging. The letter of intent deadline for the 2022 program is December 15, 2021.

The major goal of the [Glenn Foundation for Medical Research and AFAR Grants for Junior Faculty program](#) is to assist in the development of the careers of junior investigators committed to pursuing careers in the field of aging research. GFMR and AFAR support research projects concerned with understanding the basic mechanisms of aging rather than disease-specific research. Projects investigating age-related diseases are supported if approached from the point of view of how basic aging processes may lead to these outcomes. Projects concerning mechanisms underlying common geriatric functional disorders are also encouraged, as long as these include connections to fundamental problems in the biology of aging. Projects that deal strictly with clinical problems such as the diagnosis and treatment of disease, health outcomes, or the social context of aging are not eligible.

It is anticipated that approximately 10 grants of up to \$125,000 each will be awarded in 2022. Applicants may propose to use the award over the course of one or two years as justified by the proposed research.

## BIG Grants Will Support Transformative Discoveries in Biology of Aging

Sponsored by the Glenn Foundation for Medical Research, in collaboration with the American Federation for Aging Research (AFAR), the “[Breakthroughs in Gerontology \(BIG\)](#)” initiative provides support to a small number of research projects which if successful offer significant promise of yielding transformative discoveries in the fundamental biology of aging. Proposals that build on early-stage fundamental aging research to establish potential approaches for clinically relevant strategies, treatments, and therapeutics to address human aging and healthspan are also encouraged.

Projects that focus on specific diseases or on assessment of health care strategies will receive lower priority, unless the research plan makes clear and direct connections to fundamental issues in the biology of aging and/or on the translational aspects of basic discovery to human aging and healthspan.

Letters of intent are due January 25, 2022. Two three-year awards will be made in 2022, at the level of \$300,000 total (\$100,000 per year). The amount and the duration of the award may be modified if during the review process or at the funding stage it is evident that such modifications would better serve the objectives of the program. Recipients of this award are expected to attend the AFAR Grantee Conference. The purpose of the meeting is to promote scientific and personal exchanges among recent AFAR grantees and experts in aging research.

## New PP&AR Examines Systemic Inequities

The latest issue of *Public Policy & Aging Report (PP&AR)*, “[Addressing Systemic Inequities and Policy Deficiencies in the U.S.](#),” was overseen by the leadership of GSA’s Social Research, Policy, and Practice (SRPP) Section and is linked to the 2021 Annual Scientific Meeting (ASM) theme, “Disruption to Transformation: Aging in the ‘New Normal.’” SRPP Past Chair Bob Harootyan, MS, MA, FGSA, and current SRPP Chair Philip A Rozario, PhD, FGSA, served as contact editors and authored the issue’s opening article.

“The unprecedented disruptions precipitated by the global coronavirus disease (COVID-19) pandemic and its disparate impacts, especially among communities of frail older adults and neighborhoods of color, are telling examples of persistent and insidious systemic forms of discrimination in society,” Harootyan and Rozario wrote. “During the same time, media coverage of police brutality and killings in the United States led to heightened demands for equity and justice for Black Americans and other marginalized populations. To that end, the 2021 ASM’s theme and the articles in this issue of *PP&AR* reflect our aspirations to learn from our past and reinvent a more equitable future.”

This issue’s contributors address salient systemic problems facing various subgroups of older adults along racial, ethnic, geographic, and sexual orientation/gender identities.

“Our contributors remind us that we cannot return to the status quo,” Harootyan and Rozario conclude. “Instead, we must learn from the recent societal disruptions, which revealed in even greater detail the systemic inequities and disparities that are faced by marginalized groups. To effectively address these issues, a society that values equity and justice must undertake concerted collective efforts that recognize the interconnectedness of individual troubles and societal issues and must adopt a policy-making model that equitably and simultaneously addresses community and individual needs.”

## Series A Welcomes Submissions Related to Technology and Fall Prevention

The Medical Sciences section of *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences* is announcing a special issue to be titled “[Novel Technology-Driven Approaches to Enhance Mobility and Reduce Falls in Older Adults.](#)”

Gait and balance impairments associated with aging and age-related disease challenge mobility, threaten independence, and heighten the risk of incurring falls and their costly consequences.

Advances in the fields of engineering, computing, manufacturing, and human–computer interfaces have enabled the development and/or application of technology-driven strategies to help combat this global health issue.

Brad Manor, PhD, Junhong Zhou, PhD, and On-Yee “Amy” Lo, PhD, have agreed to serve as the guest editors for the special issue. The editors invite investigators to submit primary research papers or review articles; topics that will be considered should have a specific focus on older adults and/or age-related disease and may include, but are not limited to:

- Sensory substitution and sensory augmentation
  - Noninvasive brain stimulation
  - Robotics
  - Rehabilitation technologies, including virtual reality
  - Remote prediction and prevention of falls
  - Fall-related injury mitigation
  - Features and challenges of interaction/adoption of relevant technologies within clinical practice and the older adult population-
- Manuscripts are due February 15, 2022.

## GSA Journal Alerts: Delivered Right to Your Inbox!

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*Continued from page 1 - Health of Older People Is Tied to Motivation, Journal States*

Brandstätter, PhD, and Mike Martin, PhD.

“Taken together, the collection of papers in this supplement illustrates the central role of motivation for healthy aging, and the fruitfulness of the heuristic model of motivation and healthy aging for both basic and applied research,” the authors wrote. “It is our hope that it inspires both strands of research and, with this, ultimately will make a contribution to addressing the question how people can age

healthily and fulfill their potential well into old and very old age.”

The World Health Organization has proposed a definition of “healthy aging” that takes the specific situation of older people into account, namely as “the process of developing and maintaining the functional ability that enables well-being in older age,” where functional ability denotes the “attributes that enable people to be and to do what they have reason to value.”

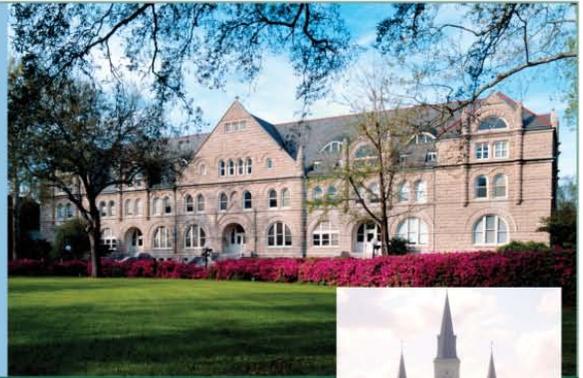


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