

gerontology news

The Gerontological Society of America®

January 2023

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Apply for GSA's Summer Policy Internships!

In 2023, GSA is seeking two internship candidates to participate in eight-week in-person experiences in Washington, DC. One of the internships will be designated for an emerging scholar enrolled at a Minority Serving Institution (as defined by the U.S. Department of Education). Over the summer, interns will be immersed in aging-related policy development and participate in this process at the national level. The internship term runs through the summer, with flexible start dates. Each selected candidate will receive a stipend. [Applications are due Monday, February 6. An informational webinar is planned for Friday, January 13.](#)

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 to learn more.

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New GSA President Shares Outlook for 2023

By James F. Nelson, PhD, FGSA

Echoing the words of my predecessors, it is an honor and a privilege to serve as your GSA president in 2023. Taking a cue from Abraham Maslow, this is a peak experience, and I pledge to do everything I can to make 2023 a similar experience for you and our wonderful Society.



Nelson

I stand in awe of the many presidents who have come before me, whose leadership has offered a diversity of vantage points and input that only a multidisciplinary scientific society like ours can offer. I want to give special thanks to

my colleagues Drs. Peter Lichtenberg and Terri Harvath, immediate past president and board chair, respectively, who have shepherded and grown our Society so effectively last year. They are exemplars and have taught me so much.

Serving you and GSA to the very best of my abilities is top of my mind and will continue to be throughout the coming year. As with so many events in life, being afforded the opportunity to serve as president came somewhat unexpectedly. Now, feeling the weight of this responsibility, I am tremendously buoyed by the dedication to our common cause and the enthusiasm,

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Pandemic's Many Effects on Older Women Documented in Journal Supplement

A new supplemental issue to *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*, titled "[The Impact, Experience, and Challenges of COVID-19: The Women's Health Initiative](#) (WHI)," explores key areas on how older women initially responded to the threat of COVID-19, their concerns about the pandemic, and aspects of their prior health and well-being that may have influenced the impact of COVID-19 on their lives.



The WHI represents one of the largest and most diverse longitudinal studies conducted in postmenopausal women. Three decades after its 1992 launch, 52,543 women continue to be actively engaged in the core of this landmark study, with a mean age of 86.6 (ranging from 73 to 106 years of age). The WHI is funded by the National Heart, Lung, and Blood Institute; the journal supplement was made possible by support from Wake Forest University Health Sciences.

The supplement's articles are based on survey research conducted among 49,695 WHI participants between June and October 2020. In

addition to the data derived from the survey, authors were able to draw from detailed historical data available on the participants prior to the pandemic, as well as annual data collected concurrently with the COVID-19 survey. A follow-up survey was conducted from June to December 2021.

"The long history of participation preceding COVID-19 and continued participation in study activities during COVID-19 allowed for a deep characterization of the impact and experience among older women, while accounting for past and current individual health behaviors and outcomes," wrote guest editors Sally A. Shumaker, PhD, Andrea Z. LaCroix, PhD, and Jennifer W. Bea, PhD.

The researchers' findings showed that the COVID-19 pandemic was associated with impacts on health and well-being, living situations, lifestyle, health care access, and SARS-CoV-2 testing and preventive behaviors.

WHI participants were more likely to report very good or good levels of well-being, but in lower frequency in the fall of 2020 compared to the summer. Respondents reported being very concerned about the pandemic (more commonly reported among urban residents), with many participating in preventive behaviors including wearing a face mask (which were more commonly

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A Return to Reverence for the Empowering Gift of Vaccines

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

When was the last time you used the word “reverence?” It’s a seldom-used word in need of revival as our society comes to terms with the reality of infectious diseases in the 21st century era of highly mobile populations. Reverence is having a deep respect for someone or something. Some members may connect reverence to Albert Schweitzer, the Nobel Prize-winning physician known for his sustained humanitarian work in Africa in the 20th century. Schweitzer was known to have a reverence for life and an imperative for helping others as his guiding philosophy.

As 2023 dawns and the and U.S. grapples with the “tripledeemic” of influenza, COVID-19, and respiratory syncytial virus (RSV), it’s time for a *return to reverence* for the empowering gift of vaccines. Regrettably, the pandemic has led to a dramatic reduction in children and adults getting routine vaccinations, which leaves them more at risk for illness. Such vaccinations are one of the most effective, and empowering, ways to keep us all healthy as we age.

GSA has a longstanding footprint in this arena through its National Adult Vaccination Program (NAVVP) established more than a decade ago. Through NAVVP, the Society has collaborated with the broad multidisciplinary stakeholder community to raise awareness of the natural immunosenescence that occurs as we age; advocated for policies that increase access to vaccines; and trained champions to increase vaccination rates across the life course. As a recent example of these efforts, [GSA worked closely with other organizations](#) to ensure the new Inflation Reduction Act included provisions to close longstanding gaps in vaccination coverage in Medicare and Medicaid. Beginning in 2023, the new law will

remove financial barriers for older adults seeking recommended vaccines, greatly improving access and utilization. We’ve also worked as a leader in the Adult Vaccine Access Coalition to advance the passage of related legislation, including the Protecting Seniors Through Vaccination Act and Helping Adults Protect Immunity Act.

To foster this return to reverence for vaccines, GSA will again convene a diverse group of stakeholders to rebuild our collective reverence for vaccines through a new initiative under the NAVVP umbrella — Concentric Value of Vaccination as We Age: A Life Course Investment. In this case, the center is the illness for which a vaccine is intended to prevent. The concentric value of any vaccine comes from the impact that it has on preventing other illnesses or complications; the impact the vaccine has on reducing healthcare costs and increasing productivity (less time away from work or school; higher quality of care for older adults in congregate settings); and the impact the vaccine has on society by providing herd immunity, protecting family and others, and contributing to healthcare equity.

Vaccines provide health, economic, and social benefits to individuals and society across the life course, with major implications in adults 50 years old and over. The Concentric Value of Vaccination as We Age: A Life Course Investment will inform publications and presentations aimed at increasing the understanding among the public, professionals, policymakers, and others that the impact of vaccines is broad, far-reaching, and well beyond the reduction of morbidity and mortality from individual infections.

I hope you’ll join us in making 2023 a year marked by a return to reverence for the empowering gift of vaccines. Happy New Year!

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member news

Members in the News

- *Men's Journal* quoted Eric Klopach, PhD, in a November 15 article titled "[Is Stress Aging Your Immune System Prematurely?](#)"
- On November 22, *The New York Times* quoted Bei Wu, PhD, FGSA, FAGHE, in an article titled "[China's Grandparents Are Done Babysitting and Ready to Go Viral.](#)"
- Hanamori Skoblow was quoted in a November 30 *Futurity* article titled "[Feeling Good About Aging Enhances Older Adults' Sex Lives.](#)"
- On December 6, Marilyn R. Gugliucci, PhD, FGSA, FAGHE, was quoted in an article in the *Portsmouth Herald* titled "[Let's talk about ... dying: Death Cafés are becoming a thing. Here's why.](#)"

New Books by Members

- "The Gerontology Field Placement: Internships and Practicums in Aging," by Rona J. Karasik, PhD, FAGHE, FGSA, Laura K.M. Donorfio, PhD, FAGHE, and Phyllis A. Greenberg, PhD, MPA, FAGHE. Published by Springer Publishing, 2022.

Member Spotlight

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

Colleague Connection

This month's \$25 Amazon gift certificate winner:

Elena Remillard, MS

The recipient, who became eligible after referring new member [Brian Jones, MS](#) was randomly selected using randomizer.org. For more details on the Colleague Connection promotion visit www.geron.org/connection.

Gutman Earns Canadian Mentorship Award

At the recent 51st Annual Scientific and Educational Meeting of the Canadian Association on Gerontology, Gloria Gutman, PhD, FGSA, received the prestigious Evelyn Shapiro Mentorship Award.

This award is given every two years in recognition of the lifetime achievement in mentoring students and early career professionals. Gutman is currently a research associate and professor emerita at Simon Fraser University.



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 close February 15, 2023.

Find out more about nomination requirements and procedures at Geron.org/Fellows.



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

117th Congress Wraps with Aging-Related Provisions Included in Omnibus Appropriations

On Thursday, December 29, President Joe Biden signed into law the funding bill affectionately known as “the omnibus”: H.R. 2617, the “[Consolidated Appropriations Act, 2023](#)” (CAA 23). This legislation appropriates funds for all federal agencies as well as provides emergency assistance for the crisis in Ukraine and disaster relief here at home.

My column this month will serve to report on the appropriations of many of the aging and health programs with which we work and provide research and analysis for as gerontologists and GSA members. The CAA 23 contains provisions on policies and proposals we have been tracking and advocated for throughout the 117th Congress as well as funding we’ve pursued. I will also reflect on the past year and look ahead to 2023 with optimism.

As the holiday recess approached, the 117th Congress struggled to complete its obligations to fund the federal government for fiscal year 2023 and address many other bipartisan policy priorities. After many months of posturing and post-election negotiations, the year ended with a flurry of bills passing, including the massive CAA 23, which included the 12 appropriations bills as well as many other legislative initiatives both sides of the aisle wanted to clear.

Retirement Security

Retirement policies have found bipartisan support in recent years with the passage of the Setting Every Community Up for Retirement Enhancement (SECURE) Act in 2019 and [SECURE 2.0](#) in CAA 23 (found in Division T of the bill). The purpose of both SECURE acts (and the Senate [EARN Act](#), S.4808) is to boost retirement savings of all Americans. Currently, one-third to one-half of workers do not have access to retirement plans, and of those who do, the median balance in a 401(k) for Americans age 65 and older is \$87,700 according to Vanguard. Some of the highlights of the SECURE provisions include:

- Helping workers to save for emergencies with an employer sponsored account
- Enabling part-time workers’ eligibility for 401(k) retirement plans
- Improving tax credits for saving
- Mandating automatic enrollment in retirement savings plans starting in 2025
- Increasing annual catch-up contributions to 401(k)s for people 50 and older and for those age 60 to 63, the catch-up increases from \$7,500 to \$10,000 in 2025.
- Increasing portability of retirement accounts between workplaces, as well as a new “retirement savings lost & found” searchable online database from the Department of Labor.
- Enabling families to name a charity as the remainder beneficiary of a Special Needs Trust funded with retirement assets.

For more details on Secure 2.0, see [the Bipartisan Policy Center review](#).

Medicaid

The CAA 23 has an impact on the Medicaid program and as is often the case with large and complex programs, there are winners and losers. The extension through 2027 of Money Follows the Person (MFP) benefits older adults and people with disabilities who move from institutional settings to the community. Medicaid requires states to provide care in nursing homes, but community-based care is optional. MFP provides grants to states for the transitional services necessary to help Medicaid beneficiaries who leave a nursing home and settle in the community.

The Public Health Emergency (PHE) due to COVID-19 is set to expire on January 11, but is expected to be extended until mid-April 2023. States were not permitted to disenroll Medicaid beneficiaries during the PHE. Now, the CAA 23 allows states to start eligibility checks (called redeterminations) that will likely result in millions of people losing Medicaid coverage. This provision was enacted to offset the cost of two Medicaid expansions: funding for postpartum services for women and the Children’s Health Insurance Program for another five years.

Medicare

The new law continues Medicare’s expanded access to telehealth by extending COVID-19 telehealth flexibilities for an additional two years through Dec. 31, 2024. This includes telehealth hospice benefit recertification and advance care planning at home and with audio only. In addition, several provisions strengthen Medicare’s support of mental health. The bill allows marriage and family therapists providing covered mental health services to Medicare beneficiaries to be paid under Medicare starting January 2024, including for hospice. Funding is provided for a technical expert panel to review evidence and determine the feasibility of developing quality standards for bereavement and grief care. And the bill provides 200 new Medicare-supported graduate medical education (GME) slots, 50 percent of which are allocated for psychiatry and psychiatry subspecialties.

Appropriations

Department of Health and Human Services: \$120.7 billion, an increase of \$9.9 billion; **National Institutes of Health (NIH):** \$47.5 billion, an increase of \$2.5 billion with no less than 3.8 percent increase for each institute and center at NIH, with an increase of \$226 million above the fiscal year 2022 enacted level for Alzheimer’s disease and related dementias research; **National Institute on Aging:** funded at \$4.4 billion, an increase of \$187 million; **Advanced Research Projects Agency for Health:** funded at \$1.5 billion, an increase of \$500 million to accelerate the pace of scientific breakthroughs; **Health Resources and Services Administration:** \$509 million, an increase of \$51 million for Title VII Health Professions Education and Training, including Geriatrics Workforce Education Programs at

\$47.245 million for FY 2023, a \$2 million increase; **Social Security Administration:** \$14 billion, an increase of \$785 million; **Centers for Disease Control and Prevention:** \$9.2 billion, increase of \$760 million; **Agency for Healthcare Research and Quality:** \$373.5 million, an increase of \$23 million; **Administration for Community Living:** \$2.5 billion, an increase of \$220 million, including the GSA-developed Research, Demonstration, and Evaluation Center for the Aging Network at \$5 million, the Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities at \$1 million, and the Direct Care Workforce Demonstration at \$2 million; **Nutrition Programs:** funded at \$1.1 billion, an increase of \$100 million; **Home and Community-Based Services and Senior Centers:** funded at \$410 million, an increase of \$11 million; **Preventive Health Services:** funded at \$26 million, an increase of \$1.5 million; **Aging and Disability Resource Centers:** funded at \$8.6 million, an increase of \$500,000; **National Family Caregiver Support Program:** funded at \$205 million, increase of \$11 million; **Native American Caregiver Support Services:** funded at \$12 million, an increase of \$700,000; **Alzheimer's Disease Program:** funded at \$31.5 million, an increase of \$2 million; **Lifespan Respite Care:** funded at \$10 million, an increase of nearly \$2 million; **Long-Term Care Ombudsman:** funded at \$21.6 million, an increase of \$2 million; **Native American Nutrition and Supportive Services:** funded at \$38 million; an increase of \$2 million; **Elder Rights/Adult Protective Services:** funded at \$33.9 million, an increase of \$15 million; **Low Income Energy Assistance Program:** funded at \$4 billion, an increase of \$200 million; **Department of Labor:** the Senior Community Service Employment for Older Americans is funded at \$405 million, which is level funding from the previous appropriation; **Department of Housing and Urban Development:** Section 202 Housing for the Elderly funded at \$1,075 million, an increase of \$42 million, and Section 811 Housing for People with Disabilities funded at \$360 million, an increase of \$8 million (about 2,800 new affordable housing units for older people and people with disabilities).

In Other News

Two House committees, Oversight and Energy and Commerce, issued a joint report on December 29 on the Food and Drug Administration (FDA) collaboration with Biogen, the maker of the Alzheimer's drug Aduhelm. The committees found that the FDA's relationship with Biogen before the product's accelerated approval was "atypical" and ran afoul of the agency's protocol for documenting interactions with drug companies. Committee staff recommended that the agency "ensure all interactions with drug sponsors are properly documented, establish guidance on the use of joint briefing documents for advisory committee meetings and update its industry guidance for developing and reviewing new Alzheimer's drugs." The FDA, in a statement, said the "decision to approve Aduhelm was based on our scientific evaluation of the data contained in the application, which is described in the approval materials."

Leadership

As we go to press, the House has not yet elected a speaker and has adjourned after Representative Kevin McCarthy (R-CA) fell short three times on the 218 votes needed. On the Senate side, leadership has stayed the same, with Senator Chuck Schumer (D-NY) as Majority Leader and Senator Mitch McConnell (R-KY) as minority leader.

Optimism for 2023

I've just unleashed a great many details in your direction, and this was about half of what I had gathered. Before concluding, I want to use this opportunity to thank all of you who have played various roles in moving aging policy forward last year and making our jobs in DC easier and rewarding.

As we begin the new year, we remain optimistic that the work you do will make its way to policy makers here and in your states and they in turn will act to improve the lives of older adults. Yes, incremental change will be a theme of the new divided Congress and maybe some strong defense will come in handy as well, but we will keep preparing, educating, and advocating for the right moments when good policy survives the legislative and regulatory processes. Happy New Year!

Recent GSA Policy Actions

GSA member Bradley Willcox, MD, FGSA, of the University of Hawaii aided in the Society's advocacy efforts advance the [Protecting Seniors through Immunization Act](#) by authoring an *op-ed* in the *Honolulu Star-Advertiser*, recognized improved access to vaccines covered in Medicare Part D. Effective January 1, vaccines including those for shingles (Zoster) and whooping cough (Tdap) will be available to Medicare beneficiaries at no cost. Senator Mazie Hirono (D-HI) supported provisions in the Protecting Seniors Through Immunization Act, which passed recently as part of the [Inflation Reduction Act](#).

GSA Vice President of Policy and Professional Affairs Patricia M. "Trish" D'Antonio, BSPHarm, MS, MBA, BCGP, recently interviewed Joe Nadglowski, president and CEO of the [Obesity Action Coalition](#), as part of [GSA's Policy Profile Podcasts](#) series. The podcast addresses policies surrounding comprehensive care for older adults with obesity and overweight.

GSA, as a member of the [Protecting Access to Pain Relief Coalition](#) (PAPR), successfully advocated to have language included in the FY 2023 omnibus spending package. This directive language ensures that the Department of Health and Human Services will provide a report to Congress on progress to disseminate recommendations of the [2019 Pain Management Best Practices Inter-Agency Task Force report](#). GSA Vice President of Policy and Professional Affairs Patricia M. "Trish" D'Antonio, BSPHarm, MS, MBA, BCGP, currently serves as president of the PAPR coalition, which supports continued access to and choice of appropriate over-the-counter (OTC) pain relief.

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engagement, and energy that was so evident this past fall at our Annual Scientific Meeting in Indianapolis.

Absence does make the heart and mind grow fonder and stronger. Having been kept physically apart for three years made our first in-person meeting a reunion like no other. I aim to leverage the energy gained in Indy to continue this momentum during our 2023 meeting in Tampa in November.

The new governance structure of the Society enables the president-elect to participate during the entire preceding year as vice president in regular meetings of the Board of Directors and engage in other Society operations. This opportunity provides a year's worth of tutorials on the governance and operations of the Society and reveals its extraordinary reach across the multidisciplinary fabric that makes up our gerontological discipline. It serves as an inspiration to achieve all that one can for the membership and our mission.

In considering a theme for Tampa — one that would energize, inspire, and include everyone and all that we do — it was difficult to generate one that captured my goals in a single phrase. In my candidate statement, I pledged to “bring a biogerontological perspective to the table of experts from all branches of gerontology — in order better to advocate and achieve the Society’s goals by building bridges, connecting disciplines, enhancing communication and collaboration, and, especially, energizing and engaging the next generation of gerontologists.”

One of the many reasons I love GSA is what my colleagues in the social and psychological disciplines have taught me about aging. This informs us in the biological sciences about new targets for biological inquiry and outcomes that biology can help with. We strengthen each other by learning from each other. My platform pledge thus became the seed of the meeting’s theme. The tripartite format created by my predecessor, Peter Lichtenberg, provided the perfect template for achieving this goal.

We will come together in Tampa under the banner of: “Building Bridges. Catalyzing Discovery. Empowering All Ages.” The following expands on these three themes.

Building Bridges: After two years of meeting disruption, our recent meeting in Indianapolis reminded us how much bandwidth was lost without in-person forums. Many members at the meeting expressed how uplifted they felt being together for the first time in three years.

Zoom has been a lifesaver during the pandemic, but it is a far second compared to being at a meeting of nearly 4,000 folks where multiple opportunities to meet individuals and groups abound. It is those meetings, many of which are unplanned, that enable bridge building — between and within disciplines — that are so important and occur so much more easily at an in-person meeting. It’s simply not possible to come close to this experience, at least currently, interacting on a two-dimensional monitor.

The meeting in Indy provided classical as well as new opportunities for bridge building and I look forward to further

advancing this process to build strong collaborative research and education networks.

Catalyzing Discovery: Research and the discoveries that it yields are the wellspring of knowledge that can be used to improve our lives as we age. Our meeting will be structured to maximize dissemination of our latest discoveries and thereby catalyze further research. For example, GSA will continue with its new late-breaker paper process that augments the existing late-breaking poster submission process.

Empowering All Ages: The renewed emphasis of our Society on diversity, equity, and inclusion comes at a time when we need more support than ever to ensure that every one of us — from trainees to emeriti, as well as the older people and their caregivers whose lives it is our common mission to enrich — feel empowered to be who they are and contribute in their unique ways to our goals.

In organizing meetings, I have always aimed for equity and inclusion in age, gender, ethnicity, and experience — not only for speakers but also for attendees. This is not only the right thing to do, but also essential for maximizing growth of knowledge and understanding. As GSA president I will strive to help create a meeting that will further strengthen GSA’s history of inclusiveness and overcoming inequities and to communicate the importance of these issues to policy makers and the general public while in Tampa.

In summary, my goal for our meeting in Tampa is to provide a forum that will empower all of us to advance understanding of aging in all its aspects — from its dividends to its challenges — from its biology to its sociology — realizing that by so doing we can increase satisfaction and fulfillment of all of us as we age together. Our meeting will be filled with sessions, symposia and posters that will catalyze new research and generate new insights to achieve this goal. No scientific society is better equipped to achieve these goals than GSA. Because of its interdisciplinary membership, the GSA meeting enables bridging those disciplines to synergistically achieve our goals.

This year promises to be filled with many wonderful opportunities — both new and established — for our Society. We are a unique community, 5,400 members strong, of scholars, educators, practitioners, and policymakers who can and will harness these opportunities to advance our vision: to enable all of us to have meaningful lives as we age. I am excited and look forward to seeing you and learning from you not only in Tampa, but during the entire course of the year.



Tampa, FL • November 8-12

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Celebrating 2022's Wins While Looking Forward to New ESPO Opportunities in 2023

With our first in person Annual Scientific Meeting since the COVID-19 pandemic behind us, ESPO is celebrating yet another successful year. This column will highlight some of what ESPO accomplished both in Indianapolis, Indiana, and throughout 2022. We will also look ahead to different opportunities in 2023.

ESPO Events at the Annual Scientific Meeting

We were pleased to share food and fun at our annual ESPO Breakfast and Community Meeting and the ESPO Wine & Cheese Networking Reception. These events gave our members and volunteer leaders an opportunity to network in a relaxed environment while learning more about ESPO and upcoming initiatives for next year. We were also able to celebrate our volunteers and acknowledge our award winners with plaques. Awards included the interdisciplinary paper, student posters, and the Carol A. Schutz Travel Awards.

ESPO members engaged in our highly anticipated sessions during the Annual Scientific Meeting, which consisted of several informal chats held in the ESPO Lounge as well as the five ESPO scientific section symposia, a presidential symposium, and the fourth annual ESPO-NIA Butler-Williams Scholars Scientific Symposium. Informal chat topics included work-life balance during current times, ESPO international taskforce, tips to secure a postdoctoral fellowship, and successful writing and publication strategies.

This year at the Annual Scientific Meeting we piloted an initiative to allow local students to attend one day of ESPO programming. Student Day was held on November 5. Students were welcomed to the meeting in the ESPO lounge, which allowed time for networking and learning more about ESPO and GSA. Later in the day, students attended an informal chat and the presidential symposium.

Professional Development Opportunities

ESPO offers a wealth of resources for professional development to students, postdocs, or early careerists as a benefit of membership. These resources include online Dissertation and Pre-Proposal Dissertation Writing Group meetings, ESPO Webinars, the new Write-In Program

and Talk with a Trailblazer sessions. ESPO continues to identify avenues through which its members can benefit from ongoing professional development through GSA. If there is a particular professional development topic or workshop you would like to see offered in 2023, please let us know.

Getting Involved and Staying Engaged

ESPO needs you! We encourage you to get involved. Each year we have a call for ESPO volunteer, which include section officers, junior leaders, and task force and workgroup service positions to meet our needs and ensure our ongoing, year-round professional development opportunities are a success. We have the following task force opportunities: dissertation writing group, webinar, communications, and international as well as two workgroup service positions — awards and Annual Scientific Meeting. If you are interested in a position but were unaware of the deadline or want more information, please contact us.

New Opportunities in 2023

With each coming year, ESPO strives to meet the needs of its members. Several ESPO members highlighted concerns with having family members (e.g., spouse/partner, children, older adult for whom they provide care) who may need to attend the Annual Scientific Meeting. The Annual Scientific Meeting is a family-friendly meeting. ESPO in collaboration with GSA leadership strives to explicitly highlight the family-friendly nature of our Annual Scientific Meeting. We have been in talks with the GSA leadership about lactation rooms, areas for children, and adult supervision by your family member/friend without having to register for the meeting. We hope to survey the ESPO membership as well as the larger GSA body to begin to implement more family-friendly initiatives. This survey should be released in Spring 2023.

We want to hear from you! Whether you have an idea to share about the family-friendly initiatives with the Annual Scientific Meeting, an exciting opportunity for ESPO to consider, or you'd like to learn about how to become more involved, contact us at espo@geron.org!

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practiced in the summer compared to the fall).

The most common disruption in living arrangements included having family or friends move in, although a higher proportion of respondents in the fall compared to the summer reported moving into a care facility and/or having their care provider come to help. Many women reported changes in medication and health care access, which included delays in getting prescriptions filled and health care appointment conversions to telephone or online (the latter more commonly reported among urban residents).

There were notable changes in lifestyle factors; for example, over half of women reported less physical activity or exercise compared to before the

pandemic, which was more commonly reported among women residing in urban areas. A lower proportion of women reported consuming alcohol compared to reports from prior to the COVID-19 pandemic.

"While the women in the WHI demonstrated remarkable resiliency overall, these findings help guide our response to those multifaceted social, psychological, and physical struggles and comorbidities that are not only associated with COVID-19 infection in an older population, but also with the societal and infrastructure barriers in the context of the COVID-19 era," Shumaker, LaCroix, and Bea wrote. "As COVID-19 and our societal response to it evolves, it is important to continue to study the impact on high-risk groups, such as the older women in the WHI."

[Innovation in Aging Publishes GSA 2022 Abstracts](#)

Program abstracts from the 2022 Annual Scientific Meeting have been published in a supplement issue of *Innovation in Aging*, under the title “[Program Abstracts from The GSA 2022 Annual Scientific Meeting, Embracing Our Diversity, Enriching Our Discovery, Reimagining Aging.](#)”

[PP&AR Focuses on COVID-19 Recovery, Public Policy Implications](#)

The latest issue of the *Public Policy & Aging Report* (PP&AR), titled “[COVID-19 Recovery: Lessons Learned and Policy Action for the Future.](#)” organized by GSA’s Health Sciences Section, focuses on COVID-19 recovery and public policy implications of lessons learned across the care continuum for older adults. The papers in this issue discuss: the impact of COVID-19 mitigation policies on the health outcomes of older adults living in six middle- and high-income countries; positive and negative aspects of COVID-related policies on caregivers; regional differences in COVID-19 vaccination rates among older adults in the U.S.; the phenomenon of social isolation among older adults residing in nursing homes during the pandemic; the impact of the pandemic on small residential care facilities; and the impact of COVID-19 on incarcerated older adults in U.S. prisons.

[New Associate Editors Join The Gerontologist Editorial Team](#)

The Gerontologist has announced the appointments of new associate editors effective January 2023: Keith A. Anderson, PhD, MSW, FGSA, as associate editor, book reviews; Andrea Gilmore-Bykovskiy, PhD, RN, as co-associate editor, qualitative research; and Tonya Roberts, PhD, RN, as co-associate editor, qualitative research.

Anderson is a professor and chair of the Department of Social Work at the University of Mississippi. Anderson’s scholarship focuses on the health and well-being of older adults and their caregivers, home and community-based services for older adults, and developing and evaluating creative interventions to improve life in later life. He is a Hartford doctoral fellow, a Hartford faculty scholar, and the co-editor of the End-of-Life Care Series for Columbia University Press.

Gilmore-Bykovskiy is an associate professor and associate vice chair of research at the BerbeeWalsh Department of Emergency Medicine of the University of Wisconsin-Madison School of Medicine and Public Health, where she also serves as associate vice chair for research. A practicing geriatric nurse, Gilmore-Bykovskiy leads a program of research focused on promoting effective, meaningful, and equitable care and research for people living with and at risk for Alzheimer’s disease and related dementias.

Roberts is an associate professor and the Karen Frick Pridham Professor in Family-Centered Care at the

University of Wisconsin – Madison School of Nursing. Roberts’ research is focused on optimizing person-centered care and improving quality of care and quality of life for older adults in long term care environments. She has research and teaching expertise in qualitative methods, with a particular emphasis in grounded theory. She has been a member of GSA for over 15 years with continuous service on multiple workgroups and committees and on the Editorial Board of *The Gerontologist* since 2015.

[GSA Journals Moved to Paperless Publication](#)

GSA and its publisher, Oxford University Press (OUP), moved the Society’s journals to online-only publication beginning January 1. This decision reflects GSA’s commitment to efficiently disseminating timely information, supporting sustainability, and reducing its environmental impact by “going green.”

Online journals offer a richer, more personalized reading experience, and are easily available on-the-go. All articles accepted for publication will be available in PDF and HTML formats, in addition to the back catalog of articles from the time of each journals’ launch. Other GSA functions that have moved online include *Gerontology News* and the GSA 2022 Annual Scientific Meeting Program Book and Abstract Book.

The GSA journals online provide robust search functionality; graphical abstracts; video and audio content; downloadable slides; supplementary data; split screen reading; linked resources; related content across all books, journals, and online products published with OUP; article sharing through email and social media; article download stats; Altmetric article data; article citation information; virtual collections; and access to accepted manuscripts online (before the copyedited, typeset articles are produced). And online usage drives the GSA journals ever-increasing impact factors.

[GSA Journals Published Collections to Close Out 2022](#)

The GSA journals published several collections and thematic issues across its’ portfolio to close out the 2022 year:

- *Innovation in Aging* special issue, “[Nursing Science Interventions in Aging](#)”
- The biological sciences section *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences* special section, “[Enriching our Discovery](#)”
- *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* joint special issue, “[Psychological and Social Dynamics of the Aging Experience Among Racial/Ethnic Minorities](#)”
- *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences* supplement issue, “[The Impact, Experience, and Challenges of COVID-19: The Women’s Health Initiative](#)”
- The *Gerontologist* editorial by outgoing Editor-in-Chief Suzanne Meeks, PhD, FGSA, “[On Editing The Gerontologist: A Life Span Perspective](#)”

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GSA Welcomes Two Incoming Journal Editors-in-Chief
[Joseph Gaugler, PhD, FGSA](#), of the University of Minnesota, begins his term as the editor-in-chief of *The Gerontologist* this month. Gaugler has published an editorial, "[Cultivating the Formidable Legacy of The Gerontologist](#)," where he describes his vision, outlook, and focus for the journal over the next four years.
[Gustavo Duque, MD, PhD, FRACP, FGSA](#), of McGill

University, begins his term as the Editor-in-Chief of the biological sciences section of *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences* this month. Duque has published an editorial, "[A golden age for biogerontology and geroscience is approaching: Our journal is here to disseminate the best of that new knowledge](#)," where he sets forth his initiatives for the journal.

educational news

Lessons Learned Finding the First Gerontology Faculty Job

By *Jaqueline C. Avila, PhD, Assistant Professor of Gerontology, John W McCormack Graduate School of Policy & Global Studies, University of Massachusetts Boston* (jaqueline.avila@umb.edu)

I came to the U.S. from Brazil to pursue a PhD in population health sciences at the University of Texas Medical Branch. During the program, I built strong research skills, learned research methods, scientific writing, and applied to a predoctoral fellowship to fund my dissertation. Five years later and the beginning of a pandemic, it was about time to graduate. However, I realized that I was not as prepared to navigate the academic job market. I always wanted to pursue an academic career, but my independent research program was not well defined. Because of that, I decided to apply for a postdoctoral fellowship.

I enjoyed the time as a postdoc because it was a good opportunity to start my independent research program with protected time. My recommendation to other ESPO members is to submit a training grant during your postdoc so you can have this experience before your first faculty position. Although my grant was not funded on the first try, it did help me refine the current and future research agenda that I presented during the faculty job talks.

The job search for your first faculty position can be daunting. These are a few lessons that I learned last year:

1. Build a network: The communications with professional scholars during graduate school and postdoc will be important to build your professional network. It is great to have peers at the same career stage to share experiences, materials or just to vent about the job search process. At the same time, it is important to take advantage of conferences such as GSA for networking with faculty from other institutions. For example, during my postdoc and faculty job searches, I met with individuals from places I wanted to apply at GSA the year before I applied. This would give you an opportunity to talk with potential coworkers informally before a formal set of interviews.

2. Know what type of academic job you want: The next lesson I learned is that there are a wide variety of positions in the academic job market. Therefore, you need a solid career plan to help prioritize your options. Simply ask yourself: do

you want to conduct research only and be more dependent on grant funding, or do you want to assume teaching and research responsibilities? Some positions may also require additional clinical responsibilities. Something new to me was knowing the differences of hard vs. soft money jobs. This, again, is something you may not be familiar with. These decisions are part of an academic job search, and it is important to decide in which environment you want to work and what are your priorities.

3. Know the responsibilities of the job and the deliverables for promotion:

Once the faculty job search narrows down to a few places it is time to think about how the daily routine will be like at different institutions. It is important to know the research requirements, teaching load, and service needs. It is also important to know the annual deliverables for a successful tenure review. These factors will help you narrow down which places align better with your priorities decided on step 2. If you want to devote more time towards research but you have a heavier teaching load, that position may not be ideal, and vice versa.

I later joined the Department of Gerontology at the University of Massachusetts Boston as an assistant professor. I decided to come to UMass Boston because the job responsibilities aligned well with my career priorities. Yet, the selling point for me was the intangible work environment I have felt here: collegiality, faculty and department support, and a sincere interest in my overall success. These are also important aspects to consider.

Initially, it was hard to navigate the academic job market as an international student without any professional connections in the U.S. However, over time I built a professional network, defined the priorities for my academic career and then matched the position that aligned best with these priorities. These steps helped me succeed in finding my first faculty job. I hope these reflections help you on your search too!

funding opportunities

NIH Offering Free Crash Course in Funding

Are you new to National Institutes of Health (NIH) grants and looking to better understand the processes and policies behind NIH funding? Or are you experienced and want to brush up on the latest policies and information? Consider this your personal invitation to the [2023 NIH Grants Conference](#), a free and virtual event on February 1-2, 2023. During this 2-day live event, NIH and HHS experts will share policies, resources, guidance, and case studies in informative and engaging sessions.

Registration is free and includes your personal “All Access Pass” to the virtual [NIH Grants Conference 2022-2023 season](#). Once registered and logged into the conference site, you are free to explore the two-day agenda, on-demand library of related resources, and create your personal schedule.

In the meantime, explore the [precon event](#) recordings and materials for deep dives into select NIH grant topics.

RRF Accepting Grant Applications

The RRF Foundation for Aging (formerly The Retirement Research Foundation) is [accepting applications for its next grant cycle](#). The foundation’s grantmaking is focused on four priority areas: caregiving, economic security in later life, housing, and social and intergenerational connectedness. On a selective basis, it also remains open to considering compelling applications on other topics.

Proposals for direct service projects are considered from organizations based in Illinois, Indiana, Iowa, Kentucky, Missouri, Wisconsin, or Florida. Advocacy, training, and research projects, all with national relevance, are considered from organizations in any state. Organizational capacity building requests are accepted from nonprofits located in Illinois.

RRF now requires applicants to submit a letter of inquiry (LOI) as part of its grantmaking process. LOIs should be submitted online by February 1 for the May 5 full proposal deadline.

Call for 2023-2024 Policy Fellows Applicants Now Open

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

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

new resources

GSA Releases Obesity-Related Podcasts

Three new podcast programs from GSA will support primary care teams implementing [The GSA KAER Toolkit for the Management of Obesity in Older Adults](#) and others who aim to provide quality, person-centered care for older adults with overweight and obesity:

- Nutritional Needs of Older Adults with Obesity (Momentum Discussions series)
- Culturally Congruent Care for Hispanic Older Adults with Obesity (Momentum Discussions series)
- The State of Obesity Care: Better Policies for Older Adults (Policy Profiles series)

These programs are additions to GSA’s [expanding collection of resources](#) addressing the chronic disease of obesity. Produced by GSA, these podcasts were supported by Novo Nordisk.

Report Shares Progress on Elimination of Health Disparities

The National Center for Health Statistics has released a new report in its Vital and Health Statistics Series 2, “[Examining Progress Toward Elimination of Racial and Ethnic Health Disparities for Healthy People 2020 Objectives Using Three Measures of Overall Disparity](#).”

This publication builds on the Healthy People 2020 Final Review’s Overview of Health Disparities as the first-ever assessment of health disparities by race and ethnicity across Healthy People 2020 objectives using multiple measures of health disparities. [A podcast highlighting some of this report’s findings](#) was released on November 30.

Federal Agency Issues Updated Profile of Older Americans

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

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

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



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