

gerontology news

The Gerontological Society of America®

June 2020

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Honor the Past



Key Moment in History

1970: GSA moves its headquarters from St. Louis, Missouri, to Washington, D.C. At the time of its founding, the Society's sole employee was an assistant to the editor of the *Journal of Gerontology*. Today, GSA has 21 full-time staffers on its roster.

Graduates Eligible for Transitional Membership

GSA offers a transitional status of membership for recent graduates. Anyone who is currently a student member is eligible to receive a reduced annual membership fee of \$123 as he or she transitions into a full-time career. This rate is available for two years. A transitional member also will continue as a member of GSA's Emerging Scholar and Professional Organization.

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GSA Presidential Candidates Issue Statements



Albert

Steven M. Albert, PhD, MS, MA, FGSA

A career in aging and public health offers an advantage for leadership of GSA. Gerontologic public health takes into account the full scope of gerontology,

from geroscience to behavioral interventions, and draws on many disciplines to push interventions out to aging subpopulations that span the continuum of ability and vulnerability.

I am in a good position to bring the different fields of gerontology together. This background will be very useful in developing new initiatives for GSA, such as a focus on oral health or thinking through changes in



Lichtenberg

Peter A. Lichtenberg, PhD, ABPP, FGSA

Throughout my entire 34-year career, I have believed strongly in contributing to organizations and programs that promote gerontology research, education,

practice and public policy. Within GSA, I was the Mental Health and Aging Interest Group convener early in my career, a decade later chair of the Behavioral and Social Sciences Section.

I led the effort to create, and for eight years lead, the Gerontology Program Leaders Network and recently served as chair of the GSA Publications Committee. I hold leadership roles in several other national and state organizations and programs.

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Member's Senate Testimony on COVID-19 Highlights Nursing Home Needs

Speaking at a May 21 hearing of the U.S. Senate Special Committee on Aging, University of Chicago professor R. Tamara Konetzka, PhD, told lawmakers about the relationship between nursing home quality and COVID-19, and shared measures to reduce the effects of the pandemic on nursing homes.

Senators convened the hearing, titled "[Caring for Seniors Amid the COVID-19 Crisis](#)," to investigate the disproportionate harm older adults across the country are experiencing due to COVID-19 and explore what can be done to better protect this population.

Adults age 65 years and older are more likely to suffer severe complications from COVID-19 and to have more difficult recoveries. They represent two out of every five hospitalizations and eight out of every 10 deaths from the virus. Those in nursing homes and group care settings are especially at risk. Nationwide, residents and workers in nursing homes and other long-term care settings represent more than one-third of all COVID-19 deaths.



Konetzka

Konetzka is a professor of health economics and health services research at the University of Chicago, and a long-standing GSA member. She and collaborator Rebecca Gorges, MA, recently set out to assess whether the pattern of COVID-19 cases and

deaths in nursing homes appears to be random or connected to nursing home quality.

"We conclude from this analysis that at least the standard quality measures do not distinguish which nursing homes ended up with cases and deaths," Konetzka said in her testimony. "While some nursing homes undoubtedly had better infection control practices than others, the enormity of this pandemic, coupled with the inherent vulnerability of the nursing home setting, left even the highest-quality nursing homes largely unprepared."

She added that, consistent with racial and socioeconomic disparities in long-term care

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From the CEO



Grit, Graduations, and Gratitude: The Groundwork for Growth

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

As we collectively accept that we're in it for the "long haul" in managing with, and through, the COVID-19 pandemic, it's important to note that we *have* navigated this first crisis phase of the pandemic.

GSA members should give themselves a virtual "pat on the back" for demonstrating the grit necessary to weather the upside-down world we've been living in, with our personal and professional lives changed in ways unthinkable just three months ago. You found ways to succeed in the most adverse circumstances, whether providing direct care to patients experiencing a COVID-19 infection, supporting your institutions in navigating the pandemic, nurturing your ongoing research programs which were likely upended by the pandemic, preparing manuscripts for publication, home-schooling children, and keeping your households together through this traumatic period.

As you've seen by our regular communications, GSA's COVID-19 Task Force is working to create new resources to support members and educate the public. Our journal editors have received dozens of related papers, many of which are already published online. GSA has also been very active in building on our relationships with advocacy partners to address COVID-19. Finally, there has been a major "outbreak" of ageist attitudes during the pandemic, making the Society's Reframing Aging Initiative work ever more critical in addressing the entrenched ageism in contemporary society.

Amidst the ongoing turmoil, colleges and universities have innovated to offer seniors ways to mark this important career milestone through alternative graduation exercises. While there is irony that the first year of the declared Decade of Healthy Aging (2020 to 2030) should feature a global pandemic disproportionately impacting the 60+ population, it also points out the need for additional researchers, clinicians, and educators to advance aging science. Congratulations graduates! GSA is honored to have you as members of the Emerging Scholar and Professional Organization section.

This is also the time of year when GSA gets to recognize excellence among its membership and express gratitude for the contributions made by so many committed

individuals. The recipients of GSA's many distinguished awards are announced in this issue of *Gerontology News*. I salute their exceptional leadership in research, teaching, service, and mentorship and the impact they have had on the field. This recognition by one's peers is one of the many ways GSA helps build a community of scholars dedicated to advancing innovation in aging.

The 2020 class of GSA fellows is also recognized in this issue. Fellow status is the most distinguished category of GSA membership and recognizes sustained contributions to the Society and the field. In a word, GSA fellows become stewards of the Society. They have demonstrated outstanding and continuing work in the field and help advance the culture of excellence GSA represents. The Society is deeply grateful for your stewardship.

You'll also read about the 2020 slate of candidates for GSA president, Board of Directors, and section chairs. I thank each of these individuals for stepping forward and being willing to serve in these roles at a time when the demands on our volunteer leaders are great. Your willingness to commit the time and energy to these roles is greatly appreciated!

In my last column I asked readers to share defining moments they have experienced during this historic time. The response of one member, Susan E. Mazer, ended with this quote that I think captures part of the essence of GSA: "For my husband and I, we cling to each other through our shared values, our mutual respect, and concern for the human condition."

As we reflect on the individual, community, and national trauma of the past three months and begin to accept what feels like the chronic nature of the COVID-19 pandemic, I am reminded of the research around posttraumatic growth. Experiencing a traumatic event can play a pivotal role in facilitating growth for some individuals, resulting in positive personality changes. I don't know how this plays out on a national scale, but I hope it might include a renewed focus on "our shared values, our mutual respect, and concern for the human condition."

James

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In Memoriam



Joy Durfee Calkin, PhD, passed away on April 21. A native of Nova Scotia, she moved to the U.S. where she studied and became a professor in health sciences at the University of Wisconsin–Madison, receiving her MScN in 1968 and her PhD in 1980. In 1985, she was recruited by the University of Calgary to become dean of the Faculty of Nursing. In 1989, she was named associate vice-president (academic) and from 1990 to 1997 served as the university's vice-president (academic) and provost. She left Calgary in 1997 to become president and chief executive officer of Extencicare, Inc. in Markham, Ont. As CEO, chairman, and deputy chairman, she worked in both Toronto and Milwaukee until her retirement in 2002. Calkin was the recipient of many honors, including an honorary degree (DSc) from the University of New Brunswick, three teaching awards from University of Wisconsin–Madison, Calgary's YWCA Woman of Distinction in Education award, the Governor's Integrity Award from the Calgary Downtown Rotary, and the Distinguished Alumna Award from the University of Toronto Faculty of Nursing.



Rosalie A. Kane, PhD, MSW, FGSA, passed away on May 5. A native of the Ottawa Valley region of Canada, she was a former chair of GSA's Social Research, Policy, and Practice Section; the 1999 recipient of GSA's Donald P. Kent Award; and the editor-in-chief of *The Gerontologist* from 1989 to 1991. Kane was a professor of social work and public health for more than 45 years and spent more than three decades at the University of Minnesota, where she worked up until the time of her death. A pioneer in her field, Kane's academic work focused on case management, community-based care, and transforming long term care systems to be more person-centered. She was a champion for the rights of older adults and adults with disabilities to self-advocate. Kane directed the National Long-Term Care Resource Center for 20 years and received the University of Minnesota Distinguished Women Scholars Award in Social Sciences for 2007. Prior to her Minnesota tenure, she was a senior social scientist at The Rand Corporation and a faculty member at UCLA School of Social Work and University of Utah School of Social Work. Kane was the author or a coauthor of more than a dozen books and hundreds of journal articles and chapters, and was a past editor-in-chief of *Health and Social Work* in addition to *The Gerontologist*. She served on three Institute of Medicine Committees, including the Committee on Regulation of Nursing Homes, which was the precursor to the 1987 Nursing Home Reform Act. She was pre-deceased by her husband, long-time GSA member Robert L. Kane, MD, FGSA.

Colleague Connection

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

Lisa McGuire, PhD

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

Member Spotlight

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

[Carol J. Whitlatch, PhD, FGSA](#)

Members in the News

- Caroline Cicero, PhD, was quoted in a March 23 *Next Avenue* article titled "Tips On Dementia Caregiving In The COVID-19 Outbreak."
- Christian Weller, PhD, Marc Cohen, PhD, and Robyn I. Stone, DrPH, FGSA, authored a March 25 piece for *The Conversation* titled "Who cares for those most vulnerable to COVID-19? 4 questions about home care aides answered?"
- Edward L. Schneider, MD, FGSA, FAGHE, was quoted in an April 7 *Los Angeles Times* article titled "Consider pulling residents from nursing homes over coronavirus, says county health director."
- Karen L. Fingerman, PhD, FGSA, and Kelly Trevino, PhD, authored an April 7 op-ed in *USA Today* titled "Don't lump seniors together on coronavirus. Older people aren't all the same."
- On April 9, Sheryl Zimmerman, PhD, FGSA, was quoted in a *Kaiser Health News* article titled "COVID-19 Crisis Threatens Beleaguered Assisted Living Industry."
- On April 13, Joseph Coughlin, PhD, FGSA, co-authored an op-ed in *The Washington Post* titled "Many parts of America have already decided to sacrifice the elderly."
- Nora Super, MPA, and James Appleby, BSPHarm, MPH, authored an April 16 op-ed in *The Hill* titled "Age must not be used as primary criteria to deny treatment."
- On April 16, Judith M. Scott, PhD, RN, authored a piece for the University of Colorado's *CU Connections* titled "CU Faculty Voices: A reflection on ageism in the time of coronavirus."
- S. Jay Olshansky, PhD, FGSA, and Steven N. Austad, PhD, FGSA, were featured in an April 16 article in *The Wall Street Journal* titled "Is 100 the New Life Expectancy for People Born in the 21st Century?"
- An April 24 *Kaiser Health News* story titled "Seniors With COVID-19 Show Unusual Symptoms, Doctors Say" featured quotes from Camille Vaughan, MD, MS, and Joseph Ouslander, MD, FGSA.
- Stephen Golant, PhD, FGSA, was quoted in a *Quartz* article on April 29 titled "Banning family at senior care homes has removed a layer of protection and care."
- On April 27, an interview with GSA President Kathryn Hyer, MPP, PhD, FGSA, FAGHE, titled "A Florida Gerontologist Shares Key Insights on Elder-Care Facilities During the COVID Pandemic," was published on AARP Florida's website.

Accius Sees Opportunities for Action in COVID-19 Response; Congress Deliberates on Another Bills

Lots has happened since the first part of my conversation with Jean Accius, PhD, FGSA, was published last month. You will recall that Jean is the senior vice president for global thought leadership at AARP and a proud member of GSA's Social Research, Policy, and Practice Section. So, let me begin with a quick update and then back to our discussion with Jean.

On May 15, the House of Representatives passed its fifth COVID-19 response bill, called the HEROES Act (H.R.6800), on a largely partisan vote of 208 to 199. HEROES provides \$3 trillion in economic relief and stimulus to address the pandemic. Passage of the first four bills was overwhelmingly bipartisan, but it will likely take many weeks to work out a compromise with the Senate on HEROES.

The bill includes \$4.7 billion to expand National Institutes of Health COVID-19-related research, and additional funds for the Biomedical Advanced Research and Development Authority (BARDA); Public Health and Social Services Emergency Fund; nursing home strike team; Older Americans Act programs; housing for low-income older adults; health care services for underserved populations; workforce training and worker protection activities; support for public health agencies and state, local, territorial, and tribal public health departments; public health data surveillance and analytics infrastructure modernization; Medicaid (Federal Medical Assistance Percentage increase); and so much more. [Check out the summary online.](#)

Now back to Jean.

Brian Lindberg: What news about the pandemic has been most striking to you?

Jean Accius: There have been a couple things that have been a little shocking and upsetting, but also some things that have given me some hope. I think it is striking when you look at what's going on in our nursing homes and other long-term care facilities, in terms of the number of deaths, the lack of data and disclosure about that information, and the heartbreaking restrictions where families are not able to connect with their loved ones. In this day and age of technological advances, for families to not be able to connect with each other is an outrage. Frankly we need bold solutions to address our long-term care system so it really is, indeed, person- and family-centered.

This pandemic presents an opportunity to reimagine the future — a future where people can stay connected, where their values and preferences are honored and where people who need long-term services and supports are treated with dignity and respect.



Accius

Lindberg: Terrible data has surfaced showing much higher rates of infection and death in the African American community. To me, this is a stark illustration of the connection between social determinants of health and health outcomes and community needs. What are your thoughts on that?

Accius: I agree. This pandemic has turned the world upside down and is laying bare the cracks and gaps in our systems and the inequities that we need to overcome. We're seeing the disproportionate impact that COVID-19 is having, particularly on African Americans and Latinos. It is really exposing the systemic issues that we have long struggled to address in our history as a country. Sadly, these disparities are not random, but reflect a long history of inequality wherein social, economic, and political opportunities were extended to some at the expense of others.

That being said, I am optimistic that this is a fork in the road. We, as a society, will need to decide whether we are satisfied with the status quo where inequities are pervasive and health outcomes are determined by the highest bidder or the alternative: a fierce urgency to create a future that honors and embraces our interconnectivity. There are some structural issues that we need to address in a very meaningful and intentional way.

Lindberg: How do we use this pandemic to talk to policy makers about addressing these social determinants of health?

Accius: I think there needs to be an orchestrated, coordinated effort around the stories that we're hearing across the country. We need to understand the root causes of the disproportionate impact in certain communities. And then I think there needs to be some form of conversation around the values we hold dear and ensure they become a part of our fabric as we rebuild for a stronger and more resilient nation. Between storytelling and research, coupled with a series of intentional conversations, we can identify and create meaningful solutions. There are many research questions that we need to explore.

Lindberg: AARP is a member of the Coalition to Transform Advanced Care (C-TAC) which promotes care choice and advance care planning. C-TAC is working with Congress to make sure that advance care planning is made as easy as possible during this difficult period. What do you think about this?

Accius: COVID-19 is causing all of us, not just within the U.S. but across the world, to reflect about our wishes, particularly with respect to advance care planning. We want to encourage advance care planning, including the creation of advance directives. This pandemic has triggered long-overdue conversations with families about care preferences, about getting your papers and plans in place should something terrible happen. Those conversations are difficult, but necessary, given the current dynamics we find ourselves in. AARP has been providing information as part of our coronavirus list of tips and resources to help families navigate this.

Lindberg: We are now hearing powerful first-hand perspectives from people with advanced or serious illness because their care is being delayed or is simply unavailable because of scarcity of health care resources.

Accius: I have heard about the trickle-down casualties of the pandemic. We have a capacity issue that needs to be addressed as the coronavirus overwhelms our health care system. We need to think this through and ensure that we are building a resilient healthcare system which includes addressing workforce shortages and current challenges. We also need to put the person and the family in the center of how we deliver care — even in difficult times and within the capacity issues that we're experiencing right now.

Lindberg: GSA leads the Reframing Aging Initiative and AARP is a long-time supporter of this movement. How do you see reframing in the context of the pandemic and the ageism that has surfaced?

Accius: I think that it illustrates that our work is not done. It really demonstrates the fact that we have work to do across our society to counteract this ageist mindset that is so pervasive. Older adults are major contributors to our society, and they do provide value.

We need to think about policies and solutions that are more inclusive in nature and that do not target one population for a variety of reasons. This pandemic has unearthed deep-seated feelings on the aging of the population. It is important that we have major institutions and individuals standing up, speaking up, about the value that older adults bring to the table.

In 2018, older adults contributed \$8.3 trillion in economic activity and \$745 billion in unpaid activities like caregiving and volunteering. As we navigate these uncertain times and we start to rebuild our lives from the massive public health and economic impacts of COVID-19, the valuable role older adults play will continue to be instrumental in our economic growth and recovery.

One of the things that we're seeing is the fact that the virus doesn't discriminate. Although it disproportionately impacts the mortality of certain groups, it doesn't discriminate in terms of infection. While we are learning more about this virus every day, there is much we still don't know. We need to ensure we are investing in massive research.

It's critically important that policy makers take action to avoid putting patients' families and health care professionals in a position of having to ration care. I think that really goes back to what I was referring to earlier, about the fact that we need to increase the capacity of our healthcare system, to ensure that this crisis does not occur again.

I think it would be a huge misstep for us not to address some of these significant cracks in our systems of care. Whether it's people in nursing homes being disproportionately affected in significant ways or communities of color feeling the effects of disparity and inequity, I think that this is an inflection point for us. We need to do the deep and hard work of thinking about the solutions to ensure that if and when another pandemic or crisis like this happens, we are much better prepared.

Lindberg: Thank you for your insight and ideas, Jean. This has been a wonderful conversation!

Recent GSA Policy Actions

GSA joined the Paid Leave Alliance for Dementia Caregivers. The alliance's four core principles are that federal paid leave policies must include caregivers for loved ones with serious chronic health conditions, provide relief for at-home caregivers, contain meaningful income replacement benefits, and include workplace policies that allows caregivers the flexibility to accompany their loved one to a medical visit. It is comprised of patient and caregiver advocacy organizations including UsAgainstAlzheimer's, Lewy Body Dementia Association, Alzheimer's Los Angeles, American Medical Women's Association, Alzheimer's Mississippi, American Geriatrics Society, Alzheimer's Orange County, Alliance for Aging Research, Milken Institute Center for the Future of Aging, Hilarity for Charity, and Latinos for a Secure Retirement.

GSA signed on to a letter sponsored by The Census Project to support the FY 2021 funding request for Census Bureau appropriations, and to raise awareness about the bureau's potential need for supplemental funding given its COVID-related activities and the proposed 2020 Census schedule extension. The letter was directed to the leaders of the Appropriations Committee and the Appropriations Subcommittee on Commerce, Justice, Science, and Related Agencies in the House and Senate, as well as the leaders of both chambers.

GSA joined more than 400 organizations in signing a letter to urge congressional leadership to build on past bipartisan efforts and ensure all individuals have equitable access to testing and treatment for COVID-19; equip states and localities with sufficient financial support to combat the crisis; provide protection and support to the health care workforce and others on the frontlines of the pandemic; assure access and capacity in the health system; and protect against high and unexpected health care costs.

Continued from page 1 – Albert

long-term care in response to the COVID pandemic.

I see a number of key initiatives for GSA: continuing cultivation of our emerging scholars, giving greater scope to our interest groups with additional resources, and working with AGHE to expand accreditation in gerontology as both an academic program and personal credential.

Our strategic plan allows great flexibility in investing in these priorities. The goal is continued growth of GSA — in membership, influence, and stature as the central clearinghouse for science and evidence-based policy for everything aging. GSA will become more important in the next decade as the science arm of a growing network of aging services providers, clinicians, and advocates.

Steven M. Albert, PhD, MS, MA, FGSA, is a professor and chair of the Department of Behavioral and Community Health Sciences at the University of Pittsburgh Graduate School of Public Health. He has responsibility for a faculty of 15 and 120 MPH and doctoral students, with a department budget over \$6 million yearly.

Continued from page 1 – Lichtenberg

These past experiences help prepare me to strengthen GSA. I plan to advance what I believe are the five core values of GSA:

1. Promoting the value of older adults and combating ageism — a particularly important value during this COVID 19 pandemic;
2. Creating the opportunities to promote outstanding interdisciplinary gerontology research internationally through the GSA publications and scientific meetings;
3. Providing leadership in translating research into practice, policy, and education;
4. Expanding the impact of gerontology through advancing new areas for research; and
5. Insuring that the next generation of colleagues have the opportunities to benefit from GSA.

It would be my honor to serve you as president of GSA.

Peter A. Lichtenberg, PhD, ABPP, FGSA, is the director of the Institute of Gerontology (1999 to present) at Wayne State University. A clinician, researcher, and administrator throughout his career, his professional roles underscore his commitment to growing gerontology programs and

He has been a GSA member since 1989, served as treasurer of the Behavioral and Social Sciences Section (2008 to 2011), chaired two GSA workgroups on aging and over-the-counter medication behavior, chaired the GSA Fellowship Committee (2018 to 2019) and served on the BSS awards committee (2019 to 2020).

He is currently associate deputy editor of *Innovation in Aging* and chair of the National Institutes of Health's National Institute of Nursing Research Initial Review Group study section (2018–). He served on the American Cancer Society Health Policy and Health Services Research study section (2009 to 2012). He served as principal investigator of the Pitt CDC Prevention Research Center and co-directs the Population and Clinical Core of the Pitt NIA Claude D. Pepper Center.

He led a Health Resources and Services Administration Public Health Social Work Leadership training program. His evaluation of the Pennsylvania Department of Aging's statewide falls prevention program allowed Pennsylvania to draw on federal funding for prevention efforts. He also led the redesign of long-term care eligibility screening in Pennsylvania, which went into effect in 2019.

promoting environments for colleagues and students to flourish.

He is a leader in several national and statewide organizations. At Wayne State he helped create and lead the Lifespan Cognitive Neuroscience research program, a pre-doctoral training program in urban aging and health, and for 22 years has co-directed Michigan's Urban African American Aging Center funded by the National Institute on Aging. He created an ongoing, award-winning, community engagement program and recently he led the creation of a \$1.5 million-dollar endowment.

Lichtenberg received his BA degree from Washington University (St. Louis) and master's and doctorate degrees in clinical psychology, with a concentration in aging, from Purdue. Throughout his career, his clinical and research work focused on the intersection of geriatric medical rehabilitation, dementia assessment, late life depression, financial decision-making and financial exploitation. The author of several assessment instruments, he has authored 190 peer reviewed publications, and written and edited seven books. As a member of GSA since 1988, he highly values his many leadership roles within the organization.

Ballots for the GSA elections will be sent by e-mail to all members with a valid e-mail address on June 10. Reminders will be sent prior to the voting deadline of July 1. Make sure GSA has your correct email address on file by checking your member profile at www.geron.org. If you do not receive your electronic ballot, contact ballots@geron.org. The full biographical sketches and personal statements of all candidates running for GSA office will be available online at <https://www.geron.org/membership/gsa-elections> by June 10.

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historically and in pandemic-related deaths currently, nursing homes with traditionally underserved populations are bearing the worst outcomes.

Konetzka also said that given the high rates of COVID-19 infection and death among long-term care facility residents and staff, reducing risk in long-term care facilities must be a top priority.

"I would place the most promising interventions into three categories: resources aimed directly at long-term care facilities; resources to enable prospective or current residents funded by Medicaid to receive services at home rather than in institutional

settings; and requirements for data collection and transparency."

Regarding more long-term measures to improve nursing home quality and reduce future risk, Konetzka said that the structure and level of nursing home funding, or long-term care funding more generally, has to change.

"At least, Medicaid rates need to be substantially higher to address our chronic under-funding of this critical health care sector" she said. "At best, the fragmented system of state-specific payment rates and cross-subsidization from Medicare would be eliminated altogether, consolidating long-term care payment into one consistent program."

Five Tips for a Grant Rookie from a Grant Rookie

By Francesca Falzarano, PhD

For graduate students, post-docs, and early-career investigators alike, the words "grant funding" can be scary. The grant process, whether you're brainstorming ideas or developing your application, can seem like an overwhelming and impossible mountain to climb — learning a different style of writing, navigating the complex intricacies of budgets, and having the skill to make your case for why you are the scientist most deserving of funds to conduct a specific project.

Grantsmanship will be fundamental to most of our career trajectories. The most important thing to remember though is that this is a skill that builds over time — and over time, we can become good and then eventually, great at it. We have to work at grantsmanship the way we would work to build any muscle. Patience, consistency, and perseverance is key.

In the latest GSA Emerging Scholar and Professional Organization Professional Development Series webinar, "[Leveraging Small Grants to Build Your Research Program](#)," held on May 1, we brought in two experts who shared the nuts and bolts of how to transform your research through small grants and use this as leverage to obtain larger, more competitive funding.

ESPO Chair Jamie Justice, PhD, and Amy Hoffman, PhD, RN, gave us tips on how we can maximize small grants to shape our career trajectories. As a fairly new post-doc with many questions about the grant process, here are five tips I took away from the webinar:

1. **Start now:** Regardless of your current level of training, there is funding available to support your research ideas. Seek out these opportunities and begin applying.
2. **Be strategic and start small:** The most effective way to make the case for our research is to obtain small funds to establish proof-of-concept studies. In research, there is no "go big or go home." Seek out small grants and use this time to gather data on feasibility, recruitment, and preliminary effect sizes.

As early career investigators, starting small gives us numerous vantage points: small grants provide an opportunity for a critical review of our research proposal, it helps us to begin to establish our track-record in funding, and provides us with preliminary evidence that can be leveraged to make our case for larger research proposals.

3. **Cast a wide net:** You cannot find what you do not seek. Apply for as many grants as you can. Engage with your mentors, institutions, online resources, journals, and professional organizations (GSA!). Always be on the lookout for an opportunity. Investing the time to familiarize yourself with these resources now will help you to more easily identify opportunities for funding as they are announced.
4. **Don't agonize over page limits:** I have spent countless hours staring at the empty word document that would ultimately become the specific aims page for my very first grant application, wondering how it's possible to fit everything I need with virtually no space. Instead of wasting time; write first, write often, and you can worry about the pages later. The second grant will be easier to write than your first, and the tenth grant will be easier to write than the second. Get those words onto a page and you'll be way further ahead than when you started.
5. **Persist:** There will be more rejected than funded applications. That is a fact of life. Learn from your mistakes, learn from your reviews. As hard as rejection and criticism can be, these instances provide the most beneficial lessons in terms of building your skills in grantsmanship.

ESPO Webinar Task Force Members:

- Chair: Francesca Falzarano, PhD
- Co-Chair: Manka Nkimberg, PhD, MPH, RN
- Member: Darlingtona Esiaka, PhD
- Member: Yan Du, PhD, MPH, RN

Section Fundraising

GSA seeks your contributions that will support our emerging scholars through travel stipends for the Annual Scientific Meeting as well as award recognition opportunities.

Your contributions are an investment in our future.

Please take a few minutes to [make a contribution at www.geron.org/donate](http://www.geron.org/donate) to any or all of the following funds. All contributions go directly to GSA's sections.

- BSS Emerging Scholars Fund
- GSA Carol Schutz ESPO Fund
- HS Fund
- BS Nathan Shock New Investigator Award Fund
- SRPP Support Fund
- AGHE Tree of Knowledge

GSA Honors Outstanding Individuals

Please join us in congratulating our 2020 awardees!

GSA salutes outstanding research, recognizes distinguished leadership in teaching and service, and fosters new ideas through a host of awards. Nominated by their peers, the recipients' achievements serve as milestones in the history and development of gerontology.

The awardees will be recognized at this year's GSA Annual Scientific Meeting, taking place November 4 to 8 in Philadelphia, Pennsylvania. Check the final meeting program for all dates, times, and room location assignments for award events.

SOCIETY-WIDE AWARDS



Donald P. Kent Award
David J. Ekerdt, PhD, FGSA,
University of Kansas



Robert W. Kleemeier Award
Matt Kaeberlein, PhD, FGSA,
University of Washington



Margret M. and Paul B. Baltes Foundation Award
William J. Chopik, PhD,
Michigan State University



M. Powell Lawton Award
Sara J. Czaja, PhD, FGSA,
Weill Cornell Medicine



Maxwell A. Pollack Award for Contributions to Healthy Aging
Karl Pillemer, PhD, FGSA,
Cornell University



Minority Issues in Gerontology Outstanding Mentorship Award
Roland J. Thorpe, Jr., PhD, FGSA,
Johns Hopkins University



Doris Schwartz Gerontological Nursing Research Award
Marie Boltz, PhD, GNP-BC, FGSA, FAAN,
Penn State College of Nursing

2020 awardees

ACADEMY FOR GERONTOLOGY IN HIGHER EDUCATION



Clark Tibbitts Award
Jan Abushakrah, PhD, FAGHE,
Portland Community College



**Hiram J. Friedsam
Mentorship Award**
**Karen Kopera-Frye, PhD, MPA,
FGSA, FAGHE,**
New Mexico State University



Distinguished Faculty Award
Mary W. Carter, PhD,
Towson University



**Rising Star Early Career
Faculty Award**
Laurinda Reynolds, MA,
American River College



**David A. Peterson
Award**
Brenda H. Vrkljan, PhD,
McMaster University



**David A. Peterson
Award**
Amanda Whalen, BA
McMaster University



**David A. Peterson
Award**
Tara Kajaks
McMaster University



**David A. Peterson
Award**
Shaarujaa Nadarajah
McMaster University



**David A. Peterson
Award**
P.J. White, PhD,
McMaster University



**David A. Peterson
Award**
**Laura Harrington, PhD,
MBA,** McMaster University



David A. Peterson Award
**Parminder Raina, BSc,
PhD, CAHS,**
McMaster University

2020 awardees

BEHAVIORAL AND SOCIAL SCIENCES SECTION



Distinguished Career Contribution to Gerontology Award
Jutta Heckhausen, PhD, FGSA,
University of California, Irvine



Distinguished Mentorship in Gerontology Award
Karen Fingerman, PhD, FGSA,
University of Texas at Austin



Richard Kalish Innovative Publication Award
Deborah S. Carr, PhD, FGSA,
Boston University



Richard Kalish Innovative Publication Award
David W. Eby, PhD, FGSA,
University of Michigan



Richard Kalish Innovative Publication Award
Lisa J. Molnar, PhD, FGSA,
University of Michigan



Richard Kalish Innovative Publication Award
Renée M. St. Louis, MPH,
University of Michigan



Richard Kalish Innovative Publication Award
Hans-Werner Wahl, PhD, FGSA,
Heidelberg University



Richard Kalish Innovative Publication Award
Denis Gerstorff, PhD, FGSA
Humboldt University Berlin

BIOLOGICAL SCIENCES SECTION



Nathan Shock New Investigator Award
Isabel Beerman, PhD,
National Institute on Aging



Nathan Shock New Investigator Award
Morgan E. Levine, PhD,
Yale University

SOCIAL RESEARCH, POLICY AND PRACTICE SECTION



Elaine M. Brody Thought Leader Award
Robert B. Hudson, PhD, FGSA,
Boston University



Carroll L. Estes Rising Star Award
Cal J. Halvorsen, PhD, MSW,
Boston College

2020 awardees

Please check the final meeting program for all dates, times, and room location assignments for award events.

GSA thanks the following award sponsors:

The New York Community Trust (Pollack Award)
Abramson Senior Care's Polisher Research Institute (Lawton Award)
Margret M. & Paul B. Baltes Foundation (Baltes Award)

Additionally, the following award nominations, along with a variety of travel awards, will open July 1:

Academy for Gerontology in Higher Education

Graduate Student Paper Award
Mildred M. Seltzer Distinguished Service Honor
Part-Time/Adjunct Faculty Honor
Student Leadership Award
Book Award for Best Children's Literature on Aging
Administrative Leadership Honor

Behavioral and Social Sciences Section

Student Research Award: Dissertation Level
Student Research Award: Pre-Dissertation Level

Biological Sciences Section

Austin Bloch Post-Doctoral Fellow Award
George Sacher Student Award
Minority Investigator Travel Awards

Health Sciences Section

Excellence in Rehabilitation of Aging Persons Award
Joseph T. Freeman Award
Person-In-Training Award
Research Award

Social Research, Policy, and Practice Section

Outstanding Student Poster Award

Emerging Scholar and Professional Organization

Interdisciplinary Paper Award
Poster Award (five)
Douglas Holmes Emerging Scholar Paper Award
Minority Issues in Gerontology Advisory Panel Student Poster Award

To learn more about GSA awards and for more information about our 2020 summer award nominations, visit www.geron.org/membership/awards.

Candidates Unveiled for 2020 Elections

Ballots for the GSA elections will be sent by e-mail to all members with a valid e-mail address on June 10. Reminders will be sent prior to the voting deadline of July 1. Make sure GSA has your correct email address on file by checking your member profile at www.geron.org. If you do not receive your electronic ballot, contact ballots@geron.org. The full biographical sketches and personal statements of all candidates running for GSA office will be available online at <https://www.geron.org/membership/gsa-elections> by June 10.

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Board Member Position 3

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GSA Section Leaders

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Kirsten N. Corazzini, PhD, FGSA

Social Research, Policy, and Practice Section Chair

Debra Dobbs, PhD, FGSA
Walter Dawson, PhD

Distinguished Members Granted Fellow Status

GSA's Board of Directors has approved the following 33 individuals for fellow status within the Society. In addition to being honored during the Fellows and International Reception (Thursday, November 5, from 6 to 8 p.m.) at the Annual Scientific Meeting, they will be presented with fellow certificates and pins at their respective section business meetings and award presentations.

Fellow status is peer recognition for outstanding contributions to the field of gerontology and represents the highest class of membership. This distinction comes at varying points in a person's career and is given for diverse activities that include research, teaching, administration, public service, practice, and notable participation in the Society.

Academy for Gerontology in Higher Education

Carrie Andreoletti, PhD, FAGHE, Central Connecticut State University

Behavioral and Social Sciences Section

Basia Belza, PhD, RN, FAAN, FGSA, University of Washington; Jamila Bookwala, PhD, FGSA, Lafayette College; David R. Buys, PhD, MSPH, CPH, FGSA, Mississippi State University; Sarah L. Canham, PhD, FGSA, University of Utah; Keith Diaz Moore, PhD, FGSA, University of Utah; Megan Gilligan, PhD, FGSA, Iowa State University; Yasuyuki Gondo, PhD, FGSA, Osaka University; Ye Luo, PhD, FGSA, Clemson University; Hyunjin Noh, PhD, MSW, FGSA, University of Alabama; Katherine Ornstein, PhD, FGSA, Icahn School of Medicine at Mount Sinai; Roger O'Sullivan, PhD, FGSA, MFPH, Institute of Public Health in Ireland; Lindsay H. Ryan, PhD, FGSA, University of Michigan; Pamela A. Saunders, PhD, FGSA, Georgetown University; Marie Y. Savundranayagam, PhD, FGSA, Western University; Meredith Troutman-Jordan, PhD, FGSA, University of North Carolina at Charlotte; Brandy Harris Wallace, PhD, FGSA, University of Maryland Baltimore County

Health Sciences Section

Fawn A. Cothran, PhD, RN, GCNS-BC, FGSA, University of California at Davis; Katherine S. Hall, PhD, FGSA, Durham Veterans Affairs Health Care System & Duke University; Jeffrey Kaye, MD, FGSA, Oregon Health & Science University; Anne Bradley Mitchell PhD MN ANP-BC, FGSA, Jefferson University; Jennifer A. Schrack, PhD, MS, FGSA, Johns Hopkins University; Denise Short, EdD, FGSA, University of Oklahoma; Pamela E. Toto, PhD, OTR/L, BCG, FAOTA, FGSA, University of Pittsburgh; Thomas G Trivison, PhD, FGSA, Harvard Medical School; Catherine Van Son PhD, RN, ANEF, FGSA, Washington State University; Qian-Li Xue, PhD, FGSA, Johns Hopkins University

Social Research, Policy, and Practice Section

Leanne J. Clark-Shirley, PhD, FGSA, AARP; Kerstin Gerst Emerson, PhD, FGSA, University of Georgia; Nancy Kusmaul, PhD, MSW, FGSA, University of Maryland Baltimore County; Tam E. Perry, PhD, FGSA, Wayne State University; Kristen Robinson, PhD, FGSA, Social & Scientific Systems; Kali S. Thomas, PhD, MA, FGSA, Brown University

To learn more about the nomination process and see a listing of all fellows, visit www.geron.org/membership/fellows.

Former President Discusses AGHE's Mark on Gerontology Education

Could you provide your understanding of why it was so important in the 1970s that an organization dedicated to education and training in the field of aging be formed?

Board of Directors Member/Former AGHE President Marilyn R. Gugliucci, MA, PhD, FGSA, FAGHE:

In 1972, the Administration on Aging (AoA) established a grant program to fund gerontology training programs in colleges and universities. Never before had there been federal support earmarked for education and training in the field of aging. The key force behind this new grant program was the late Clark Tibbitts.

Only a handful of aging research centers existed, and the leaders of these centers were also active in GSA. These educators began discussing the role that GSA's Education Committee could play in helping foster the development of gerontological education and in assisting the university-based aging centers to secure these new AoA training grants.

Due to the GSA Council's focus on research, this group created a separate organization in 1974, the Association for Gerontology in Higher Education. Though separate, AGHE and GSA, and its members, were clearly connected; partnering on many initiatives, with GSA focused on research, and AGHE focused on education and training. [1]

By the late 1990s, the leadership of both organizations concluded that a stronger partnership between the organizations promoting research, education, and training would be beneficial to all. AGHE essentially merged with GSA, but it wasn't until 2019 that we created one mission statement, one set of bylaws, with one CEO. In essence, AGHE returned to its roots as the education unit of GSA.

What are some of AGHE's most important achievements since its inception?

Gugliucci: AGHE has steadily supported education on aging at higher education institutions, including community colleges. For many years we had the AGHE K-12 Task Force to ensure that education on aging was being integrated into elementary schools. The key was to promote positive images of aging rather than focusing on the disease, decline, withdrawal model that was quite prevalent.

At one time in AGHE's history it supported and provided resources for approximately 450 higher education institutions. We provided opportunities to publish, created teaching resources including syllabi content, and generated networking and mentorship across institutions. Early on we were focused on gerontology programs, but over the past 15 years we have steadily supported



health professions education to integrate geriatrics and gerontology content.

Our current achievements were all based on the original AGHE mission. In essence, we trained educators and administrators; prepared health and human service personnel to work effectively with older adults; and educated society at large about the processes of aging and the implications

of an aging society. Over these past 45+ years of AGHE's innovative leadership, we were able to provide the only reliable data on gerontology education and its impact on the aging network.

We created standards for gerontology programs, then created gerontology competencies. Program development, education, and support for faculty were always at the forefront of our goals from community college programs through advanced degree programs in gerontology and health professions education.

Key areas for AGHE are the Program of Merit for Gerontology Programs and Health Professions Programs; collaborative partnerships (i.e. RRF Foundation for Aging) for grant funding; the AGHE Fellows program, AGHE mentors program, AGHE's journal — *Gerontology & Geriatrics Education*, and our awards to recognize leaders in gerontology education. Additionally, AGHE has become a leader for advancing the Age Friendly University Global Network.

We are living in an unprecedented time, from the effects of the worldwide COVID-19 pandemic. What are some ways you envision AGHE aiding in reinvigorating gerontology education once campuses are in full force?

Gugliucci: When the pandemic affected gerontology and health professions programs, the AGHE Connect Community jumped on board to share ideas and resources. This was instantaneous and incredibly creative; it is AGHE's strength. Networking during these challenging times keeps ideas flowing, builds greater networks, and generates opportunities for sharing ideas or creating new ones. Being part of AGHE opens access to this wonderful wealth of knowledge and know how!

The key for AGHE and GSA members now is to heed the Reframing Aging Initiative (that GSA now leads) in reframing aging as well as communicating about the impact of COVID-19 on older adults – word usage and messaging is incredibly important right now.

Continued on page 14

Any other thoughts you'd like to share?

Gugliucci: I have served AGHE in many ways over many years, I am currently on the GSA Board of Directors. In 1998, I asked Dr. Suzanne Kunkel, then AGHE President, for advice on how to run for AGHE president in 10 years. Her answer: "get involved!" I took this to heart and in 2008, I began my 2-year term as AGHE President.

It's incredible to work with such amazing AGHE colleagues in the U.S. and across the world. AGHE's heart is the key to its success. We are welcoming, supportive, generous, knowledgeable, creative, and skilled in the field of aging. Any program in

gerontology or health professions has access to us. Although the demographics on aging in the U.S. and globally create a compelling need for ensuring there is education on aging, the demographics aren't always enough. Regardless, we must embrace the reframe aging movement to create positive images and possibilities. It is our responsibility and our passion to advance education on aging!

[1] Hickey, T. (1978). Association for Gerontology in Higher Education—A brief history. In M. M. Seltzer, H. Sterns, & T. Hickey (Eds.), *Gerontology in higher education* (pp. 2–11). Belmont, CA: Wadsworth.

new resources

View GSA's Webinar on Responding to Ageism During COVID-19

GSA's recent webinar, "Reframing the Response to COVID-19: Applying Reframed Language to Counteract Ageism," featured strategies for connecting COVID-19 and aging without perpetuating ageist tropes. The program is available for viewing at <https://youtu.be/iD2u4bLwMIw>. The presenters offer ways that we can respond using empirically-supported narratives developed by the FrameWorks Institute for the Reframing Aging Initiative and other projects to frame the public discourse on social and scientific issues.

GSA, National Council on Elder Abuse Team Up for Webinar on Reframing

The GSA-led Reframing Aging Initiative and the National Center on Elder Abuse's Reframing Elder Abuse project recently presented a joint webinar titled "Why Reframe? Understanding the Significance and Tools of Reframing Aging and Reframing Elder Abuse." View the recording at <https://youtu.be/h1GwD4N7G7k>. The Reframing Aging Initiative is a long-term social change endeavor designed to improve the public's understanding of what aging means and the many ways that older people contribute to our society. Its sister project, Reframing Elder Abuse, aims to demonstrate how we can restructure our communities to put elder abuse on the public agenda, generate a sense of collective responsibility, and boost support for systemic solutions to prevent and address it. This webinar builds awareness of both projects, and discusses where they overlap and how we can learn about the impact of ageism on society.

Joint NAC-AARP Report Sees Decline in Family Caregivers' Health

The National Alliance for Caregiving (NAC) and AARP have released *Caregiving in the U.S. 2020*. The report, focusing on family caregivers of adults, reveals that family caregivers are in worse

health compared to five years ago, and that personal finances are a concern: 28 percent of family caregivers have stopped saving, 23 percent have taken on more debt. The new study also found that the number of family caregivers in the U.S. increased by 9.5 million from 2015 to 2020 to total 53 million people and encompasses more than one in five Americans. The 2020 study builds on prior efforts (in 1997, 2004, 2009, and 2015), and replicates the new methodology implemented in 2015, allowing for examination of changes to caregiving since the last data collection effort in 2015. The full report and appendices are available at <https://www.aarp.org/uscaregiving>.

New Report Addresses Loneliness Crisis Through Power of Pets

Mars Petcare and the Human Animal Bond Research Institute (HABRI), with support from a broad consortium of partners including GSA, recently released a report that offers a roadmap for advancing research and best practices that address how human-animal interaction can serve as an important solution to the growing epidemic of loneliness and social isolation.

Loneliness currently affects three in five Americans and 9 million people in the U.K. Mars Petcare and HABRI surveyed 2,000 people in the United States, finding that 85 percent of respondents believe interaction with companion animals can help reduce loneliness.

The new report, "Addressing the Social Isolation and Loneliness Epidemic with the Power of Companion Animals," brings forward the recommendations from the Summit on Social Isolation and Companion Animals, along with the continued work of a broad consortium of human health advocates, mental health practitioners, veterinarians and human-animal interaction researchers.

It outlines the following three-pronged approach to facilitate the role of human-animal interaction and pet ownership in addressing social isolation and loneliness: advance high-quality research; help address barriers and provide solutions; and share and support the proliferation of best practices. The report is available at <https://bit.ly/2THiTK5>.

gsa journal news

The Gerontologist Invites Papers on Age-Friendly Environments

One decade ago, the World Health Organization (WHO) founded its Global Network for Age-Friendly Cities and Communities, which focuses on political and economic processes to achieve age-friendliness. In its 2018 report, WHO defined successful outcomes in terms of improved functioning of older people, but noted continuing knowledge gaps that could guide communities in determining best practices and tools for achieving these aims. *The Gerontologist* is welcoming papers for a special issue titled “Age-Friendly Environments” to address these knowledge gaps. Gerontologists have long recognized that the fit between the person and the environment is a critical component of successful adaptation across the life span. Existing work points to the complexity of defining “age-friendliness” because of its multidimensionality, the diversity of aging populations, and the difficulties inherent in generalizing based on chronological age. Environments and people change over time, as do the behaviors of aging individuals with respect to their environments. The papers the editors look for in this special issue will wrestle with these complexities to advance our understanding of how to promote age-friendly environments across a variety of human ecosystems. Manuscripts submissions are due September 15. Review the full call for papers at <http://bit.ly/GSA-CFPs>.

The Gerontologist Planning Special COVID-19 Collection

As the COVID-19 pandemic spreads rapidly across the globe, we have seen international media, social media, and public health officials framing “the elderly” as a homogeneous and vulnerable group, conflating physical vulnerabilities common in later life with chronological age, and promoting generational conflict. Such framing ignores valuable skills, knowledge, historical memory, and learned temperamental strategies that older adults may share with and model for younger generations during such a crisis. How can gerontological scholars productively respond to the pandemic in ways that avoid negative reframing but address the unique ways in which the pandemic will be experienced by older adults? This question motivates the editorial team at *The Gerontologist* to invite papers for a special collection to be titled “Gerontology in a Time of Pandemic.” Whereas papers may relate to challenges and effects of the pandemic unique to older adults, we also encourage papers exploring how gerontological theory informs our response to the pandemic, resilience, and building effective cultural, social, clinical, and public health systems to respond to global health disasters to protect and value all citizens. There will be no abstract review process; full papers are due by August 1 and they will be reviewed on a rolling basis. Review the full call for papers at <http://bit.ly/GSA-CFPs>.

funding opportunities

Grants Will Support Research on Balance Control

A funding opportunity announcement issued by the National Institute on Aging and the National Institute on Deafness and Other Communication Disorders invites applications that propose basic and/or clinical studies to investigate central and peripheral control of balance in older adults and/or in relevant animal models. This announcement is driven by the need to address a major gap in our understanding of how aging impacts the vestibular system, which, when impaired, contributes to balance problems and an increased risk of falls in older adults. Additionally, given that balance impairment can be attributed to a number of factors (e.g. sensory, motor, cognitive, psychological, and vascular function), understanding the contribution of age-related vestibular loss, and how this interacts with these factors, is critical for informing interventions and treatments for balance problems and falls in older adults. Letters of intent are due September 2 and applications are due October 2. Learn more at <https://bit.ly/2SN1x0x>.

NIA Seeks to Create Superior Cognitive Performance Network

The National Institute on Aging (NIA) is inviting grant applications to establish a network to identify, evaluate, track, and conduct research across multiple sites on older adults with superior cognitive performance for their age (“cognitive super agers”). The activity would support aggregation of sufficient numbers of these individuals to advance the field’s understanding of factors that promote sustained cognitive health and those that are not of primary importance. Uniform identification and uniform data collection will allow the study of the behavioral, neurological, health, genetic, environmental, and lifestyle profiles that lead to sustained cognitive and brain function in advanced age. Where extant data exists, harmonization protocols would need to be developed in order to make use of all currently available data. Provision of protocols to obtain brain tissue at autopsy would be an important component. Letters of intent are due September 1 and applications are due October 1. The full announcement can be found at <https://bit.ly/2XcL5pI>.

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