

# gerontology news

The Gerontological Society of America®

June 2022

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### Meeting Abstract Stats Tallied

GSA received a total of 3,030 abstract submissions (including individual symposium abstracts) for this November's Annual Scientific Meeting in Indianapolis, Indiana. Submissions were received from 39 countries, with the majority coming from the U.S., Canada, Republic of Korea, Japan, and China. The abstracts were peer-reviewed by 826 GSA member volunteers, which led to more than 7,500 completed reviews. Initial acceptance notifications will be sent by early June!

### Graduates Eligible for Transitional Membership

GSA offers a transitional status of membership for recent graduates. Those who are currently student members are eligible to receive a reduced annual membership fee of \$134 as they transition 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



**Judith L. Howe, PhD, MPA, FGSA, FAGHE**

I attended my first GSA Annual Scientific

Howe

Meeting in Miami in 1973 as a Syracuse University Administration on Aging Trainee in Gerontology. Since then, GSA has remained my professional home, stimulating, challenging, and connecting me as I have grown from a trainee to a leader in gerontology.

GSA opened up windows that enabled my growth into a well-



**Robert Weech-Maldonado, PhD, MBA, FGSA**

I would be honored to serve as vice president of the Board of

Weech-Maldonado

Directors. GSA is the premier professional organization fostering interdisciplinary aging research and education for the betterment of practice, and I am a proud member of this community. My own career trajectory of 25 years has involved research collaboration in the areas of business, policy, and aging.



**Darlene Yee-Melichar, EdD, FGSA, FAGHE**

I have been an enthusiastic member of GSA for

Yee-Melichar

38+ years and have always appreciated that GSA has consistently provided an interdisciplinary platform for issues relevant to the health and well-being of diverse, older adults. I am honored to be nominated for the vice president of the board position and am keen to continue serving an organization that I

*Continued on page 8-9*

## National Study Enhances Understanding of Late-Life Disability and Care

A new supplemental issue to *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* features papers examining outcomes from 10 years of the seminal National Health and Aging Trends Study (NHATS).

NHATS, funded by the National Institute on Aging, is designed to foster a deeper understanding of national trends in late-life functioning, individual trajectories in functioning and accommodation, how these processes differ for various population subgroups, and the consequences of late-life disability for individuals, families, and society.

The first decade of the study has been led by the late Judith D. Kasper, PhD, at the Johns Hopkins University Bloomberg School of Public Health, and Vicki A. Freedman, PhD, of the Institute for Social Research at the University of Michigan. Both served as guest editors of the supplemental issue, titled "[Late-Life Disability and Care: An Update from the National Health and Aging](#)



### [Trends Study at Its 10-Year Mark.](#)

"The papers in the volume illustrate the breadth and depth of the NHATS content and how it can be applied to investigate both long-standing

and new questions regarding late-life disability and care," Freedman said. "As a group, the papers make important contributions to the study's overarching aim to guide efforts to reduce disability, maximize functioning, and enhance quality of life of older Americans."

In May 2021, upon release of its 10th round of data, NHATS celebrated this milestone with a virtual conference. The supplemental issue provides an integrated, peer-reviewed forum for many of the papers presented at the conference.

*Continued on page 7*

# From the CEO



## Bringing a Gerontological Perspective to Every Conversation

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

Read a news headline or pick up a magazine and chances are most every story you encounter will somehow intersect with the aging field. Aging touches everything.

If you take a look on the Member News page of this newsletter you will learn about members who contribute their time to advancing the cause of many organizations and coalitions through work on task forces, boards, and other projects. They are bringing a gerontological perspective to these important endeavors that are often outside the aging field per se.

Likewise, GSA offers opportunities for service inside the aging arena, such as elected office (see page 8) and numerous [volunteer opportunities](#) that we're actively recruiting for right now.

I encourage members to seek out opportunities for service to the field through GSA and service to organizations outside the field by engaging with local community groups, state task forces or committees, and national advisory boards. These activities can be rewarding both personally and professionally and help to broaden your network. Importantly, activities outside GSA will enable you to bring essential insights from a gerontological perspective to these important issues.

I've thought a lot about these volunteer engagements lately, as I just concluded a four-year term representing GSA on the National Advisory Council on Aging (NACA). The 18-member NACA comprises scholars across the continuum of disciplines studying aging. The depth and breadth of council research expertise is remarkable. It was an honor to participate first-hand in NACA's work, which involved reviewing newly proposed concept clearances, reviewing applications for grants and cooperative agreements for research and training, and recommending approval of applications for projects that show promise.

I'm now representing GSA on other fronts including service as board secretary for the National Alliance for Caregiving

(NAC). For 25 years, NAC has been dedicated to improving quality of life for friend and family caregivers and those in their care. NAC looks at caregiving across all life stages, so this role provides an opportunity to integrate perspectives related to caregiving for individuals of all ages. Similarly, I was recently appointed by District of Columbia Mayor Muriel Bowser to serve as co-chair of the Age-Friendly DC Task Force. This group is charged with building intergenerational bonds, and promoting public safety and inclusiveness for all residents of the Washington, DC, area.

Related to my background as a pharmacist, I have been honored to serve as chair of the Philadelphia College of Pharmacy Board of Visitors for the past two years. This diverse group provides oversight to the college's activities and input to the dean on myriad issues. It's provided a wonderful opportunity to advance conversations regarding the inclusion of aging-related content in the pharmacy curriculum.

If you are presented with the chance to add your voice to any group inside or outside the field, please consider taking advantage of it. In most cases, I suspect you'll find the networking is rich, the potential contribution to society is immense, and the connections you make will be lifelong.

And GSA will do its part to help you build the leadership and mentoring skills you need. For example, we recently launched a [Career Conversations](#) online series. This is a virtual forum to exchange ideas about issues and strategies to build a successful career in gerontology. Through semi-structured interviews, panels, and discussions, Career Conversations brings together students, early- and mid-career gerontologists, and experienced researchers and leaders in gerontology.

Together, we can ensure gerontology has a voice at every table.

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# member news

## Brown Named to Federal Committee on Disasters

Lisa M. Brown, PhD, ABPP, FGSA, has been appointed for a four-year term to the National Advisory Committee on Seniors and Disasters. The committee evaluates issues and programs and provides findings, advice, and recommendations to the U.S. secretary of Health and Human Services to support and enhance all-hazards public health and medical preparedness, response, and recovery activities related to meeting the unique needs of older adults.

Brown is a tenured professor, director of the Trauma Program, director of the Risk and Resilience Research Lab at Palo Alto University, and faculty advisor for the Association of Traumatic Stress Studies. Her clinical and research focus is on trauma and resilience, global mental health, aging, and vulnerable populations.

## Fick, Whitson Will Join AGS Board

Donna M. Fick, PhD, RN, GCNS-BC, FGSA, FAAN, has been elected president-elect and Heather Whitson, MD, has been elected as a member of the American Geriatrics Society Board of Directors.

Fick is the Elouise Ross Eberly Professor and director of the Center of Geriatric Nursing Excellence at the Penn State Ross and Carol Nese College of Nursing. Whitson is a professor and director of the Duke Center for the Study of Aging and Human Development at the Duke University School of Medicine.

## Whitfield Appointed to AFAR Board

Keith E. Whitfield, PhD, FGSA, has joined Board of Directors for the American Federation for Aging (AFAR) Research. He currently serves as the president of the University of Nevada, Las Vegas. His research focuses on the relationship between stress and longevity in African American families.

## Harrison Joins UAMS Faculty as Endowed Chair

The University of Arkansas for Medical Sciences (UAMS) has appointed Tracie Harrison, PhD, RN, FAAN, FGSA, as the holder of the new endowed Alice An-Loh Sun Chair in Geriatric

Nursing for the College of Nursing. She joins UAMS from the University of Texas at Austin School of Nursing, where she served as a professor and founding director of the Center for Excellence in Aging Services and Long-Term Care. Her research has focused on aging with and into disability among diverse populations.

## Fried Earns Top AAP Medal

Linda P. Fried, MD, FGSA, has been awarded the Association of American Physicians' (AAP) 2022 George M. Kober Medal in recognition of her groundbreaking contributions to the science of healthy aging, particularly the science defining the clinical syndrome of frailty and for prevention of frailty, disability, and cardiovascular disease.

Fried is a former president of AAP (2016 to 2017), the first dean of a school of public health to serve in that role. The Kober Medal, one of the highest honors in academic medicine, is given annually to an AAP member who has had an enormous impact on biomedicine through their scientific discoveries and the many outstanding young scientists that they have trained. Fried currently serves as dean of the Columbia University Mailman School of Public Health.

## Crimmins Elected to AAA&S Membership

Past GSA Behavioral and Social Sciences Section Chair Eileen Crimmins, PhD, FGSA, has been elected to the American Academy of Arts and Sciences (AAA&S), the honorary society which recognizes exceptional individuals from academia, the arts, industry, public policy, and research and engages them in addressing significant global and national challenges.

She currently is a University of Southern California (USC) University Professor and the AARP Professor of Gerontology at the USC Leonard Davis School of Gerontology. She is a senior fellow of the Schaeffer Center for Health Policy & Economics, director of the USC/UCLA Center on Biodemography and Population Health, co-leader of USC's Multidisciplinary Research Training in Gerontology Program, and a co-investigator of the U.S. Health and Retirement Study.

## Members in the News

- Valter Longo, PhD, FGSA, was quoted in an April 21 *Men's Health* article titled "[Science-Tested Ways to Keep Your Body Younger for Longer.](#)"
- On April 23, Becca Levy, PhD, FGSA, and Tracey Gendron, PhD, were quoted in an article titled "[Exploring the Health Effects of Ageism](#)" in *The New York Times*.
- On May 1, Marilyn R. Gugliucci, PhD, FGSA, FAGHE, co-authored a piece for the *Maine Sunday Telegram* titled "[Maine Voices: Reframing aging and embracing the power of older adults.](#)"
- Susan Enguidanos, PhD, MPH, FGSA, FAGHE, was quoted in a May 9 *Next Avenue* article titled "[Home-Based Palliative Care Can Improve Quality of Life.](#)"

## New Books by Members

- "Beyond Madness: The Pain and Possibilities of Serious Mental Illness," by Rachel A. Pruchno, PhD, FGSA. Published by Johns Hopkins University Press, 2022.
- "Breaking the Age Code: How Your Beliefs About Aging Determine How Long and Well You Live," by Becca Levy, PhD, FGSA. Published by William Morrow, 2022.

## Colleague Connection

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

### **Nina Silverstein PhD, FGSA, FAGHE**

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

## Member Spotlight

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

### **[Laurie Kennedy-Malone PhD, FGSA, FAGHE](#)**

## Older Adults Lack Equity for Mental Health, Substance Use Needs, GSA Member Tells Senate

On May 19, GSA member [Erin Erin Emery-Tiburcio, PhD, ABPP, FGSA](#), testified before a U.S. Senate Special Committee on Aging hearing titled “[Mental Health Care for Older Adults: Raising Awareness, Addressing Stigma, and Providing Support](#).” Erin is the co-director of the RUSH Center for Excellence in Aging. [In her testimony](#), she told lawmakers about three key issues to consider in creating policy to address equity for older adults.



Emery-Tiburcio

**Brian Lindberg:** Erin, congratulations on your recent in-person testimony before the Senate Special Committee on Aging in Washington, DC. Please tell us how you became one of the key experts tapped to present at this event.

**Erin Emery-Tiburcio:** Our Substance Abuse and Mental Health Services Administration-funded E4 Center of Excellence for Behavioral Health Disparities has been holding policy academies to bring together leaders of state entities from aging, mental health, substance use, transportation, housing, and others who rarely communicate with each other in a facilitated discussion to identify and fill gaps in meeting the needs of older adults with mental health and substance use issues. Our current academy is in Pennsylvania, in partnership with the Pennsylvania Association of Area Agencies on Aging (P4A). The P4A leaders meet regularly with [committee Chair] Senator Bob Casey’s staff, and they discussed our partnership, so the staff asked to meet with us to learn more. We did, had a great meeting, then the invitation to testify followed.

**Brian:** Did you feel like you were auditioning when you had that initial call? How did you prepare?

**Erin:** It really didn’t feel like an audition — just felt like a meeting in which the staff were interested in learning more about what we do. They provided us with a couple of questions ahead of time that we prepared comments on. We also reached out to you, Brian, as well as the Elder Workforce Alliance, National Council on Aging, The Gerontological Society of America — folks we thought might know something about any upcoming aging legislation or work that Senators Casey and [Ranking Member Tim] Scott might be working on. It was so helpful to get links to reports, information about priorities for both senators, and a broader awareness of work done on the president’s mental health plan. We were then able to more effectively align their priorities with our work and our priorities.

**Brian:** That is great to hear. Trish and I are always available to support GSA members preparing to interact with Hill staff. Tell us what the process was like once you were invited to come to DC — timelines, back and forth with staff, etc.

**Erin:** It was pretty fast — the invitation came a week after our call and a week before the hearing. They offered the option of attending in person or virtually, as this was their first hybrid event. I couldn’t pass up going to DC for a hearing! Senator Casey’s staff was so helpful in describing the whole process and preparing me for the event, making sure I felt as comfortable as possible. They provided me with a couple of questions I was likely to get and let me know that some questions would be spontaneous depending on priorities of the senators in attendance. It was very helpful to prepare notes for some of the questions!

**Brian:** As an advocate yourself, how did you feel about the collegiality between the committee staff and you?

**Erin:** I was informed that this committee is much more collegial than others, and that it would be unlikely for me to get grilled on anything. The members of this committee all truly care about older adults and that came through in their interactions with each other and with me. The fact that they regularly jointly propose legislation is a testament to their bipartisan efforts.

**Brian:** So, how did you go about structuring your testimony and doing the necessary research on the topics that you covered?

**Erin:** My team and I identified three key issues that we have been hearing in our policy academies and experiencing in our own work to focus on. As I have been trained in multiple advocacy trainings, I wanted to make clear, concise arguments and stay on point. So, we looked for any legislation connected to those points and tried to not only identify problems but offer solutions to those problems.

I also reached out again to all of the policy people I know, including those at my primary professional organizations — the American Psychological Association and The Gerontological Society of America — to gather any possible information and get feedback on my written and oral testimony. I want to emphasize here that this was a team effort — I could not have done it on my own. Many thanks to Bonnie Ewald at Rush, to you Brian, for your insight, and to Katherine (Kate) Bennett at the University of Washington (and former President of the National Association for Geriatric Education) for her mentorship, as one who had been through the process before.

**Brian:** What were the key takeaways you wanted the Aging Committee to hear?

**Erin:** I really wanted the committee to hear that age is an issue of equity — that older adults get inequitable care in our current system. To that end, I pointed to three key issues: the need for coordination of care for older adults who experience the most complex health issues, access to care related to Medicare policies, and the critical need for expanding the behavioral health workforce trained to work with older adults.

**Brian:** What was it like preparing for the hearing presentation and was this a different experience that mid-pandemic hearings?

**Erin:** I'm not sure preparing was much different, as it was in person this time, apparently for the first time since COVID; all previous hearings had been virtual. Of course, I didn't need to worry about the technological aspects of the doing a virtual hearing, which can be complicated, and I was so glad to interact with the senators face to face.

**Brian:** Please tell us a bit about your actual testifying and the Q&A session.

**Erin:** I was on a panel with three others — the state mental health director from South Carolina (invited by Ranking Member Scott), the CEO of Vibrant Emotional Health from New York, and an older adult with lived experience of mental health and substance use. After opening remarks from Senators Casey and Scott, I was asked to provide my oral testimony first among the panelists. We each had five minutes to speak, with a timer and green, yellow, and red lights flashing at us.

My co-panelists were amazing — each so eloquent and raising critical points. I was proud to be speaking with them. They then moved to questions, generally by seniority on the committee. The prepared questions were relatively comfortable to respond to. I did not know how to answer one question that I was not prepared for. While the staff had told me it was fine to say that I didn't have an answer and would get back to the member, I panicked in the moment and just went a different direction with my response that reflected my talking points. I was told later that I responded like a politician.

**Brian:** What surprised you about the whole experience?

**Erin:** It went by so fast. From the moment I got the invitation, I had pretty much fully immersed myself in preparing, researching, writing, getting feedback. Then all of a sudden, a week later, it was over, and I was back to regular life. Quite a whirlwind.

**Brian:** What do you plan for follow-up to this stage of the legislative process?

**Erin:** I have already contacted each of my co-panelists to follow up on great discussions we had while at the hearing. We are also continuing our partnership with P4A to look at how we can leverage the work we are doing in our policy academy to create national change through our connections to the Senate Special Committee on Aging.

**Brian:** What advice do you have for colleagues? For example, what were the most important steps you took to prepare?

**Erin:** Identify which members of the Senate or House have priorities or pending legislation aligned with your work. Contact their staff and set up a meeting to offer them the very useful knowledge and resources you have that may benefit them in their work. As you become a resource to them, they may keep you in mind for opportunities like hearings. Get training from your professional organization about how to effectively communicate with members of congress, utilize resources like the [Elder Workforce Alliance Advocacy Tools](#), and talk with others

who have testified about their experience — all very helpful! And as I mentioned earlier, my preparation included connecting with colleagues on both substantive issues and process questions, doing the needed additional research, sharing information that reflects the experiences of older adults, practicing my presentation, and offer solutions to the issues and challenges that you identify.

**Brian:** You may know about the old theory that just the right mix of policy, process, and politics are needed to have a positive legislative result. How did this play out in this experience?

**Erin:** Well, it appears that the politics for dealing with mental health care issues seems right, given the bipartisan nature of the work Congress is doing now in this space. The process seems to be moving forward nicely with many of the key committees holding hearings and drafting papers and bills on the topic. Until I see the draft bills that come out of all this bipartisan work, I'm not sure if they will hit on all the key policy needs, but I certainly appreciated the opportunity to share our insights and provide recommendations to key policymakers in Washington.

**Brian:** Well, I have watched many hearings and thousands of witnesses, and you are a star among them. Thank you for this interview, for representing your institution and GSA so brilliantly, and for all you do for older adults!

## Recent GSA Policy Actions

**GSA** signed onto several fiscal year (FY) 2023 appropriations letters in support of funding for aging research, education, and practice.

- In its letter, the Friends of the National Institute on Aging (FoNIA) supports sustained federal resources dedicated to enhancing timely and promising aging research at the NIA and across the National Institutes of Health (NIH). Specifically, FoNIA requested no less than \$49 billion in FY 2023 for base spending at NIH for current institutes and operations, and noted that investments in establishing the Advanced Research Projects Agency for Health at NIH should not come at the cost of the existing NIH institutes and centers conducting and supporting research on aging.
- The [Leadership Council of Aging Organizations chair's letter](#) urges Congress to ensure that aging programs will be funded at levels that enable them to meet a rapidly growing demand, and that current threats to these vital programs will be rejected and investment in the Older Americans Act and other key aging programs will be sustained.
- More than 225 organizations signed on to the [Leaders Engaged in Alzheimer's Disease \(LEAD\) Coalition FY 2023 Appropriations letter](#). LEAD requests a \$226 million increase for NIH research on Alzheimer's disease and other forms of dementia; \$60 million increase for the [BRAIN Initiative](#); and \$60 million for the [CDC's Alzheimer's Disease and Healthy Aging Program](#) to continue [BOLD Act implementation](#), expand the [CDC Healthy Brain Initiative](#) road map for state and national partnerships, and reduce dementia risk through brain health promotion.

# journal news

## Latest PP&AR Looks at ADRD-Related Quality of Life

According to the new issue of *Public Policy & Aging Report (PP&AR)*, titled “[A World with Alzheimer’s Disease](#),” there is a large and growing gap between what can be done to help persons with Alzheimer’s disease and related dementias (ADRD) and their caregivers and what is actually being done, and this gap only widens with the lack of public education, provider training, and implementation of proven care approaches.

Articles in this issue highlight contemporary efforts to address quality of life for persons with ADRD and their caregivers. Topics in the issue include: the role of protective services offering persons with ADRD who are at increased risk for financial fraud and other harms; the National Family Caregiver Strategy reporting on how financing for evidence-based programs and services has increased over the past five years; efforts to link informal caregivers with healthcare providers as a proven way to improve ADRD care and reduce costs; setbacks seen in national planning efforts during the pandemic and the importance for policy makers to resume such efforts given the negative outcomes experienced by persons with ADRD and their caregivers; the recent FDA approval process of

Aduhlem; efforts to establish the BOLD Act, a federally supported public health infrastructure dedicated to ADRD; and the role of the Alliance to Improve Dementia Care in its work to coordinate efforts across multiple and varied organizations committed to advancing public policy on behalf of persons with ADRD and their caregivers.

## GSA Journals Have Three Open Calls for Papers

The GSA journals regularly invite submissions for special themed issues. Browse our [open calls for papers](#) below and consider submitting your research to one of our leading journals:

### *The Gerontologist:*

- Climate Change and Aging (abstract submission deadline: August 1)
- Interdisciplinary Pathways: Humanities, Arts, and Gerontology (abstract submission deadline: July 1)

### *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences:*

- Immigration and Aging (Social Sciences Section; abstract submission deadline: August 1)

# funding opportunities

## Three NIA Small Grant Opportunities Will Support Alzheimer’s Research

The National Institute on Aging (NIA) Small Research Grant Program for the Next Generation of Researchers in Alzheimer’s Disease supports important and innovative research in areas in which more scientific investigation is needed to improve the prevention, diagnosis, treatment and care for Alzheimer’s disease and related dementias (AD/ADRD).

Awards are two years of funding totaling \$200,000, and the application deadlines are June 16 and October 16. The expiration date for this award is November 17.

There are three funding opportunity announcements:

- [PAS-19-391 Area of Focus Archiving and Leveraging Existing Data Sets for Analyses \(R03 Clinical Trial Not Allowed\)](#)
- [PAS-19-392 Area of Focus Basic Science \(R03 Clinical Trials Not Allowed\)](#)
- [PAS-19-393 Area of Focus Systems Biology \(R03 Clinical Trial Not Allowed\)](#)

## MBRF, AFAR Team Up to Offer Grants on Memory Loss

The McKnight Brain Research Foundation (MBRF) and the American Federation for Aging Research (AFAR) are now welcoming applications for the [McKnight Brain Research Foundation Innovator Awards in Cognitive Aging and Memory Loss](#). This opportunity will provide up to two 3-year awards of \$750,000 each to advanced assistant professors and recently appointed associate professors (MDs

and PhDs.) One award will be made to support studies focusing on clinical translational research and another award toward understanding basic biological mechanisms underlying cognitive aging and age-related memory loss.

Applications are due August 1.

## Beeson Award Now Welcoming Applications

Through [The Paul B. Beeson Emerging Leaders Career Development Award in Aging](#), The National Institute on Aging, the American Federation for Aging Research, and The John A. Hartford Foundation, are collaborating to develop of a cadre of talented scientists prepared and willing to take an active leadership role in transformative change that will lead to improved health care outcomes.

Emerging leaders are clinically trained (primarily physician) early-stage investigators who have begun to establish research careers and have shown signs of leadership potential who will use this award to further develop the tools, skills and resources to have a significant impact in their field of expertise.

The National Institute on Aging is pursuing this initiative to recruit talented new investigators who have begun to establish research programs, and who through this award will be ready to assume leadership roles in their field of expertise and be well poised to change theory, practice, and health outcomes related to the health of older individuals.

The application deadline is October 21.

## Get to Know Your Junior Leaders: Health Sciences Section

Hello from An Nguyen and Kyle Moored, your Health Sciences (HS) Section junior leaders! We would like to share a bit about who we are, our role as junior leaders, and our plans to serve ESPO members this year.

As ESPO junior leads, we represent emerging scholars and professionals during monthly HS Section meetings. This is an excellent opportunity to advocate for our needs and collaborate with HS Executive Committee leaders. For example, we recently reported the results of a survey in which HS-ESPO members shared their views on ways to improve engagement with the HS Section. Many thanks to the 40 ESPO members who responded. Key takeaways from the survey results included:

- Of respondents, over 50 percent engaged with HS through existing communication channels (e.g., GSA newsletter, Annual Scientific Meeting, GSA Connect forum), but 17 percent reported not currently being engaged.
- Majority of respondents wanted more opportunities for engagement to network, collaborate, and learn (for example, through informational webinars and training workshops).
- Lack of awareness was a common barrier to engagement, including uncertainty regarding the structure of GSA and opportunities available.

In response to these needs, we will be working this year to highlight GSA opportunities targeted at ESPO members. Firstly, we are planning to host a HS-ESPO sponsored webinar that will include a panel of GSA members at different career stages. Panelists will share how they leveraged their GSA membership for professional advancement across the span of their careers. This webinar will describe ongoing opportunities that you may have missed and also serve as a great way to get to know some active GSA members. Details are forthcoming, and we hope this webinar will be of interest and useful for our ESPO members!

Additionally this year, we organized a joint HS-ESPO sponsored symposium for the GSA 2022 Annual Scientific Meeting taking place November 2 to 6 in Indianapolis, Indiana. In keeping with this year's theme of "Embracing our Diversity. Enriching our Discovery. Reimagining Aging," this symposium highlights five studies that included diverse populations of older adults and/or caregivers in the design of health interventions. Speakers will describe how they incorporated key stakeholder feedback (e.g., community members, caregivers, and participants themselves) to design more accessible and effective interventions for older adults of diverse racial, ethnic, and

functional backgrounds. We hope you will attend! Registration for the [Annual Scientific Meeting](#) is open now.



**An Nguyen, OTD, OTR/L**

I am an acute care occupational therapist and project scientist at Cedars-Sinai Medical Center in Los Angeles. I earned my clinical doctorate in occupational therapy from Washington University in St. Louis. At WashU, I was a graduate student researcher for three years in the Participation, Environment, and Performance Laboratory under the mentorship of Susan Stark, PhD, OTR/L.

There, I developed and conducted usability testing of a mobile health app focused on improving access to OT services for preventing falls and promoting functional independence among community-dwelling older adults. My research interests include using health information technologies to improve interdisciplinary care coordination, clinical decision-making, and rehabilitation care for older adults.

I have been a member of GSA since 2017 and am excited to serve a second year as an ESPO junior lead for the Health Sciences section. I am especially excited to work with Kyle Moored to respond to the needs identified in last year's survey of ESPO members in the Health Sciences section.



**Kyle Moored, PhD**

I am an incoming assistant scientist and faculty for the Department of Mental Health at Johns Hopkins Bloomberg School of Public Health (JHSPH), and was previously a postdoctoral fellow in epidemiology with the Center on Aging and Population Health at the University of Pittsburgh. I received my doctoral training in cognitive aging and psychiatric epidemiology in the Department of Mental Health at JHSPH.

My research examines physical, cognitive, and social activity as modifiable risk factors for disability and cognitive impairments in later life. My ongoing work also focuses on measurement of out-of-home activity using wearable technology (e.g., GPS).

I have been a member of GSA since 2018 and this is my first year as an ESPO junior leader for the Health Sciences Section. I always enjoy how the Health Sciences Section lends itself to interdisciplinary science, bringing together professionals with broad expertise and experience. I am excited to work with An Nguyen in this role and advocate for the needs of ESPO members in our section.

*Continued from page 1 – National Study Enhances Understanding of Late-Life Disability and Care*

Specifically, the papers cover three broad topic areas: how assistance with activities in later life unfolds over time; factors associated with gaps in care — or unmet care needs — in later life; and caregiver experiences and well-being.

This supplemental issue was sponsored by the University of Michigan and the Johns Hopkins Bloomberg School of Public Health with support from the National Institute on Aging.

*Continued from page 1 – Howe*

rounded gerontologist, working in public policy, social work, research and evaluation, interdisciplinary education, community development and workforce development. GSA colleagues have challenged me intellectually and guided my development as a scholar, as I grew into becoming a mentor to emerging scholars.

If I am elected, my highest priority will be continuing GSA's work in creating collaborative change to center the lived realities of older adults in communities who have been marginalized and experienced discrimination.

Other priorities will be to strengthen GSA's mentoring programs and to continue to develop strategies, with other national aging organizations, to attract researchers, educators, clinicians, and agency staff to careers in the field of aging.

Internally, I will work collaboratively with leadership and the membership to strengthen the synergies among the Society's sections so that GSA is better prepared and more effective in its work for public policy change.

*Judith L. Howe, PhD, MPA, FGSA, FAGHE*, holds a PhD in social welfare and is professor in the Departments of Geriatrics and Palliative Medicine and Environmental Medicine and Public Health, Icahn School of Medicine at Mount Sinai, and is associate director/education

at the Bronx VA Geriatrics Research, Education and Clinical Center.

Her background in public administration, social welfare, and gerontology brings an interdisciplinary perspective to her education, research, mentoring, and program development work. She has received substantial funding from Department of Health and Human Services/Health Resources and Services Administration and the Veterans Affairs (VA) Office of Rural Health to develop, disseminate and evaluate programs to expand the geriatrics workforce, including a large national program for rural VA healthcare staff.

Her scholarship has produced peer-reviewed papers, chapters and edited books on gerontological social work and interdisciplinary education. Howe's elected positions include president of the National Association for Geriatric Education and President of the State Society on Aging of NY. She has served in multiple roles in GSA, including the Executive and Program Committees. As president and then chair of the Academy for Gerontology in Higher Education (AGHE), she navigated AGHE's integration with GSA. While editor-in-chief of *Gerontology and Geriatrics Education*, she led the growth of the journal, resulting in significant international and evidence-based contributions to the field.

*Continued from page 1 – Weech-Maldonado*

I believe my background and experience within and outside GSA, position me well to serve as vice president. Furthermore, my expertise in healthcare, business, finance, health disparities, and long-term care complements well that of the Board of Directors and should be an asset in my role as vice president.

My priorities as vice president would be to assist GSA in: cultivating an inclusive environment where people from different races/ethnicities/cultures feel welcomed; exploring opportunities for further engagement with the business and provider communities; fostering international collaborations in aging research; and increasing our representation of student, minority, and international members.

This is an exciting time for the aging research community, as new technologies promise to facilitate aging in place and improve older adults' quality of life. GSA can provide a pivotal role in ensuring that these societal changes are optimal and equitable.

*Robert Weech-Maldonado, PhD, MBA, FGSA*, is professor and L.R. Jordan Endowed Chair in Health Services Administration, University of Alabama at Birmingham (UAB). He is senior scientist of the UAB Minority Health & Health Disparities

Research Center and the Integrative Center for Aging Research. He served as co-director of the UAB Center for Health Organization Transformation.

His research focuses on health systems strategies aimed at improving quality of care for vulnerable populations, specifically by examining: the intersection between cultural competency and older adults' patient experiences; and the relationships between nursing home quality of care, costs, and financial performance.

He is a fellow of GSA, and has served as member of GSA's Task Force on Minority Issues, the Diversity and Justice Working Group, and the Public Policy Advisory Panel. Other professional leadership includes serving as division chair and program chair for the Academy of Management. He also served as a member of the Executive Planning Committee for Academy Health, and as Expert Panel member for the National Quality Forum and the Department of Health and Human Services Office of Minority Health. His prior academic appointments include Penn State and University of Florida. He has a PhD from Temple University and an MBA from the University of Puerto Rico.

*Continued from page 1 – Yee-Melichar*

value and respect for its important contributions to gerontology and geriatrics.

As a long-time GSA fellow and Academy for Gerontology in Higher Education (AGHE) fellow, I know how important it is to our members that we retain valuable influence and inspiring strengths in research, education, and professional practice that the different sections bring to GSA.

As a member of your GSA board, I will work with colleagues

from all the sections to ensure that we continue to have strong representation of different perspectives and interdisciplinary priorities that reflect our unique professions while leveraging that strength to promote the GSA by cultivating and sustaining the innovative work of current and prospective members.

As a member of your GSA board, I will serve with diligence and dedication, strengthen and promote GSA's mission, build bridges connecting disciplines, enhance communication and

Continued from page 8 – Yee-Melichar

collaboration, and grow, energize, and engage the next generation of gerontologists.

*Darlene Yee-Melichar, Ed.D., FGSA, FAGHE*, is professor/coordinator of gerontology at San Francisco State University. She is director of Long-Term Care Administration (educating students as certified assisted living administrators/licensed nursing home administrators) and Coordinator of two San Francisco State Scholar Programs (blended/interdisciplinary programs offering two degrees, BA Social Work + MA Gerontology or BA Sociology + MA Gerontology, in five years).

As mentor to students/faculty, her research synergy has been funded by AAA Foundation for Traffic Safety; AARP Andrus Foundation; California State University Research, Scholarship, and Creative Activity Awards Program; National Institutes of Health Minority High School Student Research Apprentice Program; San Francisco Association of Residential Care Homes; and Texas

Consortium on Geriatric Education Centers among others.

Her research interests in healthy aging, long-term care administration, minority women's health, and traffic safety are reflected in six books, 109 journal articles, book chapters, book reviews, technical reports, and numerous community/professional/scholarly presentations.

She is a GSA fellow (1994), AGHE fellow (1997), American Alliance for Health, Physical Education, Recreation and Dance Research Consortium Fellow, and full member of Sigma Xi. Since 1984, she has actively chaired/contributed to numerous GSA and AGHE committees (IAGG 2017; Membership; Program; Public Policy; Research, Education, and Practice; Social Research, Policy, and Practice Section; etc.). As a dedicated servant leader, she will contribute to GSA's success by drawing upon these/other organizational experiences to leverage innovation designed to meet the realities of our aging world.

## Candidates Unveiled for 2022 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 <https://www.geron.org>. If you do not receive your electronic ballot, contact <mailto: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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## Research Team Conducts Study on LTC Administrators' Responses to Coronavirus Pandemic

By Sandi J. Lane, PhD, FACHE, LNHA, Associate Professor, Appalachian State University ([lanesj1@appstate.edu](mailto:lanesj1@appstate.edu)) and Darren Liu, DrPH, FGSA, Associate Professor, Des Moines University ([Darren.liu@outlook.com](mailto:Darren.liu@outlook.com))

In February 2020, the post-acute and long-term care (PALTC) sector became the epicenter of the Coronavirus (COVID-19) pandemic in the U.S. Since then, long-term care (LTC) leaders have been working tirelessly with staff, patients, and families to ensure a safe work environment while providing quality care.

During the pandemic LTC administrators were expected to maintain infection control protective measures in an everchanging regulatory environment in order to maintain the highest level of safety and well-being for residents and staff. They were responsible for establishing isolation wings/hallways, ensuring that staff had personal protective equipment and knew how to properly use it, implementing protocols to treat COVID positive residents and vaccinate residents and staff, and provide care and services when staff couldn't work due to exposure or testing positive themselves. The infection control measures were based on the Centers for Medicare & Medicaid Services and the Center for Disease Prevention and Control guidelines.

The latest spike of cases, in April 2022, resulted in confirmed cases of over 1.01 million resident and 1.07 million staff (80 million in total population)<sup>1</sup>. As we are observing the rise of coronavirus cases, two researchers, Sandi J. Lane, PhD, LNHA, and Darren Liu, DrPH, FGSA, are working closely with other scholars to conduct virtual interviews with the LTC leaders in North Carolina and Pennsylvania. The research team is comprised of educators, researchers, and practitioners who each have over 10 years of LTC leadership experience. The goal of the research is to investigate the thoughts and perspectives of LTC leaders in the midst of the COVID-19 pandemic. The researchers used open-ended questions to interview a convenience sample of administrators to learn leaders'

experiences including resource availability, fears, stresses, competencies, and career intentions. This study proposes to answer two major questions: What did LTC leaders learn from the COVID-19 pandemic and how do they plan to prepare for a future pandemic? What can we do better the next time a pandemic strikes?

This study is important because LTC leaders have endured very challenging work environments, including punitive regulation, angry and worried family members, shortages of PPE, and a worsening staffing crisis. The majority of participants responded that LTC was "a calling" and that even though the most needed resource was staff, and work has been challenging, they planned to remain LTC leaders. Interviewees indicated that communication was critical and they used novel and innovative methods to share information with staff, families and residents. The initial findings suggest the following themes: only other administrators would understand, previous experience contributed to success, it took a team, keeping up with regulations was time consuming and challenging.

This study is supported by The National Association of Long-Term Care Administrator Boards<sup>2</sup>, the organization that provides licensure of long-term care administrators in all 50 states. The complete findings will be submitted for further publication by the end of 2022.

### References

1. CDC (2021). COVID-19 Nursing Home Data. <https://data.cms.gov/covid-19/covid-19-nursing-home-data> Retrieved April 26, 2022.
2. The National Association of Long-Term Care Administrator Boards <https://www.nabweb.org/> Retrieved April 26, 2022.

## new resources

### FrameWorks Brief on Nursing Home Care Follows NASEM Report

In April, the National Academies of Sciences, Engineering, and Medicine (NASEM) published its long-awaited report, "[The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff](#)." It stresses the need for immediate action to initiate fundamental change in the quality of nursing home care.

The FrameWorks Institute, with support from The John A. Hartford Foundation, has provided one data-driven step

toward a better conversation about nursing homes. This brief, "[Communicating about Nursing Home Care: Findings and Emerging Recommendations](#)," outlines preliminary findings on how members of the public think and reason about nursing homes. Each of the brief's six key findings comes with recommended communications strategies to move public thinking toward a more realistic and optimistic view of nursing home care — including the potential for lifesaving structural changes in how nursing homes exist and operate.



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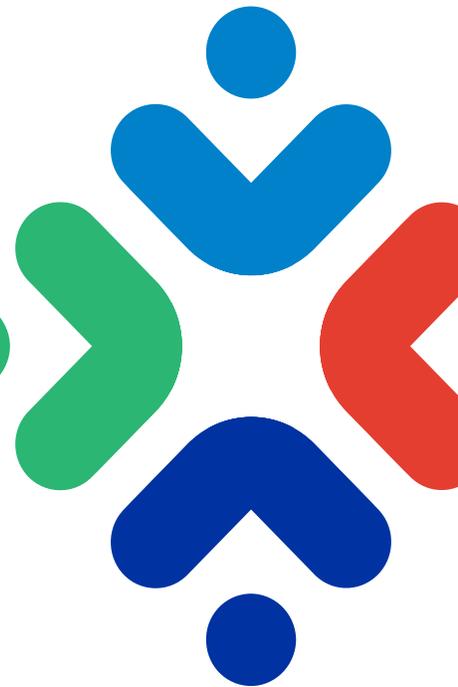
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