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GSA Welcomes Award Nominations

GSA recognizes outstanding advanced and early/mid-career individuals of all disciplines through a host of prestigious awards. The spring award nomination period runs through March 31. Visit the [GSA awards web page](#) or email awards@geron.org or more information on requirements and the nomination process.

Election Nominations Now Open

The GSA Governance Committee is seeking eligible, qualified candidates for GSA's leadership positions and your participation is needed! Online nominations are open until March 24. Members will be electing one member of the Board of Directors and the vice chair-elects for each member group. For more information on eligibility requirements, position descriptions, and to access the online nominations form, visit the [GSA elections web page](#) or email ballots@geron.org.

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The Future of Oral Health Care Includes Value-Based Care

The U.S. health care system is moving toward value-based care (VBC), a system that links payment to quality and value. In fact, [recent data from the Health Care Payment Learning & Action Network](#) showed that nearly 41 percent of U.S. health care payments in 2019 were tied to alternative payment models (e.g., shared risk, bundled payments, population-based payments). This is a drastic increase of 23 percent over the last five years with no signs of slowing.

Despite the overall shift towards VBC, quality measurement in adult oral health is often overlooked, hindering efforts towards value-based oral health care (VBOHC). Recognizing that there has been increased attention to VBOHC to address rising oral health care costs, oral health disparities, and quality of oral health care, GSA partnered with Discern Health to



host an Oral Health Quality Expert Panel to drive momentum in VBOHC.

The resulting white paper, "[Using Quality Tactics to Advance Value-Based Oral Healthcare](#)," provides a series of recommendations to advance VBOHC.

The top recommendations are to:

- Define the role of the dental profession in VBOHC.
- Increase education and acceptance of VBOHC among dental and medical providers.
- Develop quality tactics that focus on patients.

"The inherent complexity and heterogeneity of our older population frequently create more challenges in all aspects of health care, and we would expect the same for value-based care models which could inadvertently penalize providers who serve older, sicker, or poorer patients," said expert panel participant Stephen

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NSHAP Advances Study of Older Adults' Well-Being

A [new supplemental issue](#) to *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* presents new measures, methods, and data, collected during Round 3 (2015-16) of the National Social Life, Health, and Aging Project (NSHAP) in which a second cohort was added: the Baby Boomers.

NSHAP is a longitudinal, representative study of health, well-being, and social factors among community-dwelling older adults. There are three rounds of publicly available data through the [National Archive of Computerized Data on Aging](#), and a fourth round of data collection currently is underway.

The supplemental issue is essential reading for users of NSHAP data, those interested in



understanding key social and physical measures (including biomeasures), and those developing measures for other studies. This issue provides the scientific underpinning for conducting statistical analyses using NSHAP — and points users to [a repository of code](#) (Stata, SAS) used by authors for constructing key measures described in the articles.

Articles describe a range of topics, including [the sampling strategy for the new Baby Boomer cohort](#) and [the innovative methods used during data collection](#). These were used to collect a third wave of data with NSHAP's first cohort (Cohort 1 Wave 3, born 1920-1947) and a first wave of data from the new Baby Boomer cohort (Cohort 2 Wave 1, born 1948-1965). The addition of a second cohort made it possible to compare respondents born during different historical periods. Two methods for comparing cohorts are presented — *age-matched, and age, period, and cohort effects* — and

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Reframing is Easier Than You Might Think – Join the Caravan

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

The Reframing Aging Initiative (RAI) is a long-term social change endeavor that will change how we all talk about aging. This transformative project provides individuals with new approaches to communicating about aging that can overcome the implicit aging bias that is prevalent in American culture. It will help researchers to better engage with the public, help advocates to better engage with policy makers, and help individuals to better address ageist attitudes.

It has been an honor for GSA to lead this initiative, which is wrapping up its first three-year grant cycle. As we look ahead to renew and bolster the movement, I wanted to highlight the impact this initiative has had on our field, and ask you to join the caravan of framers.

GSA leads the initiative on behalf of the now 10-member Leaders of Aging Organizations coalition, which recently welcomed the addition of USAging and LeadingAge. This work has been supported with major funding provided by The John A. Hartford Foundation, The SCAN Foundation, RRF Foundation for Aging, and Archstone Foundation.

And over the past three years, six membership partners have signed on with us. These are organizations that have joined with a regional funder to partner with RAI to develop a strategic plan, train facilitators, and implement the dissemination and uptake of well-framed language across their sphere of influence. They provide the grassroots and community-level outreach in partnership with the national initiative.

GSA created [a bimonthly e-newsletter called Caravan](#) that shares information, ideas, and inspiration to equip those interested in improving the public's understanding of what aging means and the contributions older people bring to society.

Reframingaging.org allows us to better reach and engage with a wider field of advocates and communicators who are committed to addressing ageism and improving understanding of aging. Please check out the new series of short videos that introduces Reframing Aging

concepts and invites the audience to learn more. And in response to the COVID-19 pandemic, RAI developed an online course "Core Elements of Reframing Aging" to replace its in-person educational activities. Last year, more than 100 people completed this course to become "framers," including the GSA Board of Directors and staff.

To advance system-level changes at the peer-reviewed journal level, a concerted effort is underway to change [style guides](#) to advance age-inclusive language. Chances are the journals you publish in are now using age-inclusive language as their standard. And GSA itself recently added Reframing Aging [journal manuscript guidelines](#) to the GSA website for the benefit of prospective authors.

Recognizing that aging issues touch virtually every facet of life and every organization, we've had the privilege of providing invited presentations to a diverse set of organizations including the Nuclear Regulatory Commission, the National Assembly of State Arts Agencies, and the federal Office of Disease Prevention and Health Promotion. What all of these groups have in common is an understanding that words matter and that there is more we can do to support people to live meaningful lives as we age.

And GSA Vice President for Policy and Professional Affairs Patricia "Trish" D'Antonio, who serves as RAI project director, has been featured in a series of podcasts educating listeners on steps they can take to reframe aging in their communications.

We are all communicators, and we all are always framing — we're just not always intentional about it. To those who haven't yet learned how to effectively frame their communications, this process seems daunting. However, with a few hours of training, and some practice to build your "reframing aging muscle memory," you too can use these proven approaches to strengthen your communications. It's all about being intentional about the frames we use — the words, phrases, and approaches

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In Memoriam

William Reichel, MD, FGSA, a pioneering physician in geriatrics and family medicine who maintained a deep interest in medical ethics, died May 14, 2021, at age 83.

From 1965 to 1966, he was chief resident in medicine in the Unit for Research in Aging at the Albert Einstein College of Medicine in New York City, and from 1966 to 1968 he was a surgeon with the U.S. Public Health Service, in which he attained the rank of lieutenant commander. While with the public health service, he also was an internist and research investigator for the Gerontology Research Center at the National Institutes of Health and at the old Baltimore City Hospitals.

In 1972, he was recruited to establish a family medicine residency at what is now Franklin Square Medical Center in Baltimore, Maryland, where he was also director of outpatient services and director of family medicine and human development. During this time, as a member of the board of directors of the American Geriatrics Society (AGS), he was appointed to lead a delegation of members to the International Congress of Gerontology in the U.S.S.R. to discuss premature aging.

After a deadly outbreak of an epidemic in a Baltimore nursing home in 1973, Reichel, representing the AGS, served on the task force and commission that investigated the incident. He testified to the Senate Special Committee on Aging, which resulted in requirements that skilled nursing facilities have a medical director, which were passed in 1974.

In 1978 and 1983, he published the first and second editions of "Care of the Elderly: Clinical Aspects of Aging" and edited the text for "The Geriatric Patient." He also co-edited the "Handbook of Geriatric Assessment" while serving on the Maryland Governor's Task Force on Alzheimer's Disease and Related Disorders from 1984 to 1985. Reichel was chair of Franklin Square's Department of Family Practice from 1972 to 1988, and from 1989 to 1995

was director of the Department of Geriatrics and Aging Services at the Boston Evening Medical Center in Boston, Massachusetts. He also was a clinical professor of community health in the division of family medicine at the Tufts University School of Medicine in Boston from 1989 to 1995 and a clinical professor of family medicine and community health from 1995 to 1998 at Tufts.

James Richard Peacock, PhD, FAGHE, passed away January 21.

He accepted a position as assistant professor of sociology and gerontology at the University of North Carolina at Charlotte in 1996, then joined the Sociology Department at Appalachian State University in 2003. In 2008 he was named assistant director of the university's graduate program in gerontology. He was promoted to full professor in 2014 and retired from Appalachian State University in 2017.

Primarily a qualitative researcher, Peacock focused on such topics as childhood family dynamics and later-life well-being, gender identity and aging, spirituality and aging, and gerontology education. His research appeared in several journals, including the *Journal of Aging, Humanities and the Arts, Michigan Sociological Review, Journal of Homosexuality, Journal of Housing and the Elderly, Educational Gerontology, Journal of Applied Gerontology, Journal of Aging Studies, and Social Indicators Research.*

Peacock supported gerontology student development and career preparation in many ways, including terms in Sigma Phi Omega on the Executive Board and, from 2004 to 2005, as its president. He served as Southern Gerontological Society (SGS) president from 2012 to 2013. He chaired committees for SGS, the American Sociological Association, and the Academy for Gerontology in Higher Education (AGHE). In 2007 he was named an AGHE fellow.

He also lent his expertise locally via projects on older adult needs, elder abuse prevention, community health and mobility, and age-friendly communities.

New Books by Members

- "Assisted Living Administration and Management Review: Practice Questions for RC/AL Administrator Certification/Licensure", by Darlene Yee-Melichar, EdD, FGSA, FAGHE, Cristina Flores, PhD, RN, FGSA, and Andrea Renwanz Boyle, PhD, RN. Published by Springer Publishing Company, 2021.
- "Assisted Living Administration and Management: Effective Practices and Model Programs in Elder Care" (Second Edition), by Darlene Yee-Melichar, EdD, FGSA, FAGHE, Cristina Flores, PhD, RN, FGSA, and Andrea Renwanz Boyle, PhD, RN. Published by Springer Publishing Company, 2020.
- "Healthy Aging Through the Social Determinants of Health," edited by Elaine T. Jurkowski, PhD, MSW, and M. Aaron Guest, PhD, MPH, MSW. Published by APHA Press, 2021.

Colleague Connection

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

Sandra Winter, PhD

The recipient, who became eligible after referring new member **Walter Earnest, MSW** was randomly selected using randomizer.org. For more details on the Colleague Connection promotion visit www.geron.org/connection.

Members in the News

- Peter Lichtenberg, PhD, FGSA, was mentioned in a FlintSide article on December 16 titled "[Michigan prepares for long-term mental health effects of COVID-19.](#)"
- On December 21, Rani Snyder, MPA, authored an op-ed for Route Fifty titled "[Unpaid Family Caregivers Lose \\$522B in Wages Every Year.](#)"
- A December 23 article in *The New York Times* titled "[To Pay for Longer, Later Retirements, Consult a 'Financial Gerontologist'](#)" included quotes from Maria Henke, MA.
- Sara Czaja, PhD, FGSA, and Becca Levy, PhD, FGSA, were mentioned in a December 24 Next Avenue article titled "[How Learning About Aging Made Me a Better Human \(and Can Make You One, Too\).](#)"
- On January 7, *The Times* quoted Eileen Crimmins, PhD, FGSA, in an article titled "Humans could live to 130 and beyond by end of the century."

Member Spotlight

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

Francesca Falzarano, PhD

Legislative Update: Aging and Health Bills Still in Play

I am pleased to start today's column with a great GSA colleague's encouraging perspective on advocacy during the pandemic as a follow-up to last month's column on advocacy. Patricia "Trish" D'Antonio, vice president, policy and professional affairs for GSA, observes:

"I have the pleasure to represent GSA on a number of key coalitions, including the Leadership Council of Aging organizations, Friends of NIA, the Coalition to End Social Isolation and Loneliness, and the Adult Vaccination Access Coalition ... to name just a few. During this challenging period for all of us including older adults and their families, we have focused on a range of preventive and responsive work to address the pandemic. During this time, I have seen both the power and innovative capacity of groups coming together with a common purpose. Along with the tremendous work of so many health care professionals, researchers, and those who keep our communities functioning during this pandemic, this coalition collaboration has been another inspiring outcome for me."

So last month was about education, advocacy, *and* coalition building; this month will be about some of the health and aging legislative proposals that remain on the table for consideration this Congress. Since it is an election year, we hope that many of these bills will be considered before it gets too close to November, or they may not have a chance to become law.

ARPA-H

Yes, both the Build Back Better Act and FY 2022 appropriations bill have included authorization and funding for the new multibillion-dollar Advanced Research Projects Agency for Health (ARPA-H), but it appears that politics may present a problem for the President Joe Biden/Vice President Kamala Harris proposal to speed up and boost medical research and innovation.

Some of the pushback is tied to placement of the agency at the National Institutes of Health. One Republican staffer was quoted as saying that there is concern that the agency "will become another slush fund for Fauci-minded scientists — unchecked scientists who will use more government money just to curate their public image rather than get results." Apart from the feud between Senator Rand Paul (R-KY) and Chief Medical Advisor to the President Anthony Fauci, there is still hope that the president and a bipartisan group of congressional supporters will secure passage this year.

Fiscal Year 2023 Appropriations

The Senate passed (65 to 27) another Continuing Resolution (now P.L.117-86) on February 17 to keep the federal government open through March 11. The House had passed the bill ([H.R.6617](#)) the previous week. There are good signals that Congress will agree on the details for an omnibus appropriations package before or shortly after the next deadline.

The four House and Senate appropriations chairs and ranking members have worked out the final numbers for the total spending for FY 2022 and have provided the 12 appropriations

subcommittees with their allocations. Now it is up to the chairs and ranking members of each subcommittee from the House and Senate to compromise and produce their bills.

Suffice it to say, there will be things in the package that each side does not love. The White House would also like a supplemental appropriations package at some point this year to address additional pandemic costs, including vaccines, testing, public health surveillance work, and to assist the uninsured. Reaction on Capitol Hill has been tepid to this, in part because they have just agreed to the current fiscal year's numbers, and some want to know how the previous dollars have been used before approving more.

Don't forget Biden will be sending his FY 2023 budget proposal up to the Hill in March and the whole budget/appropriations process begins again. Here is a [summary of the latest continuing resolution](#).

Telehealth

The pandemic and demand for telehealth services to protect patients, families, and health care professionals has led to a massive effort to make such services widely available on a long-term or permanent basis. So look for more hearings and discussions and lots of money being spent on lobbying this year and next. The Telehealth Extension and Evaluation Act ([S.3593](#)) was recently introduced in the Senate by Senators Catherine Cortez Masto (D-NV) and Todd Young (R-IN). It would extend for two years Medicare enrollee access to telehealth services. It also includes a study on the impact of the use of telehealth, including for audio-only services for advance care planning.

The extension of the hospice recertification via telehealth is not mentioned in the Masto-Young bill. It is included in the Telehealth Modernization Act ([S.368](#)) sponsored by Senators Tim Scott (R-SC) and Brian Schatz (D-HI) and 17 others.

Observation Stays or Status

It has been twelve years since Representative Joe Courtney (D-CT) introduced his first bill to change Medicare rules so that hospital patients could be covered for skilled nursing care after a hospitalization, regardless of whether they were "observation" patients or inpatients. The problem persists and the latest bill, the Improving Access to Medicare Coverage Act of 2021 ([H.R.3650](#)) has not been considered, in part because of the potential cost. Courtney remains committed to inserting this legislation in a vehicle this year. Here is a [Center for Medicare Advocacy article](#) addressing the observation issue.

BENES Act Returns

Senators Bob Casey (D-PA) and Todd Young (R-IN) introduced the Beneficiary Enrollment Notification and Eligibility Simplification (BENES) 2.0 Act to simplify Medicare enrollment for older adults and people with disabilities. The bill requires the Centers for Medicare and Medicaid Services to provide better and more advanced enrollment information to older adults who are nearing Medicare eligibility.

This bill follows passage in 2020 of some elements of the first

BENES Act that updated enrollment rules and coverage gaps. This is a bill that could be included in a bipartisan Medicare package or an end of the year omnibus tax extenders bill. Here is more on the [bill from Casey's office](#).

PACE Expanded Act

This act is a revised and now bipartisan bill ([S.3626](#)) to improve access to the Program of All-Inclusive Care for the Elderly. Introduced by two members of the Finance Committee, Casey and Tim Scott (R-SC), who also serve as chair and ranking member, respectively, of the Special Committee on Aging. The recent hearing ["Improving Care Experiences for People with both Medicare and Medicaid"](#) included discussions of the bill.

Build Back Better Act

There is so much for older adults, caregivers, individuals with disabilities, those in need of health care coverage and community-based services and housing, elder justice, and for the eldercare workforce, that it must be mentioned. The Build Back Better (BBB) Act is still alive, and we may see germination this spring. We could also see elements that could be supported by 50 or more senators pulled out and included in other bills. My [December article covered BBB](#) and here is a piece by the Center on Budget and Policy Priorities: ["Policymakers Should Craft Compromise Build Back Better Package."](#)

Medicare Part B Premium Increase

Members of Congress have called on the Biden-Harris Administration to reevaluate the proposed Medicare Part B Premium increase (\$21.60 per month) announced late last year, in part because of its link to the high cost of the new Alzheimer's drug Aduhelm. Although Secretary of Health and Human Services Xavier Becerra has taken steps to reevaluate, it is possible that Congress will decide to act to protect Medicare beneficiaries from high increases. Here is a [letter from Chair Ron Wyden](#) (D-OR) to Secretary Becerra on the topic.

Nursing Home Improvement and Accountability Act of 2021

This act is worthy effort by Wyden, Casey, and several other Democratic senators to improve quality of care in long-term care facilities. The bill would provide more transparency, expand staffing requirements (e.g., a registered nurse available 24/7 and a full-time infection control specialist), and increase oversight (e.g., data collection and reporting). Here is a [bill summary](#) and [section-by-section breakdown](#).

RAISE and Beyond

Just a reminder that there will likely be a number of bills introduced in the caregiving/family caregiver space following the completion of the RAISE Family Caregiving Advisory Council's National Family Caregiving Strategy for implementing their twenty-six [recommendations](#). See the Administration for Community Living [RAISE page](#) for all the details.

Mental Health

Both the Senate and House have spent a good bit of time

and energy on the issue of mental health. The Senate Finance Committee held hearings and received stakeholder input. Next steps in the effort include members of the committee looking into various aspects of the issue with the goal of producing a bipartisan bill this summer. [Here is a link to a helpful press statement](#).

SECURE 2.0

The Ways & Means Committee's bipartisan Securing a Strong Retirement Act of 2021 (SECURE 2.0) ([H.R.2954](#)) and the Education & Labor Committee's bipartisan Retirement Improvement and Savings Enhancement (RISE) Act ([H.R.5891](#)) stand ready to be merged and sent to the full House for a vote. Yes, another bipartisan effort. The Senate is a bit behind but working on its bill and consulting with the House. Here is the [press release](#) from the mark-up for SECURE 2.0 and the [link to the RISE Act mark-up](#).

In closing, there is a lot of movement among these bills and even some growing bipartisanship, so do your advocacy and let's connect with the optimism that Spring brings!

Recent GSA Policy Actions

GSA Vice President of Policy and Professional Affairs Patricia M. "Trish" D'Antonio, BSPHarm, MS, MBA, BCGP, represented the [Adult Vaccine Access Coalition](#) and GSA in a stakeholder roundtable with U.S. Secretary for Health and Human Services Xavier Becerra to discuss how we can continue to work together to address health equity in the routine vaccination space and better protect the public through vaccinations. D'Antonio serves as co-chair of the Adult Vaccine Access Coalition.

GSA provided comments to the Senate Health, Education Labor and Pensions Committee discussion draft of the Prepare for and Respond to Existing Viruses, Emerging New Threats, and Pandemics (PREVENT Pandemics) Act. GSA commended the committee for working to address several of the longstanding challenges that have undermined our pandemic response — like strengthening our medical supply chains; improving our public health data systems and workforce; updating the development process for tests, treatments, and vaccines; combatting misinformation; and more.

GSA joined the American Physical Society and three other scientific organizations in support of [an amicus brief](#) to reinstate charges by physics professor Xiaoxing Xi to hold the U.S. government accountable for his wrongful arrest and prosecution in 2015. As noted in the brief, "The government's wrongful arrest and prosecution of scientists and engineers, particularly those of Chinese descent, is harming the U.S.'s reputation as the most desirable destination for the best and brightest scientists to make their careers. That loss of talented scientists reduces the quality and quantity of our nation's trained technical workforce and thereby harms both the economy and our national security."

GSA joined over 50 scientific societies in [a letter urging Congress to finalize FY 2022 appropriations](#) with robust support for scientific research and development.

new resources

Analysis Reveals How Pandemic Impacted Diverse Caregivers

A new report from the Diverse Elders Coalition (DEC) and its members, and in partnership with the National Alliance for Caregiving, calls for policies to support family caregivers in the U.S. that address systemic inequities.

[“Family Caregiving in Diverse Communities: Addressing the Needs of Diverse Family Caregivers for Older Adults”](#) focuses on understanding the lived experiences of family caregivers who support older adults from the DEC’s constituent communities, including racially and ethnically diverse people; American Indians and Alaska Natives; and lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ+) people.

“The fact that lawmakers and policymakers are starting to recognize the important roles and needs of caregivers is a meaningful step forward for the older adults we work with,” said Lauren Pongan, national director of the Diverse Elders Coalition. “It’s our hope that, in crafting caregiving-related policies, lawmakers will continue to listen and be responsive to caregivers’ lived experiences and perspectives—especially racially and ethnically diverse, American Indians and Alaska Natives, and LGBTQ+ caregivers.”

Key themes that have emerged include a lack of resources to adequately and culturally responsively address caregivers’ mental health, social isolation, and financial strain. The report also highlights protective factors, or the ways in which our communities exercise resilience in spite of the pandemic and other inequities.

Report Details 20 Years of Advances, Challenges of Americans’ Oral Health

Despite important advances in the understanding and treatment

of oral diseases and conditions, many people in the U.S. still have chronic oral health problems and lack of access to care, according to a report by the National Institutes of Health.

[“Oral Health in America: Advances and Challenges”](#) is a follow-up to the seminal 2000 “Oral Health in America: A Report of the Surgeon General.” The new report, which is intended to provide a road map on how to improve the nation’s oral health, draws primarily on information from public research and evidence-based practices and was compiled and reviewed by NIH’s National Institute of Dental and Craniofacial Research (NIDCR) and a large, diverse, multi-disciplinary team of more than 400 experts.

The report updates the findings of the 2000 publication and highlights the national importance of oral health and its relationship to overall health. It also focuses on new scientific and technological knowledge — as well as innovations in health care delivery — that offer promising new directions for improving oral health care and creating greater equity in oral health across communities. Achieving that equity is an ongoing challenge for many who struggle to obtain dental insurance and access to affordable care.

The authors make several recommendations to improve oral health in America, which include the need for health care professionals to work together to provide integrated oral, medical, and behavioral health care in schools, community health centers, nursing homes, and medical care settings, as well as dental clinics. They also identify the need to improve access to care by developing a more diverse oral health care workforce, addressing the rising cost of dental education, expanding insurance coverage, and improving the overall affordability of care.

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examples of analyses are given using each.

In an article on measuring social health, the issue revisits the theoretical framework that has guided the development of NSHAP, [the Interactive Biopsychosocial Model of health](#), which includes the concept of social health. The authors define indicators and measures of social health (e.g., sexuality, social networks), and present analyses that reveal age and gender differences, inspiring additional explorations. NSHAP’s [newly introduced measure of resilience](#) demonstrated good reliability and validity and was associated with health outcomes even after controlling for personality differences with which resilience is related. Having both detailed social network data, and interviews with both members of a couple, NSHAP’s rich relationship data is unique. Information about [analyzing couples](#) and [networks across waves is provided](#).

New measures of self-reported skin tone and perceived discrimination enable examination of how race/ethnicity is connected to health and aging among ethnoracial minorities. One article reports that [skin tone is a significant predictor of the frequency of perceived discrimination and stress among African American respondents](#). Another describes [NSHAP’s enhanced elder mistreatment module](#); and

to detect risk of neglect, researchers [analyzed new questions to discern if respondents have been getting the help they want](#), and reliably, with the activities of daily living that they find difficult to perform on their own. And looking at childhood background measures in NSHAP, one group of authors found that [reporting growing up in a happy family is a particularly important predictor of the amount of social support older adults receive](#) from spouse, family, and friends.

Descriptions of the NSHAP Round 3 new measures coincide with sample analyses to make this compilation especially useful to researchers interested in the social determinants of the health and wellbeing among older adults.

NSHAP is funded by the National Institute on Aging and housed at the nonpartisan and objective research organization NORC at the University of Chicago, with Linda J. Waite, PhD, FGSA, the George Herbert Mead Distinguished Service Professor of Sociology, serving as principal investigator. This supplement was supported by funding for the National Social Life, Health, and Aging Project, from the National Institute on Aging, National Institutes of Health (R01AG021487; R01AG033903; R01AG043538; R01AG048511) and NORC at the University of Chicago, which was responsible for the data collection.

Meet Your New Leaders!

By Danielle Waldron, PhD



Hi everyone! This is Danielle (Dani) Waldron, PhD, your new ESPO chair! After two years preparing for this position as the ESPO vice chair-elect and the ESPO vice chair, I feel ready and excited to take on this leadership role!

I am an assistant professor of healthcare administration at Stonehill College in Easton, Massachusetts, and a part-time lecturer in the

Department of Gerontology at UMass Boston where I graduated from in 2020. My research focuses on aging with autism and other types of intellectual and developmental disabilities.

I would like to introduce the rest of this year's ESPO officers. Before I introduce them, I would like to share that we all have a background in nursing, which I consider one of the most inspiring and challenging professions, so rest assured, we are in excellent hands!



Petrovsky

Darina Petrovsky, PhD, RN, is an assistant professor in the School of Nursing at Rutgers University's Institute for Health, Health Care Policy and Aging Research. She studies nonpharmacologic approaches to improve quality of life in patients with cognitive impairment with a special focus on music therapy. As ESPO past chair, Petrovsky is an anchor of continuity in ESPO leadership having served as an ESPO leader both pre- and post-GSA governance changes. Petrovsky oversees awards, so please keep an eye out for awards nominations this year!



Johnson

Kalisha Bonds Johnson, PhD, RN, PMHNP-BC, an assistant professor at Nell Hodgson Woodruff School of Nursing at Emory University, is this year's ESPO vice chair. Bonds Johnson studies quality of life, caregiving, and health outcomes of African American persons living with dementia and their families. This year Bonds Johnson is facilitating ESPO activities and programs for the Annual Scientific Meeting on behalf of ESPO.



Morgan

Brianna Morgan, MSN, CRNP, ACHPN®, is a doctoral student at the University of Pennsylvania School of Nursing, where she studies inner strength in persons newly diagnosed with mild cognitive impairment along with their care partners. As ESPO vice chair-elect, she oversees two of ESPO's thriving task forces, Dissertation Writing Group and Webinar. She also helps plan the Annual Scientific Meeting.

Now that I've introduced the officers, I wanted to share two things you can expect from me this year as the ESPO Chair. First, know that I will show up for you. At a young age, my parents instilled in me that "we show up for people we care about," and I carry this with me in all I do. I care about you and so, I will show up to your informal chats, presentations, and advocate for all things ESPO in GSA meetings throughout the year. And to kick this off, we've scheduled "ESPO Write-Ins." I love writing, but the loneliness is real! During these sessions, we will check in periodically, but mostly keep our cameras off and write in solidarity. Keep an eye out for an invite!

Second, you can expect me to show up as I am. I think it is fair to say that the personal and professional challenges we have all encountered over the past few years have taken their toll. And to be honest, I'm kinda tired, ha.

Over the years, I've also realized how much extra energy it takes to be the hypervigilant, blazer-wearing, super serious version of myself. Though there's a time and a place for that, Zoom meetings are really not it! I'll come as I am, whether it be tired from a long night of caregiving, stressed because I didn't get that grant I gave my all to, wearing my college sweatshirt because I need to do laundry, or a little silly. (In full disclosure, a little silly is my baseline). I hope you bring your authentic selves to ESPO too and know that the best, professional version of you can vary from day to day.

Remember that you are enough as you are, and we are here for you. If there was ever a time to study aging — it's now. The field needs us. Older adults and their families need us, so let's show up and do the work!

Continued from page 1 - The Future of Oral Health Care Includes Value-Based Care

Shuman, DDS, MS, FGSA, who serves as chair of the GSA Oral Health Work Group.

Overall, the expert panel demonstrated that there is an opportunity to advance oral health quality measurement for adults, but there will be many challenges along the way.

Kaitlyn Esselman, a director at Discern Health and moderator of the convening, commented, "The opportunity to improve quality of care through VBOHC is tremendous."

Support for this publication was provided by GlaxoSmithKline Consumer Healthcare.

funding opportunities

NIA IMPACT Collaboratory Offers Career Development Awards

The National Institute on Aging (NIA) Imbedded Pragmatic Alzheimer's Disease and Alzheimer's Disease-Related Dementias Clinical Trials (IMPACT) Collaboratory funds up to four [Career Development Awards](#) (CDAs) annually. These two-year awards support the development of early-stage MD, PhD, or equivalent researchers who seek careers conducting pragmatic clinical trials (ePCTs) for people living with Alzheimer's disease and Alzheimer's disease-related dementias (AD/ADRD) and their care partners.

Applicants must be no more than seven years out of their post-doctoral training program at the time of application. Applications are due by March 18.

Kirschstein Awards to Promote Diversity in Health-Related Research

The [Ruth L. Kirschstein National Research Service Award \(NRSA\) Individual Predoctoral Fellowship to Promote Diversity in Health-Related Research award](#), issued by the National Institutes of Health (NIH), is designed to enhance the diversity of the health-related research workforce by supporting the research training of predoctoral students from diverse backgrounds including those from groups that are underrepresented in the biomedical, behavioral, or clinical research workforce.

Through this award program, promising predoctoral students will obtain individualized, mentored research training from outstanding faculty sponsors while conducting well-defined research projects in scientific health-related fields relevant to the missions of the participating NIH institutes and centers. The proposed mentored research training is expected to clearly enhance the individual's potential to develop into a productive, independent research scientist. This funding opportunity announcement does not allow candidates to propose to lead an independent clinical trial, a clinical trial feasibility study, or an ancillary clinical trial, but does allow candidates to propose research experience in a clinical trial led by a sponsor or co-sponsor. Standard application due dates apply, with the next available due date being April 8.

AFAR Scholarships Will Support Biomedical Research

The Diana Jacobs Kalman/American Federation for Aging

Research (AFAR) Scholarships for Research in the Biology of Aging aim to give students the chance to learn more about the field of aging research, as well as increase their understanding of the challenges involved in improving the quality of life for older people.

The program is designed to give students enrolled in MD, DO, PhD, or combined-degree programs the opportunity to conduct a three-to-six-month research project focused on biomedical research in aging.

Up to ten scholarships will be awarded in 2022. Students are encouraged to make their proposals as focused as possible – the strongest projects are those that focus on a particular subject area. Clinical, epidemiology, health services, and outcome projects will not be considered.

For one of the awards, priority may be given for a research project that focuses on eye-related diseases and conditions. Each scholarship is \$5,000. No indirect costs or overhead are allowed; a budget is not required. The deadline for receipt of all applications and supporting materials is April 14.

Two NIH Katz Awards Offered for Those with a Change in Research Direction

The National Institutes of Health (NIH) has posted two opportunities for the Stephen I. Katz Early Stage Investigator Research Project Grant, which supports an innovative project that represents a change in research direction for an early stage investigator and for which no preliminary data exist.

Applications submitted to this funding opportunity announcement must not include preliminary data. Applications must include a separate attachment describing the change in research direction. The proposed project must be related to the programmatic interests of one or more of the participating NIH institutes and centers based on their scientific missions.

1. [Stephen I. Katz Early Stage Investigator Research Project Grant \(R01 Clinical Trial Not Allowed\)](#)
2. [Stephen I. Katz Early Stage Investigator Research Project Grant \(R01 Basic Experimental Studies with Humans Required\)](#)

The next available application due date is May 26. Several other due dates thereafter are available.

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Connecting Research Concepts with Clinical Experiences: Teaching Research Methods to Nursing Students from a Gerontologist's Perspective

By Sarah D. Holmes, PhD, MSW, University of Maryland School of Nursing (sarahholmes@umaryland.edu)

As a social gerontology researcher and educator within a School of Nursing, I have a unique opportunity to integrate gerontological content and customize learning around real-world clinical problems that are relevant to nurse scientists. I am an assistant professor in the Department of Organizational Systems and Adult Health at the University of Maryland School of Nursing (UMSON). I have received my PhD in gerontology from the University of Maryland, Baltimore and a master's degree in social work from The Ohio State University.

My role as a teacher and mentor with nursing students involves challenging them to think critically about their clinical experiences which are often used to fuel their research agendas as emerging nurse scientists, particularly as it relates to issues relevant to aging and older adults.

In the PhD program in nursing at UMSON, I teach a non-experimental research methods and analysis course (NURS 814). This course emphasizes learning and applying research methodologies and analytic skills that will prepare doctoral students to undertake their own dissertation research.

Students take this course in their first or second year of the program, as it provides a core foundation for advanced methodological and analytic courses. Many are non-traditional students who are simultaneously working full- or part-time in various clinical settings. They arrive to each class with real-world examples of clinical scenarios observed in their nursing practice that drive their passion for research and pursuit toward a PhD in nursing.

Many of these practice-based issues involve the clinical care of older adults. For example, students have shared stories about being challenged by the complex health care needs for their older patients, encountering ageist practices in their clinical settings, as well as having a dearth of standardized geriatric screening measures for at-risk populations.

As students bring such examples to the classroom, we are able to connect them to methodological concepts learned in the course and explore together how they might be addressed from a researcher's perspective. Their clinical experiences provide a springboard for inspiration during class discussions and offers a creative gateway into exploring various research methodologies.

Throughout the semester, we cover the full range of steps in the research process and apply research design concepts through the critique of non-experimental research studies.

Additionally, students are tasked with translating a clinical problem into a fully developed research proposal. The research proposal is drafted in sections and revised through a peer review process wherein students critique and provide feedback on each other's work. In this way, students learn collaboratively how to refine and reformulate their ideas into workable research plans.

Some of the students' research proposal topics have a focus on aging and/or older adults which are developed based on their clinical practice work. Examples have included topics such as multimorbidity among older adults with HIV, social isolation and loneliness in low-income minority older adults, and consequences of polypharmacy among persons with dementia.

The research proposals provide an opportunity for students to connect real-world problems observed in their clinical practice and apply them in understanding the research process. What starts out as a preliminary research question based on curious observations or noted gaps in knowledge, evolves over time to include more sophisticated components such as specific aims and hypotheses, detailed study procedures, and analytic plans.

We also talk through potential challenges and considerations for conducting research with older adults, such as tackling recruitment barriers and assessing decision-making capacity for informed consent among persons with cognitive impairment.

The mastery of research methods is critical for preparing students to undertake independent research as emerging scholars and to enable them to become critical consumers of research. As gerontology is an applied interdisciplinary enterprise, my perspective on teaching research methods for nursing students involves embracing their practice-based knowledge and meaningfully engaging them in the course material.

The integration of students' real-world nursing practice and linking these experiences to methodological concepts in the course has been one strategy for making the learning process more accessible for students.

Continued from page 2 - Reframing is Easier Than You Might Think – Join the Caravan

that help our messages to be as effective as possible.

Last year, I had the opportunity to showcase GSA's work on the initiative during an [Age-Friendly Ecosystem Summit](#). By implementing the principles of Reframing Aging, all individuals in this thriving ecosystem — Age-Friendly Cities, Age-Friendly Communities, Age-Friendly Health Systems, Age-Friendly Public Health Systems, and now [Age-Friendly Universities](#) — can help

the public understand that there is much we can do, together, to ensure well-being as we age.

GSA's work on Reframing Aging provides the unifying language that connects and animates the many age-friendly components of this expanding ecosystem. As it has done for the past 75 years, GSA is enriching the public and professional dialogue on aging, enabling all to pursue meaningful lives as we age. Please join us!

GSA Seeks Editor-in-Chief Nominations

The GSA Program, Publications, and Products Committee is [announcing a search for two positions of editor-in-chief](#): *The Gerontologist* and The Biological Sciences section of *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*.

The four-year contract terms for these positions will become effective January 1, 2023. The editor-in-chief works closely with publishing staff, associate editors, and at times directly with authors, reviewers, and readers for the benefit of the journal and the Society. Nominations and applications, which may be submitted by the candidate or others, are due by April 30.

To learn more, visit academic.oup.com/gsa/pages/editor-nominations.

Latest PP&AR Focuses on Implementation Science

Implementation science is “the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services, states the current issue of *Public Policy & Aging Report (PP&AR)*. Under the title “[Implementation Science: A Critical Tool for Research Utilization and Policy Evaluation](#),” the issue focuses on implementation science in aging research. A number of contributors discuss their experiences implementing aging-related evidence-based practices in different healthcare settings, including nursing homes, hospitals, and the Veterans Administration health system.

One article highlights how implementation science can be used to evaluate and improve policy dissemination and implementation. And there are two spotlight articles; one discusses the role of knowledge brokers as key intermediaries between researchers and other stakeholders in the implementation process, and another, contributed by the National Institute on Aging, discusses how it is currently promoting and conceptualizing implementation science.

“As we continue to invest in research, programs, and policies to improve the lives of older adults, it is imperative that we also invest in the implementation and evaluation of the research, programs, and policies if we want to ensure a full return on investment,” write Beth Prusaczyk, MSW, PhD, and Julie Bobitt, PhD, in the introduction to the issue. “As the contributors of this themed issue make clear, implementation science is an important and under-utilized tool to support these efforts.”

Series A Welcomes Submissions Related to Technology, Fall Prevention

The Medical Sciences section of *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences* has [extended the deadline for submissions](#) to March 31 for the special issue “Novel Technology-Driven Approaches to Enhance Mobility and Reduce Falls in Older Adults.”

Series A Issues Call for Papers Related to Sleep, Circadian Rhythms

Sleep complaints, sleep disorders, and alterations in circadian rhythms are common among older people and are associated with poor health outcomes, including cardiometabolic conditions, psychopathology, and dementia. We know little, however, about how sleep interacts with demographic and environmental factors, medical conditions, and mental health to affect well-being in advancing age. Further, it is not known the extent to which racial and ethnic disparities in sleep and circadian rhythms may account for other later-life health disparities.

The Medical Sciences section of *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences* is announcing a special issue dedicated to capturing the current state of the art in these domains. Adam Spira, PhD, FGSA, Katie Stone, PhD, MA, and Christopher Kaufmann, PhD, MHS, have agreed to serve as the guest editors and they are particularly interested in mechanistic studies, longitudinal designs, and clinical trials, but the journal is open to a range of study designs.

The manuscript submission deadline is April 15 for this special issue, which will be titled “[Sleep, Circadian Rhythms, and Aging: Advancing Knowledge to Promote Older Adults’ Health](#).”

Series B Invites Papers on Conceptual Models in Psychological Aging

The Journals of Gerontology: Series B: Psychological Sciences and Social Sciences has issued [a call for papers for an upcoming special issue](#) titled “Empirical Work Challenging Dominant Conceptual Models in Psychological Aging.”

The call states: “Despite aging traditionally being viewed as ‘data rich and theory poor’ (Birren, 1999), the current situation in psychological aging is more complex: we certainly have rich data, but we also have strong conceptual models through which results are filtered. While so much data regarding strong theories should allow for rigorous tests of the theories, instead the current state is that most published findings are interpreted as generally consistent with the theories. We rarely see published findings that contradict theories and make the field want to reconsider them.”

The goal of this special issue is to highlight empirical work with robust findings that are inconsistent with main theories in the field involving cognitive, socioemotional, neural and/or perceptual domains. It is preferable, although not required, that the research be preregistered. The work can be intentionally descriptive or could have been designed to test competing theoretical perspectives. Critically, in addition to presenting the empirical findings that clearly do not support key theories, papers should engage with why the findings contradict the theory and what revisions might be needed to the theories to accommodate the findings.

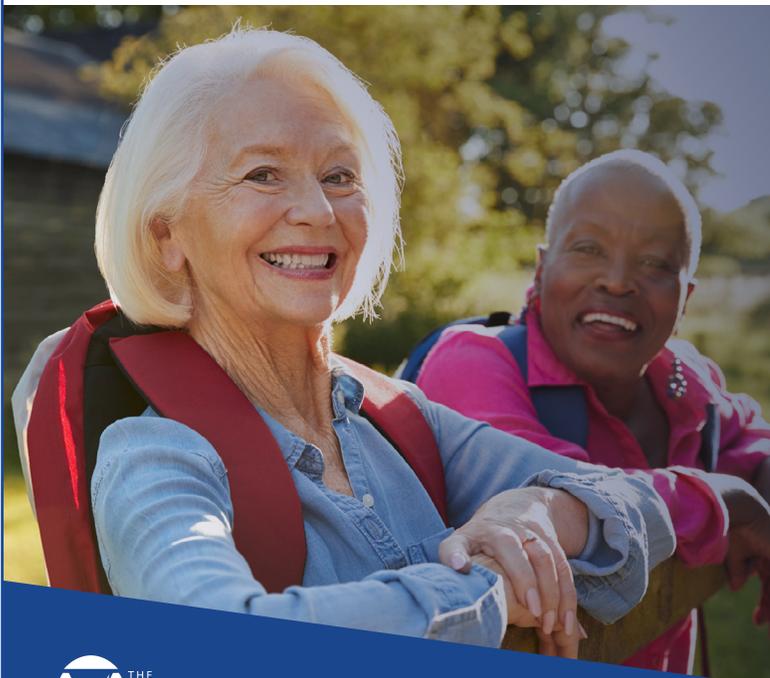
Full manuscript submissions are due by May 10.



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