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Meeting Abstract Stats Tallied

GSA received a total of 3,568 abstract submissions (including individual symposium abstracts) for this November's Annual Scientific Meeting in Phoenix, Arizona. Submissions were received from 38 countries, with the majority coming from the U.S., Canada, Republic of Korea, Japan, and Germany. More than 930 GSA members volunteered to peer review abstracts, which led to more than 8,300 completed reviews. Initial acceptance notifications will be sent in June!

Join a GSA Interest Group

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

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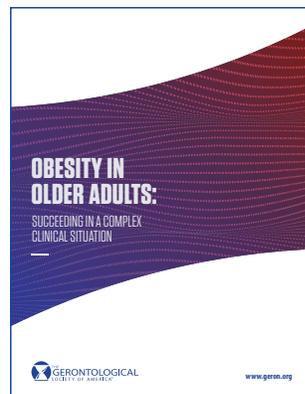
Obesity in Older Adults: A Disease, Not a Choice

Overweight. Obesity. Severe obesity. What do these terms mean, and how are people diagnosed with these conditions? What causes weight gain, and why is the situation worsening so quickly?

People's body sizes have increased greatly over the past four decades. In 2017 and 2018, among Americans aged 60 years or older, 42.2 percent of men and 43.3 percent of women had obesity. A new GSA publication, "[Obesity in Older Adults: Succeeding in a Complex Clinical Situation](#)," reviews the evaluation, consequences, and clinical management of obesity and overweight in older adults.

"Emerging concepts especially pertinent to older adults include new findings on hormonal influences of weight homeostasis, the effects of age at onset of obesity, nutrition and sarcopenia, and the impact of exercise, comorbid conditions, and functional status," the report states.

Views on the nature of obesity have been



evolving for a half century, and this progress culminated in recognition of obesity as a complex chronic disease with a pathophysiologic basis by the American Medical Association in

2013. This increasing recognition of obesity as a chronic disease that should be diagnosed and treated helps to avoid the stigma and confusion associated with this condition.

During the coronavirus pandemic, the detrimental effects of excess fat mass at older ages were clear, as these were the leading risk

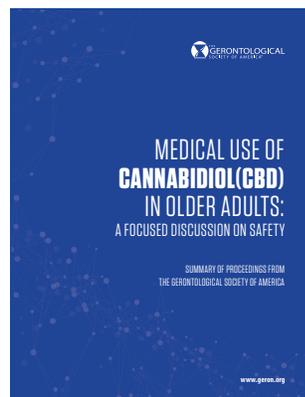
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CBD and Older Adults: New Publication Focuses on Safety

Many cannabidiol (CBD) products are available for sale in the U.S., yet few of them are supported by evidence on safety or optimal uses. Fortunately, professional societies and patient advocacy groups are ideally positioned to inform their professional members and the nation's older adults about CBD, according to a new GSA publication titled "[Medical Use of Cannabidiol in Older Adults: A Focused Discussion on Safety](#)."

Use of CBD products is growing among older adults. Chronic conditions may lead them to seek alternative approaches to manage pain, insomnia, anxiety, and some symptoms of Alzheimer's or Parkinson's disease.

In fall 2020, GSA convened stakeholders representing seven patient advocacy groups and 10 professional societies to discuss federal



and state law governing cannabis-derived products to the safety of the medical use of these products by adults aged 55 years or older. This publication summarizes presentations and recommendations

by the stakeholders.

Some marketing for CBD products may reinforce a perception that they are always safe. However, CBD-related calls to poison control centers have risen from three in 2014 to 2,218 in 2020, shared William J. Lynch

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From the CEO



DEI Initiatives Take Root as Nation Confronts Racism

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

When Centers for Disease Control and Prevention (CDC) Director Rochelle P. Wolensky, MD, MPH, issued a [declaration of racism as a public health threat](#) in April, it added great momentum toward addressing one of the greatest challenges of our time. This joins similar statements from organizations such as the [American Medical Association](#) and the [American Public Health Association](#). GSA likewise has emphasized racism as a threat to public health in its [communications over the past year](#).

The CDC announcement coincided with its launch of a [Racism and Health web portal](#) that will promote education and dialog around critical issues of racial and health inequities. The agency also unveiled plans to foster diversity, equity, and inclusion (DEI) internally, while also committing to advancing the study of how racism affects health and implementing solutions to address this.

The CDC actions follow a March announcement from the National Institutes of Health (NIH) regarding the creation of the [UNITE initiative](#), which seeks “to identify and address structural racism within the NIH-supported and the greater scientific community.” I applaud the NIH for its efforts in this area and know the UNITE initiative is in great hands — one of its co-chairs is long-time GSA member and National Institute on Aging Deputy Director Marie Bernard, MD, FGSA, FAGHE. Dr. Bernard also serves as the NIH’s acting chief officer for scientific workforce diversity. (Learn more about her NIH roles on page 3!)

GSA itself has accelerated its DEI efforts since the summer of 2020, when the late GSA Board Chair Kathryn Hyer, MPP, PhD, FGSA, FAGHE, established the [GSA Diversity and Justice Working Group](#). The Working Group’s recommendations are now being implemented as described below and the Society has retained a DEI consultant to provide an external review of policies and procedures.

To better understand diversity represented in the GSA membership, the Society is requiring race, ethnicity, gender, and disability fields to be completed as part of the membership process. To increase the representation of racial/ethnic minority

scholars in our industry-leading journals, we are increasing the diversity of topics of our manuscripts and scholarship, and developing opportunities for special issues and guest editors from marginalized groups.

To diversify GSA leadership and governing bodies, the Society is requiring diversity statements from all candidates seeking leadership positions and building accountability into section chair reporting. Additionally, we have been able to add diversity to the six-member GSA Governance Committee, which oversees the Society’s nominations and elections process, makes recommendations on the creation of governing documents, and oversees board development and self-evaluation. Following Kathy Hyer’s untimely passing in January, GSA revised its bylaws to be able to respond to potential vacancies on the committee. Since then, we have welcomed two new Committee members from minority backgrounds, Terri Lewinson, PhD, FGSA, and Raymond Yung, MD.

To foster opportunities for conversations on race and gender dynamics in academic, practice, and community spaces, we are expanding our education programming through ESPO webinars on social justice and implemented a new Annual Scientific Meeting session topic on social and health equity, diversity, and inclusion. In addition, the Society is enhancing its outreach efforts to Historically Black Colleges and Universities and elevating the Minority Issues in Gerontology Advisory Panel’s James Jackson Outstanding Mentorship Award to a Society-wide award.

The working group also welcomed a new chair in April — Roland Thorpe, PhD, FGSA, of the Johns Hopkins Bloomberg School of Public Health. He succeeds Keith Whitfield, PhD, FGSA, who recently accepted the prestigious position of president of the University of Nevada, Las Vegas. I thank both for their dedication to advancing GSA’s mission as an inclusive organization.

All these efforts represent only a down payment on GSA’s sustained commitment to addressing the impact of systemic racism.

James

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In Memoriam



Steven P. Wallace, PhD, FGSA, passed away on March 30. He was a professor in the Department of Community Health Sciences at the University of California, Los Angeles (UCLA) Fielding School of Public Health, and associate director of the UCLA Center for Health Policy Research.

A leading national scholar on aging in communities of color, he directed the Coordinating Center for the National Institute on Aging-funded Resource Centers on Minority Aging Research and co-directed evaluation of the National Institutes of Health's Diversity Consortium. His research focused on access to long-term care by diverse older adult groups, disparities in the consequences of health policy changes on racial/ethnic minority elders, and the politics of aging. He also focused on healthy aging among older Californians, measuring income security for older adults, and studying access to care by Mexican immigrants.

Wallace pioneered new approaches to elder economic security through the California Elder Economic Security Standard Index, a tool that measures the actual cost of basic necessities for older adults, which was adopted into law and was used by the World Health Organization in its 2020 Decade of Healthy Ageing report and will be used in California's Master Plan on Aging.

He earned various fellowships and awards, including a Fulbright fellowship to research and lecture in Chile, where he studied the impact of public policies on health equity for older adults, and awards from the American Public Health Association (APHA), California Council on Geriatrics and Gerontology, Health Initiative of the Americas, and many others. In 2018, he was awarded the Lifetime Achievement Award from the APHA Aging & Public Health Section.

Members in the News

- Emily Greenfield, PhD, co-authored a March 8 op-ed for NJ Spotlight News titled "COVID-19 vaccination program highlights NJ's lack of age-friendly public health system."
- On March 20, Donna Fick, PhD, RN, FAAN, FGSA, was quoted in The New York Times in an article titled "Lighting Up in Later Life."

New Books by Members

- "Dementia-Friendly Communities," by Susan McFadden, PhD. Published by Jessica Kingsley Publishers, 2020.

Colleague Connection

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

Brad Manor, PhD

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

Member Spotlight

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

[Darlingtona Esiaka, PhD](#)

Sterns Honored for Career Milestone; Stanley Steps Up as Director

The University of Akron's Institute for Lifespan Development and Gerontology recently celebrated its 45th anniversary, while recognizing its founding director, Harvey L. Sterns, PhD, FGSA, FAGHE, for his leadership since 1976 and 50 years of service to the university.

Effective in May, Sterns will become director emeritus and a life fellow. Associate Director Jennifer Stanley, PhD, FGSA, will take on the position of director. She is currently an associate professor of psychology and co-director of the joint The University of Akron, Cleveland State University Graduate Program in the Psychology of Adult Development and Aging.

In honor of Sterns' legacy, Stanley has established a Harvey L. Sterns Scholarship Fund to support undergraduate students pursuing gerontology education at the University of Akron. An online Kudoboard has also been set up where individuals can leave congratulatory messages for Sterns by May 15.

Bernard Honored with Women in Medicine Award

On February 4, National Institute on Aging (NIA) Deputy Director Marie A. Bernard, MD, FGSA, FAGHE, received the 2020 Elizabeth Kirk Rose Women in Medicine Award from the Elizabeth Blackwell Society and Penn Medicine Development and Alumni Relationships. This distinction recognizes the extraordinary record of commitment and contributions to advancing the education and careers of women in academic medicine by a University of Pennsylvania alumna, faculty, or staff member. Bernard earned her medical degree from the University of Pennsylvania and participated in the Wharton School of Executive Development program.

In addition to her role as NIA's deputy director and senior geriatrician, Bernard serves as the acting National Institutes of Health (NIH) chief officer for scientific workforce diversity. As part of her responsibilities, Bernard co-chairs the NIH Inclusion Governance Committee that oversees inclusion in clinical research by sex/gender, race/ethnicity, and age — inclusive of pediatric and older adult subjects. She also chairs the Women of Color Committee of the NIH Working Group on Women in Biomedical Careers, and she serves on the Diversity Working Group and was a founding member of the NIH Equity Committee.

Member Referral Program — Get \$25, Give \$25

Do you have a friend or colleague who seems to want to join GSA but never quite gets around to it? Now is the perfect time to share your GSA success story and recruit them as a GSA member!

The Member Referral Program will give you the opportunity to recruit a qualified member and reward both of you. From March 15 through May 15, 2021, when you refer a member to GSA, you and the new member will receive a \$25 Amazon e-gift card when that person joins and lists you as the person who referred them. There is no limit on the number of new members you can refer.

Recruiting a new member helps grow GSA's rich, diverse network of researchers, practitioners, educators, and other professionals. Spread the word about GSA's many member benefits and ask your colleagues to join! Learn more at geron.org/get25give25!

Redefining Infrastructure May Benefit Aging Programs

To say it has been a busy few months here in DC would be only telling the obvious part of the story. New administrations are always busy with executive orders, rulemaking, nominations, legislative proposals, setting the tone for their approach to governing, and in this case, addressing — in a new way — the ongoing pandemic.

But I think this time is different. President Joe Biden has determined that this is a moment in our nation's history to address a multitude of festering problems. The American Rescue Plan Act (featured in my [March 2021 Gerontology News](#) column), which became law, addressed the pandemic and relief for working families. Now the Biden Administration has released the outlines for the [American Jobs Plan](#) and the [American Families Plan](#). Both plans are bold responses to major policy areas that have languished.

The American Jobs Plan

This \$2 trillion+ proposal is all about infrastructure — and about *all* infrastructure. Infrastructure used to mean building and repairing highways and bridges, upgrading ports and airports, modernizing public transit systems, and protecting the power grid, and water and waste systems. Now the definition is broadened to include other physical infrastructure — like schools, veterans' hospitals, and federal buildings, as well as systems like the care economy, broadband access, and training and research and development in the manufacturing sector.

From [the White House fact sheet](#): “The American Jobs Plan will invest in America in a way we have not invested since we built the interstate highways and won the Space Race.”

I thought that this column could give you a sense of how broad a definition the administration is using and how Congress is attempting to work through the ideas and the framing of issues to either help or hinder the success of the president — knowing this reimagined concept of infrastructure is important for anyone who works on policy and advocacy.

The section of the American Jobs Plan that is of special interest to advocates of aging and disabilities supports and services and policies concerns the \$400 billion proposed for upgrading the “care economy.” The administration acknowledges that even before the pandemic, caregivers were subject to financial burdens, direct care workers were underpaid, undertrained, and insufficiently supported, and Medicaid was inefficient and inadequate.

The American Jobs Plan proposes to expand access to home- and community-based service under Medicaid, including the Money Follows the Person program to expand access to services for “aging relatives and people with disabilities.”

“President Biden believes more people should have the opportunity to receive care at home, in a supportive community, or from a loved one,” the fact White House fact sheet states. Also included could be funding for housing for older adults, Older Americans Act resources, transportation, and broadband that would assist older adults. An

unabashed primary goal of this part of the plan is to “Create good-quality jobs that pay prevailing wages in safe and healthy workplaces while ensuring workers have a free and fair choice to organize, join a union, and bargain collectively with their employers.”

Another infrastructure that the president believes is destined to shape our 21st century economy is research and development. The proposal includes \$180 billion for investments in researchers, laboratories, and universities “with a commitment to lifting up workers and regions who were left out of past investments.” This would include \$15 billion for “creating up to 200 centers of excellence that serve as research incubators at historically Black colleges and universities and other minority serving institutions to provide graduate fellowships and other opportunities for underserved populations.”

“The American Jobs Plan is not just about aging infrastructure, but the ‘infrastructure of aging,’” said Max Richtman, current chair of the Leadership Council of Aging Organizations and president and CEO of the National Committee to Preserve Social Security and Medicare. “Our nation's capacity to take care of one of our most under-resourced populations has not kept pace with the growing number of older Americans. The president's plan is a welcome recognition that any re-imagining of the economy must include a serious commitment to older adults' needs, which have been laid bare by the COVID pandemic.”

The broad nature of the definition of infrastructure, coupled with a somewhat vague plan of how to support the care economy, affords those of us in the field of aging an opportunity to push for funding of our programs. Congressional staff have been reaching out to experts and advocates in aging, health care, employment, housing, and more for ideas on how their programs can be described in terms of infrastructure.

For example, the Geriatrics Workforce Enhancement Program and Geriatrics Academic Career Awards are what I would call a key part of the education and training infrastructure for the eldercare workforce. The Long-Term Care Ombudsman Program plays a critical role in ensuring quality care and protecting resident rights as part of the long-term care infrastructure, which also includes the payors of care (often Medicaid and Medicare), nursing home survey and certification programs, and more.

Initially, congressional staff have been unaware how much of the \$400 billion under the home and community-based care structure changes will be allocated to their committees' jurisdictions. Many have moved forward in developing their committee proposals, often beginning by including the chair's priorities in this space. Many of our colleagues in the aging and disability advocacy space have been working to help shape the infrastructure bill(s).

Further, it seems as though everyone is thinking big, asking colleagues what they *really* need — in funding and policies — for the programs to make a real difference in the lives of their

constituents. The truth is that many programs could be doubled and still not address their objectives completely, so you may see some significant numbers in the upcoming bill drafts.

The American Families Plan

This is a comprehensive proposal to invest in a broad range of programs and policies to support the American family at a cost of \$1.8 trillion. It includes pre-K through college education and training programs, provides paid family and medical leave, supports childcare through sliding fee scales, and extends key tax cuts in the American Rescue Plan. It addresses needs of lower-income and communities of color.

A central element of the plan is the paid family and medical leave. From [the White House fact sheet](#): “A lack of family-friendly policies, such as paid family and medical leave for when a worker needs time to care for a new child, a seriously ill family member, or recover from their own serious illness, has been identified as a key reason for the U.S. decline in competitiveness.”

GSA has been a long-time supporter of caregiving research, programs, and policies. Regarding paid leave, GSA CEO James Appleby, BSPHarm, MPH, ScD (Hon), recently observed, “The program will allow people to manage their health and the health of their families, which will benefit us all as we age.”

How does the administration propose to pay for these infrastructure improvements and family supports? With the (brilliantly named) Made in America Tax Plan. Among its proposals, this plan raises the corporate tax rate from 21 to 28 percent, eliminates deductions for foreign-derived income, prevents U.S. corporations from claiming tax havens as their residence, and strengthens the Internal Revenue Service departments responsible for investigating tax evasion.

Interestingly, budget analyses are finding that the jobs plan and the tax plan do move in the right direction deficit-wise. According to the [Committee for a Responsible Federal Budget](#), “The plan has approximately \$2.65 trillion in new costs concentrated over the next eight years. Over the traditional 10-year budget window, we estimate the net increase in the deficit would be approximately \$900 billion. The plan appears deficit-neutral over 15 years and it would reduce deficits over the long-term.” The administration also released a [memo on tax increase polling supporting their approach](#).

Frankly, Biden’s ratings are strong enough at this point for him to make his case that we have retreated too far from “big government” and that there are some critically important things that only the federal government can do. His current record of aggressively tackling the vaccine distribution challenges has put him in a strong position. The economy seems to be strengthening, the stock market has not tanked, inflation is under control, and people appear to believe that things are improving. Progressives have not revolted and neither has the Senator Joe Manchin (D-WV), the most conservative Democrat in the Senate. But there are many challenges to these massive proposals ahead.

Rarely are there so many policies and programs in line to

be considered in the same year we have already experienced a reconciliation bill passage. The process will be unique with the possibility of two more budget reconciliation processes and what is expected to be major negotiating with the more moderate Democrats and possibly Republicans to get the simple majority needed in the Senate for reconciliation.

I do not believe that the most progressive members will be those who stop such a package. Of course, this could all fall apart over taxes or business pushing back on family and medical leave or any number of things. Or we could end up with part of a loaf as is often the case when politics are involved. Either way, the administration has decided to take the Roosevelt New Deal approach to get the federal government working for the people and the people back to work, while building the foundation for their legacy.

Recent Policy Actions

GSA publicly supported the [Improving Access to Mental Health Act](#). The proposed bill will increase access to behavioral health services for older people. It would ensure clinical social workers can provide their full range of services to Medicare beneficiaries and increase the Medicare program’s reimbursement rate for clinical social workers, aligning it with that of other non-physician providers. The bill was introduced by U.S. Representative Barbara Lee (D-CA) and U.S. Senators Debbie Stabenow (D-MI) and John Barrasso (R-WY). GSA was noted in a [press release](#) issued by these co-sponsors.

GSA Vice President for Policy and Professional Affairs Patricia D’Antonio, BSPHarm, MS, MBA, BCGP — in her capacity as co-chair for the [Adult Vaccine Access Coalition](#) — was quoted in a [press release](#) from the Senate co-sponsors of the [Protecting Seniors Through Immunization Act](#). This legislation was reintroduced in the House by Representatives Annie Kuster (D-NH) and Larry Buschon (R-IN) and in the Senate by Senators Mazie Hirono (HI), Shelley Moore Capito (D-WV), and Sheldon Whitehouse (D-RI). It would provide Medicare beneficiaries access to all recommended vaccines at no additional cost, including shingles and tetanus, diphtheria, and pertussis (Tdap). Immunization coverage currently varies by vaccine under Medicare. Some immunizations are covered under Medicare Part B without any out-of-pocket costs, while some vaccines covered under Medicare Part D require significant out-of-pocket costs, contributing to low uptake.

GSA publicly supported the [Protecting Married Seniors from Impoverishment Act](#). This bill, led by U.S. Senator Robert P. Casey Jr. (D-PA), would make the [spousal impoverishment protections permanent](#) so that married couples would no longer have to worry about falling into poverty because one spouse needed Medicaid long-term services and supports at home.

new resources

NFID Report Provides Guidance on COVID-19 Communications

The National Foundation for Infectious Diseases (NFID) has issued a new framework to help leaders across many sectors — including healthcare, business, education, employer, workforce, and government — develop and implement communications that will promote vaccine acceptance and encourage the public to follow evidence-based COVID-19 prevention measures. The framework outlined in the report, [“COVID-19 Communications: Promoting Prevention Measures and Vaccine Confidence,”](#) offers a scalable approach with strategies and messaging for COVID-19 education and outreach efforts.

The new report is based on discussions among a multidisciplinary group of experts at an NFID-led virtual roundtable with participants from more than 50 leading organizations and agencies, including the American College Health Association, Business Group on Health, Centers for Disease Control and Prevention (CDC), Food and Drug Administration, Johns Hopkins University, Kaiser Family Foundation, National Association of County and City Health Officials, National Institutes of Health, National Medical Association, and Service Employees International Union.

Report Provides Update on State of Person-Centered Care

The Center for Consumer Engagement in Health Innovation at Community Catalyst has published a report and infographic, [“Tracking Progress on Person-Centered Care for Older Adults: How Are We Doing?”](#)

Created in conjunction with the LeadingAge LTSS Center @ UMass Boston with support from The SCAN Foundation, the report provides the first ever look at how person-centered care models are working (or not) for older adults.

The authors analyzed the 2014 and 2016 Health and Retirement Study, finding roughly one-third of older adults reporting that their preferences were only rarely or sometimes taken into account and that results varied greatly by race. The report found that when preferences are ignored, older adults are more likely to forgo medical care and

report lower satisfaction. The authors report that new efforts are needed to strengthen and advance person-centered care, particularly for Black and brown people and those with low incomes. According to the center, the resources provide a wake-up call and guidance about the need to continue reforming the care of older adults.

NASEM Report Addresses Dementia Care

The National Academies of Sciences Engineering Medicine (NASEM) has released a new consensus study report, [“Meeting the Challenge of Caring for Persons Living with Dementia and Their Care Partners and Caregivers: A Way Forward.”](#) This resource examines the complex body of evidence on dementia care and informs decision making about which interventions are ready to be broadly disseminated and implemented. It also offers a blueprint to guide future research using rigorous, cutting-edge methods that are inclusive, equitable, and yield critical information for real-world implementation, toward the ultimate goal of better supporting persons living with dementia and their care partners and caregivers in living as well as possible. Many GSA members served on the committee that oversaw the report.

Experts Tackle Issues of Older Adult Care

The Convergence Center for Policy Resolution has released a report titled [“Rethinking Care for Older Adults,”](#) based on recommendations from a series of expert meetings on care for older adults. The report states that aging successfully, safely and happily requires a range of support services and types of accommodation. However, it also concludes that too many older Americans spend many of their later years in institutions that are not best suited to their desires and social connections. To a significant extent, this is because regulations, payment systems and outdated models of care make a different array of options difficult to provide. To address this problem, the center brought together almost 50 experts on care for older adults in three meetings to brainstorm on the practice, policy, and business model changes needed to transform the system of care and the range of institutions, ultimately resulting in the new report.

Continued from page 1 – Obesity in Older Adults: A Disease, Not a Choice

factors associated with virus-related hospitalization, intensive-care-unit admission, intubation or mechanical ventilation, and death. Yet the realities of life for older adults — other chronic diseases, mobility deficits, deficits in activities of daily living, conditions such as osteoarthritis that limit exercise options — make obesity and overweight more than just a stigmatized challenge in work and social settings.

The report states, “For many people with overweight and obesity, a three-pronged lifestyle therapy approach can be successful through use of dietary modification, physical activity, and behavioral modifications. When these do not achieve the necessary reductions in fat mass, medications can be added judiciously with careful attention to comorbid conditions. They produce larger decreases

in body weight than are achieved with lifestyle changes alone, and their continued use helps keep weight off. Metabolic and bariatric surgery is the treatment that can produce the most weight loss, but also carries greater risk than either lifestyle treatments or medications. It is viewed as a viable option given the long lifespans people currently enjoy.

“As many conditions presenting when people reach older adulthood, decisions should be tempered by consideration of which interventions are most likely to be successful given the presence of other conditions.” The report indicates this is true for the therapeutic management of obesity, too.

Support for this publication was provided by Novo Nordisk.

Get to Know Your Junior Leaders: Health Sciences Section

Hello from Brianna Morgan and An Nguyen, your Health Sciences (HS) Section junior leaders! We would like to share a bit about who we are, our role as junior leaders, and hear from you. We represent emerging scholars and professionals during monthly HS section meetings. This is an excellent opportunity to advocate for our needs and collaborate with senior HS members.

For example, attending the Annual Scientific Meeting allows emerging scholars and professionals to share their scholarship, network with peers and mentors, and gain cutting edge knowledge from leaders in their fields. However, the cost of attendance can be prohibitive for many people early in their careers. Travel awards are an important avenue to increase equity and access to the many benefits of the Annual Scientific Meeting for those who might not otherwise be able to attend.

We are working closely with HS leadership to highlight the importance of these awards through testimonials in donation requests targeted to GSA members who are more established in their careers. In this way, we support new members' career development and foster generativity for senior members. For those who are interested, applications for travel awards will open in July.



Brianna Morgan

I am a third-year doctoral student with the NewCourtland Center for Transitions and Health at the University of Pennsylvania School of Nursing. I am exploring inner strength in people newly diagnosed with mild cognitive impairment along with their care partners — supported by my dissertation chair, Dr. Nancy Hodgson. My long-term research goal is to improve care for people with Alzheimer's disease and related dementias (ADRD) by determining ways healthcare workers can identify and enhance the strengths that people and their care partners bring to living with ADRD. I am a Nurse Practitioner with a focus on gerontology and palliative

care. I have worked in many clinical settings from neuro critical care to oncology. I have been a member of GSA since 2013 and this is my second year as an ESPO junior leader for HS. I am truly grateful for the opportunity to give back to an organization that has offered so much to me in this early stage of my career.



An Nguyen

Greetings! My name is An (pronounced "on" as in turn on the lights please). I am an acute care occupational therapist and project scientist at Cedars-Sinai Medical Center in Los Angeles. I recently 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 conducted research focused on home modification interventions delivered by occupational therapists to prevent falls in community-dwelling older adults. My developing research interests include improving rehabilitation outcomes for frail older adults and leveraging informatics methods to develop clinical decision support tools for geriatric rehabilitation.

I joined GSA in 2017 and am excited to work with Brianna in my first year as an ESPO junior leader to better understand and communicate the needs of ESPO members. Previously, I served for three years as an associate editor for the OT Student Pulse, a monthly national newsletter of the American Occupational Therapy Association written by students for students. I hope to use my previous experience in association leadership and collaborating with students and early career professionals to improve the value of HS membership for ESPO members.

Finally, we hope to hear a bit more from you about what's important and how HS can engage and support emerging scholars and professionals. Please consider [taking a short survey to share your perspective by May 21](#).

You can also access the survey by scanning this QR code:



Teaching Students to Respond to ISMs

By Darren Liu, DrPH, MHA, MS, Des Moines University

In San Francisco, Asian American senior citizens tottering through the city streets are now being brutally slapped and assaulted by absolute strangers simply because of their origins. As we watch the news on TV each day, our emotions experience an astonishing melancholy, for the media is dominated by events such as the murder of George Floyd, before his life could even transform him into an older citizen. Those who know American history are aware of the segregated school systems, lynchings, and mass deportations that are replete in the American history of the Latinx population. Ongoing discrimination, harassment, and violence against Native Americans exist in health care, employment, the criminal justice system and in other institutions. Many students of Irish descent are unaware of the persecutions that their ancestors experienced in a not-so-distant past when the pens of journalists portrayed them as “ape-men of Celtic origin.” Similarly, Italophobia is now poorly remembered by today’s descendants of a people who were also lynched and disparaged by mobs who viewed them as anti-human.

Born and raised in Taiwan, and doctorate educated in the U.S., I am a first generation Asian-American with two American-born children. As a professor studying long-term care administration, I have come to realize that even students in a field as specialized as gerontology must have lessons on ISMs integrated into their subject matter. However, much of what we teach today in gerontology has become quite standardized. That is, we teach students about geriatric syndrome and the associated problems such as multiple comorbidities, increasing isolation, and depression. This occurred as a whirlwind of life changes sweep away the very foundation of the lives once known before aging occurred. We discuss bone mass density tests that reveal advancing osteoporosis, and other such conditions for such topics do not generate intellectual and emotional unease. Indeed, as we introduce our students to the importance of critical thinking in social gerontology, humanist approaches to learning among older adults, and/or similar topics, our classrooms remain lively, interactive, and engaged.

However, when we steer away from neutral areas of academic exchange and venture into the arena of teaching about ISMs (Liu, Burston, Collier-Stewart, & Mulligan, 2020), an emotional discomfort thins the air, and historical and/or current ISM-related incidents alter the emotional texture of the academic experience. We have all experienced it, whether we are teaching our students about the importance of cultural differences in food preparation requirements for nursing home residents, and/or discussing the recent murders in Georgia and Colorado. The question becomes,

“How do we teach issues regarding racism, sexism, sexualism, heterosexism, and other ISMs to our gerontology students in a way that generates genuine intellectual interest rather than emotional withdrawal?”

Accordingly, one must ask, given the recent crises surrounding ISMs in this country that has driven #BLM, #StopAsianHate, #StopAAPIHate, and other efforts to replace incivilities with civilities, “What are some effective strategies for addressing these issues in the teaching of gerontology?” Based upon intensive research in the area of behavioral science, a number of recommendations can be made:

1. **Use a neutral language.** The use of “color-wheel language” to describe humans somehow detaches each group from being homo sapiens. Both in the field of gerontology and healthcare in general, professors are positioned to change the tone and emotionality of the dialogue regarding race/ethnicity and other ISMs by altering the language used in such discussions. Because of documented evidence that words have power, issues of diversity, inclusion, and equity can bypass the “side effects” of such conversations by utilizing more original language to describe disparities. Even the use of the terms African-descended, European-descended, Asian-descended, Spanish-descended humans, transforms the tone of the classroom conversation. When our students enter into employment that includes institutional, quasi-institutional, and community care that is characterized by disparities at multiple levels, how we deliver contents to our students about ISMs-related phenomena can affect actual outcomes.
2. **Understand the origins of ISMs.** When we teach about race and racism, we too often focus on these issues from a statistical perspective and fail to situate the foundation of today in what has happened in the past. Such an ahistorical approach reduces empathy, for it disallows the inclusion of knowledge regarding the fact that at some point in history, all races and ethnicities have been subjected to incivilities based upon biological attributes and socio-economic constructs. We, the people, need to define who we choose to be. We also need to study how we have come to be what we are today. But, most importantly, we must determine how the body we call society can function more healthily by creating systems that allow us to work together as a whole.

educational news

3. **Emphasize outcome maximization.** The objective of teaching about ISMs is to support students in adopting a worldview which emphasizes the “Global Family.” This need was beautifully and subliminally integrated into the recent movie “Raya and the Last Dragon” (2021). In this film, efforts are explicitly designed and implemented that will bring back the truth, goodness, and beauty that reside somewhere in all humankind. This approach will allow the body of humans to experience “outcome maximization.” Therefore, our behaviors must support the overall survival of humankind. The ultimate goal of addressing ISMs is to lessen human incivilities and maximize the outcomes that will eventually benefit the whole of society. Humankind cannot afford the distasteful and non-beneficial non-luxury of interactions via competition and conflicts. Rather, accommodation and cooperation are the modes of social interaction that must be displayed at every level of society.

Many more recommendations regarding the need for changes in how we frame and teach about ISMs in the classrooms can be made. While such “methods” are relevant in every area of health care, the reflection on these matters in gerontology is particularly relevant (Karasik & Kishimoto, 2020). The older patients of today were reared in an era when bigotry was the norm. Long-term care institutions now bring together these populations as residents of nursing homes and other facilities. Our students must have the skills to recognize and soften the operation of ISMs among the populations whom they serve.

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Continued from page 1 – CBD and Older Adults: New Publication Focuses on Safety

Jr., BPharm, RPh, a clinical pharmacist for Jefferson Health and an adjunct professor at Rowan University School of Osteopathic Medicine.

“It’s important to know [how CBD affects the body] because as pharmacists and physicians, we might modify a person’s medications if we found elevated liver function tests, for example — especially for older adults,” Lynch said. “CBD is not necessarily benign.”

The U.S. Food and Drug Administration (FDA) continues to gather information about how it can best regulate medical products containing CBD, including reopening its public docket, Information on CBD Data Collection and Submission, in March 2020. The agency recognizes that there is substantial public interest in cannabis and cannabis-derived products for medical purposes and the many unanswered questions about the science, safety, and quality of non-FDA-approved products containing CBD.

“In spite of a plethora of CBD products, there is also a lack of high-quality clinical research studies to support their use,” the publication states — noting that professional societies in the field of aging and patient advocacy groups are well-suited to advocate for public policies that support more research on CBD safety and efficacy, as well as to encourage more professionals to enter this area of research. “Evidence from future CBD trials can lead to more FDA-approved CBD-based therapies, improved clinical treatment guidelines, and clearer consumer information.”

Wade Ackerman, JD, the FDA regulatory partner at Covington & Burling LLP, added that medical research can play an important role in mitigating public health concerns about the safe use of CBD products for medical purposes. Bolstering research can also help society realize CBD’s potential as a medical product for serious conditions and vulnerable populations.

Support for this publication was provided by Greenwich Biosciences.

Innovation in Aging Seeks Papers on Future of Nursing Home Care

Innovation in Aging is inviting submissions for a planned special issue to be titled “[Translational Research on the Future of U.S. Nursing Home Care](#).” The journal will showcase empirical papers that provide an evidence base for the nursing home care of the future.

The papers may indirectly address the impact of the COVID-19 pandemic, but the editorial team is looking for innovative research that has implications for the ongoing role and structure of the nursing home sector in the U.S. Papers with an international perspective will be considered insofar as they present evidence directly applicable to the U.S. sector.

The editors anticipate that the collection of articles will inform policy makers and practitioners as they consider possible reforms at the industry, state, and federal levels. Manuscripts should be empirically based but may make projections for a possible future vision for the industry. Abstracts are due by May 20. Open Access waivers will be available for articles published in this special issue. Contact the editorial office at ia@geron.org with any questions.

Series B Continues Virtual Collections Series on COVID-19

The COVID-19 pandemic has threatened the health, longevity, and financial and emotional security of millions of people in the U.S. and worldwide. The death toll has been largest among older adults, who are vulnerable not only to the virus, but to the social isolation, stigmatization, and suffering the pandemic has wrought.

It is against this backdrop that the social sciences section of *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* is publishing three virtual collections featuring COVID-19 research carried out during the first six months of the pandemic.

Each of the three virtual collections, focused on a distinctive theme, features an integrative essay by a GSA member. The first collection (March 2021) focuses on the U.S. and highlights “[COVID-19 Trends, Disparities and Consequences for Older Adults](#)” with an essay by past editor-in-chief Deborah Carr, PhD, FGSA. The April 2021 collection, “[Challenges of COVID-19: Ageism, Caregiving Strains, and Long-Term Care](#),” focuses primarily on the U.S. and feature an introductory essay by Karen Fingerma, PhD, FGSA, and Karl Pillemer, PhD, FGSA. The summer 2021 collection, “Global Perspectives on COVID,” will feature papers on Chile, China, India, Israel, Japan, Korea, Mexico, Puerto Rico, and The Netherlands, and an introductory essay by Danan Gu, PhD, and Qiushi Feng, PhD. These collections reveal the powerful impacts of COVID-19 on older adults and the people who care for and about them.

Study Finds Standing Can Measurably Boost Health

It is well-documented that exercise and other moderate-to-vigorous physical activity (MVPA) reduces the risk of many age-related chronic diseases, such as heart disease, type 2 diabetes, numerous cancers, Alzheimer’s disease and dementia. However, [in a new study published October 12](#) in *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*, researchers found that just standing still was associated with lower risk for mortality.

Led by Andrea LaCroix, PhD, chief of epidemiology at University of California, San Diego School of Medicine, the research team observed activity levels of nearly 6,000 American women, ages 63 to 97, in partnership with the Women’s Health Initiative. Participants wore a research-grade accelerometer for seven days to get accurate measures of how much time they spent sitting, standing still or moving.

Participants who spent the most time standing had a 37 percent lower risk of death when compared to the group who didn’t stand up as often. While the highest group was standing still almost 90 minutes per day, a lower risk of death was observed by standing still for as little as 30 minutes per day. The positive effects of standing were even stronger when participants were standing and moving around at the same time.

“Avoiding prolonged sedentary time and engaging in regular physical activity are key strategies for older Americans to improve their prospects for healthy aging,” said first author Purva Jain, a doctoral candidate and research fellow. “Specifically low-intensity physical activities, such as standing, are important to study due to their feasibility and safety. During our research, we found that simply spending more time on your feet could have important health benefits, such as a decreased risk of mortality.”

Many adults in the U.S. aged 65 and older struggle to meet physical activity guidelines, which generally call for 150 minutes of activity per week. According to the researchers, many Americans spend up to 11 hours a day sitting. Women are specifically at an increased risk of having or developing health concerns associated with inactivity.

“Standing is a feasible approach to interrupt long periods of time sitting that takes place throughout the day,” said John Belletiere, PhD, a professor of epidemiology at University of California, San Diego School of Medicine. “We find this most beneficial for older adults who may not be able to partake in moderate-to-vigorous activities anymore, but can still follow a healthy aging lifestyle safely just by replacing sitting with standing up more.”

“This is the first study of its kind where we were able to decipher between the benefits of standing still versus standing and moving around,” said senior author LaCroix. “In doing so, we were able to provide rigorous evidence that even standing still results in positive health benefits.”

Other co-authors of the paper, titled “The Relationship of Accelerometer-Assessed Standing Time With and Without Ambulation and Mortality: The WHI OPACH Study,” included Nicole Glass, MPH, of the University of California, San Diego; Michael La Monte, MPH, PhD, of the State University of New York at Buffalo; Chongzhi Di, PhD, of the Fred Hutchinson Cancer Center; Robert Wild, MD, MPH, PhD, of the University of Oklahoma Health Sciences Center; and Kelly Evenson, MS, PhD, of the University of North Carolina. Funding for this research came, in part, from The National Heart, Lung, and Blood Institute and the National Institute on Aging.

funding opportunities

NIH Solicits Applications for SuRE Awards

The National Institutes of Health (NIH) is welcoming applications for its [Support for Research Excellence \(SuRE\) awards](#). SuRE is a research capacity building program designed to develop and sustain research excellence in U.S. higher education institutions that receive limited NIH research support and serve students from groups underrepresented in biomedical research (see the [Notice of NIH's Interest in Diversity](#)) with an emphasis on providing students with research opportunities and enriching the research environment at the applicant institutions. The purpose of SuRE awards is to provide research grant support for faculty investigators who have prior experience in leading externally-funded, independent research but are not currently funded by any [NIH Research Project Grants](#), with the exception of SuRE or SuRE-First awards. The application due date is May 26.

NIA Will Support High-Priority Behavioral and Social Research Networks

The National Institute on Aging (NIA) is [inviting grant applications](#) to develop new research and research infrastructure

for life course research on aging; attract new researchers in aging; infuse a focus on health disparities into aging research; and address ongoing needs for harmonization and biomarker collection in large population panel studies, as recommended by the [2019 Division of Behavioral and Social Research National Advisory Council on Aging Review](#).

Network/infrastructure-building activities include but are not limited to: meetings to develop novel research areas and interact on the development of infrastructure; small-scale pilots; dissemination and outreach activities; and educational activities. The NIA seeks to renew critical ongoing network efforts as well as initiate new networks limited to the following priority areas: midlife reversibility of biobehavioral risk associated with early life adversity; harmonization of Health and Retirement Study international aging studies; biomarker collection in population studies; and innovation in longitudinal aging studies. Letters of intent are due May 23 and applications are due June 23. Further information can be found at bit.ly/3eY3SzU. There is also a [clinical trial option funding opportunity announcement](#).

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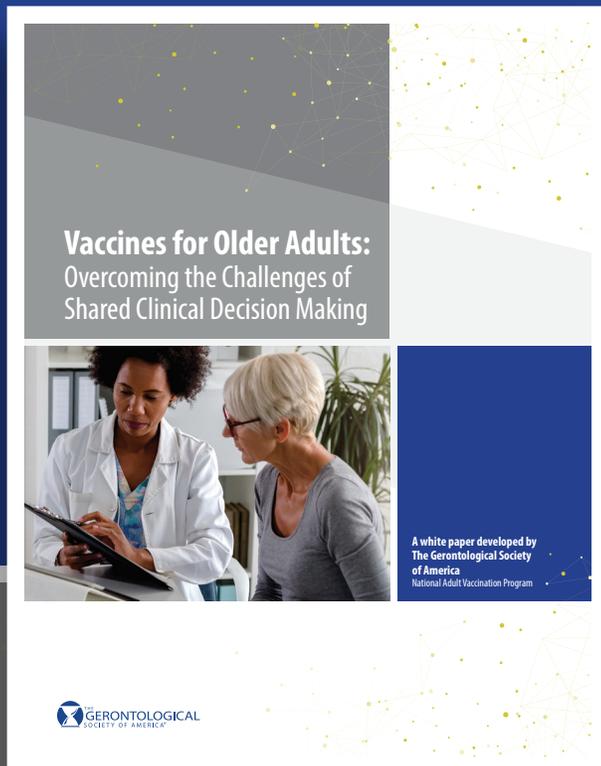


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