

May 2024

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And membership is now free for full-time undergraduate students in accredited institutions. Thank you for supporting the next generation of professionals in aging.

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Consider supporting our emerging scholars through travel stipends for the Annual Scientific Meeting. Your generosity to these colleagues is an investment in our future. Make a contribution to any or all of the following funds: AGHE Emerging Scholars Fund, BioSci Emerging Scholars Fund; BSS Emerging Scholars Fund; HS Emerging Scholars Fund; SRPP Emerging Scholars Fund; and Carol Schutz Emerging Scholars Fund (Society-wide).

Our goal is to award 100 travel stipends totaling \$25,000 to students in 2024.

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Leaders Embrace Call to Action to Improve Our Understanding of Aging



Patricia D'Antonio, as executive director of the National Center, welcomed attendees for the day-long summit.



The National Center to Reframe Aging — the leading organization for proven strategies to effectively frame aging issues — welcomed thought leaders, national experts, federal representatives, and local, regional, and state-based leaders to an April 10 summit for transformative conversations about the current movement to reframe aging, gain insight into real world application of communication strategies and tools, and exchange ideas for advancing an equitable and complete story about aging in America.

Nearly 1,000 in-person and virtual attendees convened at the National Press Club in Washington, DC, for [Summit 2024: The Movement to Reframe Aging](#), the first event of its kind. The National Center, which is led by GSA, collaborated on the program with two former U.S. assistant secretaries for aging to further the Center's long-term social change endeavor to improve the public's understanding of aging and the essential role that older people play in contributing to families, communities, and society.

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Member Calls on Senate to Strengthen Long-Term Care Workforce



Jasmine Travers

Speaking at an April 16 hearing of the U.S. Senate Special Committee on Aging, GSA Jasmine Travers, PhD, MHS, RN, AGPCNP-BC, told lawmakers that America's long-term care system relies on a workforce — one that is often unseen and unheard — commonly known as direct care workers. And despite the critical role of this workforce, it faces significant

challenges in recruitment, retention, and morale that threaten its sustainability.

Senators convened the hearing, titled "[The Long-Term Care Workforce: Addressing Shortages and Improving the Profession](#)," to examine the challenges long-term care has faced regarding staffing and ways of better supporting those who work in the field.

"To improve long-term care access and care, we need to ensure that all direct care workers have a living wage; a safe, respectful work environment; hope for advancement; adequate training; and accessible benefits to maintain their health and well-being," said Travers,

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From the CEO



Celebrating NIA's 50 Years of Leadership in Advancing the Aging Research Enterprise

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

The aging research, practice, education, service, and policy communities have much to celebrate this month. The U.S. Administration for Community Living has kicked off Older Americans Month with the theme of [Powered by Connections](#), emphasizing the positive impact that relationships and social engagement have on us all as we age. Here at GSA, we're celebrating the Society's annual Founder's Day on May 18, marking the date in 1945 when a group of forward-thinking scholars established GSA. And we join the National Institute on Aging (NIA) in observing the 50th anniversary of the public law that authorized its establishment.

Congratulations to the leadership and employees of NIA as they celebrate this wonderful milestone! NIA oversees the world's largest research enterprise focused on aging, providing essential support to the scientific endeavors of many GSA members. I recently had the honor of serving a four-year term on the National Advisory Council on Aging, which advises the U.S. secretary for health and human services and directors of NIA and the National Institutes of Health (NIH) and NIA. This experience provided me a much deeper appreciation for the extraordinary commitment of NIA team members to supporting researchers and advancing groundbreaking science. The entire aging research community is a benefactor of their remarkable dedication.

GSA has long been a steadfast organizational partner of NIA, even prior to its beginning. Several elected and appointed leaders of GSA diligently worked with Washington legislators and staffers throughout the late 1960s and early 1970s — eventually resulting in the passage of The Research on Aging Act in May 1974, which authorized the creation of NIA. It was officially established as an agency of NIH in October 1974. The late GSA past President Robert Binstock, PhD, FGSA, gave a wonderful account of our Society's involvement in a 2010 issue of *Gerontology News*, which we've reprinted on page 9 of this issue.

GSA was particularly influential in seeing that NIA represented multiple disciplines

within the aging research field. Today, GSA stands as a strong NIA partner, and serves as home to scholars from 26 different disciplines studying all facets of aging across the life course. GSA is a steadfast advocate for aging research funding on Capitol Hill and has recently served as chair of the Friends of NIA, a coalition of more than 50 organizations championing aging research funding. The Society is also a supporter of the [NIA Butler-Williams Scholars program](#) for junior faculty, researchers new to the field of aging, and postdoctoral fellows. And numerous GSA members have had the privilege of working at NIA.

NIA has been an amazing partner to GSA, too. It has funded many of our projects, including our Biological Sciences programming and Diversity Mentoring & Career Development Workshops. Most recently, NIA awarded GSA a major cooperative agreement to run the Resource Centers for Minority Aging Research (RCMAR) National Coordinating Center. RCMAR is the NIA Division of Behavioral and Social Research's flagship infrastructure and mentoring program for scientists from diverse backgrounds. The collaborative agreement enables us to work closely with the NIA team in stewarding the program.

NIA Director Richard Hodes, MD, has been at the helm for 31 years. I recommend you check out his blog from earlier this year, titled "[NIA at 50: Celebrating aging research advances and career opportunities](#)." GSA stands with NIA in celebrating its golden anniversary and looks forward to welcoming their representatives to our Annual Scientific Meeting in Seattle this November. In the meantime, watch for a collection of papers related to the anniversary in GSA's journals.

For any GSA member who has either been involved in an NIA research project or received an NIA grant, the GSA team joins you in expressing gratitude to the amazing team of professionals who have contributed to this [amazing 50-year history](#).

gerontology news

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New Books by Member

- *Living with Mild Cognitive Impairment: A Guide to Maximizing Brain Health and Reducing Dementia Risk* (Second Edition) by Nicole D. Anderson, PhD, CPsych, FGSA, Kelly J. Murphy, PhD, and Angela K. Troyer, PhD. Published by Oxford University Press, 2024.

Members in the News

- NBC's "Today" interviewed Mara Mather, PhD, FGSA, for a February 27 story titled "[How drumboxing exercises your body and mind at the same time.](#)"
- *USA Today* quoted Francesca Falzarano, PhD, in a February 28 story titled "[How to help elderly parents from a distance: Tech can ease logistical, emotional burden.](#)"
- *The New York Times* ran a March 25 story titled "[To Live Past 100, Mangia a Lot Less: Italian Expert's Ideas on Aging](#)" that quoted Valter Longo, PhD, FGSA.
- Teresa Ghilarducci, DrPH was quoted in an April 2 story in *The Wall Street Journal* titled "[The New Magic Number for Retirement Is \\$1.46 Million. Here's What It Tells Us.](#)"
- On April 8, Megan Gilligan, PhD, FGSA, was interviewed for an NPR broadcast titled "[Study finds link between quality of sibling relationships and loneliness, depression.](#)"
- On April 15, Rajean Moone, PhD, FGSA, was interviewed for an MPR News broadcast titled "[How the tight labor market is impacting ageism in the workplace.](#)"
- Pharmacy Now ran an April story titled "[The Intricacies of Aging](#)" that quoted Patricia Slattum, PharmD, PhD, FGSA.

Member Spotlight

GSA's website features monthly Q&A sessions with distinguished members. The current spotlight shines on: **[Kyle Moored, PhD](#)**

Member Referral Program

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

Noelle Fields, MSW, PhD, FGSA

The recipient, who became eligible after referring new member was randomly selected using randomizer. org. For more details [Katherine Kitchens, MSW](#) on the Member Referral Program visit: www.geron.org/referral.

Kusmaul Bestowed with CRISP Award

Nancy Kusmaul, PhD, MSW, FGSA, an associate professor at the University of Maryland Baltimore County School of Social Work, has been named the recipient of the Award for Outstanding Individual in Academia from the Congressional Research Institute for Social Work & Policy (CRISP).

Kusmaul works with the Eldercare Workforce Alliance, Moving Forward Coalition, and the NASW Maryland Committee on Aging, and serves on the Ad Hoc Advisory Committee to the Secretary on Aging for Maryland. She is also the author of "Aging and Social Policy in the United States."

Toto Tapped to Lead Pittsburgh Lab

The University of Pittsburgh has named Pamela Toto, PhD, FGSA, the director of its Healthy Home Lab (HHL). Formerly a multi-generational family home, the HHL is now a living laboratory where researchers across the University are designing and testing real-world, evidence-based solutions that will support community living among aging adults, people with disabilities and other vulnerable populations.

Toto, a professor in the Department of Occupational Therapy in the School of Health and Rehabilitation Sciences, is an occupational therapist, researcher and educator internationally recognized within her field for her expertise in aging in place. As director, she will oversee the research, education and service activities of the HHL and connect the lab's activities to the many organizations dedicated to supporting successful aging in place.

Gaugler Earns Ambassador Award from ALCA

The Aging Life Care Association (ALCA) has named Joseph E. Gaugler, PhD, FGSA, as its 2024 Distinguished Ambassador in Aging Award recipient. Dr. Gaugler is a Distinguished McKnight University Professor and the Robert L. Kane Endowed Chair in Long-Term Care & Aging at the University of Minnesota School of Public Health, Twin Cities, as well as the director of the Center for Healthy Aging and Innovation. His research examines the sources and effectiveness of long-term care for persons with Alzheimer's disease and other chronic conditions. Gaugler also serves as editor-in-chief of GSA's journal *The Gerontologist*.

The award is given to an individual or organization that, through their actions, research, or invention, has raised national awareness of a critical issue or need in aging and supports the mission and vision of the ALCA.

Wiese Named Foundation Trustee

The Palm Health Foundation has appointed Lisa Kirk Wiese, PhD, MSN, RN, GERO-BC, PHNA-BC, CNE, FGSA, to its board of trustees.

Wiese, an associate professor at Florida Atlantic University's Christine E. Lynn College of Nursing, joins the 18-member board overseeing the foundation's mission to inspire and fund solutions for better health in Palm Beach County through community collaboration.

The focus of her research is increasing the understanding, early detection, and prevention of Alzheimer's disease in rural populations.

GSA Member Brings Life Course Perspective to White House Women's Initiative

Print out this column, fold it up, and stick it into the cards you'll be giving to your mothers, wives, aunts, sisters, and friends on Mother's Day because it's all about the gift of health. Well, not exactly health, but definitely knowledge and information. Thanks to President Joe Biden and First Lady Jill Biden — oh, and a GSA member who works in the Executive Office of the President, aka the White House (more on that later!) — women will have more answers and options for their health care needs one day soon.

The [White House Initiative on Women's Health Research](#) was launched in November 2023 with the goal "to fundamentally change how our country approaches and funds research on women's health." The first lady has marshalled her considerable resources and bully pulpit to bring attention and action to the gaps in healthcare knowledge and treatment for women.

Recently, President Biden signed an [executive order](#) advancing women's health research and innovation. It includes an investment of \$200 million "to establish a new nationwide network of research centers of excellence and innovation in women's health which would serve as a national gold standard for women's health research across the lifespan." This funding will start in fiscal year 2025 if Congress approves President Biden's budget request. In addition, the first lady announced in February the [ARPA-H Sprint for Women's Health](#) with a commitment of \$100 million toward transformative research and development in women's health. The Advanced Research Projects Agency for Health (ARPA-H) was created in 2022 as part of President Biden's bipartisan Unity Agenda and seeks to advance and accelerate health solutions.

According to First Lady Biden, "If you ask any woman in America about her health care, she probably has a story to tell. She's the woman who gets debilitating migraines but doesn't know why and can't find treatment options that work for her. She's the woman whose heart disease isn't recognized because her symptoms are considered non-cardiac, and the traditional testing used to diagnose a heart attack was developed based on men. She's the woman going through menopause, who visits with her doctor and leaves with more questions than answers."

The National Institutes of Health (NIH) does have an Office of Research on Women's Health (ORWH) which was established in 1990 within the Office of the Director of NIH. The [ORWH](#) works with the 27 NIH institutes and centers to promote women's health research and to support women in biomedical careers within NIH and throughout the scientific community. However, according to administration officials only 10.8 percent of NIH funding is spent on women's health. The result is gaps in research and knowledge about diseases and conditions that only affect women (e.g., menopause, endometriosis), diseases and conditions that

affect women and men differently (e.g., heart disease), and diseases and conditions that disproportionately affect women (such as Alzheimer's Disease). For example, the White House points out that women make up two-thirds of Alzheimer's cases, but only 12 percent of NIH funding for Alzheimer's disease and related dementias is directed at women.

The first lady partnered with the White House Gender Policy Council and leading women's health advocates to envision the initiative. Carolyn Mazure, PhD, the founder of Women's Health Research at Yale University, has been hired to lead the initiative with the support of Jen Klein, director of the Gender Policy Council. The initiative will coordinate with federal, executive departments and agencies including the U.S. Departments of Health and Human Services, Defense, and Veterans Affairs, the Office of Management and Budget, and the NIH.

Maria Shriver, a leading women's health advocate, applauded the initiative, saying, "It's a big day for every woman in this country, no matter her age, her political affiliation, her religious identity, or ethnicity. Especially as the nation gets older, and more women face uncharted health problems, it's vital to have more research on women in their fifties, sixties, and seventies — many of whom have not been armed with the education to age in this country."

The director of ORWH, Janine Austin Clayton, MD, pointed out, "Accelerating women's health research is vital because data shows that sex and gender affect health at all levels — and there is tangible evidence that indicates when you invest in the health of women, it benefits society at large."

And now back to our GSA members making a difference in public policy. In the case of this initiative, a gerontologist named Christopher Steven Marcum, PhD, FGSA, was involved in its development as a subject matter expert on life course sociology. (I consider Chris our "embedded" gerontologist at the White House.) I couldn't pass up an opportunity to interview Chris and learn more about his role in the Executive Branch.

Brian Lindberg: Please tell us about your background in science and aging.

Christopher Steven Marcum: According to one of my advisors, GSA Fellow Judy Treas (University of California, Irvine, emeritus), I became a gerontologist when I received a fellowship from Grantmakers in Aging as a graduate student — that's approaching 20 years ago! I've long been interested in aging and the life course, and have substantive expertise in social support networks, intergenerational social contract, and health. My career started when I graduated from the University of California, Irvine, with a PhD in sociology and took a National Institutes of Aging T32 postdoctoral fellowship at RAND in Economics and Statistics. Now I'm a senior statistician and senior scientist in the Office of the Chief Statistician

of the United States, which is inside the Office of Management and Budget in the Executive Office of the President.

Lindberg: How did your work at the White House come about?

Marcum: I worked at the National Institute of Allergy and Infectious Diseases throughout the pandemic, and I was asked to serve on the President's Fast Track Action Committee on Scientific Integrity where I co-chaired a working group on training and transparency. That work led to being invited to join the Office of Science and Technology Policy's (OSTP) newly formed Science and Society policy team. At OSTP, I oversaw transformative science policies that led to the 2022 OSTP Public Access Memo, the 2023 Federal Scientific Integrity Framework, and the White House declaring 2023 as a Year of Open Science. My current portfolio focuses on data access, science and information policy, cybersecurity, and artificial intelligence. It's a broad portfolio by design — I serve as senior advisor to the Federal Statistical Research Data Centers, which provide access to our nation's most protected confidential statistical datasets and work closely with all federal agencies to ensure they uphold their obligations to promulgate trustworthy and accurate information under the information quality act.

Lindberg: What connections or expertise make you valuable to the White House?

Marcum: I bring deep expertise in life course sociology, statistical methodology, and information policy and scientific integrity to my role. More than that though, I have a network of colleagues throughout the world which represents a deep and diverse pool of expertise on which to draw. This is invaluable to a policymaker because the most impactful thing one can do to ensure effective and holistic policy is acknowledge that you do not know what you do not know and seek to fill that gap.

Lindberg: How were you able to make your thoughts known about the importance of considering a life course approach to women's health in the initiative?

Marcum: One of the best things about this line of work is the incredible amount of collegial, interdisciplinary, collaboration that unfolds during policymaking. My colleagues are some of the brightest, deep thinkers I've ever had the privilege of working alongside. Even the decision-makers at the highest level are receptive to, and proactively seek out, expertise that they themselves might hold. I just happen to have expertise in life course sociology, and I was happy to provide that perspective.

Lindberg: Thank you for your time and your work on this initiative.

Marcum: For too long, issues such as health disparities in maternal mortality, differential gender inclusion in clinical trials, and a lack of focus on mid-to-late life health issues for women have resulted in a significant deficit in scientific knowledge and effective policymaking in women's health. The president's actions here put infrastructure and policies into effect that will make significant headway into filling that deficit with the knowledge we need to advance women's health across the life course.

Recent GSA Policy Actions

GSA supported Sen. Bob Casey's (D-PA) [Long-Term Care Workforce Support Act](#), which would create a living wage for care workers, establish a technical assistance center for direct care professionals, and increase the supports for the existing direct care workforce.

GSA supported the fiscal year (FY) 2025 [appropriations letter](#) from the [Adult Vaccine Access Coalition](#) to House and Senate committee leaders. It asks for increased funding of immunization-related activities as part of the FY 2025 Appropriations bill.

GSA signed [a letter from the American Society for Microbiology](#) requesting \$175 million for the [Center for Disease Control \(CDC\) Advanced Molecular Detection program](#) in the Fiscal Year (FY) 2025 spending bill.

GSA supported [The Census Project's push for increased funding](#) for the Census Bureau for Fiscal Year 2025.

GSA supported the National Association of County and City Health Officials (NACCHO) and Infectious Disease Society of America's efforts in [encouraging Congress to support fully funding](#) the Public Health Workforce Loan Repayment Program and provide \$50 million to launch the Bio-Preparedness Workforce Pilot Program at the Health Resources and Services Administration.

GSA joined the National Association of Nutrition and Aging Services Programs (NANASP) in commending the [Centers for Medicare and Medicaid Services \(CMS\) for its communication](#) to insurance plans and pharmacy benefit managers related to practices that may impede access to vaccinations.

GSA signed onto [a letter from Vaccinate Your Family](#) supporting a proposal being considered by the [American Medical Association Current Procedural Terminology \(CPT\) Editorial Panel](#) that would support more timely access to vaccines and immunizations.

GSA supported the EveryBODY Covered campaign launched by the [Alliance for Women's Health & Prevention](#) coalition. The [campaign](#) aims to ensure everyone has access to evidence-based obesity care options.

GSA signed onto [a letter from the American College of Physicians](#) expressing opposition to any legislation that would bar medical schools from receiving federal funding if they engage in activities such as having a Diversity, Equity and Inclusion (DEI) office and/or provide education on structural or institutional racism.

GSA supported The Coalition to End Social Isolation and Loneliness' (CESIL) efforts to urge Congress to pass the [Improving Measurements for Loneliness and Isolation Act of 2023 \(H.R. 6284\)](#).

GSA attended the U.S. Senate's Special Committee on Aging's [hearing regarding shortages and improving the long-term care workforce](#), where [GSA Member Jasmine Travers](#), PhD, MHS, RN, AGPCNP-BC, testified.

GSA attended the [Assisting Caregivers Today \(ACT\) Caucus](#) for a caregiving conversation on Capitol Hill where AARP highlighted bipartisan solutions to support family caregivers, including the [Credit for Caring Act](#) (S.3702/H.R. 7165), which GSA supported.



(From left to right): Kina White, Joann Montepare, Maria Carney, and Lance Robertson on the discussion titled "A New Lens on Aging: How Age-Inclusive Initiatives Inspire Change"

"Reframing aging is a conversation about language and so much more. The way we speak about aging is related to the way we feel about aging, from the individual experience to the societal phenomenon," said Kathy Greenlee, JD, who served as assistant secretary for aging from 2009 to 2016. "All too often, we characterize aging as something that happens to others. We need a new frame to admit to ourselves this is about us. Me. You. Everyone."

Through a series of moderated panel discussions, summit participants collaborated on raising awareness of the impact of ageism and why we all need to change the conversation on aging. The expert presenters showcased real world applications of the principles to reframe aging, which are transforming communication strategies and leading to policy successes.

Many of the speakers cultivated an appreciation for the importance of language in understanding the intersection of ageism with other points of our identities.



(From left to right): Nels Holmgren, Jason Kavulich, Beth Kowalczyk, Jess Maurer, and Kathy Greenlee on the discussion titled "Reshaping Discourse on Aging: State and Local Models for Change"

"This is an incredibly exciting and timely conversation that is candidly overdue. We owe it to ourselves and the generations that follow," said Lance Robertson, MPA, who served as assistant secretary for aging from 2017 to 2021.

Topics addressed at the summit included the widespread impact of ageism; how age-inclusive initiatives inspire change; models for reshaping discourse on aging at the local, state, and federal level, and ageism's political footprint.

"This was the largest gathering of experts ever assembled for the purpose of eliminating implicit bias toward older people and influencing policies and programs that benefit all of us as we age," said Patricia M. D'Antonio, BSPharm, MS, MBA, BCGP, the executive director of the National Center and vice president of policy and professional affairs of the Gerontological Society of America. "Collectively, we have developed new insights to accelerate progress on our long-term efforts."

GSA enrich: online anytime



[GSA Enrich](#) — the Society's online learning center for resources — offers cutting-edge toolkits, engaging webinars, and enriching podcasts. It's your passport to staying ahead in the ever-evolving field of aging studies.

Here are some new offerings available on our platform:

April Webinars

- How Age Inclusive is Your Campus? Use the Age-Friendly Inventory and Campus Climate Survey to Find Out.
- The Gerontologist Special Issue on Climate Change and Aging

- Kickstarting Brain Health Conversations with Diverse Older Adults: Challenges and Opportunities
- Putting the Chronic Disease of Obesity at the Forefront: Common Diseases as Manifestations of Obesity in Older Adults
- Beyond the Resume: Crafting Your Path with Powerful Statements, Interview Mastery, and More (GSA/ESPO Professional Development Webinar Series)

April Podcasts

- GSA Momentum Discussion Podcast: Alter - Empowering African American Churches to Support Members with Dementia and Their Families
- GSA Momentum Discussion Podcast: Stuck in the Middle: What Belly Fat Is Doing To Your Health

Webinar Task Force Unveils 2024 Programming

The ESPO Webinar Taskforce organizes and presents two webinars each year focused on the interests of students and early career members of GSA.

The taskforce is led by Dr. Adele Crouch, assistant professor at the Indiana University School of Nursing. Members of the taskforces include Dr. Saruna Ghimire, assistant professor at Miami University; Claire Grant, doctoral candidate at Cleveland State University; Dr. Lee Ann Ferguson, clinical assistant professor at the UMBC Erikson School of Aging Studies; Sarah Whitmarsh, director of resident services at Heron's Key senior living community; and Dr. Rachel Wion, assistant professor at Indiana University.

The task force places specific emphasis on helping to prepare ESPO members for the job market and on becoming more well-rounded professionals. Our December 2023 webinar, "Mentorship for Early-Career Scholars: Acquiring Wisdom for Successful Transition and Career Development" dove into the intricacies of mentor-mentee relationships. Panelists spoke about leveraging their mentorship relationships to launch early career research as well as balancing the role of mentee and mentor.

In April 2023, the task force presented "Job Searching and Networking for Early Career Investigators in Interdisciplinary Research of Aging" which explored academic and non-academic career paths. The interdisciplinary panel provided interview and career advice to attendees and were able to take real time questions from the crowd.

Previous webinars are available through [GSA Enrich](#).

The taskforce most recently hosted a webinar on April 24 titled "Beyond the Resume: Crafting Your Path with Powerful Statements, Interview Mastery, and More." Dr. Lee Ann Ferguson moderated a discussion with panelists who addressed specific tips for interviewing across academic, clinical, and industry positions. As the job market becomes more competitive, your resume is just the beginning of the interview.

The webinar focused on creating a standout application including crafting powerful personal statements, effectively showcasing skills and previous experience, mastering the art of the interview. Panelists also provided advice on how to showcase your strengths to be able to stand out during in person and virtual interviewing. A lively question and answer session ended the webinar as attendees had the chance to ask questions of the panelists to gain real time and personalized advice. Additional topics of discussion included writing DEI statements, effective job searching, interviewing tips, use of social media and LinkedIn, and creating a competitive application.

The Webinar Task Force is currently planning a webinar to be held this fall. It will focus on dissemination beyond journal publications. The task force plans to recruit speakers to give their insight into creative dissemination approaches, other publication formats, using social media to promote research, and building a brand for your research.

The task force also welcomes suggestions from other GSA members. If you have a suggestion or request for a future webinar topic, please reach out via email to Adele Crouch at adnielse@iu.edu.

Continued from page 1 - Member Calls on Senate to Strengthen Long-Term Care Workforce

an assistant professor at the New York University Rory Meyers College of Nursing and co-chair of the Moving Forward Nursing Home Quality Coalition's Workforce Committee. "Only when we recognize that these workers are critically important, hardworking professionals can we begin to improve equity and health for staff and older adults alike."

Direct care workers comprise 4.5 million personal care aides, home health aides, and nursing assistants, which make up the largest segment of the long-term care workforce and provide the majority of direct care for more than seven million older adults. They are predominantly female (87 percent), people of color (59 percent), and of immigrant status (27 percent).

[In her testimony](#), Travers said that a multi-pronged approach comprising the federal government, state governments, payors, aging organizations, providers, advocates, individuals with care needs, and direct care workers is needed to address the nation's challenges.

"Without these critical workers, basic activities of daily living such as walking, eating, and toileting — along with maintaining a sense of independence and well-being — would be largely unattainable for many older adults," Travers said.

As an active and founding member of both the Leadership Council of Aging Organizations and the Eldercare Workforce Alliance, GSA has been a steadfast supporter of emphasizing the importance of expanding the long-term care workforce as well as maximizing direct care workers' contributions to the delivery of high-quality services for a growing and evolving population of long-term care consumers.

"We appreciate the Senate Special Committee on Aging's continued leadership in advancing issues that provide community supports to benefit all of us as we age," said GSA CEO James Appleby, BSPHarm, MPH, ScD (Hon). "GSA favors the passage of legislation such as the Long-Term Care Workforce Support Act."

Getting Involved During Older Americans Month

By Sandy Markwood, CEO, USAging

May is Older Americans Month and this year's theme is "[Powered by Connection](#)" in recognition of the profound impact that meaningful relationships and social connections have on the lives of older adults. As U.S. Surgeon General Dr. Vivek Murthy has said, "Our relationships are a source of healing and well-being hiding in plain sight—one that can help us live healthier, more fulfilled, and more productive lives." Students are in an ideal position to create critical connections with older adults in their communities.

Making these connections is more important than ever. Research shows that one in four older adults experience social isolation which can have significant impacts on their health. There are numerous ways that students can get involved, gain real world experience and contribute to the well-being of older adults while at the same time making a positive difference in their own lives as well.

Opportunities for Connections

As a first step, students can contact their local Area Agency on Aging (AAA) to find out where volunteers are needed in the community. AAAs provide a range of services and supports to older adults to help them age with optimal health, independence and dignity in their home and community through the provision of home delivered meal programs, transportation assistance, in-home support and caregiver assistance to name just a few. You can find a nearby AAA through USAging's [Eldercare Locator](#) using your zip code, online chat, or by calling or texting 800-677-1116.

A Snapshot of Opportunities for Connecting with Older Adults

AAAs offer a range of opportunities depending on community needs that will appeal to volunteers with various interests.

- **Supportive Services:** AAAs are always looking for volunteers to deliver meals to homebound older adults, provide rides to doctor's appointments or provide assistance at Adult Day Care or Senior Centers.
- **Address Social Isolation:** Some AAAs have "friendly visitor" or "friendly caller" check-in programs with older adults who have self-identified as being isolated. Another option is to start a letter writing or pen pal program. For example, [here](#) is program launched by the Pennsylvania Department of Aging and Slippery Rock University.
- **Caregiver Support:** Some AAAs have volunteer caregiver respite programs or non-medical care support for older adults.

- **Dementia Friends:** Become a [Dementia Friend](#) by watching a series of short videos on how best to support individuals living with dementia.
- **SHIP Medicare Counseling:** Many AAAs have partnerships with universities to recruit and train volunteers to assist with [SHIP](#) Medicare counseling, especially during fall open enrollment season for Medicare.
- **Research and Program Evaluation:** AAAs often work with volunteers or interns to collect survey data, conduct satisfaction surveys, and make follow-up calls for data analysis required by the Older American Act and Evidence-Based Programs.
- **Geriatric Workforce Enhancement Programs (GWEP):** These programs train health care and supportive care workforces to care for older adults by collaborating with community partners, such as AAAs. Roles include those in community health, peer support and patient navigation services and may include volunteers.

Other Ideas and Organizations

- Deliver meals to neighbors
- Home sharing or housing counselors
- Snow removal (for example [Snow Angels](#))
- [Music & Memory](#)
- [Rebuilding Together](#)
- [Habitat for Humanity](#)
- [Salvation Army](#)
- [Catholic Charities](#)
- [Jewish Family Services](#)
- [American Red Cross](#)
- U.S. Department of Housing and Urban Development list of [volunteer programs](#) and clearinghouse links to match people with opportunities fitting skills and interests.

Through a variety of avenues — from volunteering at local AAAs or other aging service providers — students can make meaningful contributions while gaining invaluable experiences. Each act of service addresses the critical issue of social isolation and loneliness among older adults and also fosters a deeper understanding of and respect for the wisdom and experiences that older adults offer. As we embrace the power of connection, let us all commit to making a positive impact on the lives of older Americans, proving that community strength truly thrives on the bonds we build together across generations.

key moment in history

1974: GSA Plays Major Role in NIA's Development

*By late GSA Past President Robert Binstock, PhD, FGSA
Originally appearing in the March 2010 issue of Gerontology News*

Although GSA has undertaken a number of public policy activities during its 65 years, perhaps none has been more significant than the central role it played in the 1974 creation of the National Institute on Aging (NIA) at the National Institutes of Health (NIH). Now in its fourth decade, the NIA has a budget of \$1.1 billion.

From its founding in 1945 as the Gerontological Society through the late 1960s, GSA's involvement in public policy essentially consisted of the individual activities of its prominent expert members in the then relatively small field of aging. Some were called upon to testify before Congress, others advocated for federal and state governments to create programs that benefited older persons and that conducted research on aging, and still others were tapped to serve on various government committees, commissions, and task forces.

But it was not until the late 1960s that GSA began to act organizationally as a consequential player in the public policy arena. Its first such undertaking, a successful seven-year initiative to establish the NIA, has perhaps been its most important public policy achievement. GSA's efforts have been well-documented in a book by Betty Lockett, *"Aging, Politics, and Research: Setting the Federal Agenda for Research on Aging"* (Springer, 1983).

In the summer of 1968, GSA President Bernice Neugarten, PhD, FGSA, a social psychologist from the University of Chicago, created the GSA Public Policy Committee (PPC). She designated future GSA President Robert Binstock, PhD, FGSA, a political scientist from Brandeis University, as the first chair. As it turned out, Neugarten's creation of the PPC was most timely.

The initial impetus for the creation of an NIH institute dedicated to research on aging was a long-standing frustration of biogerontologists with what they regarded as inadequate grant support for their research. One of them, Bernard Strehler, PhD, of the University of Southern California, took the lead in drafting a congressional bill that called for a new NIH Institute with a five-year research plan "to promote intensive coordinated research on the biological origins of aging" (Lockett, p. 85).

At the 1968 GSA annual meeting in Denver, CO, Strehler sought the organization's formal endorsement of the bill. Neugarten and Binstock responded, however, that the bill could only be endorsed by GSA if it were broadened to include the medical, behavioral, and social sciences. When Strehler acquiesced to this principle, Neugarten directed Binstock and another PPC member — GSA President-Elect F. Marrot Sinex, PhD, FGSA, a biologist from Boston University — to revise the draft bill accordingly. Their revisions, encompassing the

full umbrella of research disciplines engaged in the field of gerontology, were in the final bill legislated some years later.

Subsequently, in late 1968 and 1969, Binstock and Sinex worked with the chief staff member of the U.S. Senate Special Committee on Aging, William Oriol, to refine the bill as a legislative instrument that encompassed the broad spectrum of research on aging. Sinex also spent many months tirelessly courting Florence Mahoney, a powerful Washington insider, for her assistance in gaining support from members of Congress for such a bill. Mahoney had politically elite connections and was a longtime effective advocate for expanded federal support for biomedical research. Sinex had many luncheons and dinners with Mahoney, and often brought with him medical students from Boston to attest to the importance of research on aging. And Mahoney herself had long been an ardent supporter of research on aging, particularly hoping that effective interventions could be developed to slow or reverse aging. Sinex, Binstock, and other PPC members continued to lobby Mahoney and members of Congress throughout 1970, working with Oriole to win the support of his boss, Senator Harrison Williams of New Jersey.

Williams, as Chair of the Senate Labor and Public Welfare Committee, eventually introduced The Research on Aging Act in 1971, proudly pointing out that his bill had the "strong support of the Gerontological Society, a longstanding leader in the field of geriatric research" (Lockett, p. 98). The bill passed both chambers in 1972, but President Richard Nixon vetoed the legislation at the urging of the NIH director and the Office of Management and Budget.

Undaunted, over the next two years the PPC — led by GSA President Ethel Shanas, PhD, FGSA, a sociologist at the University of Illinois at Chicago — worked with Mahoney to urge Congress to approve the legislation once again. Finally, in 1974, Congress passed The Research on Aging Act for the second time. Nixon, then in the midst of calls for his impeachment, signed the legislation creating the NIA.

GSA's role in this saga came full circle at its annual meeting in New York, NY, in 1976, when it celebrated the creation of the new institute. Robert N. Butler, MD, FGSA, had assumed the position of founding director of NIA in May of that year. The opening session of the meeting, arranged by Senate staffer Oriole and then-GSA President Binstock, consisted of a hearing of the U.S. Senate Special Committee on Aging titled "Medicine and Aging: An Assessment of Opportunities and Neglect." As its star witness, the hearing featured Butler who delineated his priority plans for NIA to promote research and education in geriatrics.

funding opportunities

NIA Will Support Research Examining U.S. Health Disadvantage

The National Institute on Aging (NIA) has published the [Notice of Special Interest \(NOSI\) - U.S. Health in the International Perspective](#) (NOT-AG-24-004). This notice is designed to stimulate applications for conducting research that examines mechanisms and causes behind the increasing U.S. health disadvantage, which refers to worsening life expectancies and health outcomes in the U.S. compared to other countries. Of particular interest are projects that examine cross-national and U.S. cross-regional or cross-state differences in policy context that may drive poor health outcomes.

This notice applies to due dates on or after June 5 and subsequent receipt dates through May 8, 2027. Its grant activity

codes are R01s and R03s. Potential applicants can contact Kriti Jain (kriti.jain@nih.gov) to discuss their ideas.

Submit applications for this initiative using one of the following notices of funding opportunities or any reissues of these announcements through the expiration date of this notice.

- [PA-20-183 - NIH Research Project Grant \(Parent R01 Clinical Trial Required\)](#)
- [PA-20-184 - NIH Research Project Grant \(Parent R01 Basic Experimental Studies with Humans Required\)](#)
- [PA-20-185 - NIH Research Project Grant \(Parent R01 Clinical Trial Not Allowed\)](#)
- [PA-20-200 - NIH Small Research Grant Program \(Parent R03 Clinical Trial Not Allowed\)](#)

new resources

Unique New Online Directory Offers Solutions for Dementia Caregivers

[Best Programs for Caregiving](#) (BPC) is a first-of-its-kind free online directory of top-rated programs that support family and friend caregivers of individuals living with dementia. BPC provides detailed information on nearly 50 dementia caregiving programs across the U.S. that have demonstrated results in helping caregivers access resources, improve their hands-on skills, reduce stress and enhance their physical and mental well-being. It's a robust, easy-to-use database that serves both dementia caregivers and service providers alike.

AARP Releases New Edition of LTSS State Scorecard

AARP Public Policy Institute has released the fifth edition of the [Long-Term Services and Supports State Scorecard](#) and [LTSS Choices](#), a multifaceted project and online resource to catalyze the transformation of the nation's long-term care system for older adults and people with disabilities.

More than three years after the COVID-19 pandemic began, the Scorecard finds that care provided in the US for older adults and people with disabilities is painfully inadequate. Major gaps persist in every state, especially related to support for family caregivers, the long-term care workforce, equity in nursing homes and emergency preparedness. The report offers key recommendations to strengthen support for long-term care and aging at home.

Updates to the Scorecard include Innovation Points, a new way to track leading-edge policies that positively impact LTSS

state systems. This edition also delves into new focus areas regarding equity, workforce, and the impact of Covid-19, and can be used to assess areas of strength and improvement for states' LTSS systems.

The Scorecard is used by state and federal policy makers, providers, advocates and other stakeholders to analyze LTSS systems at state levels. The new LTSS Choices website features reports, blogs, videos, podcasts and other resources to showcase innovative models and evidence-based solutions.

The Scorecard is made possible by a grant from AARP Foundation, with support from The SCAN Foundation, The Commonwealth Fund, and The John A. Hartford Foundation, and has been updated every three years since 2011.

AHRQ Aging Roundtable Report Influenced by GSA Members

The Agency for Healthcare Research and Quality (AHRQ) recently released the [“Optimizing Health and Function as We Age Roundtable Report”](#), which explores opportunities such as developing a person-centered care system, and integrating the voices of older adults, caregivers, and communities in designing effective models of care for improving older adults' health and well-being.

The roundtable brought multidisciplinary experts together, including many GSA members, to discuss how AHRQ can impact and research, dissemination and implementation of evidence to improve the organization and delivery of healthcare with the goal of optimizing health, functional status and well-being of the U.S. population as it ages.

[Innovation in Aging Shares Research on Sub-Saharan Africa](#)

The latest special issue of *Innovation in Aging*, titled “[Aging in Sub-Saharan Africa](#),” highlights how the varied cultures in the region shape development in later adulthood and emphasizes the critical need for research on aging to consider the sociocultural context. Four themes that emerged among the 18 papers include: the importance of place, religion, and culture; psychometrics and building research capacity; community engagement and social support; and adapting to changing times.

Jennifer Tehan Stanley, PhD, FGSA, of The University of Akron and John Bosco Chuko Chukwuorji, PhD, of Michigan State University and University of Nigeria served as co-editors for this special issue. They wrote, “By sharing this collection of papers, we hope to amplify the need for more research on the issues faced by the aging population in this region.

Translational and innovative research on aging in sub-Saharan Africa is a critical need to inform clinical interventions and policies. By bringing awareness and interest to these topics, the Editors hope to encourage continued quality research on aging in sub-Saharan Africa, more funding, and more strategic and collaborative research opportunities focused on these topics and populations.”

[Journals Introduce New Submission Type: Research Letters](#)

Two of GSA's journals — *Innovation in Aging* and *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences* — are now accepting research letters as a submission type. A research letter is a focused, original letter with a single observation on a topic in biomedical gerontological research with results that would be of general interest to the broad readership in gerontology.

There are strict limits for this submission type: 1,000 words (not including references), five authors, 10 references and one data element (table or figure). Up to five keywords can be included and supplemental material is not allowed. This submission type provides authors with a way to present new, early, or preliminary research findings. It is different than a letter to the editor, which addresses specific issues or questions raised by a recently published article.

[GSA Webinars Offer Guidance on Manuscript Writing, Reviewing](#)

GSA offers several webinars in its [Manuscript Writing and Reviewer Skills Program Series](#) with practical advice on manuscript writing and reviewing. The organizers believe that publishing in gerontology extends beyond the investigator

to other researchers, scholars, practitioners, and ultimately improvements in life for older adults and society alike. Graduate students and emerging professionals as well as experienced scholars who want to hone their writing and reviewing skills and become more involved in the publishing process will benefit from the hands-on practice, discussion of the “human side” of publishing, pointers from authors of manuscripts accepted by journals, and the insiders’ view with a panel of editors on what constitutes a good paper.

[GSA Journals Have Several Open Calls for Papers](#)

The GSA journals regularly invite submissions for special themed issues and sections. Find more information about publishing in the GSA portfolio, and learn how you benefit from supporting the Society's vision to ensure we can all enjoy meaningful lives as we age, on our [Reasons to Publish page](#).

Browse our open calls for papers below and consider submitting your research to one of our leading journals:

The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences

- [Translational Geroscience](#) (Rolling submissions; no submission deadline)

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

- [AI-Driven Measurement in Gerontological Research: Digital Metrics, Biomarkers, and Phenotypes in Cognitive, Behavioral, and Psychological Sciences](#) (Full manuscripts due July 1)

Innovation in Aging

- [A Life Course Approach to Aging and Opioid Use](#) (Abstracts due May 15)

The Gerontologist

- [Hispanic/Latinx Healthy Aging](#) (Abstracts due June 14)

Gerontology & Geriatrics Education

- [Diversity, Equity & Inclusion in Gerontology & Geriatrics Education](#) (Manuscripts due June 1)
- [Technology and Artificial Intelligence in Gerontological Education](#) (Manuscripts due July 1)
- [Education's Role in Gerontology & Geriatrics Workforce Development](#) (Rolling submissions; no submission deadline)
- [Gerontology & Geriatrics Classroom Best Practices](#) (Rolling submissions; no submission deadline)

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