**GSA Age Director’s Interest Meeting Minutes, Monday, October 19th, 4-5pm EST, Zoom,**

**Attendees**: Dr. Neil Charness, Callie Kindelsperger, Jodi Waterhouse, Peter Lichtenberg, Heng Wu, Martin Sliwinski, Janet Wilmoth, Gena Schoen, Michelle Porter, Theresa Chrisman, Jane Arce-Bello, Dr. Ethlyn Gibson, Katy Abbott, Molly Maxfield, David Burdick, Wendy Rogers, Elisabeth Burgess, Erin Emery-Tiburcio, Bill Edmonds, Joann Montepare, Suzanne Kunkel, Wendy Rogers, Diane Martin, Karen Fingerman, Robyn Golden, Andrew Revell, Janet Wilmoth, Roger O’ Sullivan, Sandra Winter, Natalie Galucia, Carolyn Aldwin, Michelle Newman, Lydia Manning, Esme Fuller-Thompson, Eddie Miller, Scott Hofer, Dana Bradley, Lenard Kaye, Elisabeth Burgess, Louise Brown Nicholls, Pamela Saunders, Pamela Teaster, Lenard Kaye, Andrew Revel, John Schumacher, Amy Silva-Smith, Andrew Revell, Bruce Troen

* **Operating an aging center in the age of COVID 19 (Jodi Waterhouse)**
	+ Curious to find out how others have pivoted, their work, and can share about what we’ve done. Looking at silver linings during COVID, created opportunities for centers to become more aware about work of aging that we do.
	+ Wanted to showcase how confusing it was for senior populations, to share educational opportunities with the community & clinicians. Spent most of April & May doing those types of programs and into now (October)
	+ Heightened awareness of older adults, outreach to these communities, strategic with information that they needed to know that the institute dispersed. What are other institutes doing during this time, use as a springboard of sorts to become an expert on this particular topic?
	+ How are centers doing in terms of potential budget cuts or what strategies are other institutions adopting to avoid cuts?
		- Dr. Ethlyn Gibson: Social justice implications. Asked to come to the table to be content experts and what is the impact on older, racial, ethnic minorities from COVID-19? Asked to serve on key advisory boards for state of Virginia, one long term care and vaccine allocation & how it will impact high-risk older adults. Other item is working with AAA, doing a community conversation looking at systemic and equities among older adults & may feel doubtful in going to hospitals because of COVID, & how to open that conversation. How Hampton Virginia has been able to look through the lens.
	+ Marty Sliwinksi: Penn State University, resumption of human subjects research task force. Penn State has scaling up again resuming face-to-face human contact research. On that task force/committee reviewing applications. Feeling conflicted due to the statistics of how things are far worse than universities were when things shut down, asked to evaluate the risk for different demographics. Anyone else deal with similar types of issues? Needs to be a plan to step down and step back, but no mode for assessment to learn if things are going well other than looking at statistics in the news/newspapers/media outlets.
	+ Karen Fingerman: Encourage folks to think about writing for the public and seeing if university news services can help you place it.
	+ Erin-Emery-Tiburcio
	+ Seem to have different standards for clinical services, want $ coming into the institution, want to bring in all of the patients, seem to have different standard for research, which brings in $ but in a very different way. How do we do that and trying to navigate that and help the health system understand has been proving to be a challenge in terms of the risk profile.
		- Robyn Golden: Took efforts out into the community to see if could make a difference. Tried to find the harder to reach older-adults, but anyone and everyone to see what their needs are (food, transportations, medical, utility) but the sense of isolation and loneliness. Developed a suite of programs to address that as well as they could, leaving telephone as an option, through GWEP, using program funds to host programs and excited to help senior citizens to use techniques (like technology) to combat loneliness.
		- Neil Charness: ISL instituted a “How-To” Zoom Project Initiative for older adults to help instruct older adults to how to use Zoom and has made a difference and made the news. By having these types of positive news stories, may do a lot better when budget cuts. Because ISL was visible that we were doing this initiative, we have no reason to believe budget for department will be cut.
		- Wendy Rogers: On the CAST Commission for Leading Age, Center for Aging Services Technology, residents are ‘hungry for technology’ but older adults don’t know how to use it, what to use it for, and companies inundated by ‘fly-by-night’ technology. Partner with leading age in your state if possible, also helps to get you recognition and visibility at the universities.
		- Lenard Kaye: Please congratulate Peter Lichtenberg as the incoming president of GSA, Center of Aging at Uni. Of Maine has not slowed down, esp. departments doing social research, were able to transition easily into remote work, not pressured to alter these strategies by research authorities. Mission needs to & can include education and training for older adults in the community and can call in and benefit from training programs online.
		- Robyn Golden & Neil Charness will both be part of 15th Annual Clinical Geriatrics Colloquium, next week, theme is ‘Advancing Age-Friendly Health Systems,’.
	+ Karen Fingerman: As centers, highlight what GSA is doing and collectively help the organizations.
	+ Peter Lichtenberg: Great idea for future meetings for GSA to talk about what it’s doing in terms of ageism.
	+ Neil Charness: From point of view of aging workers, facing bad dilemmas asked to resort to face-to-face contact regardless of personal risk, people using this as budget cutting exercise in part, and if centers are speaking up when those types of issues are occurring, curious to see if other institutions/universities facing this issue as well.
	+ David Burdick: Consider Age-Friendly University initiative as an option for outreach, PR for added value for universities at a time when schools are cutting funds.
	+ Joann Montepare: copy of GSA letter sent out, September’s issue, send to administrators to use as PR to make people aware that being age-friendly is important on many different levels.
	+ John Schumacher: Some assisted living facilities reaching out to us to do delirium screenings. New area of research & outreach as opposed to acute care study.
	+ Neil Charness: Would it be helpful for the GSA Director’s group to meet more than once a year before the actual GSA meeting? Email ISL’s admin assistant, Callie Kindelsperger, at cperson@fsu.edu to gauge interest in potential meetings.