



Talks With a Trailblazer in Gerontology and Geriatrics: Dr. Tamara Baker

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Speaker 1 ([00:02](#)):

The Gerontological Society of America, meaningful lives as we age.

Speaker 2 ([00:06](#)):

Welcome to the GSA On Aging Podcast series. I am Dr. Kisha Barnes Johnson, an assistant professor at Emory University's Nail Hotham Widger School of Nursing in Atlanta, Georgia. I serve as the Espo Past chair of the Emerging Scholars and Professional Organization or Espo. Today we are talking with Dr. Tamara Baker for our Espo Supported Limited Series talks with the Trailblazer. In this series, we invite leaders in the field of aging research, education, practice, and policy to share their experiences and wisdom to inspire future generations. Hello, Tamara. How are you? I'm doing well. You're my apologies. I know her both professionally and personally, but we are gonna be on that professional. Hello, Dr. Baker. How are you today? I'm doing well. How are you doing Dr. Bonds? Oh, you can just call me Kisha. Isha. How are you? <laugh>? So we'll get started. Um, sure. Got a few questions to cover, but how did you first become interested in aging?

Speaker 2 ([01:16](#)):

First, thank you for inviting me. I think this is an important initiative that you all are doing. So I first became interested in aging when I was around 16 years old. I volunteered in a nursing home. My brother was doing, he, he was a waiter at some restaurant. My sister was doing retail and my parents told me, look, you cannot sit around the house all summer. So they said, you need to do something. And there was literally a nursing home within walking distance to my house. And I volunteered there. And of course I played bingo and the typical volunteering activities. And I changed my life even at 16. I was like, this is cool. This is something that I think that I can do because I interacted with them well.

And it was just a pivotal experience for me. And then I realized that this is the group, and it really wasn't solidified to be quite honest, until years later.

Speaker 2 (02:08):

And I did substitute teaching and the little kids, I love them, but I recognized early on that I could not do this. I could not work with anybody younger than 18. And I recognized that was time too, that I realized, okay, I need to work with older adults. The stories that they told and the stories that they tell are just so interesting and just, you can learn so much if you are willing to listen. And that's exactly what I did. I listened and then I carried that on to my professional career. Oh, I love that. I love that. I was raised by my grandmother and then a community of older adults. Yeah, so it's the same thing, like once you meet amazing older adults, it's like it sticks and it makes sense. It does, it does. Sometimes we have these organic moments where we recognize that this is my path, this is my calling.

Speaker 2 (02:56):

And I think that's how it was for me. It was very organic. It wasn't anything that was planned, but I just fell into it and I recognized that this is something that I'm supposed to be doing. Mm, yeah. I love that. Next we'll move into just tell us a little bit about your career and if you wanna include GSA in there, feel free, but just curious to know how you came to be Dr. Tamara. I, I was a psychology major and I went to an HBCU, North Carolina, shout out to North Carolina Central University. And I was a psychology major and at the time, NIH had a pipeline program. I don't know if they still have it. It's the Minority Access Research Careers. And I did that for a couple of years and I had the opportunity to volunteer with my mentor slash professor. He asked me to do it.

Speaker 2 (03:42):

I, I didn't know anything about research. I was like, sure, I'll do it. That was a moment where one, I recognize that I wanted to do research. He gave me that opportunity, which is something that I do today. I provide opportunities and mentoring opportunities for students and even my career. We'll get a little bit more into that, but now I established, I applied for funding for pipeline programs and we'll get into that. But with my career, I recognize that I wanted to work with older adults. I wanted to do research. When I ended up getting my PhD in that particular program, I worked with Keith Whitfield and he was into aging research. And that sort of solidified that I have an opportunity. So he was the one that really introduced me to GSA. And when I even first started, I think I was, that was my first year at Penn State.

Speaker 2 (04:33):

And he said, you're going to edit this paper and you're going to attend this meeting <laugh>, and what am I gonna say? No, I'm not gonna edit this paper and no, I'm not gonna attend this meeting. So I was like, sure. I had no idea what I was getting myself into. But I ended up attending GSA my first year in graduate school. And it was an interesting experience because I didn't know what to expect. And I've been a part of GSA for 20 plus years. And back then all I would do was go to the meeting, go to my room present, go back to my room. I didn't interact with anyone and I didn't do any of that. And to be quite honest, because I didn't see people that looked like me around my same age. And it's interesting how you manifest. I'm like, I have to change this.

Speaker 2 (05:20):

And it took years before I said, I need to change this so that the next scholar, the next graduate student, the next postdoc won't attend A GSA and not feel as if there was somebody there for them. So that's why I ended up becoming involved as a junior representative, a senior representative. And

even still after that, when I became an assistant professor, I recognized, recognize that some things needed to change, that there needed to be representation. So that's the GSA part. But as far as my career, your career before you get into it. Okay, sure. Who came up under you after you? I'm grateful for the work you did. Thank you. I remember the first GSAI went to similar. My mentor said, this is where you should go. And she is the most, one of the most refined people I've ever met. And she was like, here, I have a glass of wine.

Speaker 2 (06:13):

Would you like another glass? And I thought place <laugh>. But it was just, she let our hair down and I got to see so many different people from different disciplines and different racial and ethnic backgrounds. Right, right. And I found my sister circle and my brother circle. And so thank you for doing You are welcome work <laugh>. Thank you for doing the work and continuing to do the work. Thank you. Um, because we are grateful for the incremental changes, the way that GSA feels. I feel like they hear the message that Yes. Sits through it, and they're open to changing and being yes, inclusive and diverse. Yes. Thank you again for you are welcome. And that's exactly what I wanted to do. I wanted to make sure that those that came behind me didn't feel the way that I did. And some may counter that, some may say, I don't understand why you felt this way.

Speaker 2 (07:07):

But it felt isolating. And I recognized that something had to change. For example, when I would see who was in leadership positions, even back then, I was like, what is going on? It's like something is I can do that. I, I can do that. And not knowing that years later I would be the one doing that. And then even running for Vice President-Elect and then eventually become president of GSA. I sat in the audience, I, they have the opening ceremony and the pomp and circumstance and the welcoming. And I looked on the stage and I said, I can do that. It's like, why can't I do that? So I greatly appreciate people believing in me and pushing me and saying, Tamara, you need to do this. I think the first person that really challenged me was Peggy Dilworth Anderson. And she was the one that selected me to be the chair of the task force of minorities issues in gerontology.

Speaker 2 (08:07):

It was named something else back then. And when I received that email, I was like, are you sure you have the right person? What? And I had a conversation with her and she's like, yes, I have the right person. So when Peggy says, you are the person that's being tapped to do something, you need to step up your game and make sure that you do it. So that's really outside of being the junior rep and the senior rep, she was really the one that gave me that opportunity to be in a true leadership position because I couldn't say, no, what am I gonna say? You know, saying no to Dr. Peggy Dilworth Anderson is it's not an option. It's not an option. Exactly. <laugh>, it's not an option. So I think that was the best position that I had and the best opportunity. And I had a chance to talk to her.

Speaker 2 (08:54):

And I wanted a GSA, and she was giving me great advice as an assistant professor, a new mom of two young kids. My kids were 20 months apart, and it was just overwhelming. But she told me was, you can do this. She was like, we need you. And when she said, that sort of solidified my positioning within the organization that I was being selective as to what I did, but I was also being very intentional in what I did as well. Thank you for sharing. Thank you. Sorry to cut you off. I know you <crosstalk>. Oh no, you're good. But <laugh>, that's a beautiful story. And if anyone has had any one on one time with Dr. Piggy. Oh, it with Anderson. Yeah, absolutely. Yes. She drops the nuggets of knowledge. Yes. And I remember she attended one of our meetings when I was the chair of the task force.

Speaker 2 (09:43):

And I remember this, it was yesterday. She said, I ran for president because I knew I could win. Oh, when she said that, the audience, I don't think the members that were attending the meeting expected her to say that, but I remember it like it was yesterday. And some were like, oh, okay. And all I could do was just raise my eyebrows. I'm like, okay. Mm-Hmm, <affirmative>. All right. And she planted this seed, whether it was verbal, non-verbal, the one-on-ones. And it was just amazing as to what she did. So I owe a lot, whether she knows it or not, I owe a lot to her as far as becoming a leader within the GSA organization. I'm grateful for that. I'm, I'm really grateful for that. GSA is grateful to have you. Thank you. Who is coming up, up under your leadership and Thank you. And all that you're doing.

Speaker 2 (10:37):

And as far as the career is concerned, again, I do pain research. And I got into that area because of my mother. She was diagnosed with rheumatoid arthritis at a very young age. And I just saw everything that she went through. So a lot of what I did for the earlier years of my career was focusing on pain. And it still does focus on pain and resilience and musculoskeletal diseases, depression, social support, a lot of those social variables. But now I've taken a turn as to what I'm interested in doing. I think being a full professor has a lot of advantages because it's like you've established yourself and now you're at the point where it's not just about you. So that's the point that I'm at now. It's not just about me. Yeah. I can write another paper. Yeah, that'd be great. I can write another paper.

Speaker 2 (11:24):

I can write another grant, get more money to continue to do the pain research. But I think at the end of the day, and this is what I always tell people, I'm at the point in my career now, I need to cultivate the next generation of scholars, whether it's gerontologists, pain researchers, because as we're getting older and we are an aging nation, and we need people in gerontology research, aging research, geriatric medicine. And I don't think students, for example, are given a, a fair opportunity to know what gerontology is all about. 'cause a lot of these institutions, they're either cutting programs and or they don't even have programs. Yeah. If you talk about children, pediatric medicine, I mean the school of uh, medicine, now you have the line out the door of interns and medical students that want to focus on that. But when it comes to geriatric medicine, it's you're trying to look under rugs and try to find where people are.

Speaker 2 (12:22):

I'm trying to change that. And I think it's important that we recognize that we need to start putting our discipline out there. And for me, my focus now is really tapping HBCUs, historically black colleges and universities as a resource. And that's one of the reasons why I approach GSA about starting the HBCU collaborative interest group, because I felt that these scholars were not being recognized. And again, being an alum of two HBCUs, I, we weren't being recognized and we weren't being acknowledged for the work that we've done. And I think that, as I've mentioned before, HBCUs are an untapped resource as far as finding talent. Mm-Hmm. <affirmative>. And that is my mission now. And that is what I focus on when I submit grants and when I present I, and when I mentor, I just want to make sure that we recognize that students come from more than PWIs.

Speaker 2 (13:21):

And HBCUs is at the top of the list. Yes. And I think that's a beautiful segue probably into our next question. Okay. What has been most meaningful to you in your work? Hmm. That's a great question. And you're exactly right. The HBCU collaborative initiative has been extremely meaningful because

when I first approach James Applebee about doing something like this, I think it was right during covid, the beginning of covid. And I've always been an advocate making sure that all are represented. And it took years for us to get the interest group up and running. But when it was that first meeting that we had, the number of scholars that attended that meeting, I was like, oh, okay. I must be onto something. But to be quite honest, the most meaningful occurred very recently, within the past couple of years when colleagues and I submitted an R 13, which is a conference grant, and we got a perfect score.

Speaker 2 (14:28):

To me, that does not happen. And I think because all of us were so passionate about making sure that we wrote a good grant, but it's the first HBCU agent conference ever had a vision. And even when I was writing the grant, we would have our meetings and I just had, I was like, we're gonna get this <laugh>. I said, we're going to get this. And when the PO personally sent me an email after the application was scored and let me know that we got a perfect score, I almost cry. I probably did cry because you hear these stories. Oh yeah. You probably have to resubmit. You never get funding the first time around. But deep inside I was like, we're going to get this. And even in planning it, yeah, it's a lot of work. But excitement that I hear from people, even when I ask them when we ask them to be speakers, they respond, is such an honor.

Speaker 2 (15:27):

It's such an honor. And to me that lets me know that we're doing something. That's right. We're doing something that's needed. And I think that is the biggest so far. There's more to come. But so far, that is one of the biggest, and I'm excited for our first funded conference, which is gonna be happening this GSA in Seattle. So fingers crossed that things go well. But we have a lineup of amazing speakers. And I knew, and I know we have to go onto the next question, but I knew we were onto something when the deputy director of NIA agreed to be a speaker. Oh, wow. And to me, that says a lot because if you're passionate about something, which is what I am, comes out in the emails and it comes out in the conversations. And not saying that people buy into it, but it's genuine.

Speaker 2 (16:23):

It's not anything that's forced. But when she agreed to do it, I was like, okay, we must be doing something. And I think because of the email that I sent was along the lines of, we have this new initiative. This is a conference focusing on staff, students, and faculty from HBCUs. And we want to make sure that NIA is aware of this and we want you to come and speak. And specifically what we're doing aligns with NIA strategic plan or strategic mission to diversify the workforce. And again, as I mentioned before, HBCUs are an untapped resource. And I'm glad that we're finally on the map. I'm glad that HBCUs are getting that recognition. It's been timely. But I think at the end of the day, this is just the start. And I'm really looking forward to what's to come not only with the conference, but with scholars that come out of these institutions.

Speaker 2 (17:23):

Yes. As someone who did not go to an HBC, it's okay. Probably the one regret of my life. And we don't have to talk offline about why that did happen, because, okay, my family is good. But no, it is one regret. And to see you all together beautifully celebrating one another is, ugh. It's okay. Out. It's okay. You're still part of the family. You're still a part <laugh>. I can go work in A HBC later in life, <laugh> without, yes. No. And it is a beautiful initiative. And I am just delighted to be able to see all of the work coming out of it. Thank you. You are. You're very welcome. So what have been some of the challenges as you think about your career and different things that you've accomplished? Yeah. I think

sometimes, even earlier in my career, people not believing in you. That's why I'm the type of mentor that I am, because I know what I went through, even when I was in graduate school.

Speaker 2 (18:27):

A mentor can make or break you. A mentor can either encourage you or deter you from doing something. And I'm not saying it's all been bad because it hasn't. Even when I did my postdoc, I had some of the most amazing mentors to black women who just changed my life. And even as far as how I, I still mentor, but when I was in graduate school, I was working in a lab with a very prominent scholar. And it was something that I didn't do or did do. I don't know exactly what it was. But this individual let me know that basically I wasn't gonna be a good researcher and that I could work in a junior college if I wanted to. Not saying there's anything wrong with working in a junior college. It's not. But she knew that that was not my goal. And for this individual to say that it, I, I, yeah, I cried and I was like, I'm never gonna have anybody let me cry like that again, because that let me know that this person did not believe in me.

Speaker 2 (19:37):

And as a result of that, I knew that I had to be strong in this game. Academia is not for the faint of heart. If you want <laugh>, it's not for the faint of heart. <laugh>. And I learned that very early on. And I recognized that despite that challenge, and I will call it a challenge, because it did impact me mentally, despite that challenge, I knew that I would never put myself in a situation like that again. And not that I was blaming myself 'cause I, I didn't feel like I'd done anything. But I knew that I would never give someone an opportunity to treat me like that. That you can't say it's because I didn't do my work or I didn't perform because I'm gonna perform. I'm gonna do, I'm gonna go above and beyond, but you're not gonna treat me as if I didn't do what I needed to do to be successful.

Speaker 2 (20:32):

So even when I see that person at GSA or when I would see that person at GSA, they walk right by me and not say anything. But to me, I was like, I've been successful. And you can see that. And that's why you're not saying anything to me. That's why you're not congratulating me, me. That's why you're not, not saying that I need your approval for anything. But again, that let me know that I had to chart my own path. And that was difficult as a graduate student. But in hindsight, that was probably a good experience. I changed that challenge into an opportunity. And I think that's where I get my drive to do things now. And to be the mentor that I am now. Beautiful. Way to turn lemon in the lemonade. Yes, exactly. And that's exactly what I did. And I tell people, yeah, it may be a challenge initially, but what are you gonna do with it?

Speaker 2 (21:24):

Are you going to continue to sit and ruminate over it? Or are you gonna change into an opportunity? And I think sometimes we get stuck. And again, being in this field, you have to be strong. You have to have thick skin being in academia, because certain situations, individuals, they will have you questioning your every move. But if you're confident in the type of work that you do, and if you truly believe in the science that you're doing, then it makes it even harder for those individuals to get to you. Yeah. They'll get to you, but then you brush it off and keep it moving. But being in this field, it's not for the faint of heart. It really isn't. It really isn't. And then, what advice do you have for people interested in careers in aging? First, we need to get people interested. <laugh>, <laugh>.

Speaker 2 (22:25):

We need to get, I, I think that is the answer I'm gonna give, and I'm gonna expand on that. Okay. I remember teaching a class when I first started out of the University of South Florida, I was teaching race ethnicity in aging. And it was maybe like 30 students in the class. And I asked the students to raise their hand if they've ever taken a class focusing on children and pediatrics or adolescents. Everybody raised their hand. And then I asked, has anybody ever taken a class specifically just on aging research or doing aging studies? Nobody raised their hand. So to me, that was eye-opening because I recognized that students were being exposed to this field. And the same thing happened when I went to ku. I always asked the same question when I teach this class. And it's just amazing even after the class, how students come up to you and Dr. Baker, do you have any research I can do?

Speaker 2 (23:26):

I'm really interested in this field. It's about exposure. So if the students don't know about aging studies or aging research or gerontology or geriatric medicine, how can we keep them in the field if they don't know about it? So my answer to that is we need to start establishing these pipeline programs for students. We need to make sure that faculty in these different disciplines that they teach at least one class, focusing on aging research, whether it's public health, whether it's nursing, social work, psychology, counseling, you need a class focusing on the aging discipline because it's not fair to the students that they're not being exposed to this. And the answer that I often get is, I didn't even know that I could take classes or there was even a discipline focusing specifically on older adults. I know I'm getting excited and I'm sure you can, you know, you can tell in the flection of my voice, but this is where I am now in my career.

Speaker 2 (24:24):

I want to make sure that high schoolers know that gerontology is a viable field and not to give too much away. That is the next adventure for me, is making sure that students under 18 years of age are exposed to doing research in the aging field. And I think that could be a life changer for a lot of these students, especially for students that are thinking about going into the medical field. Typically. Oh yeah, I wanna go into general medicine, internal medicine, I wanna go to pediatrics, I wanna do dermatology. OB gyn, no one says, I wanna go into geriatric medicine. Why? Because they don't know that it's a viable field. They don't know that they have an opportunity to receive training focusing only on older adults. So that is what I want to emphasize is that to get them interested or to get them into the field, we have to start young.

Speaker 2 (25:22):

We have to start when they're in high school, even in elementary school, primary school, let's expose them to working with older adults. Let's do this intergenerational, let's have an intergenerational approach to aging. And even in learning about the field, and I know I did not answer your question, but I had to put that out there because I am so passionate about what I'm doing now and all that this field has to offer. I see some amazing scholars in this field, and I'm excited about gerontology, aging research, even geriatric medicine. I just know that eventually this is going to be like cardiology. One of those fields that, especially in medicine where people are like, oh yes, I am going to get my medical degree in geriatric medicine. That is my specialty and that's what I want. And, and I want these students to be just as excited about this field as I am.

Speaker 2 (26:21):

No, that was beautiful. And your excitement did come through. And I, I love it. As you were talking, I was thinking, yes. And it matters who teaches that geriatric class too, right? Like it has to be someone with this second passion and love for older adults. Yes. That connects on this level. Yes. Yes. The

students see that this is such a wonderful field to be a part of. It is. And, and I'm glad you said that, because everything matters from how you talk to the students to the type of material that you teach and how you present that material and how enthusiastic you are about the field. Now if you get to the point where you're like, oh my gosh, I don't want to go teach this, then you know, you may want to reconsider what you're doing. Yeah. There were some days I felt like that, but that did not happen often because I recognize that these students were so ripe, they wanted the information and being able to present it to them in a way that was exciting and engaging, that's what I'm all about.

Speaker 2 (27:24):

You have to make sure that students are engaged and you have to make sure that the students or anybody that you talk to is just as excited about what you're doing as you are. Mm-Hmm. <affirmative>. And then I will, one other thing I thought of as you were talking is that NIA has programs where I can write a grant for like my kids' school. And so I haven't looked at it yet 'cause my child is 20 months old. I got a little bit of time, but I, it's just lovely to know that there are these programs, like you said, that start so much earlier than when I learned about geriatrics really was in like my pre-doc versus learning it well before. Mm-Hmm. <affirmative> that, um, getting acclimated to the, the field of geriatrics and gerontology so much earlier, I think. And I think, yes. I think that's a beautiful way to answer the question.

Speaker 2 (28:10):

Yeah. That's really important. And I applaud them for doing that. You have to start young, you have to start early. And I want individuals, whether young or old, to recognize that getting older is not a disease. <laugh> between the media and not saying all media platforms, but between the media and how we think about aging and some of the messages that we get about aging, of course, no one wants to get older. So let's say, oh my gosh, I don't wanna do this. Of course, no one wants to work with older adults. I think we're making that shift. We're seeing now that people are living longer, that they're more healthy, they're exercise and they're eating. They're doing everything that needs to be done to make sure that they are well into their eighties and still very healthy. And I also want to make sure that when we teach these generations about the younger generations about getting older, we want to make sure that all communities and all individuals have an equal access to the resources so that they can become older, but being healthy and have access to the resources in their community or bring the resources to their community.

Speaker 2 (29:25):

I've always asked, we talk about these blue zones and how you have them in Japan and California and wherever else these individuals are eating healthy and living their best lives ever. But I'm wondering, I was like, why can't we have a blue zone in a predominantly black neighborhood? Why can't there be a blue zone in Compton, California? Oh, why can't Chapel Hill, North Carolina or Raleigh, North Carolina be a blue zone for older adults? I think it's a mind shift in how we think about aging. I think we need more people, particularly social media and media in general to recognize that getting older is a gift. Yeah. It's a gift. It is. And it can be a gift that lasts for a long time. And that's why I think we need to start when students are younger. You know, exposing children to working with older adults, but then also making sure that we have these pipeline programs to get scholars into this field to get students, postdocs, graduate students, undergraduate students into this field.

Speaker 2 (30:29):

Mm-Hmm. <affirmative>. I know. I went left. I went right. It's okay. I went all over the world. I'm follow you. I, wherever you go, I'm going <laugh>. And as you were talking, it reminded me of my

grandmother who raised me and she moved her 90 on August 5th. Wow. And she said, it's a blessing to get on. It is. Anytime I was a little kid, you might say something off about her hearing or I can't remember what I say. Yeah. It's a blessing. It's it is. It really is it, it really is. And you talk about your grandmother. My grandmother in April turned 101. Oh my goodness. Wow. And my, my husband's grandmother in August turned 101. I tell my kids, I'm like, be ready because genetics tells us that you're gonna be around. We're, we're gonna be around for a long time. And my son will look at me like Mom, really? <laugh>.

Speaker 2 (31:19):

But yeah, with my own grandmother, yeah, it takes her a little longer to get around. But we can still have a decent conversation. We can still talk about, she'll talk about politics, she'll talk about her favorite game shows. She was living on her own well up until her nineties. And again, I just see this as an example. I see my grandmother as a mentor as well. And just her belief. She's just amazing. She's just amazing. And she is definitely someone that I follow not only with my career, but just in general on a personal level. She's an amazing woman. Sounds like it. And this is our last question, <laugh>. Based on your expertise and experience, what advice do you have for people as they age? And I know you were already talking about it. I'm like, she is reading from my paper <laugh> as we age, I always follow just staying active if you can.

Speaker 2 (32:12):

And I know for myself, it's so funny now because I am part of that aging cohort. Back when I was in graduate school, oh, people over 50 are considered older because, and now I'm studying myself. But <laugh>, I follow what I researched. So I recognized that, okay, I need to exercise, I need to eat better. And yeah, your body changes as you get older. And I think listening to your body, but also making sure that you are an advocate for yourself as you get older as well. Or either have someone to be an advocate for you. I think a lot of times, I shouldn't say a lot of times, I think sometimes people take advantage of what it means to, to be older and they feel as if older adults don't have a voice. Sometimes you have to be your own advocate and you have to make sure that your voice is heard.

Speaker 2 (33:04):

And whether it's in your family, whether it's in a social environment, professionally, we know that some individuals, as we get older and still working, that we get into that ageism piece. On a personal level, I work out every day. I there, there. It's not a day that goes by. There are days that go by that I don't work out, but I work out. I exercise, I don't like to do it, but I recognize that if I don't, I'm gonna be that statistic. And I just feel also being around good people, that social support is real. Mm-Hmm. <affirmative>. And being around people who believe in you, who share the same thoughts and share that same energy as you share the same vibe as you. I think that is huge. And that's why I'm so glad that now at GSA, I don't have to go to my room <laugh> after I present because there's so much to do.

Speaker 2 (34:03):

There's so many people now that are involved in GSA that I wanna hang out with, that I want to collaborate with, or that I wanna go grab coffee with such as yourself. And I think that's huge. I think that significance exercise and taking care of yourself, eating right and surrounding yourself with good people, that's important. Love it. I'm, I'm gonna dig a little deeper just in case some of our listeners maybe aren't familiar with how much exercise they should do. If you were given a suggestion to someone who isn't an exercise vision day kind of person, <laugh> like, like myself. I'm trying to get there. Lord knows I'm trying to get there because it's a mindset. Trust me, it is a process on you. Slow it

down and I am not moving the way I need to. And it's a process. Yes. For those of us that are embracing this process a little more, is that 30 minutes a few times a week?

Speaker 2 (34:53):

Is that, well, what does that look like for someone? It's different for everybody. I turn on my music, I love house music. I turn on my house music and I do strength training. So I'm with the weights. I, yeah, it's hard. But I've heard that particularly for women, that strength training is important. Cardio is important as well. So I'm not, I am not, I'm not a professional, but I know what I've heard. I know what I've read. I did have a personal trainer, uh, years ago, and I'm just going by and continuing what he told me. He's like, resistance training, strength training for women as you get older, as you reach a certain part of your life is gonna be very important that you continue to build those muscles. And like I said, cardio, every now and then I walk, but the majority of the time I am lifting the weights, lifting the heavy weights.

Speaker 2 (35:45):

I may not lift as heavy as some individuals, but I'm doing something. So that's just me. And again, it's usually about 45 minutes. But again, everybody is different. And you have to start somewhere. 'cause trust me, I did not start <laugh>. I received that Dr. Baker, I'm, you gotta try because there's no excuse. My husband has a whole little gym downstairs in the basement. There. There really is no excuse. There is no excuse. I'm going to do better. And so we check in with each other and GSA see again, viewers and listeners. You need people before your check <laugh>. And so you'll check in and see if I'm following through because I will, it matters. And I will tell you, I, I'm forties now and I'm recognizing that, woo, I can't do what I did in my twenties or my thirties until I need to start preparing because fifties are none of no. Right. Yeah. Yeah. But see, we're not expecting you to do the same thing you did when you were in your twenties and thirties. Okay. I had to get to the point where I'm like, okay, I would go to the gym and I would see these younger individuals lifting all these weights. And I had to get in the mindset, look, stay in your lane. 'cause you are not 25 <laugh>. I love that. Stay at your lane plus lane <laugh>.

Speaker 2 (36:56):

Exactly. Exactly. You has been great. Dr. Baker. You talked about your career, your challenges, your wonderful remarkable things you're doing. You've given us advice for the next generation of scholars and even for myself and the generation with how to age more successfully. Any last words before we, we let you go and enjoy the rest of your day? I thank you for this opportunity and I'm hoping that anyone that listens will gain a nugget of something that I've said. And being in this field, it didn't happen overnight, but I recognized very early on that there was something that I wanted to accomplish and I put my mind forth and it happened. And again, we need more leaders in the field that are very diverse. We need a diverse group of leaders in the field. And you have to be passionate about this field. And as you can tell, I'm very passionate about this field.

Speaker 2 (37:54):

And I want the same, I would like the same enthusiasm when people talk about aging research and geriatric medicine and gerontology. You have to be excited about what you're doing. 'cause it's gonna show, it's gonna show in the end. But this has been amazing. I'm glad that I received the invite. 'cause I know when I first received the invite, I'm like, am I a trailblazer? Yes. <laugh> <inaudible>, you are. Yes. Own it now. See, now I'm owning it. I'm owning it. I'm owning it. But thank you for this opportunity and I'm very excited about this initiative and what you all are doing. And it's about

exposure. It is about exposure and letting other people know about other stories. And I, I think that's extremely important. So thank you. Thank you for your time,

Speaker 1 ([38:34](#)):

Dr. Baker. It has been a true honor. The Gerontological Society of America was founded in 1945 to cultivate excellence in interdisciplinary aging research and education to advance innovations in practice and policy. For more information about GSA, visit geron.org, GEROn.org.