gerontology news

The Gerontological Society of America®

April 2023

Registration and Hotel Booking Open for GSA 2023!

GSA is now offering early-bird registration rates for the GSA 2023 Annual Scientific Meeting, taking place November 8 to 12 in Tampa, Florida. The Society has also negotiated special rates for attendees at select hotels on a first-come, first-served basis. GSA 2023 hotels are conveniently located near the Tampa Convention Center, and student-rated rooms are available.

Join a GSA Interest Group

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

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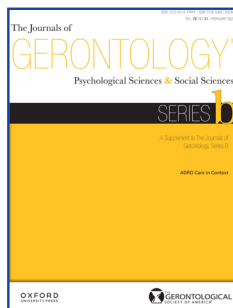
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Scholars Advance Study of Alzheimer's Caregiving Across Diverse Contexts

A new supplemental issue to *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* features papers resulting from a gathering of experts that emphasized racial/ethnic and contextual factors in the study of Alzheimer's disease and related dementias (ADRD) care using a team science approach.

According to this journal issue, titled "ADRD Care in Context," recent estimates indicate that 6.5 million people in the U.S. live with ADRD, and more than 11 million Americans care for people with these conditions, providing 16 billion hours (valued at $271 billion) of unpaid assistance annually. Further, older adults from minoritized racial and ethnic groups exhibit greater prevalence and incidence of ADRD than the non-Hispanic white population, and the experience of ADRD care varies with cultural context because of differences in values, social support, and coping styles.

Kristine J. Ajrouch, PhD, FGSA, Noah J. Webster, PhD, FGSA, Laura B. Zahodne, PhD, and Toni C. Antonucci, PhD, FGSA, served as guest editors. In their opening article, they wrote that though ADRD caregiving is common regardless of race or ethnicity, the role of cultural complexity in ADRD care has been recognized yet often neglected in research and service provision.

"Focusing on caregiving among different racial/ethnic groups provides unique opportunities to examine relevant within-group factors and to emphasize the advantages of

Member Calls on Senate to Bolster Home Care Workforce

Speaking at a March hearing of the U.S. Senate Special Committee on Aging, PHI Vice President of Research and Evaluation Kezia Scales, PhD, told lawmakers that "investing in home care jobs is a critically needed strategy to stabilize and strengthen this workforce to meet ever-growing needs."

Scales

Senators convened the hearing, titled "Uplifting Families, Workers, and Older Adults: Supporting Communities of Care," to focus on the importance of investing in the direct care workforce and ensuring the sustainability of home- and community-based services. Scales was called upon to highlight home care workforce issues.

According to PHI's analysis of employment data from the Bureau of Labor Statistics, more than 2.6 million home care workers (primarily home health and personal care aides) assist millions of older adults and people with disabilities across the U.S. every day. Home care workers comprise more than half of the total direct care workforce, which also includes those who are employed in residential care communities, skilled nursing homes, and other settings.

Scales said that due to population aging and peoples' desire to age in place, nearly one million more home care workers will be required by 2030.

"And yet we're facing a workforce shortage now — because home care wages are too low, employment benefits are inadequate, training and career development opportunities are limited, and these jobs are insufficiently recognized, respected, supported, and valued," Scales said in her testimony. "Existing and potential home care workers are being forced to choose more viable employment options in other industries — leaving home care providers struggling to maintain services, and individuals and families without the support they desperately need."

From the GSA President

Service to GSA Takes Many Forms, Yields Many Benefits

By James F. Nelson, PhD, FGSA • nelsonj@uthscsa.edu

When former President Michal Jazwinski called me to ask if I would be willing to stand for election, I must admit that, feeling the weight of the office's responsibilities, I asked, "Why? Why should I answer affirmatively?" Michal is very persuasive. Among several good reasons, his most compelling was, "To give back to a Society that has given you so much."

So, I begin this column with his challenge: Give back — volunteer for one of many opportunities within GSA! Thanks to the many among you who already give back. Each of us bring unique perspectives and abilities to the many volunteer activities of GSA that help build stronger multidisciplinary bridges and catalyze the discoveries that ultimately will improve all our lives as we grow older. And note that until April 11, GSA is seeking candidate nominations for section leadership.

During the first three months as your president, I have learned yet another reason to serve: the gifts that come from giving. When asked how things are going, I find myself returning to a simple reply: serving as president has been a gift — one that keeps on giving. The cliché "it's better to give than receive" has never rung truer than it has since becoming president of GSA. Let me elaborate.

Learning more about the breadth and creativity of our members' work on issues facing those whose lives we seek to improve

Through various activities, I have learned about issues our members are addressing about which I knew nothing. For example, while visiting San Antonio last Fall, CEO James Appleby and then-President Peter Lichtenberg expressed interest in learning about gerontological research at UT Health San Antonio. I planned an itinerary to include our own Barshop Institute for Longevity and Aging Studies, but I was challenged to look farther. I discovered work in the School of Dentistry spearheaded by Dr. Suman Challa addressing the enormous need for dental care of individuals in long-term care facilities. Some of these residents have not had dental care for decades. Suman has organized a service that brings state-of-the-art dentistry to these long-suffering individuals. This is but one example of many eye-opening gifts of knowledge I have received while meeting our members.

Heightened appreciation for the need to increase Diversity, Equity, Inclusion and Accessibility (DEIA)

The need to increase DEIA exists not only across the service/research space in which our members operate, but even within our Society. This became forefront as we faced the issue of having the 2023 GSA Annual Scientific Meeting scheduled in a state whose government is assaulting DEIA at many levels.

Thanks to a challenge from our Rainbow Research Group, our Board of Directors fully vetted this issue. Even I, a gay man, needed to be reminded of this virtual assault on our meeting. A responsive board and a resilient interest group came to solutions that would not otherwise have emphasized this component of DEIA as much as it will now be at our meeting. The Minority Issues in Gerontology Advisory Panel is similarly working to address the assaults on our values in the education sector both at the Annual Scientific Meeting and throughout the year. Also, a pilot program, Careers in Aging Day at GSA, is being implemented to encourage undergraduate students in the area to attend the meeting on the weekend, at no cost, to learn about career possibilities in the field.

The Annual Scientific Meeting in Tampa

During a visit to Florida, we had the opportunity to scout the venue of our November meeting. Let me report that Tampa and the expansive waterfront setting of the convention center is certain to please and provide a setting to match the excitement brought by our coming together to celebrate our gains in understanding aging in all its aspects. Remember: Tampa is in Florida but Tampa is not Florida. Its mayor leads the pack in making it a city that welcomes DEIA. Early-bird registration and hotel reservations for the Annual Scientific Meeting are now available. See you in Tampa from November 8 to 12!

letters to the editor: We will publish letters to the editor in response to issues raised in the newsletter. Please limit letters to no more than 350 words. Letters should include the writer's full name, address, and telephone number. Letters will be accepted or rejected at the sole discretion of the editors and may be edited for clarity or space. Send to: **tkluss@geron.org**

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New Books by Members

- "Aging in America," by Deborah Carr, PhD, FGSA. Published by University of California Press, 2023.
- "Music, Senior Centers, and Quality of Life," by Lisa J. Lehmberg, PhD, and C. Victor Fung, PhD. Published by Cambridge University Press, 2023.

Members in the News

- Sheila Malkind, MA, was interviewed by several news outlets in December and January, including "Legacy Film Festival spotlights ups and downs of elderly Jews" in The Jewish News of Northern California and "The Legacy Film Festival on Aging" on KALW Public Media.
- Chiung-ju Liu, PhD, FGSA, was quoted in *The Washington Post* on January 24 in an article titled "Cooking with physical limitations? Try these creative workarounds."
- On February 9, Valter Longo, PhD, FGSA, and Evan Hadley, MD, FGSA, were quoted in an NBC News story titled "A calorie-restricted diet may slow aging in healthy adults, research finds."
- Raya Elfadel Kheirbek, MD, FGSA, co-authored a commentary piece for U.S. News & World Report on February 27 titled "Treating the Trauma That Underlies Addiction."

Colleague Connection

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

Leah Janssen, MGS, PhD

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

JAMA Internal Medicine Chooses Inouye as Next Editor-in-Chief

Sharon K. Inouye, MD, MPH, FGSA, has been named the editor-in-chief of *JAMA Internal Medicine*, effective July 1. With an impact factor of 44.4, it is an international peer-reviewed journal providing innovative and clinically relevant research for practitioners in general internal medicine and internal medicine subspecialties.

Inouye is currently a professor of medicine at Harvard Medical School and the Milton and Shirley F. Levy Family Chair, and director of the Aging Brain Center, Marcus Institute for Aging Research at Hebrew SeniorLife. An internationally recognized leader in internal medicine, geriatrics, and aging research, Inouye's research focuses on delirium and functional decline in hospitalized older patients. She is currently the overall principal investigator of the Successful Aging after Elective Surgery (SAGES) study, a $13 million program project on delirium and dementia funded by the National Institute on Aging, as well as other active research projects. She is an elected member of the National Academy of Medicine. She previously served as an associate editor at *JAMA Network Open*.

Wahl Elected to Lead German Society

Hans-Werner Wahl, PhD, has been elected president of The German Society of Gerontology & Geriatrics, the largest society for promoting the science of aging in Germany. With approximately 1,300 members, it publishes the journal *Zeitschrift für Gerontologie und Geriatrie*. The presidency consists of a six-year term, moving from president-elect to president and then past-president for two years each.

Wahl is a seniorprofessor and project director at the Network Aging Research of Heidelberg University and senior researcher at the Institute of Psychology of Heidelberg University. His research activities include the role of subjective aging as well as the physical-technological environments for aging well, adaptational processes related to chronic functional loss, and conceptual issues in aging research. He is the author or editor of more than 30 books and more than 450 scholarly journal articles and chapters related to the study of adult development and aging. He is the founding editor of the *European Journal of Ageing* (together with Dorly Deeg), consulting editor of *Psychology and Aging*, one of the editors of the *Zeitschrift für Geronotlogie and Geriatrie*, and an editorial board member of *The Gerontologist*. He previously earned GSA's M. Powell Lawton Award, Richard M. Kalish Innovative Publication Award, and Theoretical Developments in Social Gerontology Award.

Kheirbek Provides Maryland Senate Testimony

Raya Elfadel Kheirbek, MD, FGSA, testified on February 8 before the Maryland State Senate Judicial Proceedings Committee. The legislators were discussing geriatric and medical parole for prisoners.

Kheirbek is currently the chief of the Division of Geriatrics and Palliative Medicine in the Department of Medicine at the University of Maryland School of Medicine. She is a physician educator with over 20 years of experience in quality improvement projects development and implementation in older adults.

Three Members Appointed to eFamilyCare Board

eFamilyCare, a leading mobile platform that connects family caregivers with one-on-one expert support in navigating the healthcare system, recently announced that past GSA Presidents John W. Rowe, MD, FGSA, and Terry Fulmer, PhD, RN, FAAN, FGSA, and Howard Fillit, MD, have been appointed to the company's Board of Advisors.

Rowe, the Julius B. Richmond Professor of Health Policy and Aging at the Columbia University Mailman School of Public Health, was also named chair of the board. Fillit is a clinical professor of geriatric medicine, medicine, and neuroscience at the Mount Sinai Ichan School of Medicine; the founding executive director of the Institute for The Study of Aging; and co-founder and chief scientific officer of the Alzheimer's Drug Discovery Foundation. Fulmer is president of The John A. Hartford Foundation.

policy news

By GSA Policy Advisor Brian W. Lindberg, MMHS

Biden's Budget Unbound Along with Older Americans Month, Too

On March 9, President Joe Biden stood before a familiar and supportive crowd at the Finishing Trades Institute in Philadelphia to describe the Fiscal Year 2024 Budget of the U.S. Government that he was sending to Congress that day. He took obvious pride in the budget, saying more than once, "It was an expression my dad would use. Show me your budget. I will tell you what you value."

"My budget is about investing in America — in all of America, including places and people — and folks who have been forgotten." The budget reflects four of his key values: lowering costs for families, protecting Medicare, Medicaid, and Social Security, investing in America and working people, and lowering the national deficit.

The president's stand was populist in its appeal to the political center and economic middle class. "For too long, working people have been breaking their necks, but the economy has left them behind — working people like you — while those at the top get away with everything and get everything."

How will Biden achieve this herculean task of making the middle class feel seen and heard, supporting working families, investing in education, health, and public safety while grappling with the debt ceiling, a deficit, MAGA Republicans, the pressures of inflation, and an intransigent obstacle called Congress?

While Biden calls politics "the art of the possible," House Speaker Kevin McCarthy (R-CA) called the president's budget "completely unserious." The House Budget Committee produced numerous documents on the proposal including "BIDEN'S FY23 BUDGET: ANOTHER YEAR OF CRISIS" and "The Past is Prologue: A Tragic, Shakespearean Spending Story Authored by the Biden Administration." On the other side of the Capitol, there was talk of moving forward with the Biden proposals by Budget Chairman Senator Sheldon Whitehouse (D-RI), who stated, "As of today, our cards are on the table. Unlike MAGA Republicans who are hiding their budget plan. It's time for them to level with the American people. Then the American people can choose between a budget for American families and one by — and for — Republican big donors." The stage has been set.

Overview of the President's Proposed Budget

The $6.9 trillion budget request includes a 3.3 percent increase in defense spending and a 6.5 percent increase for nondefense discretionary programs. The U.S. Department of Health and Human Services would see an 11.5 percent increase to its overall budget for a total request of $1.7 trillion. The budget proposes to increase taxes by $5.5 trillion and reduce the deficit by more than $2 trillion over the next 10 years. Yet, "no one earning less than $400,000 per year will pay a penny in new taxes." As the president said, "I'm not going after any ordinary folks."

The budget proposal supports certain priorities of Biden's, such as the Cancer Moonshot Initiative goal of reducing the death rate of cancer by 50 percent over the next 25 years. The moonshot goal requires investments of more than $4 billion across various agencies and departments, including the Centers for Disease Control and Prevention (CDC), the National Institutes of Health and the National Cancer Institute, the Food and Drug Administration, the Health Resources and Services Administration, the Indian Health Service, and the Advanced Research Projects Agency for Health.

As a complement to the successful Vaccines for Children program, the budget establishes the Vaccines for Adults program within CDC. This new capped mandatory program will provide uninsured adults with access to routine and outbreak vaccines recommended by the Advisory Committee on Immunization Practices.

The budget request also supports increasing the supply of affordable housing, national paid family and medical leave, college affordability, and tackles the issues of home energy and water costs and food insecurity. It also includes other government efforts, like funding to increase security at U.S. borders and combat fentanyl trafficking. There are also investments to fight climate change and global warming.

Protecting Medicare and Social Security

- Medicare Solvency: Biden made good on his promise in the State of the Union address to extend the solvency of Medicare. His budget would increase the Medicare tax rate from 3.8 percent to 5.0 percent on earned and unearned income above $400,000. The budget also would eliminate loopholes so that everyone earning over $400,000 per year would have to pay those taxes.
- The $2 Drug List: Medicare Part D plans are encouraged to offer a low, fixed co-payment, no more than $2, across all cost sharing phases of the Part D drug benefit for a standardized Medicare list of generic drugs. The proposal, funded under the Center for Medicare and Medicaid Innovation, would test the impact of standardizing the Part D benefit for high-value generic drugs for conditions like hypertension and high cholesterol on beneficiary affordability, access, health outcomes, and Medicare spending (p.111, HHS Budget in Brief)
- Mental Health: The proposal would expand the type of behavioral health providers Medicare would pay for, including peer support workers and certified addiction counselors. Coverage would be extended to evidence-based digital applications and platforms that help in the delivery of mental health services, and beneficiary access to psychiatric hospitals would be improved.
- The "ironclad commitment" to Social Security: The FY 2024 spending proposal includes $15.5 billion, an increase of $1.4 billion above FY 2023 enacted funding for SSA operations.

Strengthening Medicaid

- The budget requests $150 billion over 10 years to improve and expand Medicaid home and community-based services.
- The administration proposes to recoup $20 billion in Medicaid overpayments by requiring private insurance companies to pay back what is owed.

- Biden's budget also includes a proposal to create a Medicaid-like coverage program for individuals in states that have not expanded their Medicaid programs under the Affordable Care Act.
- Money Follows the Person (MFP) Demonstration. The budget includes $424 million — increased by $1 million from last year's funding — to support state efforts for rebalancing their long-term services and supports system so that individuals have a choice of where they live and receive services. Recently, in the Consolidated Appropriations Act of 2023, the MFP was extended through 2027.

Expanding and Evaluating Telehealth

- Several federal agencies are expanding, perfecting, and evaluating telehealth services, including the Health Resources and Services Administration (HRSA), the Agency for Healthcare Research and Quality, and the National Cancer Institute. The research conducted by these agencies would include Medicare and Medicaid populations and focus attention on the impact of telehealth care on increasing access and equity for minority, aging, and rural people. The budget includes at least $63 million for telehealth related efforts.

Supporting a Thriving Health Care Workforce and Caregivers

- The Biden administration proposes to establish a national, comprehensive paid family and medical leave program (administered by the Social Security Administration). The White House also calls on Congress to require employers to provide seven job-protected paid sick days each year to all workers.
- The president's budget request acknowledges the role of caregivers as the nation's primary provider of long-term care with $53 million in increased funding levels for the Administration for Community Living's caregiver and family support programs.
- Of note is the funding of the Direct Care Workforce Demonstration at $8 million above last year's enacted levels. This is an initiative to expand and stabilize the health care workers who are on the front lines of providing paid care for people in community and in nursing homes.
- The geriatric education budget under HRSA, which houses the Geriatrics Workforce Enhancement Program and Geriatrics Academic Career Award programs, is level funded at $47.245 million.

Administration for Community Living Budget Details

- $3.142 billion for Older Americans Act (OAA) programs and Disability Programs under the Administration for Community Living — an increase of $491 million above FY 2023 enacted funding. Includes:
  - $500 million to support home-and community-based supportive services, an increase of $9 million.
  - $1,284 million to support nutrition programs for older Americans, an increase of $217 million.
  - $70 million for services, including nutrition, for Native American older adults, an increase of $31 million.
  - $5 million for the Research, Demonstration, and Evaluation Center for the Aging Network, level with FY23 enacted funding.
  - $1 million for the Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities, level with FY 2023 enacted funding.

- $73 million for adult protective services, an increase of $43 million.
- $27 million for the Long-Term Care Ombudsman program, an increase of $5.1 million.
- $4.4 million for Elder Rights Support Activities (ERSA), an increase of $526,000.

If you are interested in more details about the budget, view the HHS budget in brief, ACL Budget Tables, HHS Budget in Brief (ACL starts on page 135), White House Fact Sheet on the President's Budget 2024, and an analysis by the Center for Budget and Policy Priorities.

Aging Unbound

Get ready to go rogue this May for Older Americans Month! This year's theme, "Aging Unbound," takes its playbook directly from the GSA's Reframing Aging Initiative. Older Americans Month encourages us to **e**mbrace the opportunity to change, explore the rewards of growing older, stay engaged in your community, and form relationships. I can't help but think of President Biden as the epitome of Aging Unbound as he stood before the enthusiastic audience in Philly on March 9, describing his budget proposal for the nation: "And I can honestly say I have never been more optimistic about America's future than I am today. I mean that sincerely. As you can tell, I've only been around a few years. [Laughter.] **Like 400.** [Laughter]."

Recent GSA Policy Actions

GSA member Kezia Scales, PhD, testified before a recent hearing of the U.S. Senate Special Committee on Aging. Titled "Uplifting Families, Workers, and Older Adults: Supporting Communities of Care," the hearing addressed the importance of investing in the direct care workforce and ensuring the sustainability of home-and community-based services. GSA supports the Better Care Better Jobs Act introduced by Senator Bob Casey (D-PA), chair of the committee. Read more on page 1 of this issue of *Gerontology News*.

GSA has joined the Alliance for Women's Health & Prevention (AWHP) coalition. AWHP is dedicated to improving the health of women across all life stages, by advancing policy that drives equitable access to screening and diagnosis, vaccines, and other preventive treatments.

GSA supported a statement, along with 22 other scientific societies, strongly opposing interventions to censor the teaching of science or limit academic freedom, and any actions designed to curb diversity, equity, and inclusion initiatives at colleges and universities. This statement was issued after activities in Florida and elsewhere called for the dismantling of diversity programs at the state's colleges and universities. The statement urges policymakers and public officials to support educators and students who are passionate about understanding the effects of race and racism in our society, as well as mitigating its effects.

new resources

Podcast Highlights Vital Need for Early Detection of Dementia

In a new GSA Momentum Discussion podcast, "Enhancing Early Detection of Cognitive Impairment," co-director of the BOLD Public Health Center of Excellence on Early Detection of Dementia and GSA member Joshua Chodosh, MD, MSHS, discusses the critical importance of early detection of cognitive impairment and the first two steps of the GSA KAER Framework: Kickstart the Brain Health Conversation and Assess for Cognitive Impairment. He shares how primary care teams and others can use The GSA KAER Toolkit for Primary Care Teams to enhance their early detection efforts and help to improve outcomes for older adults with cognitive impairment and their care partners.

DEC Releases New Resources for Diverse Caregivers

The Diverse Elders Coalition (DEC) has launched a web page on caregiving that features updated information about the trainings it offers to meet the needs of diverse family caregivers. Recently, the DEC and its member organizations have revamped the "Caring for Those Who Care: Meeting the Needs of Diverse Family Caregivers" training curriculum to ensure their curriculum aligns with the unique cultural and linguistic experiences of diverse family caregivers today.

The curriculum is a resource for health and social service providers and aging professionals to learn about the unique needs of diverse family caregivers. The training curriculum will equip professionals with insights into the lived experiences of African American and Black caregivers; American Indian and Alaska Native caregivers; Chinese American and Korean American caregivers; Hispanic and Latino caregivers; Lesbian, Gay, Bisexual, Queer, Questioning and Transgender (LGBTQ+) caregivers; and Southeast Asian American caregivers.

New Decision Tree Serves as Tool for Treatment of Agitation in Alzheimer's

Agitation in Alzheimer's disease impacts nearly 80 percent of persons with Alzheimer's disease and is a cause of significant distress for patients and family/professional caregivers. GSA's new Agitation in Alzheimer's Disease Decision Tree walks the clinician through a range of non-pharmacologic treatment options and highlights rational use of pharmacotherapies as well as their hazards in this vulnerable population. Informed by an expert panel, GSA developed the decision tree, and it was presented as a poster at the GSA Annual Scientific Meeting in November 2022.

ASTDD Shares New Oral Health Resources

The Association of State & Territorial Dental Directors (ASTDD) has released "Older Adult Oral Health Resources for Collaboration," which was developed by a workgroup consisting of individuals from state public health programs, academia, and clinicians caring for older adults in a variety of settings.

The Gary and Mary West Foundation supported its development. The intent was to answer a need expressed by state oral health programs and other partners during ASTDD Healthy Aging Committee meetings. Committee members expressed a desire to collaborate with groups that focus on older adults to improve the health of this growing population. The resources include information on the link between oral health and overall health, oral health and chronic disease, special populations, ventilator and non-ventilator pneumonia, nutrition, financing routine dental care, information for non-dental providers, teledentistry, and equity.

National Poll on Healthy Aging Data Available for Download

The University of Michigan National Poll on Healthy Aging (NPHA) recently published its seventh wave of data for free public use through the National Archive of Computerized Data on Aging (NACDA)'s Open Aging Repository to help advance research on aging and health. The NPHA is a nationally representative survey of approximately 2,000 U.S. adults age 50 to 80, sponsored by AARP and Michigan Medicine and directed by the University of Michigan Institute for Healthcare Policy & Innovation. Topics included in the newly released data from the June 2020 poll (Wave 7) include: advance care planning, loneliness, hearing, emergency department visits, the built environment, and telehealth. Information on all available waves of NPHA data can also be found online.

Federal Agency Issues Updated Profile of Older Americans

The Administration for Community Living has released the 2021 Profile of Older Americans, an annual summary of critical statistics related to the older population in the U.S.

Relying primarily on data offered by the U.S. Census Bureau, the 2021 Profile of Older Americans illustrates the shifting demographics of Americans age 65 and older. It includes key topic areas such as income, living arrangements, education, and health. The 2021 Profile includes a special section on family caregiving.

The report is prepared by the Administration on Aging, part of the Administration for Community Living, an operating division of the U.S. Department of Health and Human Services. Principal sources of data are the U.S. Census Bureau, the National Center for Health Statistics, and the Bureau of Labor Statistics.

CMS Launches HCBS Quality Measure Set

The Centers for Medicare & Medicaid Services (CMS) has releasing the first-ever home- and community-based Services (HCBS) quality measure set to promote consistent quality measurement within and across state Medicaid HCBS programs. The measure set is intended to provide insight into the quality of HCBS programs and enable states to measure and improve health outcomes for people relying on long-term services and support (LTSS) in Medicaid. The release of this voluntary measure set is also a critical step to promoting health equity among the millions of older adults and people with disabilities who need LTSS because of disabling conditions and chronic illnesses.

The HCBS quality measure set is included in a state medicaid director letter that also describes the purpose of the measure set, the measure selection criteria, and considerations for implementation. CMS strongly encourages states to use this information to assess and improve quality and outcomes in their HCBS programs. CMS expects to update the measure set in the future, including adding newly developed measures that address measure gaps, as the field of HCBS measure development advances.

espo news

The Emerging Scholar and Professional Organization includes all student and transitional members of GSA.

International Task Force Works to Support Members Through Multiple Programs

Our current ESPO International Task Force (ITF) comprises four members. The task force lead is Athena Chung Yin Chan, a doctoral candidate in family social science at the University of Minnesota, who has served on the ESPO ITF for almost three years. We are grateful to have three passionate members joining the task force this year, including Co-Lead Mengzhao Yan, a doctoral student in Gerontology at the University of Southern California; and members John Paul Abenojar, social services manager for Arliegh Burke Pavilion at Vinson Hall Retirement Community, and Yiyi Ge Rhys, a master's degree student in clinical psychology at the Pepperdine University. The task force has four main projects: peer-to-peer GSA abstract review, peer-mentorship program (pilot), ESPO ITF informal chat during the GSA Annual Scientific Meeting, and connecting international ESPO members. If you are interested in learning more about our projects, please reach out to Athena at chan1850@umn.edu.

Peer-to-Peer GSA Abstract Review

The ESPO ITF organizes a volunteer-based abstract review program for international ESPO members whose native language is not English. ESPO members have the opportunity to receive feedback on their abstracts before the official deadline in March. This year, we had a great turnout of both volunteers and members. Please stay tuned for this opportunity next year in early February.

Peer Mentorship Program (pilot)

We are launching a pilot ESPO ITF peer mentorship program this year for our fellow emerging international students and scholars within the GSA community. Our peer mentorship program aims to form a supportive community, share knowledge on gerontology-related research, and promote international and interdisciplinary collaborations. Our mentoring program is different from the GSA Connect as we intentionally create and facilitate mentoring relationships for international fellows.

The Emerging International Students and Scholars Peer Mentoring Program will match mentors and mentees based on overall compatibility assessed through a brief survey application. The International Task Force will provide a platform for mentor-mentee pairs to meet, facilitate meetings and provide resources to promote effective communication and exchanges. These will promote positive, engaging, and mutually beneficial mentorship.

We welcome all GSA ESPO international students and scholars who are either studying or working in an institution within the U.S., or studying or working in an institution in any country outside of the U.S. Participants are required to be committed to the program for a year. Interested parties will have the option to select their preference of becoming a mentor or mentee. This new peer mentor program is the first of its kind, and will be offered as a pilot program, wherein we will assess the success of the program and the potential for broader implementation and sustainability. This year, we plan to accept 20 participants to form 10 pairs of mentor-mentee relationships. Please stay tuned for our promotional materials this summer. We look forward to your participation!

ESPO ITF Informal Chat

The ESPO ITF will host an informal chat during the annual scientific meeting in November. The informal chat aims to facilitate peer and intergenerational networking among international students and scholars with similar interests. In the past, we talked about self-care during COVID-19, challenges and opportunities on the job market, and funding opportunities for international students and scholars. Please keep an eye out for our informal chat in this year's conference program.

Connecting International ESPO Members

The ESPO ITF is working on connecting international ESPO members. We plan to start by building a virtual community at the GSA Connect for self-identified international ESPO members residing inside and outside the U.S. We hope this community can provide a platform for international ESPO members across the globe to share information, communicate ideas, and support each other. Moving forward, we welcome any suggestions on how to launch this initiative to better serve international ESPO members.

Additional Opportunities to Engage with ESPO

Join an exclusive GSA ESPO members-only peer-led Dissertation/Pre-proposal Writing Group for a supportive environment that fosters creativity, improves efficiency, eliminates procrastination, and helps you stay accountable to your goals. The Dissertation Writing Group is for members who have completed their dissertation proposal and are in the process of writing their dissertation. The Pre-Proposal Writing Group is for members in the early stages of preparing their dissertation proposal. The 12-week Summer Session runs from May 23 to August 20. Registration closes on May 1.

Continued from page 1 - Member Calls on Senate to Bolster Home Care Workforce

Scales added that investing in home care jobs — including in wages, benefits, training, and other job quality elements — is a critical strategy for stabilizing and strengthening this workforce.

Specifically, she asked Senators to pass the Better Care Better Jobs Act, which both PHI and GSA have supported.

She said the act "is momentous in providing the leadership, funding, and technical assistance that states need to strengthen home care services and to improve home care workers' job quality and economic security."

funding opportunities

NIA Website Update with New Payline Information

The National Institutes of Health (NIH) and National Institute on Aging have received an appropriation through H.R.2617, the Consolidated Appropriations Act of 2023, which provides full-year funding through September 30. NIA will now pay FY 2022 non-competing awards at 100 percent of the committed level as shown in the notice of award. Information about the new NIA paylines is available online.

Call for 2023-2024 Policy Fellows Applicants Now Open

Are you committed to improving health and aging? Are you interested in learning about policymaking to increase your impact? If so, you are invited to apply to join the next class of Health and Aging Policy Fellows.

The program aims to create a cadre of leaders who will serve as change agents in health and aging policy to ultimately improve the health care of older adults. The year-long fellowship offers a rich and unique training and enrichment program that is focused on current policy issues, communication skills development, and professional networking opportunities to provide fellows with the experience and skills necessary to help affect policy. The deadline to apply is April 17.

ARPA-H Issues Open BAA, Pursuing High-Impact Research Proposals

The U.S. Advanced Research Projects Agency for Health (ARPA-H) has opened its first agency-wide open broad agency announcement, seeking funding proposals for research aiming to improve health outcomes across patient populations, communities, diseases, and health conditions. The announcement calls for proposals to outline breakthrough research and technological advancements.

Proposals should investigate unconventional approaches, and challenge accepted assumptions to enable leaps forward in science, technology, systems, or related capabilities. ARPA-H also encourages concepts to advance the objectives of President Joe Biden's Cancer Moonshot, as well as more disease-agnostic approaches.

The proposal deadline is March 14, 2024.

Kirschstein Awards to Promote Diversity in Health-Related Research

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

Through this award program, promising predoctoral students will obtain individualized, mentored research training from outstanding faculty sponsors while conducting well-defined research projects in scientific health-related fields relevant to the missions of the participating NIH institutes and centers. The proposed mentored research training is expected to clearly enhance the individual's potential to develop into a productive, independent research scientist. This funding opportunity announcement does not allow candidates to propose to lead an independent clinical trial, a clinical trial feasibility study, or an ancillary clinical trial, but does allow candidates to propose research experience in a clinical trial led by a sponsor or co-sponsor. Standard application due dates apply, with the next available due date being May 25.

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

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

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

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

The next available application due date is May 26; the next deadline will be September 26.

Continued from page 1 - Journal Advances Study of Alzheimer's Caregiving Across Diverse Contexts

precise indicators such as geographic region, language, educational factors, and acculturation," the guest editors state. "ADRD caregiving research has the potential to expand knowledge when diverse samples are included and culturally relevant conceptual models and theoretical perspectives are privileged."

This supplemental issue was supported by Michigan Center for Contextual Factors in Alzheimer's Disease (MCCFAD), funded by the National Institute on Aging of the National Institutes of Health. The articles are the result of MCCFAD's second annual Summer Data Immersion program held in June 2021, which virtually convened 42 researchers from over 35 universities. During the program, data from the National Health and Aging Trends Study and its linked National Study of Caregiving were used to investigate multiple ADRD care topics, including immigrant contexts; end-of-life caregiving; multiple caregivers; spousal caregiving; geographic contexts; interactions with the medical system; costs of ADRD caregiving; COVID-19; and paid care in the contexts of community and long-term care environments.

The Role of AI in Gerontology Education

By M. Aaron Guest, PhD, MPH, MSW, Assistant Professor of Aging, Arizona State University Chair,
AGHE Communications Working Group and ChatGPT

Over the last few months, we've witnessed the rise of the first real public-facing AI — ChatGPT. There has been a lot of confusion about what it does — and does not do. (Don't worry, it isn't sentient.) Much of the concern in higher education has focused on how students might abuse it and how faculty can preemptively prevent it. Yet, the same system that underlies ChatGPT is most likely already in existence at many of our universities — used in customer and student services in things ranging from asking admission and financial aid questions to speaking with a librarian. Indeed, Gerontology is no stranger to using AI — it has been used to predict dementia diagnoses, among other things.

What is ChatGPT?

ChatGPT is a language model created by OpenAI. It is designed to generate human-like responses to typed inputs using a deep neural network. It has been trained on a vast amount of text data and uses that knowledge to understand and respond to questions or prompts. It is programmed to engage in conversation and provide responses to its users. ChatGPT can recall and build on your previous inputs — allowing you to expand responses.

It is not the only type, though — AI or artificial intelligence is a broad field encompassing many different technologies, often overlapping. Here are a few examples:

1. Machine learning: Involves training computer algorithms to recognize patterns in data and make predictions based on that data. Examples include image recognition and speech recognition.
2. Robotics: Involves designing and building robots that can perform tasks autonomously. Examples include self-driving cars, drones, and industrial robots used in manufacturing.
3. Natural language processing (NLP): Focuses on analyzing and understanding human language. Examples include chatbots, virtual assistants, and sentiment analysis— ChatGPT is this.
4. Computer vision: Focuses on teaching computers to interpret and analyze visual data from the world around them. Examples include facial recognition (like your iPhone) and object detection.
5. Recommendation systems: Use algorithms to analyze user behavior and make personalized recommendations. Examples include systems used by online retailers like Amazon and Netflix.

How Does This Relate to Gerontology Education?

There has been a lot of discussions about how students might abuse this new tool. And yes, that is a real threat. I input an old paper prompt, and ChatGPT gave me what I would consider a low-B paper. If a student was to then take the time to revise it, it could easily be an A . While there have been attempts to create detectors, they have their limits. That generated paper? It was reported as having an 87 percent chance of being written by a human. This (somewhat) human-written piece — 83.4%.

As a text-based language model, ChatGPT essentially strings words together in a way it believes to be coherent. When you ask it a question or give it a prompt, it analyzes the text input and generates a response using algorithms designed to understand the meaning and context of the text. Sometimes it makes sense. Sometimes it doesn't. While an example of the power of AI in shaping our world, ChatGPT is essentially only recreating what we have already done — in fact, its knowledge base ends around 2021.

The possibility of students using AI language models like ChatGPT to cheat is a concern we should consider seriously. However, this is not a problem unique to AI language models. Students have always had access to various tools and resources that could be used to cheat. With ChatGPT it could be used generate a paper or discussion board post. Or they could use it to find answers to test questions or to create a fake identity for online classes and exams.

To address this concern, we should take several measures, such as:
1. Developing clear policies and guidelines for using AI tools in the classroom, including academic integrity and plagiarism guidelines.
2. Creating assignments and assessments that require critical thinking and analysis rather than just rote memorization or regurgitation of information.
3. As they become more refined, using plagiarism detection software to identify instances of plagiarism, including those that may involve AI language models.
4. Encouraging students to use AI language models as learning aids rather than shortcuts by guiding how to use these tools effectively and ethically.

We should also remember that these language model types offer some benefits. They are excellent tools for making things more accessible, increasing reading comprehension, and being used as a starting point for complex reviews. What they require is human intervention, though. It is best, I believe, to think of these language models — and there will be many more — as a new tool in our toolbelt. How might you use it to engage students? What might it be able to do to improve comprehension? As a field, gerontology needs to quickly adapt and decide the ethics of how we engage with AI.

References:
[1] Ranson, J. M., Bucholc, M., Lyall, D., Newby, D., Winchester, L., Oxtoby, N. P., ... & Llewellyn, D. J. (2023). Harnessing the potential of machine learning and artificial intelligence for dementia research. *Brain Informatics*, *10*(1), 6.
[2] Weissman, J. (2023) ChatGPT is a Plague Upon Education. Inside Higher ED.

journal news

New Editors, Editorial Board Members Join *Series A*

The Biological Sciences section of *The Journal of Gerontology Series A: Medical Sciences and Biological Sciences* welcomes the following new additions to its editorial staff:

Deputy Editors

- Laura Haynes, PhD, University of Connecticut
- Evandro Fang, PhD, University of Oslo

Associate Editors

- Ivan Aprahamian, MD, PhD, Jundiai Medical School, Brazil
- Pierrette Gaudreau, PhD, University of Montreal
- Felipe Salech, MD, PhD, University of Chili

Editorial Board

- Guobing Chen, PhD, Jinan University
- Ricki J. Colman, PhD, University of Wisconsin – Madison
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- Michael Lustgarten, PhD, Tufts University
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- Marc Sim, PhD, Edith Cowen University
- Ines Sturmlechner, PhD, from Mayo Clinic
- Liou Y. Sun, PhD, University of Alabama Birmingham
- Hariom Yadav, PhD, University of South Florida
- Ming Yang, MD, Sichuan University

New Editorial Board Members Join *Series B*

The Psychological Sciences section of *The Journal of Gerontology Series B: Psychological Sciences and Society Sciences* welcomes the following new Editorial Board members:
- Grace Caskie, PhD, Lehigh University
- Ashley Curtis, PhD, University of Missouri
- Tammy English, PhD, Washington University in St. Louis;
- Xiamin Gong, PhD, Chinese University of Hong Kong
- Da Jiang, PhD, Education University of Hong Kong
- Lewina Lee, PhD, Boston University School of Medicine
- Angela Sardina, PhD, University of North Carolina-Wilmington
- Amit Shrira, PhD, Bar-Ilan University
- Angelina Suitin, PhD, Florida State University School of Medicine
- Tim Windsor, PhD, Flinders University
- Cai Xing, PhD, Renmin University of China

Innovation in Aging Welcomes New Deputy Editor-in-Chief

Innovation in Aging has announced the appointment of Jennifer Tehan Stanley, PhD, FGSA, as the new deputy editor-in-chief, effective February 15

Stanley is an associate professor in the Department of Psychology at University of Akron, director of the Institute for Life-Span Development & Gerontology at University of Akron, and a fellow of The Gerontological Society of America. Her research program focuses on social cognition and aging, with a particular emphasis on emotional processing and regulation. Stanley first joined the editorial team in October 2017 as associate editor, psychological sciences. She will support Editor-in-Chief Steven M. Albert, PhD, FGSA, in making editorial decisions for incoming submissions and in developing new initiatives to maintain the journal's growth.

Gerontology & Geriatrics Education Shares Recent Developments

Gerontology & Geriatrics Education (*G&GE*), the official peer-reviewed journal of GSA's Academy for Gerontology in Higher Education, continues to grow in its mission to foster "the exchange of information related to research, curriculum development, program evaluation, classroom and practice innovation, and other topics with educational implications for gerontology and geriatrics." Recent topics featured in *G&GE* include Age Friendly Universities, workforce development, geriatric competencies, dementia education, and experiences of older adult learners. Watch for *G&GE's* upcoming call for submissions for a special issue on DEI initiatives in gerontological education. Updated instructions to authors promoting bias free language, clarifying guidelines for literature review methods, and highlighting a section for innovations in practice and pedagogy will also be available on the *G&GE* website soon.

New Editors, Editorial Board Members Join *Gerontology & Geriatrics Education*

In the past year, *Gerontology & Geriatrics Education* has welcomed the following new additions to its editorial staff:

Associate Editor for Gerontology Education

- Carrie Andreoletti, Ph.D, FAGHE, Central Connecticut State University

Managing Editor

- Hallie Baker, PhD, LSW, FAGHE, Muskingum University

Editorial Board

- Özgür Arun, PhD, Akdeniz University
- Elizabeth J. Bergman, PhD, FAGHE, Ithaca College
- Lisa Borrero, PhD, FAGHE, University of Indianapolis
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- Ramraj Gautam, PhD, University of Massachusetts Lowell
- M. Aaron Guest, PhD, MPH, MSW, Arizona State University
- Britteny M. Howell, PhD, CPG, CDP, University of Alaska Anchorage
- Benjamin Katz, PhD, Virginia Tech

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- Rahul Malhotra, MBBS, MD, MPH, Duke-NUS Medical School
- Chivon A. Mingo, PhD, Georgia State University
- Michelle M. Porter, PhD, FGSA, University of Manitoba
- Mary Dioise Ramos, PhD, RN, Kennesaw State University
- Tami Saito-Kokusho, PhD, National Center for Geriatrics and Gerontology (Japan)
- John G. Schumacher, PhD, FGSA, University of Maryland, Baltimore County
- Joyce Weil, PhD, MPH, CPG, Towson University

Gerontology & Geriatrics Education also extends sincere gratitude to the returning editorial team:

Associate Editor for Clinical Education in Geriatrics
- Thomas V. Caprio, MD, University of Rochester Medical Center

Consulting Editor for Statistics and Methods
- Aaron M. Ogletree, PhD, National Institute on Minority Health and Health Disparities

Editorial Board
- Allen Andrade, MBBS, Icahn School Of Medicine At Mount Sinai
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- Ellen L. Csikai, LCSW, MPH, PhD, The University Of Alabama
- Jason Dauenhauer, PhD, The College at Brockport, State University of New York
- Mary Ann Erickson, PhD, FAGHE, Ithaca College

- Kate De Medeiros, PhD, Miami University
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- Marilyn Gugliucci, PhD, FGSA, FAGHE, University of New England College of Osteopathic Medicine
- Jan S. Jukema, PhD, MSCN, Saxion University of Applied Sciences
- Scott P. King, PhD, Shenandoah University
- Jennifer Kinney, PhD, FGSA, FAGHE, Miami University
- Robert J. Maiden, PhD, FGSA, FAGHE, Alfred University
- Joann M. Montepare, PhD, FGSA, FAGHE, Lasell College/ Lasell Village
- Kobi T. Nathan, PharmD, MEd, BCGP, AGSF, Wegmans School Of Pharmacy, St. John Fisher College
- Tina Newsham, PhD, FAGHE, University Of North Carolina
- Ravishankar Ramaswamy, MD, MD, Icahn School Of Medicine At Mount Sinai
- Nina M. Silverstein, PhD, FGSA, University Of Massachusetts Boston
- Harvey L. Sterns, PhD, FGSA, FAGHE, The University Of Akron and Northeast Ohio Medical University
- Donna Weinreich, PhD, FAGHE, Western Michigan University

Gerontology & Geriatrics Education is especially appreciative of its peer-reviewers, whose efforts are essential to advancing gerontological education. Refreshes are also coming to the journal's peer review experience and reviewers are encouraged to log in to their Scholar One account to update their preferences, key words, and expertise. Anyone interested in becoming a peer reviewer should contact Editor-in-Chief, Rona Karasik, PhD, FGSA, FAGHE, at karasik@stcloudstate.edu and/or login to the GSA website and go to "Stay Connected"/"Volunteer Opportunities"/ (Projects) "Journal Reviewer"/"Gerontology & Geriatrics Education." For those new to peer reviewing, *Gerontology & Geriatrics Education* is updating its Peer Review in Training program — both peer review mentors and mentees are welcome!

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