

April 2024

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Give the Gift of GSA Membership!

A GSA membership is a great gift for a recent graduate — an impactful way to thank them for their hard work and to set them up for success in their career in the field of aging. It’s also a perfect way to congratulate a colleague on a recent promotion.

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And membership is now free for full-time students in accredited institutions. Your undergrads can join compliments of GSA. Thank you for supporting the next generation of professionals in aging!

GSA 2024 Sets Abstract Submission Records; Registration and Hotels Now Open



The Seattle Skyline

GSA received a total of 4,384 abstract submissions (including individual symposium abstracts) for this November’s Annual Scientific Meeting in Seattle Washington — a 23 percent increase from 2023. This included a record 943 student submissions and a record 456 symposium submissions.

Abstracts were received from 43 countries, with the five most represented nations being the U.S., China, Canada, Republic of Korea, and Japan. The abstracts are being peer-reviewed by 810 GSA member volunteers. Initial acceptance notifications will be sent in early June. The

submission period for late breaker paper and poster abstracts will open in July.

GSA is now offering [early-bird registration rates](#) for the 2024 Annual Scientific Meeting, taking place from Wednesday, November 13, to Saturday, November 16. The Society has also negotiated [special rates for attendees at select hotels](#) on a first-come, first-served basis; student-rated rooms are available. Scientific sessions will take place at the Seattle Convention Center’s Arch building. Special events, conference workshops, and affiliate events will take place at GSA’s headquarters hotel, the Sheraton Grand Seattle.

Better Nutrition Can Lead to Better Brain Health, GSA Publication Shows

[“Insights & Implications in Gerontology: The Vital Role of Nutrition in Brain Health,”](#) a new publication from the Gerontological Society of America, explores nutritional choices that have been shown to improve cognition and decrease the risk of cognitive impairment and dementia in older adults.

Consumption of a healthful



diet is a behavioral strategy that can help to prevent the development of dementia as people age, the publication says. It also reports on the roles of vitamins and minerals in nutrition and brain function and focuses on how to implement person-centered conversations about the impact of diet and nutrition on overall wellness, including brain health.

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editor-in-chief/lead author:

Todd Kluss
tkluss@geron.org

managing editor:

Karen Tracy
ktracy@geron.org

associate editor:

Megan McCutcheon
mmccutcheon@geron.org

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Workforce Development in Geriatrics and Gerontology: Education and Training Initiatives for Students to Seasoned Professionals



President

Judith L. Howe,
PhD, MPA, FGSA, FAGHE
judy.howe@mssm.edu



Vice President

Marilyn R. Gugliucci,
MA, PhD, FAGHE, FGSA
mgugliucci@une.edu

Judy:

I have invited GSA Vice President Marilyn R. Gugliucci to join me for my quarterly Gerontology News presidential column. We both served as presidents of the Academy for Gerontology in Higher Education, which was incorporated into GSA in 2017 as the Society's education member group.

Both of us have spent our careers dedicated to the field of gerontology and geriatrics and have developed, implemented, and disseminated many initiatives to engage and educate learners about the field of aging.

First, I have framed this issue and then provided a snapshot of my work. Marilyn will then provide some of her key work in health professions education.

As an undergraduate student, I took a course on "marriage and family." If there was mention of aging or older individuals, it was peripheral. When I entered graduate school at Syracuse University (SU) there was a newly funded Administration on Aging (AoA) Traineeship in Gerontology, which was offered by the All-University Gerontology Center (now [Aging Studies Institute – Syracuse University](#)). While AoA funding eventually ended, SU continues to foster education, research and policy in the field across 17 departments with a collaborative hub.

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The Aging Studies Institute's dedication to fostering the next generation of scholars and practitioners, supporting an undergraduate minor, and coordinating graduate level coursework is notable given that a number of colleges and universities have eliminated minors, majors, and PhD programs in gerontology in recent years.

While some colleges and universities have been creative with offering aging studies through other majors, certificates and programs, this downturn of programs in the field of aging is a troubling trend given the need for a trained workforce to provide older individuals with skilled and proficient care and services in all health, well-being/, and business sectors.

The trend is troubling as well in the field of geriatrics where there are critical shortages. For example, in 2023 there were fewer than 7,000 certified MDs and DOs in geriatrics, with one geriatrician for 10,000 older individuals requiring specialized care. Geriatrics fellowship positions are increasingly unfilled. Less than three percent of Advance Practice Nurses and less than five percent of social workers have certification in geriatrics or gerontology. It is estimated that 30 percent of the over 52 million older individuals in the U.S. require care by a specialist with credentials in geriatrics or gerontology, so the situation is pressing.

member news

New Books by Member

- “Voices of Long Term Care Workers: Elder Care in the Time of Covid-19 and Beyond,” by Andrea Freidus, PhD, and Dena Shenk, PhD, FGSA. Published by Berghahn Books, 2024.

Members in the News

- On January 7, S. Jay Olshansky, PhD, FGSA, and Bradley Willcox, MD, MSc, FGSA, co-authored an op-ed in *The Hill* titled “[Is Joe Biden a superager? We’re asking all the wrong questions.](#)”

Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on: **[Molly McHugh, MBE, BSN, RN](#)**

Member Referral Program

This month’s \$25 Amazon gift certificate winner: **[Christine Fruhauf, PhD, FGSA, FAGHE](#)**
The recipient, who became eligible after referring new member was randomly selected using randomizer.org. For more details [Ginger Williams, MHA](#) on the Member Referral Program visit: www.geron.org/referral.

Tracy Wu, Earn AADOCR Oral Health Honor,

Karen Tracy and Bei Wu, PhD, FGSA, FAGHE, have been named the 2024 co-recipients of the American Association for Dental, Oral, and Craniofacial Research (AADOCR) Jack Hein Public Service Award. The honor is given to those who have demonstrated exemplary service in the area of public affairs by consistently promoting the interests and activities of oral health research to a wide constituency.

Tracy is GSA’s vice president for strategic alliances and integrated communications. Her responsibilities at GSA include overseeing the Society’s multi-stakeholder collaborations, including the Oral Health as an Essential Element of Health Aging Initiative.

Wu is the Dean’s Professor in Global Health and vice dean for research at the New York University Rory Meyers College of Nursing. She is currently leading several National Institutes of Health-funded projects, including a clinical trial to improve oral health for persons with cognitive impairment, and a large secondary data analysis to examine how the co-occurrence of diabetes and poor oral health may lead to the development of dementia and cognitive decline.

GSA enrich: online anytime



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

Welcome to our first installment of GSA Enrich: Online Anytime! Each month, we’ll spotlight [the latest additions to our platform](#), unveiling new insights, strategies, and perspectives to fuel your passion for gerontology.

March Webinars

- 2024 SRPP Award Recipient Spotlight
- Mid-Career Funding Opportunities from the National Institute on Aging
- Climate Change and Aging Interest Group Webinar
- Working with Wisdom: Social Work Careers in Aging
- Careers in Aging: Policy Careers – Panel Discussion

- Advancing to Independence in Aging Research: National Institute on Aging Funding Opportunities for Postdocs and Early Career Faculty
- Career Conversation: Utilizing GSA Interest Groups to Advance Your Career and Find Your People
- Teaching Tips and Tricks: Learn from Instructors from Various Career Stages
- Boost Your Career with a Professional Association

March Podcasts

- GSA Policy Intern Podcast: Insights from Interns (Episodes 3 and 4)
- GSA Interest Group Podcast: Understanding Person-Centered Care for Older Adults in Six Developing Countries (Episodes 1 through 6: Brazil, China, East Jerusalem, Ethiopia, Ghana, and Thailand)
- Momentum Discussion Podcast: Addressing Brain Health in American Indian and Alaska Native Communities

March Came In Like a Lion, Went Out Like a ... Lion?

I know I am not the only one who feels like the world is in a bit of chaos right now. And I am not talking only about climate change here, although the patterns of weather are certainly changing. Peak cherry blossoms at the Tidal Basin in DC nearly a month ahead of schedule? What about President Joe Biden's budget for *next* year being released *before* the appropriations for this year have been finalized?

Back in the day, appropriations bills, which specify funding levels for federal agencies, were passed by the Congress before the fiscal year begins on October 1. For fiscal year (FY) 2024, stop-gap measures called continuing resolutions (CRs) were invoked [five times](#) to fund the government until all twelve appropriations bills were passed and signed into law by March 23. By that time, Biden had already described the State of the Union (March 7) and submitted his budget request for FY 2025 to Congress (March 11).

Final Appropriations for FY 2024

Of note, the appropriations package was constrained by the agreement that former Speaker of the House Kevin McCarthy (R-CA) and the White House agreed to in May 2023 as part of the [debt ceiling deal](#) (the Fiscal Responsibility Act). The agreement keeps non-defense spending roughly flat in FY24, increases it by one percent for FY 2025, and suspends the debt limit until January 2025 (past the presidential election).

Also of note, as befitting Women's History Month, this was the first time the appropriations process was "led on all four corners by women," according to [Rosa DeLauro](#) (D-CT). She was referring to herself as the ranking member of the House Appropriations Committee; Kay Granger (R-TX), chair of House Appropriations; and Senators Patty Murray (D-WA) and Susan Collins (R-ME) as chair and vice chair, respectively, of the Senate Committee on Appropriations.

Biden [said](#) of the final package of spending bills he signed into law on March 23, "This agreement represents a compromise, which means neither side got everything it wanted. But it rejects extreme cuts from House Republicans and expands access to childcare, invests in cancer research, funds mental health and substance use care, advances American leadership abroad, and provides resources to secure the border. ... That's good news for the American people."

Senator Rand Paul (R-KY) had a different spin on the benefits of compromise, saying "A lot of people ... think there is no cooperation in Washington and the opposite is true. There is compromise every day on every spending bill," Paul [said](#). "It's compromise between big-government Democrats and big-government Republicans."

The appropriations bills were passed in two separate pieces of legislation. The first bill dealt with funding for military and veterans affairs departments, agriculture, commerce, energy and water, transportation, housing. The second bill addressed Labor, Health and Human Services, Education, and Related Agencies; Legislative Branch; and State, Foreign Operations, and Related Programs. When combining the two packages, discretionary spending for the budget year comes to about \$1.66 trillion. That does not include programs

such as Social Security and Medicare or financing the debt.

This chart on page 5 shows the final appropriations for FY 2023 compared to FY 2024 for many of the programs in the Older Americans Act. It also shows the president's budget request for FY 2025 for each of these programs. In addition, appropriations for the National Institutes of Health (NIH) include:

- \$48.6 billion in discretionary funding for the NIH, representing an increase of \$300 million in base funding over FY 2023.
- \$100 million increase for Alzheimer's disease research: \$10 million to the National Institute on Neurological Disorders and Stroke and \$90 million to the National Institute on Aging (NIA).
- \$120 million increase for cancer research, and a \$5 million increase for opioid research.
- \$12.5 million increase for palliative care research at NIA.
- \$75 million increase for enhanced investments in mental health research at the National Institute of Mental Health.
- \$10 million increase for the National Institute on Minority Health and Health Disparities.

Geriatrics Workforce Enhancement Program and the Geriatrics Academic Career Awards Program received a funding increase of \$1 million for a total of \$48.245 million for FY 2024. Interestingly, in the budget justification for the president's FY 2025 budget request, the Health Resources and Services Administration requests the lower figure of \$47.245 million.

President's Budget Request for FY 2025

As I mentioned earlier, the federal budget must fit within the parameters set by the debt ceiling agreement last year. According to the [Center for Budget and Policy Priorities](#), "Whether the 2025 non-defense appropriations cap, just 1 percent above the 2024 level (without accounting for inflation), is ultimately workable will no doubt be part of the 2025 appropriations debate once the dust settles on the 2024 process."

Biden eloquently laid out his vision for the nation in his State of the Union speech, presaging the budget blueprint that he sent to Congress days later. His budget aims to lower costs for "hard-working families," restore fairness to the tax system, and promote health equity, among other things.

Specifics include: \$50.1 billion for the NIH, excluding the Advanced Research Projects Agency for Health (ARPA-H) which would receive \$1.5 billion in discretionary budget authority. The budget request for NIA is \$4,425.3 million, an increase of \$13.2 million compared with the FY 2023 final level. It would also strengthen Medicare by raising the hospital insurance (HI) trust fund payroll tax, HI self-employment tax, and Net Investment Income Tax rates from 3.8 percent to 5.0 percent on incomes over \$400,000;

FY 2024-2025 Labor/HHS Funding

As of March 22, 2024 (Dollars in thousands)

Increases over prior year are noted in **BOLD**. Decreases are noted in *Italics*.

capping the annual out-of-pocket drug costs to \$2,000 and limiting monthly insulin costs to \$35; and allowing Medicare to negotiate drug prices for drugs used by 9 million beneficiaries. Also it would require equity for five U.S. territories — Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, and the Commonwealth of the Northern Mariana Islands — in Medicaid, the Supplemental Nutrition Assistance Program, and Supplemental Security Income. He proposes to double existing funding for the Office of Research on Women’s Health at NIH as part of a new White House Initiative on Women’s Health Research.

As part of the president’s overarching theme of supporting lower- and middle-income Americans, the budget would eliminate favorable tax treatment for the wealthiest households with a 25 percent minimum tax on total income. The Treasury Department estimates that would [raise \\$500 billion over ten years](#) — generated from a small subset of the wealthiest households in the country who often enjoy extremely low average tax rates.

As we begin the appropriations process for FY 2025, one can only hope that so much time will not again be wasted getting to the funding levels that are already set by the debt limit deal. It is an election year, so there will be lots of theatre and less action, but GSA will continue its efforts to secure the resources necessary for the research, demonstrations, evaluation, training, and programs that in the long run improve the lives of older adults and their caregivers.

Older Americans Act and Other Key Aging Programs	FY 2023 Enacted Dec. 2022	FY 2024 Final	“FY 2025 President’s Budget Request 3.11.24
Title III			
B: Supportive Services & Centers	410,000	410,000	410,000
C1: Congregate Meals	540,342	565,342	621,692
C2: Home-Delivered Meals	366,342	381,342	447,692
Nutrition Services Incentive Program	160,069	<i>112,000</i>	<i>80,069</i>
D: Preventive Health	26,339	26,339	26,339
E: Family Caregivers Support	205,000	207,000	205,000
Title V			
SCSEP (DOL)	405,000	405,000	405,000
Title VI			
A: Grants to Indians	38,264	38,264	38,264
C: Native American Caregivers	12,000	12,000	12,000
Title VII			
Ombudsman/Elder Abuse	26,658	26,658	26,658
Elder Rights Support plus APS	33,874	33,874	33,874
Title II			
Aging Network	30,461	30,461	40,461
Support Activities ADRCs	8,619	8,619	8,619
Program Admin.	47,063	48,063	55,063
RDE Center	5,000	5,000	5,000
Other AoA/ACL Programs			
State Health Insurance Asst. Program	55,242	55,242	55,242
Community Care Corps	5,500	TBD	5,500
CDSMP	8,000	8,000	8,000
Alzheimer’s Disease Program Initiative		31,500	31,500
Elder Falls Prevention	7,500	7,500	7,500
Lifespan Respite Care	10,000	10,000	10,000
Senior Medicare Patrol		35,000	35,000
Other HHS Prgms			
Social Services Block Grant	1,700,000	1,700,000	1,700,000
Community Services Block Grant	804,383	804,383	770,000
LIHEAP: Low- Income Energy Assistance	4,000,000	4,025,000	4,111,000
CNCS: AmeriCorps Seniors	236,917	TBD	<i>235,000</i>

Chart information: [USAgeing, usaging.org](https://USAgeing.usaging.org)

The movement to “geriatricize” or “gerontologize” learners from undergraduate students to seasoned professionals is of course one approach. One of my projects for the last 14 years has been to develop, refine, evaluate, and implement workshops in geriatrics aimed at primary care providers and staff in rural areas of the Veterans Health Administration network. This initiative has involved educators, staff, and clinicians who have spread out across the U.S. to provide “pearls,” “red flags,” interactive sessions, and multiple resources to staff at rural clinics, home based primary care programs, and homeless programs to enhance skills and knowledge about common syndromes and issues facing older adults, their families, and caregivers.

Our evaluations show that this information is invaluable for timely and appropriate treatment in a primary care setting and knowing when to refer to a specialist, often through telehealth given the rurality of the population.

Marilyn:

As Judy has presented, the movement to advance gerontology and geriatrics education and training for undergraduate students to seasoned professionals is of critical importance. My focus, as a professor and director of geriatrics education and research at the University of New England College of Osteopathic Medicine (UNECOM) in Maine, is ensuring the readiness for our future physicians to be skilled in age friendly health care and wellbeing.

Just think about the internalized ageism each of us manifests depending on our upbringing and cultural experiences. How do we raise our and others consciousness so that we realize our own biases, neutralities, and open-mindedness about age? As Becca Levy has noted, “ageism — a widespread form of prejudice that is directed at older persons — led to excess costs of \$63 billion for a broad range of health conditions during one year in the United States.”

This is unacceptable on numerous levels, and at the heart of it lies the inequity of precise care for older people and their loved ones. A story I made up that provided the impetus for the research and education programs I have designed or implemented, is that students in the health professions learn best by doing — experiential learning makes it real. As a result, I incorporate experiential learning modalities into my teaching and research.

Two such UNECOM research projects, anchored in qualitative ethnographic/biographic research, have been life altering for many medical/health professions students without incurring costs to the university: (1) Learning by Living Nursing Home Immersion; and (2) Learning by Living 48 Hour Hospice Home Immersion.

The Nursing Home Immersion Project (implemented in 2005) “admitted” medical/health professions students into nursing

homes to live the life of an older nursing home resident for two weeks — 24 hours a day/seven days a week — complete with medical diagnoses (stroke-resulting in dominant side loss of use) and “standard” procedures of care (wheelchair reliant, being toileted, bathed, fed, transferred, etc.). I am the “adult daughter” who admitted each student as my “parent.”

Each summer, one to eight students were admitted into one of 25 nursing homes across four states to answer the research question: “What is it like for me to live the life of an older adult nursing home resident and in what ways will this experience contribute to my future practice as a physician?”

From this project, the 48 Hour Hospice Home Immersion Project (implemented in 2014) was developed as an interprofessional experiential medical education learning model, whereby medical students are active participants (not patients) with an interprofessional hospice staff in direct patient care, family support, and post-mortem care during the 48 hours they live in an acute care hospice home.

Two to 10 deaths occur, with the average of five deaths within the 48-hour immersion. Again, the autobiographic research question is: “What is it like for me to live in the Hospice Home for 48 hours and how does this contribute to my future as a physician?”

In both projects, students didn’t want to leave the nursing or hospice home on the last day. Students found community, confidence, understanding, and formed deep relationships with those they were living with, those that cared for them or they provided care to, and especially those they supported on the path to death. Longitudinal data collection reveals enduring learning, with body language, voice tone, and touch as key care factors along with the realization that open/direct compassionate communication and teamwork are essential in older adult care. Sixty-five UNECOM students/graduates are geriatrics/palliative medicine fellowship trained, more are currently on this path and 51 out of 180 Class of 2027 medical students active in the Geriatrics/Palliative Care GSA Student Chapter. Of note, all who have volunteered for these research projects have advanced skills and understanding in the care of older people and their loved ones regardless of their chosen path as physicians.

Judy and Marilyn:

There are so many opportunities in the fields of gerontology and geriatrics. This column merely skimmed the surface of what is possible. We invite you to engage with us and to make new connections at the [GSA Annual Scientific Meeting in Seattle](#). We will be on the lookout for innovative presentations at the meeting and encourage you to do the same. Networking and collaboration provide opportunities in our field. We want to hear your ideas and your accomplishments to advance the field of aging.

Meet Your Health Sciences Section Junior Leader

By Kate Perepezko, PhD, MSPH



Perepezko

My name is Kate Perepezko, and I am excited to introduce myself as the new junior leader for the Health Sciences Section. I am currently a postdoctoral researcher at the University of Pittsburgh in the National Rehabilitation Research and Training Center on Family Support. Prior to starting this position, I received my PhD in Mental Health and MSPH in Social and Behavioral Interventions from the Johns Hopkins Bloomberg School of Public Health.

My research interests involve the development, adaptation, and implementation of interventions that foster successful aging and improve quality of life for aging adults and their care partners. I am particularly interested in exploring dyadic health management behaviors and examining how behaviors within a dyad (e.g., aging adult and care partner) can influence the health of both members of the dyad. I am excited to be joining Junior Leader, Year 2, Dr. Katherine “Kat” Britt, to develop some great ESPO activities.

I am working closely with Kat to plan some fantastic activities for the Annual Scientific Meeting and throughout the year. Kat and

I are collaborating on our submitted symposium for the Annual Scientific Meeting, titled “Stronger Together: Integrating Care Partners and Social Support to Improve Health Outcomes.”

This session is expected to highlight the work of early career scientists whose research examines ways that care partners can be included in interventions to support the health of the older adults for whom they provide care and for themselves. We believe this symposium will align well with the 2024 Annual Scientific Meeting theme, “The Fortitude Factor.”

In addition to the symposium, we will be hosting a “Sneak Peak” webinar in early fall. During this webinar, we will share some tips for navigating the Annual Scientific Meeting and provide some more information about our Presidential Symposium. Kat and the previous junior leader, Dr. Kyle Mooney, held a similar webinar last year that was a success, and we hope this year’s webinar will be just as helpful.

I look forward to co-chairing the symposium and hosting the Sneak Peak. I am also excited to develop other activities for the Health Sciences Section and look forward to connecting with GSA members in Seattle for the Annual Scientific Meeting.



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GSA Seeks Next Editor-in-Chief for *Innovation in Aging*

The GSA Program, Publications, and Products Committee is announcing [a search for the position of editor-in-chief](#) of its peer-reviewed, fully open access journal, *Innovation in Aging*. The four-year contract term for the position will become effective January 1, 2025. Transitions will begin as early as October 2024. The editor-in-chief works closely with publishing staff, Editorial Board, and at times directly with authors, reviewers, and readers for the benefit of the journal and the Society. The editor-in-chief proposes the editorial plan and exercises editorial independence in selection of content with advice and guidance provided by the Editorial Board, Oxford University Press, and GSA. The editorship is a voluntary position with an institutional editorial office stipend. Candidates must be dedicated to developing a premier scientific journal.

All nominations and applications must be emailed to Judie Lieu, GSA vice president of publishing and professional resources, at jlieu@geron.org by April 30. Selected candidates will be interviewed by an Editor-in-Chief Search Workgroup in June.

Public Policy & Aging Report Focuses on Health Policy in the Americas

The latest issue of *Public Policy & Aging Report*, guest edited by Jacqueline L. Angel, PhD, FGSA, and Fernando M. Torres-Gil, PhD, FGSA, is titled "[Aging and Health Policy In the Americas: U.S. Latino and Mexican Populations](#)."

As the editors state: "The on-going multi-national interest and debates on migration, immigration and population movements across borders opens new avenues of research on the impact and implications for Latino populations and host nations. Drawing lessons from other Latin American nations, especially our closest neighbor, Mexico, as well as South America nations gives insights on best practices and lessons learned for responding to the social, health, mental health and pension issues of Latino populations aging rapidly and facing declining replacement rates. Today a major question has to do with the adequacy of those pillars [of retirement] of support. As serious as the situation of the long-term fiscal health of private and public pension systems are in the U.S., the situation is more serious in lower-income countries in which a large fraction of workers will never qualify for a private pension or manage to save a large nest egg. In Mexico that includes the nearly sixty percent of workers employed in the informal sector."

The Gerontologist Addresses Climate Change in New Special Issue

In *The Gerontologist's* most recent special issue, "[Climate Change and Aging](#)," Editor-in-Chief Joseph E. Gaugler, PhD, FGSA, writes: "Among the many challenges our world faces, climate change may be among the most critical. The increasing severity of climate change and its effects will continue influencing all aspects of our lives. The aging process is no exception. It is thus with excitement but also trepidation, given the scale of the crisis, that we share with you this very timely and special issue."

"The superb articles of this special issue not only vividly summarize the challenges of climate change to aging using various research methods but also provide a number of thoughtful recommendations and solutions that can help better support older people and their communities."

Moreover, this issue's articles lay a path forward to guide us as gerontologists as we further consider and grapple with climate change."

Special Issue of Series B Looks and Immigrations

A new special issue of *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, titled "[Immigration and Aging](#)," brings together the state of knowledge about older immigrants and the impact of immigration on well-being in later life, as well as highlights the diversity of older immigrants. Zoya Gubernskaya, PhD, and Joseph Saenz, PhD, served as guest editors.

The studies in this special issue demonstrate that the experiences of older immigrants can vary based on a range of factors, including circumstances preceding or spurring immigration, living arrangements and family relations, language or cultural barriers, socioeconomic and health status preceding and after immigration, and access to formal assistance programs. Three substantive themes cut across the issue and demonstrate new frontiers in this field:

- **Integration and Well-Being:** authors explore how the degree of integration in the receiving country influences the well-being of older immigrants, ranging from legal status to adoption of cultural norms in the new country.
- **Testing Common Theories about Immigration:** studies revisit the healthy immigrant effect and salmon bias hypothesis, finding nuanced and countervailing evidence about the relationship between immigration and health.
- **Humans 'In Motion':** studies examine emergent trends in this field, including cyclic migration and cross-national caregiving.

This special issue demonstrates how macro forces such as urbanization and globalization shape.

GSA Journals Have Several Open Calls for Papers

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

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

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

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

- [AI-Driven Measurement in Gerontological Research: Digital Metrics, Biomarkers, and Phenotypes in Cognitive, Behavioral, and Psychological Sciences](#) (Full manuscripts due July 1, 2024)

Innovation in Aging

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

The Gerontologist

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

journal news *continued*

Gerontology & Geriatrics Education

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

new resources

New Campaign Looks to Safeguard High-Risk Individuals from Severe COVID-19

Roughly three in four adults in the U.S. have at least one risk factor that places them at high risk for progression to severe COVID-19. Many are not aware that they may be at high risk. GSA, along with other health care and patient organizations on the COVID-19 Multi-Stakeholder Advisory Board, collaborated with Pfizer to help address the need for continued education, communication, and action to support individuals who are at high risk of severe COVID-19.

Among our goals is for individuals and healthcare professionals to:

- Talk about the risk of COVID-19 for those at high risk of severe illness
- Have a personalized discussion and plan
- Leverage technologies and tools to facilitate communication and quality care

Among our goals is for U.S. national and state health authorities to:

- Provide clear guidance on the latest COVID-19 protocols
- Continue to support testing and treatments for appropriate patients

- Ensure adequate funding for COVID-19 services

To learn more about this effort and how you can take action, read "[COVID-19 Commitment: A Plan to Support High-Risk People](#)" on [KnowPlanGo.com](#)

IMPACT Collaboratory's Lived Experience Report Released in Spanish

As a part of its mission to improve the quality of care for people living with dementia and their care partners, the [NIA IMPACT Collaboratory](#) has been working with the Alzheimer's Association to facilitate a [Lived Experience Panel](#) of people living with dementia and their care partners which convenes with researchers to discuss research and care priorities. The most recent report resulting from these meetings, "[Voices of the Lived Experience Panel: Health Equity in Dementia Care and Research](#)," is now available in [Spanish](#). The report summarizes the overarching themes that emerged during four meetings of the NIA IMPACT Collaboratory's [Lived Experience Panel](#), the [Health Equity Team](#), and the [Engaging Partners Team](#).

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Optimizing Gerontology Education: An Update on the Accreditation for Gerontology Education Council

By Harvey L. Sterns, PhD, FGSA, FAGHE, The University of Akron; Donna Schafer, PhD, National Association for Professional Gerontologists; and Maria Henke, MA, University of Southern California

The need for gerontology education programs has never been greater. The [initial spurt](#) in the growth of our academic field began in 1972 with the support of the U.S. Administration on Aging (AoA) to provide educational opportunities at all levels. With AoA support, [AGHE](#) served as an important base for the development of programs in gerontology and geriatric education such as graduate and undergraduate certificates, and associate, bachelor's, and master's degrees.

The [development of doctoral level programs](#) came a few years later along with great excitement about the development of this new and important area of study. The creation of state units on aging and area agencies on aging led to dramatic increases in services to older adults and the need for well-trained/educated professionals.

Today, however, there is a shortage of personnel in all areas of [gerontological services](#) and yet slow, if any, growth in gerontological education programs. From 2000 to 2022, there was an increase in undergraduate minors (from 130 to 183), but a decline in gerontology certificates at all levels (from 223 to 215), and in degree programs at all levels (from 110 to 101). At this juncture, gerontology needs an infusion of new resources to promote program growth and of enthusiasm to attract public/private support. As a field we need to identify and support mechanisms for “optimizing gerontology education.”

In the past, publications such as Core Principles and Outcomes of Gerontology, Geriatrics, and Aging Studies Instruction, the multiple editions of the [AGHE Standards and Guidelines for Gerontology Education](#), and the [AGHE Competencies for Gerontology Education](#) served as focal points for energizing the field with curricular and conceptual innovation. Today the accreditation process provided by the [Accreditation for Gerontology Education Council \(AGEC\)](#) offers the promise of optimizing gerontology education and advancing new educational opportunities in gerontology.

The [AGEC accreditation process](#) provides an opportunity for degree programs to engage in self-reflection, receive objective feedback from peers, and demonstrate their commitment to quality and continuous improvement in education. By adhering to accreditation standards (based on the competencies), institutions ensure that they are providing students with a high-quality educational experience that

meets recognized standards of excellence.

Programs are not limited to or by the competencies, yet they serve as a baseline of what every gerontologist should know. This is the definition of a discipline. Given the diverse range of subject matter within gerontology, it becomes imperative for gerontology programs to establish and adhere to a cohesive set of standards. This ensures consistency and quality across various facets of the curriculum, ultimately enhancing the educational experience and preparing students to address the complexities of aging populations effectively.

AGEC accreditation is gaining momentum. Established in 2016 as an independent 501(c)3, AGEC has now accredited eight programs and re-accredited two. At present, three programs are in the accreditation process and two in the re-accreditation process. AGEC accredited programs are among the most visible and notable in the field. A list of accredited programs is available on the [AGEC website](#). One of AGEC's accredited programs provided this feedback:

“To be listed among the major gerontology programs from the U.S. is an honor. ... Having this designation has elevated our profile to be among the best of the best — and that can be so empowering to many internal and external stakeholders.”

AGEC is mindful of its responsibility to the field. It is imperative that AGEC reviews be thorough and rigorous. Without rigor, there is no value in accreditation. It also is the case that, through its standards, the accreditation process helps to shape a field. Thus, particularly in a relatively new degree-granting field such as gerontology, the accreditation organization has a responsibility to help mentor, guide and assist programs in meeting accreditation standards, upon which they will then be evaluated.

These two principles, rigor, and mentoring, inform the review process. Visit the [AGEC website](#) to see how your program might participate in the field's next step — accreditation.

funding opportunities

Policy Fellows Program Opens Call for Applications

The Health and Aging Policy Fellows Program (HAPF) is [recruiting](#) for the 2024-2025 fellowship year. Applications are due April 15.

The goal of the program is to provide professionals in health and aging with the experience and skills necessary to help lead this effort, and in so doing, shape a healthy and productive future for older Americans.

The program offers different tracks:

- Residential model: Includes a nine-to-12-month placement in Washington, D.C. or at a state agency (as a legislative assistant in Congress, a professional staff member in an executive agency or in a policy organization).
- Non-residential model: Fellows remain, for the most part, at their home institution, and focus on a project addressing a key policy issue with brief placement(s) throughout the year at relevant policy settings.
- The VA Track: a specific non-residential track for VA staff to represent the Department of Veterans Affairs as a VA/Health and Aging Policy Fellow. VA/Health and Aging Policy Fellows participate through the non-residential track of the fellowship.

The Fellows represent a broad range of disciplines and career stages. Candidates from underrepresented groups are strongly encouraged to apply

NIA Will Support Research Examining U.S. Health Disadvantage

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

This notice applies to due dates on or after June 5 and subsequent receipt dates through May 8, 2027. Its grant activity codes are R01s and R03s. Potential applicants can contact Kriti Jain (kriti.jain@nih.gov) to discuss their ideas.

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

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

Continued from page 1 - Better Nutrition Can Lead to Better Brain Health, GSA Publication Shows

Using a person-centered approach that ties conversations about nutrition to patient goals is an effective strategy for starting conversations about diet and health, according to Kathryn Porter Starr, PhD, RDN from Duke University School of Medicine and Durham VA Medical Center, who served as one of the faculty who oversaw the publication's development.

"Broaching the topic of diet and nutrition can be challenging. I start by asking patients what their goals are," she said. "These goals could include physical goals such as maintaining muscle mass, cognitive goals such as preserving memory, as well as functional goals such as being able to travel or play with grandchildren. Linking information about nutrition to helping adults achieve their goals is an effective strategy for stimulating motivation to implement healthy changes."

The Mediterranean-DASH Diet Intervention for Neurodegenerative Delay, or MIND diet, is an example of a dietary pattern that is associated with improved cognition. This dietary pattern focuses on the consumption of vegetables (especially green leafy vegetables), nuts, berries, beans, whole grains, fish, poultry, and extra virgin olive oil while limiting red meat, processed meats, butter and margarine, regular cheese, pastries and sweets, and fried

foods. People who consume this dietary pattern have been found to be the equivalent of 7.5 years younger in terms of cognitive abilities. The publication includes more details about the MIND diet and other dietary patterns that support healthy nutrition.

Ideally, individuals are able to obtain all necessary nutrients from their diet. However, the risk for inadequate vitamin and mineral intake increases as people age, and some people may benefit from consumption of fortified foods and or dietary supplements to enhance their nutritional status.

"I would love for everybody to get all of their micronutrients from food," Starr said. Unfortunately, for most older adults, it's really challenging to do that due to physiological changes that occur with aging and certain disease states that affect absorption, so we often recommend a multivitamin."

Other publication faculty include Rose Ann DiMaria-Ghalili, PhD, RN, FASPEN, FAAN, FGSA from Drexel University; Sareen S. Gropper, PhD, RDN, LDN from Florida Atlantic University; and Roger A. Fielding, PhD from Tufts University School of Medicine. Support for "Insights & Implications in Gerontology: The Vital Role of Nutrition in Brain Health" was provided by Haleon.

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