

## inside this issue:

- AAIC Meeting Recap . . . . . 2
- Insights from GSA's Policy Interns . . . . . 4
- New GSA Officers . . . . . 8

### Referring Members Has Perks!

Announcing GSA's new Member Referral Program: Recruit a new GSA member and be entered into a monthly drawing for a \$25 Amazon gift card! Each recruit qualifies you for an entry in the drawing. Recruit one new member, get one entry in the drawing; recruit three new members, get three entries. It's easy — we created a toolkit to help you!

Refer a colleague, student or graduate to GSA and connect them to leading scholars who inspired, supported and mentored you.

### 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.

## JOIN THE CONVERSATION

 <http://connect.geron.org>

 [www.facebook.com/geronsociety](http://www.facebook.com/geronsociety)

 [www.twitter.com/geronsociety](http://www.twitter.com/geronsociety)

Engage with GSA on social media!

## GUIDE Aims to Elevate Care of People Living with Dementia

GSA members have an opportunity to test out the new Guiding an Improved Dementia Experience (GUIDE) Model from the Centers for Medicare & Medicaid Services (CMS) — a voluntary nationwide model that aims to support people living with dementia and their unpaid caregivers.

Launched in July, the GUIDE Model is focused on dementia care management and aims to improve the quality of life for people living with dementia, enable people living with dementia to remain in their homes and communities, and reduce strain on their unpaid caregivers.

CMS is accepting letters of interest for the GUIDE Model through September 15 and will release a GUIDE request for applications this fall. The model will launch on July 1, 2024, and run for eight years.

Through the GUIDE Model, CMS is poised to test an alternative payment for participants that deliver key supportive services to people with dementia, including comprehensive, person-centered assessments and care plans, care coordination, and 24/7 access to a support line. Under the model, participants will be able to assign people with dementia and their caregivers to a care navigator who will help them access services and supports, including clinical services and non-clinical services such as meals and transportation through community-based organizations.

The GUIDE Model will seek to enhance access to the support and resources that caregivers need. Unpaid caregivers will be connected to evidence-based education and support, such as training programs on best practices for caring for a loved one living with dementia. Model participants will also help caregivers access respite services, which enable them to take temporary breaks from their caregiving responsibilities.

“As millions of Americans already know, dementia can devastate people and their families in many ways. The GUIDE Model aims to mitigate the significant challenges of coordinating and managing health care and community-based supports and improve quality of life for patients and caregivers alike,” said CMS Deputy



The GUIDE Model aims to address the key drivers of poor-quality dementia care in five ways:

- 1. Defining a standardized approach to dementia care delivery for model participants** This includes staffing considerations, services for beneficiaries and their unpaid caregivers, and quality standards.
- 2. Providing an alternative payment methodology to model participants** CMS will provide a monthly per-beneficiary payment to support a team-based collaborative care approach.
- 3. Addressing unpaid caregiver needs** The model will aim to address the burden experienced by unpaid caregivers by requiring model participants to provide caregiver training and support services, including 24/7 access to a support line, as well as connections to community-based providers.
- 4. Respite services** CMS will pay model participants for respite services, which are temporary services provided to a beneficiary in their home, at an adult day center, or at a facility that can provide 24-hour care for the purpose of giving the unpaid caregiver temporary breaks from their caregiving responsibilities.
- 5. Screening for Health-Related Social Needs** Model participants will be required to screen beneficiaries for psychosocial needs and health-related social needs (HRSNs) and help navigate them to local, community-based organizations to address these needs.

*Continued on page 6*



## An Emerging Light for the Care of Patients with Alzheimer's Disease

By Karen Tracy, GSA Vice President, Strategic Alliances and Integrated Communications • [ktarcy@geron.org](mailto:ktarcy@geron.org)

It was great to see so many GSA members participate in the 2023 Alzheimer's Association International Conference (AAIC) held last month in Amsterdam! The research displayed by our members played a key role in the excitement of AAIC.

For example, Frank Lin shared [findings](#) that suggest a hearing intervention might reduce cognitive change over three years in populations of older adults at increased risk for cognitive decline. Caroline Clevenger shared how a care model helped people with dementia prevent hospitalizations. Barak Gaster and his colleagues, Jacqueline Raetz and Annette Fitzpatrick, shared how cognitive evaluations increased by primary care providers who have received specialized training and how using an enhanced electronic health record system can facilitate diagnosis of cognitive impairment. Joe Verghese and his team shared insights into gait speed and cognitive decline. And I presented a poster on the GSA KAER Toolkit for Primary Care Teams — "Supporting Accurate Diagnosis of Dementia."

In addition, the field heard exciting news about an Alzheimer's disease-modifying medication, [donanemab \(from Eli Lilly\)](#). Data illustrated that donanemab significantly slowed cognitive and functional decline in people with symptomatic Alzheimer's disease. This data is published in [JAMA](#) and has been submitted to the U.S. Food and Drug Administration (FDA).

This news came just eleven days after another disease-modifying medication, lecanemab-irmb ([Legembi from Eisai](#)) received traditional FDA approval. Treatment with lecanemab was proven to slow the progression of early Alzheimer's disease. Additionally, the Centers for Medicare & Medicaid Services (CMS) has stated that broader [Medicare coverage](#) of lecanemab is now available following FDA traditional approval.

The progress in the field that brings us to this point reflects years of persistence and resilience in our research community. And, while these products have limitations and safety concerns, it is a positive sign for patients, care providers, and families.

Also presented at AAIC was the new [clinical](#) guidelines for Alzheimer's disease from the National Institute on Aging (NIA) and Alzheimer's Association (AA). In early 2022, the AA convened a steering committee to lead the revision of the NIA-AA framework.

Defining neurodegenerative diseases biologically, rather than based on syndromic presentation, is a unifying concept common to all neurodegenerative diseases, not just Alzheimer's disease, and the document is consistent with this overarching theme. GSA members are encouraged to review the guidelines and submit their [comments](#).

And, while not at AAIC, at the recent National Alzheimer's Project Act Advisory Council on Alzheimer's Research, Care, and Services meeting, CMS announced its Guiding an Improved Dementia Experience ([GUIDE](#)) Model that aims to support people living with dementia and their unpaid caregivers. CMS is [accepting letters of interest](#) for the GUIDE Model through September 15.

Over a few short years, there have been advances in the understanding of Alzheimer's disease risk factors, growth of plasma-based biomarkers, the emergence of new disease-modifying treatments, new trials for a variety of treatment paths, and new care models which all make the future more positive than we have previously seen.

I am excited with what I see will be presented on all aspects of Alzheimer's disease and related dementias at the GSA 2023 Annual Scientific Meeting in Tampa. I hope to see you there!

### editor-in-chief/lead author:

Todd Kluss  
[tkluss@geron.org](mailto:tkluss@geron.org)

### managing editor:

Karen Tracy  
[ktarcy@geron.org](mailto:ktarcy@geron.org)

### associate editor:

Megan McCutcheon  
[mmcutcheon@geron.org](mailto:mmcutcheon@geron.org)

circulation worldwide: 5,000

**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](mailto:tkluss@geron.org)

Gerontology News (ISSN 1083 222X) is published monthly by The Gerontological Society of America, 1101 14th Street NW, Suite 1220, Washington, DC 20005 and additional mailing offices. Subscription for members of the Society is included in annual dues. News items must be submitted by the first of the month prior to publication.

Copyright © 2023 by The Gerontological Society of America. Articles may be photocopied for educational purposes without permission. Please credit Gerontology News.

**Send news items to:**  
[tkluss@geron.org](mailto:tkluss@geron.org)

**Send advertisements to:**  
[advertising@geron.org](mailto:advertising@geron.org)

**Ad rates are available at**  
[www.geron.org](http://www.geron.org)

### Advertising policy:

Gerontology News accepts ads for conferences and special events, fellowships, jobs, and degree programs relevant to the field of aging. We reserve the right to reject or discontinue any advertising. Ads do not constitute an endorsement by The Gerontological Society of America.

# member news

## New Books by Members

- “Reaching the Limit – Development in Very Late Life,” by Peter Martin, PhD, FGSA. Published by Linus Learning, 2023.
- “Transgenerational Technology and Interactions for the 21st Century: Perspectives and Narratives,” by Hannah R. Marston, PhD, Linda Shore, PhD, Laura Stoops, PhD, and Robbie S. Turner. Published by Emerald Publishing Limited, 2022.

## Members in the News

- Caroline Cicero was quoted in a June 6 Next Avenue article titled “[Digital Ageism](#).”
- On July 5, Jen Pettis, MS, RN, CNE, was profiled in the American Nurses Association’s [Healthy Nurse, Healthy Nation blog](#).
- *The Washington Post* included quotes from Steven N. Austad, PhD, FGSA, Pinchas Cohen, MD, FGSA, and S. Jay Olshansky, PhD, FGSA, in a July 19 article titled “[Why experts aren’t all that concerned about Biden’s and Trump’s ages](#).”

## Yee-Melichar Named CSU Trustee

Darlene Yee-Melichar, EdD, FGSA, FAGHE, has been appointed to the California State University (CSU) Board of Trustees by Governor Gavin Newsom. Yee-Melichar has served as a professor at San Francisco State University since 1990. The 25-member board adopts regulations and policies governing the entire CSU system. Board committees have authority over educational policy, finance, campus planning, and facilities, among other areas.

## Member Referral Program

This month’s \$25 Amazon gift card winner:

### Bei Wu, PhD, FGSA

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

## Member Spotlight

GSA’s website features monthly Q&A sessions with distinguished members. The current spotlight shines on:

### [Roger O’Sullivan, PhD, FGSA, MFPH](#)

## THANK YOU

To the following GSA members who have participated in our Member Referral Program to date in 2023.  
**Your support is truly appreciated!**

Adam Davey  
Ali Ahmed  
Andrew Achenbsum  
Anne H. Gauthier  
Ashley Ermer  
Barbara Bowers  
Bei Wu  
Bernard Steinman  
C. Victor Fung  
David Burnes  
Elsa Strotmeyer  
Emily L. Mroz  
Faika Zanjani  
George Kuchel  
Giuliana Casanova

Hariom Yadav  
Heidi Ewen  
Jen-Hao Chen  
Jeremy Hamm  
Jolie Harris  
Jonathan Wanagat  
Jullet Davis Weave  
Karen Roberto  
Karl Pillemer  
Kathleen Unroe  
Keith Kleszynski  
Kelly Melekis  
Kyungmin Kim  
Laura P. Sands

Leah Janssen  
Lesa Huber  
Leslie Hasche  
Margie E. Lachman  
Maria Roche-Dean  
Maritza Dowling  
Michael Province  
Mo-Kyung Sin  
Nai Ching Chi  
Natascha Merten  
Natasha Peterson  
Nekehia T. Quashie  
Olena S. Tomarevska  
Patricia Heyn

Rita Jablonski  
Susan B. Bluck  
Suzanne Sullivan  
Tam Perry  
Terri Harvath  
Terry Fulmer  
Tom M. Gill  
Tuo-Yu Chen  
Wendy A. Rogers  
Yenisel Cruz-Almeida  
Yin Liu



LEARN MORE



Learn how **YOU** can win a \$25 gift card to Amazon.com!



[www.geron.org/referral](http://www.geron.org/referral)

## Policy Interns Participate in Legacy of Greg O'Neill and Kathryn Hyer

You met the 2023 policy interns three months ago in [Gerontology News](#) before they had come to Washington, DC, for their eight-week internships: Alisha R. Thompson, from Louisiana State University, is in the proposal phase of seeking a PhD in social work; Bailee Brekke, from Miami University, is a first-year student in the Master of Gerontological Studies program; and Christina Mu, from the University of South Florida School of Aging Studies, is seeking a doctorate in aging studies.

The policy internships are named in memory of two policy experts with a long history of service to GSA — Greg O'Neill, PhD, and Kathryn Hyer, MPP, PhD, FGSA, FAGHE. The internship program is managed by GSA Vice President for Policy and Professional Affairs Patricia M. D'Antonio, who worked hard to provide Alisha, Bailee, and Christina a rich policy experience, so this article is a reflection on her mentorship, as well.

At the conclusion of their internship period, I asked the interns a series of questions about their experiences in Washington, DC. Their answers are thoughtful, insightful, intelligent, and gratifying. I am providing some of their answers here so that you can see for yourself what a great success the policy internship program has been this summer (edited for length and clarity and to avoid repetition).

**Brian Lindberg:** Did your experience in Washington change your viewpoint on the role that you and other GSA members may play in advocacy and the education of policymakers?

**Christina Mu:** Yes, prior to the internship, I was apprehensive about being able to understand policy let alone make a difference in policy. However, after this experience in Washington, DC, many of my misconceptions are demystified. I learned that there are avenues in which I can share my research findings and make recommendations to influence policy. I learned that while Congress moves slowly, moving the needle even a little can have profound impacts on the aging population. I also learned that GSA has a large presence in the aging community in Washington, DC. Moving forward, I will encourage my colleagues to pay more attention to the open calls for recommendations on legislative issues through GSA communications. Recently, GSA responded to the congressional request for information on the Pandemic All Hazard Preparedness Act reauthorization and two geriatric hospital measures. During our internship, we helped with these communications, and they were subsequently submitted to congressional offices (e.g., committee members of the Senate Committee on Health, Education, Labor, and Pension).

**Alisha R. Thompson:** Absolutely! Some of the ways we can participate include actively engaging in the policymaking process by providing valuable input and feedback through comment letters; by collaborating with leaders who are part of national coalitions and advisory boards, and we can communicate directly with our elected representatives, expressing our views on policies and advocating for positive changes.

**Brian:** Tell me about the hearings you attended.

**Christina:** We attended four congressional hearings including the Senate Special Committee on Aging; Senate Health, Education, Labor, and Pension Committee; and the House Committee on Oversight and Accountability. The main impression I got while attending these hearings is that members of Congress must rely on the work of their congressional staff, who are influential and important to the legislative process. Additionally, growing up in California and living the last four years in Florida, I am cognizant of the political divides between Democrats and Republicans. It was fascinating to see how representatives voted and whether it was consistent with voting on party lines and/or the desires of their constituents. In some instances, some issues are as polarizing as the media portrays it to be, and Congress is quite literally split to the left and right. However, there were also instances of compromise and bipartisanship on issues like Alzheimer's Disease and all-hazard preparedness.

**Bailee Brekke:** It was eye-opening to experience the legislative process firsthand. The media tends to portray a very partisan view of the process and the personalities that are present in the House and Senate. It was apparent that there are differing views, but it was also apparent how important it is to have bipartisanship to ensure that important legislation gets passed. Prior to this summer, I had never truly grasped how bipartisanship unfolds in real time.

**Brian:** Of the people you met in the nation's capital, who stands out and why?

**Christina:** During our time in the nation's capital, we met more than 25 phenomenal and impressive leaders in aging. Several themes from these meetings have made an impression on me:

- People in aging whether in research, advocacy, policy, or education are generous and willing to meet.
- Listening to and getting feedback from your community is important.
- It is possible to work at the intersection of academia, industry, and government. I learned that there are many people working at the intersection of all three, and their contributions to the field are rich and impactful.
- Federalism is alive and well, and as a researcher it is important to consider ways to influence local, state, and federal government.

**Brian:** Which organizations left an impression on you?

**Alisha:** Apart from GSA, the National Health and Aging Policy Fellowship Program and AARP are the aging and health organizations that left a significant impression on me. These organizations are truly incredible in their endeavors. The diverse

and impressive backgrounds of the fellows and the incredible work they do inspires me. A GSA member, Dr. Christian Furman, even invited us to Senator Warren's office, where she works as a Health and Aging Policy Fellow, and then gave us a multiple-hour personal guided tour of the U.S. Capitol including a ride on the Senate subway train! During the pre-symposium dinner, we also made new friends from AARP, who invited us to visit the AARP National Headquarters as their guests.

**Brian:** DC is full of coalitions and alliances; what did you think of GSA's interactions with those organizations?

**Alisha:** I must admit that I was previously unaware of the extent and diversity of coalitions with whom GSA engages regularly. These coalitions have a significant impact on shaping policies through their advocacy efforts.

**Christina:** One moment that stood out to me during the Eldercare Workforce Alliance (EWA) meeting was when Trish D'Antonio made a recommendation to reframe discussions regarding the healthcare shortage crisis. For years, researchers and economists have warned about the impending healthcare workforce shortage, which has been exacerbated due to the COVID-19 pandemic. Yet, few solutions have passed to address this issue despite the recognition of the problem. During the meeting, EWA leadership drafted recommendations to garner more support for healthcare workers and to address the shortage. Trish recommended reframing the letter by highlighting the potential solutions first then the problem. Trish's insights were useful and accepted by the group.

**Brian:** Any other lessons learned?

**Bailee:** One point that has really resonated with me was how unique everyone's career path is.

**Alisha:** The internship provided a refreshing opportunity to engage with professionals from various disciplines, backgrounds, and career stages, which reinforced my belief in the strength and richness of interdisciplinary collaboration in tackling complex issues like aging policy.

**Brian:** Will this experience influence your work in the future?

**Christina:** Currently, my research focuses on the joint associations between sleep and pain on health and well-being outcomes. Throughout this internship, I gained more knowledge on health disparities, intersectionality, and climate change, all of which can be applicable to my current work.

**Bailee:** I now understand the importance of keeping policy makers informed of research that can inform policy change. As I have learned from multiple leaders in the field, it is wonderful to conduct research and publish, but it is even more important to inform those individuals involved in the policy making process, to ensure that policies are well-informed and can truly make a difference in the lives of older people across the country.

**Brian:** How would you describe this experience to your peers to encourage them to try the internship?

**Alisha:** Being an expert beforehand is not a requirement. Taking the bold step of relocating across the country for the summer takes nerve, and I wholeheartedly encourage my peers to embrace bravery and step outside of their comfort zones. Throughout my own life, I have been reminded time and again that true growth occurs outside of our comfort zones.

**Christina:** Our supervisor, Trish D'Antonio, structures the internship in a way that gives us the opportunity to freely explore different avenues, implement creative projects, and shape our own experiences.

**Bailee:** Do not be afraid to put yourselves out there. It is easy when you mention your connection to GSA, as this is an automatic conversation starter with most individuals in this field.

**Brian:** What surprised you most about your time in DC?

**Bailee:** Despite how busy people may be, everyone was extremely willing to take time out of their day to meet with us and open up about their career paths, their current work, and any advice they had to offer. It points to how interconnected everyone in this field is and the role that GSA plays within that.

**Alisha:** My time in DC turned out to be the transformative experience that I didn't know I needed. The experience breathed new life into me and reminded me of my capabilities. Being surrounded by passionate individuals and engaging in such impactful work rejuvenated my sense of purpose. It rekindled my belief that I can achieve anything I set my mind to, and this newfound confidence will undoubtedly propel my academic and career trajectory in a positive direction.

## Recent GSA Policy Actions

**GSA** joined the [American Association for the Advancement of Science](#) and several other societies in a letter to U.S. Supreme Court, expressing disappointment in the court's recent ruling on race considerations in college and university admissions.

**GSA** endorsed the [Improving the Social Determinants of Health Act of 2023](#). Reintroduced by Representative Nanette Diaz Barragán (CA-44) and Senators Tina Smith (D-MN) and Chris Murphy (D-CT), the legislation examines the social, economic, and environmental factors that drive inequality in health care, and funds programs that address these issues. The act would create a new Social Determinants of Health Program at the U.S. Centers for Disease Control and Prevention to empower public health departments and community organizations to lead efforts in building integrated systems for research and addressing social factors that negatively impact health in their regions.

**GSA** supported the [Disease X Act of 2023](#). The bipartisan legislation, introduced by Representatives Lori Trahan (D-MA), Michael Burgess (R-TX), Dan Crenshaw (R-TX), and Susie Lee (D-NV), will ensure the U.S. works rapidly to prepare for and develop the necessary medical countermeasures to combat future pandemics.

# new resources

## Healthy Brain Initiative Releases Update to Its Road Map Series

The fourth edition of the Healthy Brain Initiative (HBI) Road Map is now available. "[State and Local Road Map for Public Health, 2023-2027](#)" is a resource to help address the ever-increasing challenges of cognitive decline throughout the U.S. The new edition offers 24 actionable strategies to promote brain health, improve diagnosis, and maximize care in every community, with additions that align with other existing public health initiatives.

## Website Serves as Clearinghouse for Climate Change Resources

Cornell University is hosting a new [Aging and Climate Change Clearinghouse](#), which provides information for researchers interested in studying the intersection of aging and climate change, including a searchable scientific literature database, annotated bibliographies, and information on grants and funding. Researchers are invited to become affiliates to foster networking on this topic. Information is also provided for older adults who may wish to become involved in climate change action, and for organizations regarding recruiting older environmental volunteers.

## 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.

## Dashboard Includes Health Metrics for All Congressional Districts

The [Congressional District Health Dashboard](#), developed by the Department of Population Health at the NYU Grossman School of Medicine in partnership with the Robert Wood Johnson Foundation, is now live. The Dashboard will equip users with first-of-its-kind data on health and the conditions that affect health in every congressional district across the country. This new dashboard site builds on the experience creating and managing the [City Health Dashboard](#) and provides important data on health and equity, but now calculated to the congressional district level.

## 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.

## *Continued from page 1 - GUIDE Aims to Elevate Care of People Living with Dementia*

Administrator and Innovation Center Director Elizabeth Fowler, PhD, JD. "By offering caregiver support, respite services, and improved access to community-based supports, the GUIDE Model aims to keep people living with dementia safer and in their homes longer."

Participants in the GUIDE Model will need to establish dementia care programs (DCPs) that provide ongoing, longitudinal care and support to people living with dementia through an interdisciplinary team. GUIDE participants are required to be Medicare Part B enrolled providers/suppliers, excluding durable medical equipment and laboratory suppliers, who are eligible to bill for Medicare Physician Fee Schedule services and agree to meet the care delivery requirements of the model.

CMS will also recruit organizations that do not currently offer comprehensive dementia care or have prior experience with alternative payment models. CMS will support model participation for these organizations by providing technical assistance and learning support as well as a pre-implementation year to prepare for model participation.

CMS has stated that they will actively seek out the participation of

eligible organizations that provide care to underserved communities for participation in the GUIDE Model. They will offer a variety of financial and technical supports to ensure that participating safety-net providers can develop their infrastructure, improve their care delivery capabilities, and participate successfully in the model.

According to CMS, the eight-year model has two tracks: one for established programs and one for new programs. Established programs must have an interdisciplinary care team, including a care navigator, use an electronic health record platform that meets the standards for Certified Electronic Health Record Technology, and meet other care delivery requirements as outlined in the request for applications. New programs must not be operating a comprehensive community-based DCP at the time of model announcement and will have a one-year pre-implementation period to establish their programs.

GUIDE delivers on the Biden Administration's April 2023 [Executive Order 14095 on Increasing Access to High-Quality Care and Supporting Caregivers](#). It also advances key goals of the National Plan to Address Alzheimer's Disease, which was established through the bipartisan [National Alzheimer's Project Act](#).

## Updates and Planned Activities of the SRPP Section

By Sara Bybee, PhD, LCSW and Kexin Yu, PhD, MSW

This year's Annual Scientific Meeting takes place in Florida, a state which has seen an increase in harmful and discriminatory legislation towards LGBTQ+ individuals as well as other historically marginalized groups. As such, the Social Research Policy and Practice (SRPP) Section leadership team decided to focus both the Presidential Symposium and the Emerging Scholar and Professional Organization (ESPO) SRPP symposium on topics related to the impact of discriminatory policies on older adults' health and wellbeing. Our aim was to shed light onto the important work that many GSA members continue to conduct despite hostile policies and actions enacted across the country.

The Presidential Symposium, titled "Impact of Discriminatory Policies on LGBTQ+ Older Adults Health and Well-Being and How to Combat Them," will be moderated by Karen Fredriksen-Goldsen, an internationally recognized scholar in the health of older LGBTQ+ adults and SRPP member. Attendees will also hear from Rajean Moone about a complex paradox in which sexual and gender minority (SGM) older adults experience health disparities which may require additional support, but avoid formal services in part due to a history of mistreatment and discrimination in medical and or housing services. Attendees will then hear from Nik Lampe, Harry Barbee, Nathaniel Tran, and Tara McKay about how LGBTQ+ older adults' involvement in faith communities can shape their end-of-life care perceptions and preparation. Next, Em Balkan, Grey Babbs, Theresa Shireman, Jaclyn Hughto, and David Meyers will describe the receipt of gender-affirming surgery among Medicare beneficiaries. Finally, attendees will hear about the impact of incomplete data on SGM individuals with serious illness from Carey Candrian.

Having the Annual Scientific Meeting in Tampa, Florida, reminded us all how policy and law can affect our lives. This year, the SRPP/ESPO joint symposium will be zooming into the policy aspect of aging service and research. Titled "Law as a Determinant of Health: A Social Justice Lens to Impactful Policy Engagement," the symposium will showcase research activities and perspectives of emerging scholars and the GSA policy team. Patricia D'Antonio



Bybee



Yu

will review federal policies and programs in the last three to five years and highlight methods GSA members can inform policymakers and influence social changes. Eviction is one of the leading causes of homelessness and health disparities. Sara Bybee will present a study employing a life course approach to examine how eviction laws affect older adults and other historically marginalized populations. Also focusing on environmental justice, Lindsey Smith will discuss the social construction of property values, the lack of access to long-term care in historically underinvested areas, and how policymakers can use laws to address racial disparities in access to assisted living. Rita Choula will be the session's discussant, connecting the dots among the three individual presentations and facilitating Q&A. We hope this year's SRPP/ESPO symposium can provide the audience with background knowledge and tools and encourage more GSA members to learn about and engage in policy advocacy and research.

While SRPP leadership believes that the focus on harmful policies, their impact on the health and well-being of older adults, as well as how to address such policies is an important first step in working towards more equitable legislation and policies, we recognize that these efforts are insufficient to address or resolve the current political climate in Florida.

GSA staff are in communication with the Tampa Visitors Bureau and will continue to monitor the events unfolding in Florida. For information on initial actions that GSA is implementing to raise awareness and address some of these concerns, visit the [GSA 2023 Annual Scientific Meeting website](#) and watch the recording of the "[Insight into the GSA 2023 Annual Scientific Meeting in Tampa](#)" webinar. As SRPP junior leaders, we would like to acknowledge the difficult decision that many of our members will make when choosing to attend this year's Annual Scientific Meeting in-person. This decision is entirely personal and we support every GSA member in making a choice that feels best for themselves and their families. We appreciate your membership and support and hope to see you in Tampa or at another GSA event soon!

### Engage with ESPO via Writing Groups

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 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 proposal. The 12-week fall session runs from September 12 to December 10. Registration closes on August 25. For more information, visit [www.geron.org/dwg](http://www.geron.org/dwg).

# Your Vote, Your Society

GSA congratulates the following candidates

## Board of Directors



Vice President

Marilyn R. Gugliucci, MA, PhD, FAGHE, FGSA  
University of New England



Secretary

Jordan P. Lewis, PhD, MSW, FGSA  
University of Minnesota



Board Member

Karen S. Lyons, PhD, FGSA  
Boston College



Board Member

Fayron Epps,  
PhD, RN, FGSA, FAAN  
Emory University



Board Member

Tam E. Perry, PhD, FGSA  
Wayne State University

GSA extends its appreciation to the members who cast their vote in this vital Society activity and to all the candidates who volunteered to stand for election.

# y! 2023 Election Results

who will take their offices January 1, 2024.

## Member Group Leadership



Academy for Gerontology in Higher  
Education Vice Chair-Elect  
Laura KM Donorfio, PhD, FAGHE  
University of Connecticut



Behavioral and Social Sciences  
Section Vice Chair-Elect  
Chivon A. Mingo, PhD, FGSA  
Georgia State University



Biological Sciences Section Vice  
Chair-Elect  
Sean P. Curran, PhD, FGSA  
University of Southern  
California



Emerging Scholar and Professional  
Organization Vice Chair-Elect  
Sohyun Kim, PhD, RN  
University of Texas at Arlington



Health Sciences Section  
Vice Chair-Elect  
Pamela Z. Cacchione,  
PhD, CRNP, BC, FGSA, FAAN  
University of Pennsylvania



Social Research, Policy and Practice  
Section Vice Chair-Elect  
Howard B. Degenholtz, PhD, FGSA  
University of Pittsburgh

# educational news

## New AGHE Educator Resource Development Workgroup Is in Full Swing

By Lisa Borrero, PhD, FAGHE, Chair, AGHE Educator Resource Development Workgroup, University of Indianapolis ([borrerol@uindy.edu](mailto:borrerol@uindy.edu))

Early this year, the Academy for Gerontology in Higher Education (AGHE) introduced two new workgroups that focused further on the work previously done by the Academic Program Development Workgroup (APDW).

The two new workgroups that have replaced APDW are the Educator Resource Development Workgroup (ERDW) and the Program Resource Development Workgroup (PRDW). The mission of ERDW is to support strategies and resources that assist faculty in developing, delivering, evaluating, and strengthening their gerontology, geriatrics, and age-inclusive educational efforts. The mission of PRDW is to support mechanisms that assist faculty at academic institutions to develop, evaluate, and strengthen their age-inclusive gerontology and geriatrics educational programs.

During the spring semester, ERDW began establishing its identity as a workgroup during two initial meetings, allowing its members to orient themselves to the established mission and discuss plans for the year and beyond. In doing so, ongoing initiatives were revisited, and new action items were formulated and have since gotten off the ground. In terms of ongoing initiatives, the longstanding AGHE Teaching Institute will again be offered at the GSA Annual Scientific Meeting, this time as a Wednesday afternoon workshop. The title of this year's 12th Annual AGHE Teaching Institute is "Higher Ed Curriculum Design Challenge: Intentional, Intergenerational, Interprofessional" and is focused on a team-based, interdisciplinary hackathon (design sprint) allowing participants to develop lesson plans for intergenerational projects. Participants from all GSA sections interested in exploring gerontology education are encouraged to attend!

In another ongoing project, inspired by the [UN Global Decade of Healthy Ageing](#), ERDW members are developing a survey to distribute to international universities to learn more about international gerontology education, ways in which we can collaborate and exchange gerontology education materials, and to explore opportunities to increase international aging programs. The workgroup members who have spearheaded this initiative have received IRB approval to distribute the survey, which, in its first dissemination, will serve as a pilot, with the next iteration having a broader reach. Keep an eye on GSA Connect for future updates about this initiative. New action items that have been initiated include exploring how to increase diverse representation in aging-related resources, including better representing the diversity among older adults and gerontology students themselves. Central to this is a review of teaching resources offered on the [GSA website](#) to keep the list updated with relevant and timely information related to diversity, advocacy, and other key aging topics.

Upcoming ERDW discussions will include a focus on developing new ways for AGHE members to share our personal knowledge by, for example, collaborating on an informal "speakers bureau" list whereby members can offer their expertise to others by providing virtual guest lectures, participating in panels, and other contributions. We will also continue collaborating with GSA's Emerging Scholar and Professional Organization to develop an educational workshop on a topic concerning applied teaching skills and resources. Stay tuned for more information on many of these initiatives throughout the year!

# journal news

## GSA Journals Continue to Lead: Latest Impact Factors Announced

The Web of Science Group, part of Clarivate Analytics, has released the 2023 update to its annual *Journal Citation Reports*, which includes impact factor rankings for 2022. Several GSA journals achieved all-time high impact factors, and continue to be in the top seven of the Web of Science Gerontology category.

- *The Journals of Gerontology, Series A: Biological Sciences & Medical Sciences* ranked seventh with an impact factor of 5.1 (Editors-in-chief: Gustavo Duque, MD, PhD, FRACP, FGSA, McGill University; and Lewis Lipsitz, MD, FGSA, Harvard University)
- *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* ranked fifth with an all-time high impact

factor of 6.2 (Editors-in-chief: Derek Isaacowitz, PhD, FGSA, Northeastern University; and Jessica Kelley, PhD, FGSA, Case Western Reserve University)

- *The Gerontologist* ranked sixth with an all-time high impact factor of 5.7 (Editor-in-chief: Joseph Gaugler, PhD, FGSA, University of Minnesota)
- *Innovation in Aging* ranked second with an all-time high impact factor of 7.0 (Editor-in-chief: Steven Albert, PhD, FGSA, University of Pittsburgh)

To celebrate, GSA and its publishing partner, Oxford University Press, have curated [a collection of high impact papers from across the GSA portfolio](#), freely available to read, enjoy, and share.

# funding opportunities

## Brain Foundation Offers Scholarships for Emerging Scholars

The American Brain Foundation's [Next Generation Research Grants program](#) funds multi-year mentored scholarships for early career investigators who are interested in a career in research. Awards are available for multiple disease areas, including Alzheimer's and related dementias, cognitive aging and age-related memory loss, peripheral neuropathy, and healthcare disparities. Scholarships consist of multi-year salary and research support and are awarded in collaboration with the American Academy of Neurology. Over 85 percent of recipients have gone on to receive additional funding from the National Institutes of Health and other entities to continue their careers in research. Applications for most scholarships are due September 14.

## NIH To Offer DEIA Funding Competition for Institutions

On April 4, the National Institutes of Health (NIH) announced the [Institutional Excellence in DEIA in Biomedical and Behavioral Research Prize Competition](#), which aims to recognize and reward effective strategies for enhancing diversity, equity, inclusion, and accessibility (DEIA) in research environments across the U.S. NIH will award up to 10 prizes of \$100,000 each through the competition. Up to half of the prizes will be set aside for consideration for [limited-resourced institutions](#). To participate, registration is required by September 12. [Visit the prize competition website](#) for information about eligibility, participation, and submission requirements.

## 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 September 26.

## 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](#) (BAA), 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 December 8.

## ADVERTISE WITH US!

**This newsletter reaches GSA's 5,500 members both in print and online.**

*Gerontology News* accepts ads for conferences and special events, fellowships, jobs, and degree programs relevant to the field of aging.

See the current rates at [www.geron.org/advertising](http://www.geron.org/advertising).

# There is still a chance to share your research at GSA2023!

Late Breaking Abstract Submissions are open from July 14 - August 24th.  
Submit your research as a poster or paper presentation for consideration!



Tampa, FL • November 8-12

[GSA2023.org](https://GSA2023.org)



***Reminder:***  
**Early-Bird  
Registration  
Discounts End  
September 1,  
2023**

