

gerontology news

The Gerontological Society of America®

August 2022

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Graduates Eligible for Transitional Membership

GSA offers a transitional status of membership for recent graduates. Those who are currently student members are eligible to receive a reduced annual membership fee of \$134 as they transition into a full-time career. This rate is available for two years. A transitional member also will continue as a member of GSA's Emerging Scholar and Professional Organization.

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>

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Engage with GSA on social media!

Pseudobulbar Affect: An Often-Overlooked Condition

[“Understanding Pseudobulbar Affect,”](#)

the inaugural publication of the new GSA series *Insights & Implications* in Gerontology, addresses an often overlooked or misunderstood condition that has the potential to lead to decreased quality of life for older adults and their caregivers.

Pseudobulbar affect (PBA) is characterized by bouts of uncontrolled crying or laughing that are disproportionate or inappropriate to the social context and are not associated with depression or anxiety. Episodes of laughing or crying are often disconnected to the mood or feelings of the individual, with intense crying or



laughing that persists for some time and cannot be suppressed by the patient.

“The symptoms of PBA can be severe, with persistent, unremitting episodes having a sudden or unpredictable onset,” explained George T. Grossberg, MD, a member of the newsletter's content development faculty who is a professor and director of geriatric psychiatry at Saint Louis University School of Medicine.

PBA symptoms can cause embarrassment for older adults and their family and caregivers resulting in restricted social interactions, withdrawal, and social isolation. Thus, older adults with neurologic disorders and PBA experience additional burden of disease and reduced quality of life.

PBA typically occurs in patients who have a brain injury or neurologic disorder, such as

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KAER Toolkit Provides Framework for Management of Obesity

Research finds that overweight and obesity can have considerable health and psychological consequences for all people, and primary care teams need tools and resources to properly address this disease. Now defined as a disease by the [American Medical Association](#), obesity is a complex medical condition that is linked to premature death from type 2 diabetes, heart disease and certain cancers.

The new [The Gerontological Society of America KAER Toolkit for the Management of Obesity in Older Adults](#) seeks to equip primary care teams with a useful framework to help older people with overweight and obesity recognize and care for their condition.

Overweight and obesity can also have considerable psychological implications including feelings of shame, low self-esteem, and mood problems in addition to its impact on function and mobility. Not only does overweight and obesity disproportionately impact racial and ethnic groups and individuals with lower income and educational



attainment; for older adults, additional chronic medical conditions make addressing overweight and obesity complex. According to the [Centers for Disease Control and Prevention](#), 41.5 percent of Americans aged 60 years or older are obese.

Despite the implications of overweight and obesity on older adults' overall health and well-being, primary care teams may fail to address it.

“Primary care physicians and providers are often challenged when they care for patients with obesity. This concern for competence is a derivative of inadequate training in obesity,” said Fatima Cody Stanford, MD, MPH, MPA, MBA, FAAP, FACP, FAHA, FAMWA, FTOS, an associate professor of medicine and pediatrics at Harvard Medical School and an obesity medicine physician-scientist at Massachusetts General Hospital.

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Using Our Collective Voice to Confront Injustice

By James Appleby, BSPharm, MPH • jappleby@geron.org

Like many of our members, GSA's leadership is increasingly concerned about various new state laws that are intended to discriminate and/or curb individual freedoms, particularly among groups that have historically been targets of such injustice. GSA members are keenly aware of the impact of such laws because they study the cumulative effects of discrimination and other stressors across the life course.

And many GSA members live or work in states where these laws are being passed, which almost overnight are affecting peoples' lives in negative ways. We all feel a collective need to be more deliberate about our actions in order to mitigate the harm of new legislation.

One thing members can do is to share their expertise about the many factors that affect our well-being as we age. You know the value of publishing in the Society's peer-reviewed journals and presenting at our Annual Scientific Meeting to advance the science on this issue.

Due to the complex planning of an event as large as the Annual Scientific Meeting, our venues are scheduled five years in advance. And what we're finding is that in the intervening time, new controversial national, state, or local laws may emerge.

For example, the so-called "Don't Say Gay" law passed in Florida this year — which will clearly have a discriminatory affect on members of the LGBTQIA+ community and their families — raised justified concerns among many GSA members. That, combined with legislative actions following the recent Supreme Court decision on reproductive rights affecting women and health care providers, means that many people may have reservations about engaging in activities in perhaps half of the states in this country. This is an issue that GSA has confronted before, such as when the previous presidential administration's travel ban on citizens from several Muslim-majority countries gave people pause on traveling to the U.S. for the 2017 IAGG World Congress in San Francisco, which GSA hosted.

Recently, a group of approximately fifty members led by GSA's Rainbow Research Group Interest Group reached out to the

GSA leadership with a request to relocate the scheduled 2023 meeting in Tampa, knowing the increased discrimination the LGBTQIA+ community now faces in Florida.

As GSA is an inclusive professional membership organization promoting human welfare across the life course, the Board of Directors deliberated on this issue at-length during its summer meeting, weighing a number of factors. Ultimately, the board decided that it would proceed with the 2023 meeting in Tampa, but that the Society would not be silent on the issue, either.

The board decided that the Society should leverage its presence in Florida to illuminate the impact and implications of discriminatory laws. To this end, and with the help of the Rainbow Research Group Interest Group, GSA will:

- Issue a letter to the Florida state government expressing our contempt for these new laws.
- Issue a letter to the Tampa municipal government applauding their commitment and influence on the LGBTQIA+ community (Tampa has a perfect 100 scorecard for LGBTQIA+ rights on the HRC Municipal Equality Index).
- Work with the Rainbow Research Group Interest Group to develop webinars focused on these topics.
- Feature special programming at the 2023 Annual Scientific Meeting — including member-led events and symposia — that increases awareness of the impact of these laws.
- Review guidelines for selecting future meeting locations to ensure they align with the GSA commitment to diversity, equity, inclusion, and belonging.

The GSA Board of Directors invites all members to join in this effort to spotlight the consequences of harmful social policies on people as we age by engaging in the 2023 Annual Scientific Meeting.

The interest group's formal letter to the board grew out of discussions that took place on a GSA Connect forum. I encourage all members to take advantage of [GSA Connect](#) as a means to advance discussion on issues of importance. We have the power to lead where we stand, and our voice is a powerful one when we stand together.

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member news

Members in the News

- A June 1 U.S. News & World Report article titled "[Lives Cut Short: COVID-19's Heavy Burden on Older Latinos](#)" featured quotes from Theresa Andrasfay, PhD.
- Eileen Crimmins, PhD, FGSA was quoted in *The New York Times* on July 17 in an article titled "[Stress Might Age the Immune System, New Study Finds](#)."
- A June 28 article in *New Scientist* titled "[A longevity diet that hacks cell ageing could add years to your life](#)" included quotes from Valter Longo, PhD, FGSA.
- On July 7, Bei Wu, PhD, FGSA, was quoted in a BBC article titled "[The silent danger of deep gum disease](#)."
- On July 25, Patricia M. "Trish" D'Antonio, BSPHarm, MS, MBA, BCGP, was quoted in an article in *The Los Angeles Post* titled "[Everyday Ageism Impacts Physical and Emotional Health of Older Adults](#)."

Members in the News

- "End of Life and People with Intellectual and Developmental Disability — Contemporary Issues, Challenges, Experiences and Practice," co-edited by Philip McCallion, PhD, FGSA. Published by London: Palgrave-MacMillan, 2022.

Colleague Connection

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

Edith Burns, MD, FGSA

The recipient, who became eligible after referring new member [Allison Marziliano, PhD](#) was randomly selected using randomizer.org. For more details on the Colleague Connection promotion visit www.geron.org/connection.

Member Spotlight

GSA's website features monthly Q&A sessions with distinguished members.

The current spotlight shines on:

[Laurie Kennedy-Malone PhD, FGSA, FAGHE](#)

Crimmins Receives USC Provost's Award

Former GSA Behavioral and Social Sciences Section Chair Eileen Crimmins, PhD, FGSA, who holds the AARP Chair in Gerontology at the University of Southern California (USC) Leonard Davis School of Gerontology, received the Provost's Mentoring Award during the 2022 USC Academic Honors Convocation on April 19.

The annual award honors an individual faculty member "whose investment in and generosity toward the academic and professional success of other USC faculty, postdoctoral fellows, graduate students, or undergraduate students demonstrate exemplary mentoring," per the award website.

Crimmins, a USC faculty member since 1982, is a researcher in demography, socioeconomic differences in health, and global aging. She is the director of the USC/UCLA Center on Biodemography and Population Health, one of the Demography of Aging Centers supported by the U.S. National Institute on Aging, and has directed USC's Multidisciplinary Research Training in Gerontology program since 2005.

Bakerjian Named to Dean's Post at UC Davis

Deb Bakerjian, PhD, NP, MSN, FAAN, FGSA, has been appointed as the interim associate dean of practice at the Betty Irene Moore School of Nursing at the University of California, Davis.

In this role, Bakerjian provides oversight of clinical faculty practice development and implementation and UC Davis Health and community strategic partnerships and advocacy. She will also assist with interprofessional practice and clinical partnerships and strategies for the school's contribution to the Healthy Aging Clinic. Bakerjian is also charged with leading the Faculty Practice Planning Task Force to develop and implement a faculty practice plan, as well as mentoring and developing the clinician faculty.

Fulmer Recognized as Champion for Change

The Harry and Jeanette Weinberg Center for Elder Justice at the Hebrew Home at Riverdale recently bestowed past GSA President Terry Fulmer, PhD, RN, FAAN, FGSA, with its Champion for Change award. This distinction recognizes the contributions of extraordinary individuals dedicated to change and justice.

Fulmer currently serves as president of The John A. Hartford Foundation.

Gill, Justice Earn AFAR Awards

The American Federation for Aging Research is recognizing Thomas M. Gill, MD, FGSA, and Jamie N. Justice, PhD, for their outstanding contributions to the field of aging research through its 2022 Scientific Awards of Distinction.

Gill will receive the Irving S. Wright Award of Distinction, named in honor of AFAR's founder. A leading international authority on the epidemiology and prevention of disability among older persons, his nomination lauded his groundbreaking research on the underlying mechanisms and interventions targeting functional decline and disability among community-living older persons.

Justice will receive the Vincent Cristofalo Rising Star Award in Aging Research, named in honor of a late past GSA president who dedicated his career to aging research and to encouraging young scientists to investigate important problems in the biology of aging. A translational scientist, Justice's research aims to evaluate the functional role of biological processes underlying human aging, and to move interventions targeting these processes from animal models to clinical trials.

The awards will be presented at GSA's 2022 Annual Scientific Meeting, where the recipients will each present a lecture.

Improving Medicare Part D: Good Policy, Politics, and Timing

The senior senator from West Virginia, Joe Manchin (D-WV), took center stage once again in late July as he and Senate Majority Leader Chuck Schumer (D-NY) announced a deal on a very trimmed down Build Back Better Act (H.R.5376) now called the Inflation Reduction Act of 2022 (IRA).

As we go to press, the Senate has just completed the arduous process of passing this budget reconciliation bill, including more than 15 hours of amendments. The Democrats only needed a simple majority; so, with 48 Democrats, two independents, and Vice President Kamala Harris to break a tie, they were able to pass the bill (51-50) before heading home for the rest of August and the first week of September. The IRA includes proposals that should appeal to the Democratic base and some that have been supported by Republicans, as well. These include:

Energy and Climate protection provisions including tax credits to incentivize renewable energy innovation, rebates for purchases of electric vehicles, rewards for oil and gas companies that slash their emissions of methane and penalties for those that don't, financing for "green banks" which leverage public and private funds to invest in clean energy technologies and infrastructure, support for oil and gas drilling in Alaska and the Gulf of Mexico (to address Manchin's requirement for energy independence), permanent extension of funding for the Black Lung Disability Trust Fund, and other measures to reduce emissions and pollution in agricultural and manufacturing industries.

Taxes — a corporate tax rate of 15 percent, which was amended on the floor to protect businesses owned by private equity. The single biggest tax hike in the plan would apply to all U.S. corporations that earn more than \$1 billion per year in profits. Under current law, U.S. corporations ostensibly pay a 21 percent tax rate. But dozens of Fortune 500 companies pay no federal income tax at all by claiming deductions for research and development and other credits, according to Senate officials as reported by *The Washington Post*. Influx of funding for the IRS itself to help close the "tax gap" — the difference between what people and corporations owe and what they pay. The funding of \$80 billion would enable the IRS to recoup \$1.4 trillion. Also included are tax law changes to prevent private-equity investors from "gaming" the system to lower their tax liability.

Health Coverage — The deal would extend crucial subsidies for the cost of health insurance premiums under the Affordable Care Act for eligible low-income individuals for three more years, through 2025. This enables 13 million people with low and middle incomes to avoid a more than 8.5 percent premium increase (a cap that would have expired at the end of this year).

Deficit reduction was a key demand of Manchin, and the bill would save about \$300 billion over ten years once revenue saving measures have taken effect.

Medicare (I buried the lede) — My wife Laurie and I are counting on turning 65 this fall, so what's not to love about improving Medicare Part D by allowing the federal government to negotiate for the prescription drugs used by Medicare beneficiaries? After all, nearly 80 percent of Medicare beneficiaries use prescription drugs (that's more than 48 million people). According to Glen Fewkes, director of health-care access and affordability at AARP, prescription drug prices have sometimes increased two to three times the rate of inflation. "If other prices increased at the same rate, gas would now cost \$12.20 per gallon and milk would cost \$13 per gallon," [said Fewkes](#). In the Part D prescription drug provisions being put forth by Senate Democrats, the specific number of Medicare beneficiaries affected initially is closer to 8.5 million (according to Kaiser Family Foundation [analysis](#)). These are people who use medicines to treat cancer, diabetes, asthma, multiple sclerosis, auto-immune diseases, glaucoma, and osteoporosis, among other ailments. Negotiating for lower drug prices is estimated to save the federal government nearly \$288 billion over 10 years, according to the [Congressional Budget Office](#) (CBO). In addition, downstream effects on drug prices could save out-of-pocket costs for consumers and health plans such that the CBO estimates that allowing Medicare to negotiate prices could save \$450 billion over 10 years. And the idea is popular: polls show that more than 80 percent of adults favor reducing drug prices.

You may be thinking this is an obvious win for patients, for taxpayers (since saving the federal government money helps with the deficit as well as allows funds to be spent elsewhere), and for legislators and politicians who want to support the will of the electorate! What's the stumbling block? Let's use my favorite analytical tool to decipher what's going on with the drug price reform legislation: the Three Ps: Policy, Politics, and Process.

Policy Points on Drug Pricing Reform

Before I go into possible political and procedural pros and cons of the drug pricing hot potato, I would like to lay out what we know as of this writing about the provisions being considered. These provisions and others in the bill are still being hotly debated — Senator Kyrsten Sinema (D-AZ) has not signed off — and may end up being slightly different in the final bill. And the Senate parliamentarian has been reviewing each provision to make sure it meets the rules for budget reconciliation.

The Medicare specific elements would:

- Direct the secretary of Health and Human Services to negotiate the prices of 10 medicines used by Medicare beneficiaries in 2026, 15 in 2027, 15 in 2028, and 20 in 2029;
- Cap the out-of-pocket amount that Medicare patients can be asked to pay for prescription drugs at \$2,000 a year by 2025;

- Limit the amount drug companies can increase prices each year, and if price increases exceed rate of inflation, consumers will receive a rebate;
- Cover adult vaccines currently covered by Medicare Part D in the same way as those under Part B (i.e., deductibles and coinsurance would not apply) by January 2023. The vaccines must be approved by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention; and
- Expand eligibility for the Low-Income Subsidy (LIS) program to individuals at 150 percent of the federal poverty level (individuals with an income of \$20,000 approximately), up from the current LIS eligibility of 135 percent of the poverty level (approx. \$18,000).

These provisions add up to significant savings for the Medicare program and for beneficiaries. With the median income of the Medicare beneficiary at just over \$26,000 per year, saving money on prescription medications is an important goal. Although very few Medicare beneficiaries pay the full price of drugs, some do before catastrophic protections kick in. Medicines for cancer and autoimmune conditions can run to more than \$15,000 per year. Insurance plans now are requiring patients to pay a percentage of a drug's price instead of a flat fee — and the funds must be handed over at the pharmacy counter when the medicines are dispensed. Therefore, high drug costs can significantly influence a person's monthly budget or even upend it.

Savings to the Medicare program could enable expanding health coverage to the uninsured and offering new vision, hearing, and dental benefits to those with Medicare in the future. In addition, the [Medicare Rights Center](#) points out that without drug pricing reforms, "... unaffordability will continue to rise, pricing an ever-growing number of Americans out of needed [medications](#) and [coverage](#), leading to worse health outcomes and higher costs in the future."

According to the [RAND Corporation](#), insurance companies and patients in the U.S. pay the highest prices for prescription drugs in the world. On average, drugs in the U.S. cost about 250 percent of the average for the 38 advanced nations in the Organization for Economic Cooperation and Development. It is not unusual for governments to negotiate directly on drug prices with manufacturers, so for the Medicare program to do so is not outside the realm of common practice. It should be noted that Senate Republicans were able to strip the bill of a provision that would have capped insulin prices at \$35 per month in the private market, since it went beyond Medicare.

Politics Points

Opposition to the Medicare Part D drug pricing provisions runs deep among Republicans and the [pharmaceutical industry](#). In general, the argument centers on their traditional opposition to government intervention, seeing "negotiation" as "regulation" or "price fixing." They cite the benefits of free market competition for keeping prices low and creating incentives for innovation. The Congressional Budget Office [estimates](#) that there will be approximately [10 fewer drugs over the next 30 years](#), out of what is expected to be around 1,300 new drugs launched.

The pharmaceutical industry has spent \$26 million fighting the Medicare drug pricing provisions, including targeting legislators who are

in tight mid-term races this year. One target is Senator Catherine Cortez Masto (D-Nevada). Using social media and TV ads, the American Prosperity Alliance, according to Senator Cortez Masto, "incorrectly claims that I support a bill that would strip 300 billion dollars from Medicare. ... The bill would not cut anything but Big Pharma's profits." She added, "Our legislation will save the government almost \$300 billion," Cortez Masto said. "Now, that's not a cut — that's a savings. Every household in the country knows the difference between the two."

By the way, the Leadership Council of Aging Organizations has [endorsed](#) the Senate bill.

Process Points

You have heard too much from me about the reconciliation process, so suffice it to say, this may be the last time this year that the majority party has a chance to move such significant part of its agenda. So, after nearly two years of process, the Democrats managed to avoid COVID for long enough to narrowly pass budget reconciliation. The House plans on returning to town from its recess to vote on the package on August 12, and nearly all Democrats will need to vote in favor of the bill given their slim majority, as well.

In closing, if the policy, politics, and the process are finally in alignment, President Joe Biden and the Democratic majority in the House and Senate will have a major victory just about three months before the mid-term elections. One wonders if this victory, coupled with the backlash on changes to women's reproductive health rights, and the potential for further civil rights challenges will be sufficient for Democrats to survive as the majority after the mid-term elections.

Recent GSA Policy Actions

GSA [submitted comments](#) to the Advisory Committee on Immunization Practice (ACIP) requesting they recommend enhanced influenza vaccine products as preferred, rather than take a position of no preference, for people 65 years of age and older. On June 22, ACIP voted in favor of a preferential recommendation for certain flu vaccines over others for adults 65 years and older. ACIP voted to preferentially recommend the use of higher-dose flu vaccines (Fluzone High-Dose vaccine and Flublok recombinant vaccine) or adjuvanted flu vaccine (Fluad vaccine) over standard-dose unadjuvanted flu vaccines.

GSA joined close to 240 organizations in supporting the [Medicare Oral Health Consortium letter](#) recognizing the Biden-Harris Administration proposal to extend Medicare coverage to dental services that are integral to the delivery of covered medical services. Specifically, the Physician Fee Schedule for Fiscal Year 2023 issued on July 7 proposes to meaningfully broaden reimbursement for medically necessary dental services.

GSA joined over 40 other scientific organizations in signing a [letter](#) urging the U.S. Senate to address the public health crisis of gun violence.

new resources

CMS Launches HCBS Quality Measure Set

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

of older adults and people with disabilities who need LTSS because of disabling conditions and chronic illnesses.

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

Continued from page 1 – Pseudobulbar Affect: An Often-Overlooked Condition

amyotrophic lateral sclerosis (ALS), extrapyramidal and cerebellar disorders (e.g., Parkinson's disease), multiple sclerosis (MS), traumatic brain injury, Alzheimer's disease and other dementias, stroke, and brain tumors. The exact cause is unknown, but it appears that the disease or injury disrupts the neural networks and neurotransmitters that are responsible for expression of emotion, especially in the cerebellum.

An estimated 2 to 7 million individuals in the U.S. have PBA. Prevalence varies among populations with various neurologic disorders. For example, PBA has been estimated to occur in approximately 10 percent of patients with MS and up to 50 percent of patients with ALS. Although PBA is common in many neurologic conditions, it is often underrecognized and undertreated. However, health care providers are increasingly recognizing PBA as a behavioral symptom that is connected to brain health, and they are assessing for PBA as part of brain health management efforts.

To help identify patients with PBA, "the assessment of patients with neurologic conditions should incorporate questions about mood and emotion, including assessment of whether responses to certain environments are out of proportion to what would be expected for other conditions such as anxiety and depression," emphasized Jill Farmer, DO, MPH, a member of the newsletter's content development

faculty who is an assistant professor of neurology at Drexel University College of Medicine. Care providers (including family members and staff at long-term care facilities who observe patients laughing or crying inappropriately) may consider having the patient evaluated for PBA, especially if the patient has a neurologic condition or brain injury.

Goals of treatment for PBA include reducing severity and frequency of episodes. Behavioral strategies should always be considered for patients and caregivers — particularly when symptoms are mild or do not impact the patient's quality of life — and may be adequate for treatment of PBA. Pharmacologic options may also provide benefit for appropriate patients. Implementing nonpharmacologic behavioral strategies along with pharmacologic treatment may produce a synergistic effect.

"Insights & Implications in Gerontology: Understanding Pseudobulbar Affect" provides an overview of PBA, reviews goals of treatment for PBA, details treatment of PBA as one aspect of well-coordinated interdisciplinary care for older adults, and offers perspectives from clinicians with experience treating patients with PBA. An infographic is also available to help inform older adults and others about this common condition.

Support for this publication was provided by Avanir.

funding opportunities

Three NIA Small Grant Opportunities Will Support Alzheimer's Research

The National Institute on Aging (NIA) Small Research Grant Program for the Next Generation of Researchers in Alzheimer's Disease supports important and innovative research in areas in which more scientific investigation is needed to improve the prevention, diagnosis, treatment and care for Alzheimer's disease and related dementias (AD/ADRD).

Awards are two years of funding totaling \$200,000, and the application is October 16. The expiration date for this award is November 17.

There are three funding opportunity announcements:

- [PAS-19-391 Area of Focus Archiving and Leveraging Existing Data Sets for Analyses \(R03 Clinical Trial Not Allowed\)](#)
- [PAS-19-392 Area of Focus Basic Science \(R03 Clinical Trials Not Allowed\)](#)
- [PAS-19-393 Area of Focus Systems Biology \(R03 Clinical Trial Not Allowed\)](#)

Get to Know Your Junior Leaders: Health Sciences Section

We are Alice Kane and Matt Yousefzadeh, and we are excited to introduce ourselves as the Biological Sciences Section junior leaders for 2022. Alice is currently a research associate in David Sinclair's lab at Harvard Medical School, and will be starting as an assistant professor at the Institute for Systems Biology in the fall. Matt is a research assistant professor in Laura Niedernhofer's lab at the University of Minnesota. We are working closely with the other members of the Biological Sciences Section to plan some great activities for the annual meeting and beyond.



Kane



Yousefzadeh

Firstly, in June we held a webinar specifically for students, postdocs, and early faculty on "[Fellowship and Career Development Awards from the National Institute on Aging](#)." This was a great success with 104 attendees, and was led by Jamie Lahvic, Viviana Perez Montes, and Maria Carranza from the National Institute on Aging (NIA). Attendees were able to get some insider tips on applying for awards with the NIA, and to ask questions to the exact people who know all the answers!

Secondly, the Biological Sciences Section is working to increase diversity in aging research — by offering eight travel awards for under-represented minorities working in the biology of aging field to attend

the 2022 GSA Annual Scientific Meeting in Indianapolis. These awards are for graduate students, postdocs, and early-stage faculty, and if you want more information, please contact Vice President for Policy and Professional Affairs Trish D'Antonio at <mailto:biosciaward@geron.org>.

Finally, we are thrilled to announce the speakers for the Biological Sciences Section ESPO session at the Annual Scientific Meeting. This session is always a highlight of the program, showcasing the work of trainees in the biology of aging, and this year will be no different.

We will hear from Harper Kim of the University of Alabama at Birmingham talking about "Early-life Protein Translation Spike Drives Aging via Juvenile Hormone/Germline Stem Cell Signaling"; Alistaire Ruggiero from Wake Forest School of Medicine about "Senolytic Therapy: Results from a Placebo Controlled 6-Month Nonhuman Primate Trial"; Anastasia Leshchych from Boston University about "Mosaic chromosomal alterations and longevity"; and Brenda Eap from the University of Southern California about "Mapping the Ketogenic System in Aging."

The Biological Sciences Section programming at the Annual Scientific Meeting is shaping up to be excellent, with both new faces and established researchers in the field, covering topics including proteostasis, senescence, adipose remodeling, sex-dimorphism and chromatin modifications in aging. We look forward to seeing you all there!

Continued from page 1 – KAER Toolkit Provides Framework for Management of Obesity

"This toolkit serves as a reference for any clinician who seeks to provide patient-centered care for this patient population" added Cody Stanford, who served as a peer review panelist for the new KAER Toolkit.

In 2015, GSA developed a framework that is useful for primary care teams to address obesity: the KAER (Kickstart, Assess, Evaluate, Refer) Framework.

Using this framework, GSA developed the [GSA KAER Toolkit for Primary Care Teams](#) aimed at supporting the well-being and positive health-related outcomes for people living with dementia and for their families.

Building on the success of this widely recognized toolkit and with the support of Novo Nordisk, GSA developed the The Gerontological Society of America KAER Toolkit for the Management of Obesity in Older Adults. Its principal audience is primary care teams and it supports them to:

- **Kickstart** the weight management conversation in the primary care setting with a focus on obesity as a disease, not a behavioral issue or problem based on poor choices
- **Assess** for overweight and obesity, underlying conditions, contributing medications, and overall health

- **Evaluate** treatment options based on assessment, discuss with patient, implement, and monitor outcomes
- **Refer** for community resources to assist on the weight management journey

In addition to a section devoted to each of the above-noted four steps in the KAER Framework that includes section takeaways, an overview, and approaches to implement, the toolkit includes information about ways to get paid for KAER-based care and many references and resources. GSA also makes available [additional resources regarding overweight and obesity](#), including podcasts, publications, and more.

"We are grateful to our peer review panel who informed the development of the KAER Toolkit," said Karen Tracy, vice president, strategic alliances and integrated communications at GSA. "Their expertise allowed us to infuse the toolkit with the best available tools and resources for primary care teams to use while providing care to older adults with overweight and obesity. The toolkit includes important information that supports primary care teams to identify and address their own biases and practices that impede person-centered, sensitive care for individuals with overweight and obesity — an important first step in implementing the KAER Framework to support older adults with these chronic and complex conditions."

Your Vote, Your Society

GSA congratulates the following candidates

Board of Directors



Vice President
Judith L. Howe,
PhD, MPA, FGSA, FAGHE
Icahn School of Medicine at Mount Sinai



Board Member
Laura Haynes,
PhD
University of Connecticut

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! 2022 Election Results

who will take their offices January 1, 2023.

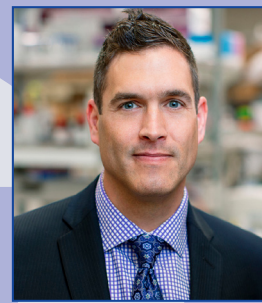
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Journal Welcomes Translational Research on Pain, Pain Management

Innovation in Aging invites submissions for a forthcoming special issue to be titled “[Translational Research on Pain and Pain Management in Later Life](#).” The journal seeks empirical papers and systematic or scoping reviews that contribute new insights and knowledge on geriatric pain issues related to its impact, prevention, detection, and management. Studies that advance understanding of how to best assess and manage later-life pain and educate providers, older adults, and caregivers on how to perform these tasks will be particularly welcome.

Nonpharmacologic approaches to management are now widely recommended, but the evidence base regarding what approaches work best and in what types of older adults remains limited. In addition, existing studies for the most part lack diversity in study populations with respect to race/ethnicity status, thereby limiting generalizability. Finally, the short duration of most clinical trials further limits our understanding of the long-term effectiveness and adverse effects of commonly employed therapies that include psychosocial/behavioral treatments. Abstracts are due September 30. Visit <https://bit.ly/GSA-CFPs> to review the full call.

Special Issue Looks at Nursing Home Care’s Future

The COVID-19 pandemic has highlighted long-standing problems with nursing home care in the U.S., presenting an opportunity for systemic change even as it accelerates a shift toward community-based care. A new special issue *Innovation in Aging*, titled “Translational Research on the Future of U.S. Nursing Home Care,” showcases contributions to the evidence base that will be needed if the nursing home sector is to be transformed.

Some of the papers report new results on recruiting, funding, and retaining staff. Other papers describe improvements in clinical quality that could be supported by better metrics, information sharing, aligned incentives, and capacity building. Most needed for resident quality of life are advances in sustaining resident autonomy and community engagement, according to the issue. Research results on respectful dementia care, equitable access to the elements needed for quality of life, and the concept of person-centeredness will inspire readers to work toward these goals.

Christine E. Bishop, PhD, FGSA and Howard B. Degenholtz, PhD, FGSA, served as guest editors for this special issue.

GSA Journals Continue to Lead: Latest Impact Factors Announced

The Web of Science Group, part of Clarivate Analytics, has released the 2022 update to its annual *Journal Citation Reports*, which includes impact factor rankings for 2021. The GSA journals achieved all-time high impact factors, and continue to be in quartile 1 of

the Web of Science Gerontology category.

- *The Journals of Gerontology, Series A: Biological Sciences & Medical Sciences* ranks #5 with an impact factor of 6.591 (Editors-in-chief: Rozalyn Anderson, PhD, FGSA, University of Wisconsin; David LeCouteur, MBBS, FRACP, PhD, University of Sydney; and Lewis Lipsitz, MD, FGSA, Harvard University)
- *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* ranks #8 with an impact factor of 4.942 (Editors-in-chief: Derek Isaacowitz, PhD, FGSA, Northeastern University; and Jessica Kelley, PhD, FGSA, Case Western Reserve University)
- *The Gerontologist* ranks #7 with an impact factor of 5.422 (Editor-in-chief: Suzanne Meeks, PhD, FGSA, University of Louisville)
- *Innovation in Aging* received its inaugural impact factor for *Innovation in Aging* of 6.060, ranking #6 (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.

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