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Board of Directors Meets

The GSA Board of Directors met October 3, led by Chair Peter Lichtenberg, PhD, ABPP, FGSA. President James Nelson, PhD, FGSA, provided an update regarding relevant Society and DEIA activities. CEO James Appleby, BSPHarm, MPH, provided updates on staff programs and activities, and the CEO action plan. The Finance Committee report from Treasurer Carmen Sceppa, MD, PhD, FGSA, included updates on year-end budget projection, and the 2022 Form 990 and related federal/state filings. Vice President of Operations Jim Evans provided an update on the GSA 2023 Annual Scientific Meeting. Vice President of Publishing and Professional Resources Judie Lieu briefed the board on the GSA publishing program and on the mandated requirement for federally funded research be immediately available when published. And the GSA section chairs provided an update on their respective group's activities.

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15 Top Journalists Earn Aging-Focused Reporting Fellowships

GSA and the Journalists Network on Generations are welcoming 15 distinguished reporters for the next cohort of the [Journalists in Aging Fellows Program](#), now in its 14th year.

They represent a wide range of general audience, ethnic, and community media outlets, including local and national publications. This year's group brings the program's total number of participating reporters to 232. The new fellows were chosen — by a panel of gerontological and editorial professionals — based on their proposals for an in-depth aging-focused story or series.

These projects, to be produced in 2024, span such concerns as health-insurance challenges for older adults with long-COVID, the environmental impact of retirement, heart health for African Americans, and the high level of malnutrition among those ages 85+.

The program is supported by funding from Silver Century Foundation, The John A. Hartford Foundation, The Commonwealth Fund, Archstone Foundation, and NIHCM

Foundation, and a donation from John Migliaccio, PhD, MEd, FGSA.

The participating journalists will convene during the [GSA 2023 Annual Scientific Meeting](#) — scheduled for November 8 to 12 in Tampa, Florida — where they will have access to the latest aging research and approximately 4,000 expert attendees. The fellowship will showcase research highlights from the meeting and other sources, and host discussions with veteran journalists on how to position aging stories in the current media environment.

“By connecting them with top experts and the most up-to-date research in the field, our program provides its participants with a first-rate educational overview of trends and new developments,” said GSA Director of Communications Todd Kluss. “We congratulate the new fellows and are proud to support them and their outlets in their commitment to serving communities with fact-based, topical stories on the experiences of people as we age.”

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Lepore Chosen to Lead Public Policy & Aging Report

GSA has named Michael Lepore, PhD, of the University of Massachusetts (UMass) Amherst as the next editor-in-chief of *Public Policy & Aging Report*, effective January 2024.

“I am honored to serve as editor-in-chief of *Public Policy & Aging Report*, which for nearly 30 years has provided non-partisan analyses of aging-related policy issues,” Lepore said. “This venerable journal has been a mainstay of my training and professional development, and I am committed to further advancing its impact and diversifying its authorship in alignment with GSA's commitments to diversity, equity, and inclusion.”

Public Policy & Aging Report — published quarterly by Oxford Journals on behalf of GSA and its nonpartisan public policy institute, the National Academy on an Aging Society



Lepore

— explores policy issues generated by the aging of American society. Each thematic issue is designed to stimulate debate, highlight emerging concerns, and propose alternative policy options.

The audience consists of decision makers in the public and private sectors, advisors and staff to those decision makers, program administrators, researchers, students, and the interested public. Authors are drawn from the leadership ranks of the policy, practice, and research communities.

“It is my great pleasure to welcome Dr. Lepore. His experience serving as a nurse aide in a dementia care unit and extensive research in the field of gerontology and health policy

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From the CEO



Celebrating GSA's Numerous 2023 Accomplishments Together

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

As we approach the Annual Scientific Meeting, it's fitting to add to the excitement by taking stock of some of the Society's many successes since we last met. I hope you will join me in celebrating the following milestones when we see each other in Tampa.

New Logo and Digital Presence

Unveiled: GSA introduced a new organizational logo, [website](#), and the [GSA Enrich](#) learning management system, reflecting our positive outlook on aging across the life course, and our commitment to catalyzing interdisciplinary research and collaboration in the aging field. GSA Enrich is a totally new platform that houses GSA's expanding, dynamic collection of webinars, podcasts, publications, and training resources.

GSA Chosen to Lead RCMAR NCC:

We were thrilled to receive the news that the National Institute on Aging (NIA) has awarded GSA a grant to become the new home to the [National Coordinating Center \(NCC\) for the Resource Centers on Minority Aging Research \(RCMAR\) program](#)! This is a major milestone moment for the Society! Established 26 years ago, RCMAR is the NIA Division of Behavioral and Social Research's flagship infrastructure and mentoring program for scientists from diverse backgrounds. The collaborative agreement that GSA has undertaken means we'll be working very closely with their team members to steward the program.

GSA Journals Hit New Heights:

We started 2023 with the transition of [all GSA journals](#) to an online only format, and unveiled new cover designs this fall. This summer, the release of journal impact factors for 2022 showed that several GSA journals achieved all-time high impact factors. *Innovation in Aging*, GSA's open access journal launched in 2017, achieved the highest impact factor ever reached by a GSA publication, 7.0. And *The Journals of Gerontology, Series A* introduced a permanent section on translational geroscience with an ongoing call for papers.

KAER Reaches Wide Audiences:

The GSA flagship KAER program [Kickstart, Assess, Evaluate and Refer] has been applied to [brain health](#) and to [obesity/overweight](#). The program and associated toolkits, highlighting the interprofessional care of older adults, has been showcased most notably at the Alzheimer's Association International Conference and The Obesity Society meeting, in addition to many other conferences.

Anti-Ageism Efforts Expand:

The [National Center to Reframe Aging \(NCRA\)](#) at GSA is the central hub for proven communication strategies and tools to effectively frame aging issues. The NCRA team is now working with several states, including Pennsylvania's Department of Aging, to provide communication strategy consulting services in support of new multisector plans on aging. And new tools have been launched, such as the [Changing the Conversation Toolkit](#), which illustrates how to effectively reframe aging issues related to nursing home care, intersectionality, and intergenerational work. GSA also launched [Ageism First Aid](#), an online, self-paced, multi-module course designed to help change the common misconceptions and negative myths about aging by replacing them with facts that should be common knowledge. The course, designed for undergraduate students and health professions students, is available on the new GSA Enrich learning management platform.

Careers in Aging Day Slated for Tampa:

New at this year's Annual Scientific Meeting in Tampa, the Society is providing local undergraduate students with the means to learn about career opportunities in the aging field. Through a full day of programming, [Careers in Aging Day](#) participants will have a free chance to learn everything about GSA, career options in the aging field, the workings of a professional conference, and educational options at local colleges and universities.

See you in Tampa!

gerontology news

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Members in the News

- Pinchas Cohen, MD, FGSA, was quoted in a September 20 *Time* article titled “[The Man Who Thinks He Can Live Forever.](#)”
- On September 23, Donna Benton, PhD, was quoted in a *Los Angeles Times* article titled “[Work, school, caregiving. Multiple generations honor a family member while going about their lives.](#)”
- *The Guardian* quoted Valter Longo, PhD, FGSA, on September 23, in an article titled “[Eat beans and scratch your own back – expert advice on how to age better, inside and out.](#)”

Member Spotlight

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

[Stephen J. Fogle, MA](#)

Member Referral Program

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

[Matthias Hoben, PhD](#)

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

RRF Names Golden as New Trustee

Robyn Golden, MA, LCSW, FGSA, has been appointed to the RRF Foundation for Aging Board of Trustees.

RRF was one of the first private foundations in the country to focus on aging issues. During the last 45 years, it has awarded over 5,000 grants worth more than \$265 million. The foundation’s grantmaking focuses on four priority areas: housing, economic security in later life, caregiving, and social and intergenerational connectedness.

Golden is the associate vice president of social work and community health at Rush University Medical Center and co-director of Rush’s Center for Excellence in Aging and the Center for Health and Social Care Integration. She also serves as the principal investigator for Rush’s Geriatric Workforce Enhancement Program and co-directs the Rush Center of Excellence for Behavioral Health Disparities in Aging. Her faculty appointments are in the areas of nursing, medicine, psychiatry, and healthy systems management.

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Stuart Explores End-of-Life Issues in 'Facing Death'

As the *Gerontology News* goes to press, so arrives the Day of the Dead holiday, which for some is like a joyful family reunion where one's dead ancestors are the guests and memories of them are celebrated. Getting to that point of celebration in place of mourning can be quite difficult. Why am I speaking of such a tradition and about death? Well, having just participated in the Coalition



Stuart

to Transform Advance Care's (C-TAC) Leadership Summit, on my mind is our work to ensure that individuals with serious illness and those nearing the end of life (and their families) receive quality care that reflects their care preferences and honors their dignity.

At the summit this year, I ran into a wonderful friend and colleague Brad Stuart, who recently completed a book titled "Facing Death," stories of Brad's life as an MD with more than 35 years of experience practicing internal medicine, palliative care, and hospice.

What makes Brad unique is his ability to create health care system innovations based on what he has learned from his patients and his commitment to their dignity. He was instrumental in creating the first Advanced Illness Management (AIM) program in the U.S. with a grant from the Robert Wood Johnson Foundation in 1999; Brad nurtured its growth to a \$13 million award in 2010 from the Center for Medicare & Medicaid Innovation to scale AIM nationally. Brad is a founding member of C-TAC, a graduate of Stanford University School of Medicine, and in 2013 was named in the HealthLeaders' Media list of Top 20 national difference-makers. He has written in GSA's *Public Policy & Aging Report* and spoken at our Annual Scientific Meetings.

So, I asked Brad to do an interview for the column. Now it is not a typical policy column, but I hope you find it enlightening. And I share this with you in part because there is a whole policy agenda around improving serious illness care, including expanding palliative care services, eliminating the copay for Medicare advance care planning counseling, modernizing the hospice benefit, making it easier to use health care dollars for home and community-based supports and services provided by the aging network, and creating health care payment models that reward quality serious illness care. Brad has been at the forefront of this field inspired by his experiences caring for those with serious illness.

Brian Lindberg: "Facing Death" is an interesting title — and maybe a little scary. What's the book about?

Brad Stuart: I'm a doctor who's taken care of people at the end of life for almost 50 years. The work is challenging, but it's not as scary as you might think. The book shows some of what I've

learned. Death is like anything else. The more you learn about it, the less scary and forbidding it becomes.

Brian: What's the most important lesson you've learned?

Brad: I've been with a lot of people at the very end of life. I've also delivered babies, so I've seen people at the beginning of life too. All of us come into life with just one thing: who you really are. It's the real *you*, very simple and empty, before you develop any personality, thoughts, or habits. I call it the *I Am*. You can see it in a newborn baby's eyes — there's a story in the book about how that experience woke me up. Then, before you die, you let go of all those personality traits, thoughts and habits you developed in life until only the real *you* is left. That's what you leave with when you die. No one knows what happens after that, except for stories of near-death experiences. They seem to indicate that *I Am* may survive when the body dies. Science is studying those stories now.

Brian: It sounds like you're talking about spirituality.

Brad: Yes, that's true. I was trained in science. I did brain research before I went to medical school. Science is very powerful. But it only knows about things in this world. It has nothing to say about anything ultimate or eternal. Science has been around for less than 500 years. Spiritual visionaries have been talking about the ultimate and the eternal for millennia. Science has taught us how to cure, because that's all about mastering the material world, but not how to heal — that's more about relating to the ultimate and eternal.

Brian: So, how do we merge the science and the spirituality? Both seem important if you are nearing the end of life.

Brad: Yes, they're coming together. The whole last section of the book talks about how science is studying the brain in meditation, on psychedelics, and in near-death experiences. The research findings are different than you might expect. It looks like our consciousness expands as our brain, especially the neural networks that control consciousness and our sense of self, are turned down or even off. It wouldn't surprise me if we discover we've been wrong all along about the nature of death, consciousness, and even reality itself.

Brian: You talk about experiencing a personal transformation. Is that why you wrote the book?

Brad: I've wanted to write a book since my third year in medical school. I had an experience with my first patient in the hospital that upset, confused and angered me. That story is in the book. It set the course for my career. I swore to myself then that I would write a book, but as soon as I said that to myself,

a loud voice inside replied, “You’ll write your book, but only when you don’t want to.” Talk about a Zen koan from nowhere! That voice was right — it’s a good thing I didn’t write that angry, critical book.

When I finally sat down to write this book almost half a century later, I wanted to tell the stories that mattered, about how my patients taught me what I needed to know. Often I stumbled into the truth. Those stories make up part one of the book, called “Learning.” Once that part was finished, I realized that I needed to explain what I had learned, not just about medical care, but about who we really are as humans. That’s part two, the spiritual part, called “Knowledge.” Then it became clear that I needed to describe how that knowledge is now being applied in the real world — by science, as it studies meditation, psychedelics, and REDs (Recalled Experiences of Death, also known as near-death experiences). That’s part three, called “Transcendence.” I wanted to show that deep spirituality, which has to do with the ultimate and eternal, is not woo-woo — it’s real, and science is proving that. I included lots of references to important scientific papers that are showing the way, bringing spirituality down to earth so it can be used in practical ways. And the most practical application is to help us all deal with the reality of death, so we can make it part of life.

I also wanted to talk about the supreme irony that science now faces. Throughout its 400-year history, science has assumed that reality is material — that all that exists is what we can detect with our five senses and the instruments that extend them. Now science is forced to confront the new reality that its own research evidence is revealing: that consciousness must be more than just a phenomenon created by our material brains. And that the ultimate and eternal are real — more real than our material world itself — just as spiritual visionaries have been saying for thousands of years.

So, to answer your question, once I finished the book I realized that life — and me, as a human being — are much deeper, wider, and higher than I thought. In the book, I write about experiences that woke me up. But awakening is a process, not just an event. And my awakening continues today, as it will throughout the rest of the time I’m alive — and perhaps beyond.

Brian: You talk about feeling great sadness and great joy at the same time as you work with people who are dying. Say more about that.

Brad: When you sit quietly with someone who is suffering and afraid, and you sit long enough to get close to what they’re feeling (but not so close that you get pulled out of your own center), and you wait until there’s something helpful to say (which can take a while), and you say it, and it reflects what they’re feeling, and they say something like, “yes, that’s it,” and you get quiet again, and you do that for a while — healing can happen. And I’ve often felt deep grief and deep joy in those moments. Grief because something is ending and there’s nothing you can do, and joy because you’re experiencing it together and that makes it real. And if it’s real it must be fine.

Brian: How do you view your time left on earth?

Brad: That personal transformation we mentioned — it’s changed how I view the time I have left. Before, I would have said that I’d think about all the things I’d want to do before I die. That’s the bucket-list approach, I guess. I still do think about that, because the book has opened up all kinds of opportunities to talk with people about the things that really matter. I love those discussions. But what’s different now is that I’m learning to live in that place inside where I Am. It’s empty and still, yet all of creation is in there too. Some people might say that’s where God lives. It’s a place I’m learning to *go to*, but more and more it’s a place I’m learning to *come from*. When you are aware in that place, you see your own *self* in a much different light. I’m seeing how much work I need to do on myself before I go. Whoever thinks spirituality is all about light and bliss may not have made a careful comparison between who they really are — the *I Am* — and who they think they are as they walk around in the world. It’s another all-at-once experience of deep grief about who I pretend to be, even to myself, and deep joy about who I really am — and down deep who we all really are.

Brian: This book dives into more than medical scenes, spiritual visions, and discussions of religious traditions of Jesus, Buddha, and the Tao. You also prompt us to think about the qualitative differences between curing and healing, pain and suffering, grief and loss — and how we as researchers and health care professionals should intentionally seek to understand these nuances. Thank you for your many years of providing care and for sharing your story with us.

Recent Policy Actions

GSA’s 2023 Public Policy Advisory Panel hosted an October 27 webinar titled “[The Global Scale of Social Isolation and Loneliness: What You Need to Know](#).” During the session, panelists discussed the global prevalence of social isolation and loneliness as well as the policy interventions and programs that policymakers in countries around the world are implementing to address the causes and consequences of these societal issues. The panel will continue the momentum with a conversation during the Policy Series at the upcoming Annual Scientific Meeting, “Interdisciplinary Public Policy Discussion Session on Social Connectedness,” on Friday, Nov 10, from 4:30 to 6 p.m.

GSA Vice President of Policy, and Professional Affairs Patricia M. D’Antonio, BSPHarm, MS, MBA, BCGP, and GSA Vice President of Integrated Communications and Strategic Alliances Karen Tracy met with staff members from the House Energy and Commerce Health Subcommittee and the Ways and Means Health Subcommittee to advance GSA’s work in [obesity and overweight](#) and to express support for the bipartisan [Treat and Reduce Obesity Act](#) (H.R. 4818/S. 2407). This legislation is a vital first step in expanding access to obesity treatment.

Continued from page 1 - 15 Top Journalists Earn Aging-Focused Reporting Fellowships

Kluss co-directs the program together with independent age-beat journalist Liz Seegert, who serves as program coordinator of the fellowship's media partner, the Journalists Network on Generations.

"I'm excited to work with this year's outstanding group of fellows to help them pursue multiple angles on what it means to grow older in the United States," Seegert said. "The fellowship will connect them to sources and data that can enrich their coverage

and ultimately develop richer, more nuanced stories which comprise the many different aspects of aging."

Continuing fellowship grants also are being provided to allow several previous fellows to participate in the program and GSA's meeting. A continuously updated list of more than 800 stories generated by the program's alumni is available [on GSA's website](#).

The new fellows:



Kate Ashford (NerdWallet)
Project: A series on "The Implications of Long COVID in Older Adults."



Christina Nooney (KALW Public Radio)
Project: "Why Elders 85+ Lead California Deaths from Malnutrition."



Deborah Bailey (Afro American Newspapers)
Project: A series on the impact of diabetes on Black Americans in the post-pandemic era, "Black Maturity, Diabetes and American Policy — The Perilous Intersection."



Marga Parés Arroyo (El Nuevo Día)
Project: Series on "Abandonment of Elders in Hospitals" in Puerto Rico.



Katie Scarlett Brandt (Chicago Health Magazine/Caregiving Magazine)
Project: A series on aging and homelessness.



Anjana Rajbhandary (NepYork)
Project: "The Vital Role of Personal Care," on challenges for older Nepali immigrants in the U.S.



Clara Germani (Christian Science Monitor)
Project: "What really is 'old,' anyway?": How an aging America is going to change American culture.



Clavel Rangel (El Tiempo Latino)
Project: A series on "Navigating Automation: The Future of Latino Adult Workers in a Digital Age."



Cleo Krejci (Milwaukee Journal Sentinel)
Project: Holes in care and worker training at Wisconsin Community Based Residential Facilities (assisted living).



Kristen Senz (Today's Caregiver Magazine)
Project: "Health Equity Through Innovation: The Promise of Longevity-Focused Tech."



Meera Kymal (India Currents)
Project: "Language Barriers Limit Health Care Access for South Asian Seniors."



Cassandra Spratling (Detroit Free Press)
Project: A two-part series on "The Heart-Health of Older African Americans: Their Vulnerability and What Research Can Tell Us."



Rose Lundy (The Maine Monitor)
Project: The impact of limited long-term care at a rural community facility.



John F. Wasik (Forbes Magazine)
Project: A series on "Green Golden Years: The Environmental Impact of Retirement."



Macy Yang (Hmong Daily News)
Project: "Hmong Elders Face Invisibility, Depression, and Social Isolation."

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ESPO Welcomes Members to Write-In Sessions

By Janelle Fassi, MS, and YanJu Su, MS

ESPO provides programming year-round for students and early career professionals. One such program is the ESPO Write-In Session. These two-hour writing sessions are member-led and scheduled multiple times per week at various times. All ESPO members are welcome to join any scheduled session; no advanced sign-up is required.

Session dates, times, and virtual meeting details can be found through posts in the [GSA ESPO Community](#), or the resulting digest emails sent to members.

Each week, we schedule times across multiple days and offer both morning and afternoon slots to accommodate writers in various time zones. Each member leader has their own style, but sessions typically begin with participant introductions and a summary of individual goals for the session. Participants mute their cameras and microphones for about two hours of independent work, pause once in the middle for a brief check-in, and again at the end for a session wrap-up. Unlike many writing groups, we do not critique each other's work or provide feedback unless a writer specifically requests it. Reviewing and providing feedback is voluntary and at the discretion of the individual facilitator. The goal of our Write-In Session is to foster a culture of writing by providing dedicated time, space and a supportive environment for ESPO members to engage in their own writing to advance their academic work.

The Write-In Session also offers ESPO members accountability and an opportunity to network. We believe that writing can be a solitary and often procrastination-prone activity. Therefore, by creating write-in sessions, we aim to offer ESPO members a dedicated time and space for writing.

Such writing sessions provide a sense of community and camaraderie among like-minded writers at similar career stages, motivating them to set and meet writing goals, stay on track with writing projects, and manage their time effectively. The group dynamics in these sessions can be highly motivating as they provide a sense of accountability, as well as opportunities to share new ideas, discuss challenges, and seek solutions.

These writing sessions are particularly important for early career professionals who face unique challenges related to publishing or perishing while juggling multiple responsibilities. Our writing group facilitators, who are early career professionals at different stages of their careers, have a deep understanding of these challenges and aspirations and are committed to creating a supportive community by sharing their own experiences in overcoming these challenges and guiding members to valuable resources.

We welcome more graduate students and early career scholars to join our coworking sessions to build more community and solidarity for young scholars within GSA. Since March 2023, our

current group of volunteers has hosted more than 60 Write-In Sessions, and more are scheduled as we move into the fall season. We hope you'll join us!

Get to know your current ESPO Write-In Session volunteers:



Saruna Ghimire, MPH, PhD, is an assistant professor in the Department of Sociology and Gerontology at Miami University. Leveraging her background in public health and a prolific research portfolio in global aging, she teaches courses in epidemiology, biostatistics, and global aging. Her research primarily focuses on health and well-being in later life, with an emphasis on understanding the social determinants of healthy aging among diverse communities.



Florence Johnson, PhD, MHA, RN, is a NIN/NINR T32-funded postdoctoral fellow at the University of Michigan. Her research focuses on community support service use and caregiver mental health among Black family caregivers of persons living with dementia. She also serves as an instructional assistant at the University of Michigan School of Nursing.



Ellen Munsterman, MSN, APRN, AGCNS-BC, is a third year PhD student at the University of Pennsylvania School of Nursing and the NewCourtland Center for Transitions and Health. She is also pursuing a dual degree in the Masters in Bioethics (MBE) program. Her research interests include hospital care of older adults with dementia and dementia friendly hospital care.



Nekehia T. Quashie, PhD, is an assistant professor in the Department of Health Studies at the University of Rhode Island. Quashie's research addresses how social welfare policies and socioeconomic inequality shape families' roles in social support, health, and well-being of older adults from a cross-national perspective.



Sijia Wei, PhD, RN, PHN, is a postdoctoral fellow at the Center for Education in Health Sciences, Northwestern University Feinberg School of Medicine. Inspired by her clinical experience as a registered nurse and public health nurse in community-based care settings, Wei's research focuses on care coordination in care transitions for people with chronic conditions and disabilities using social network analysis and large datasets (e.g., electronic health record data).

Journal-Focused Sessions Scheduled for GSA 2023

GSA journal editors-in-chief will be leading several sessions at the upcoming GSA 2023 Annual Scientific Meeting, taking place in Tampa, Florida from November 8 to 12. All will take place at the Tampa Convention Center.

- This Is the Year That Was: The Best of the Journal of Gerontology Biological Sciences (Wednesday, November 8, 10:30 a.m., Room 118)
- Journal of Gerontology Social Sciences: Featured 2022 Editor's Choice Articles (Thursday, November 9, 8 a.m., Room 115)
- GSA Journal Editors Panel: What Happens After I Press Submit? Understanding the Journey of a Manuscript (Thursday, November 9, 12 p.m., Room 115)
- JGMS Editor's Choice Articles of 2022: Biologic and Social Influences on Cognitive and Physical Aging (Thursday, November 9, 4:30 p.m., Room 115)

New Article Collection Centered Around GSA 2023 Theme

GSA and its publisher, Oxford University Press, have created [a special collection of articles](#) from GSA journals addressing this year's Annual Scientific Meeting theme, "Building Bridges > Catalyzing Research > Empowering All Ages."

GSA's Journals Have Several Open Calls

The GSA journals have [several open calls for submissions](#) with various due dates.

- Complex Systems Dynamics and the Aging Process (Due December 1)
- Multidisciplinary Perspectives on Dementia and Population Health Trends (Due December 1)
- Homelessness and Aging (Due December 1)
- Bridging Aging and Disability Research (Due February 1)
- Translational Geroscience (No submission deadline)

Why Submit to the GSA Portfolio?

GSA is committed to cultivating excellence in interdisciplinary aging research and education to advance innovations in practice and policy. The tradition of excellence in GSA's peer-reviewed scientific journals, established in 1946, continues today.

Alongside being the largest interdisciplinary organization devoted to research, education, and practice in the field of aging, the GSA portfolio benefits from impactful metrics such as CiteScore (Scopus) and Impact Factor (Journal Citation Reports) as well as membership with the Committee on Publication Ethics (COPE).

Visit the [GSA journals website](#) to find more information about publishing in the GSA portfolio, and how you can support the Society's vision to ensure we can all enjoy meaningful lives as we age.

Poor Sense of Smell Linked to Increased Risk of Depression in Older Adults

In a study that followed more than 2,000 community-dwelling older adults over eight years, researchers at Johns Hopkins Medicine say they have significant new evidence of a link between decreased sense of smell and risk of developing late-life depression.

[Their findings](#), published in *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*, do not demonstrate that loss of smell causes depression, but suggests that it may serve as a potent indicator of overall health and well-being.

"We've seen repeatedly that a poor sense of smell can be an early warning sign of neurodegenerative diseases such as Alzheimer's disease and Parkinson's disease, as well as a mortality risk. This study underscores its association with depressive symptoms," said Vidya Kamath, PhD, an associate professor of psychiatry and behavioral sciences at the Johns Hopkins University School of Medicine.

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Continued from page 1 - Lepore Chosen to Lead Public Policy & Aging Report

will be an asset to the journal, identifying impactful research and moving the field forward," said Elham Mahmoudi, PhD, the chair of GSA's Program, Publications, and Products Committee. "His leadership in research and policy will strengthen the journal to be an outstanding resource for scientists and policymakers across the globe."

Lepore was recently appointed as the associate dean for research for the Elaine Marieb College of Nursing at the UMass Amherst. His research focuses on improving dementia care and residential long-term care.

Immediately prior to joining the UMass Amherst, he was a member of the University of Maryland School of Nursing faculty, where he served as co-director of the Center for Health Equity and Outcomes Research, and as a professor in the Department of Organizational Systems and Adult Health. He was also a professor in the Department of Medicine at the University of Maryland School of Medicine as well as the associate director for the

Community and Collaboration Core of the University of Maryland Baltimore's Institute for Clinical Translational Research.

After earning his bachelor's degree in psychology and philosophy from Assumption University, and his master's and doctorate in sociology from Georgia State University, Lepore completed his postdoctoral training in the Center for Gerontology and Healthcare Research at Brown University. For the following 15 years, he remained an adjunct research faculty at Brown while also advancing research focused on improving dementia care and residential long-term care through grants and contracts from many government sponsors, including the Centers for Medicare and Medicaid Services, the Administration for Community Living/Administration on Aging, the Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation, and the Medicaid and CHIP Payment and Access Commission. His career has also included service and leadership on committees for the Alzheimer's Association, American Public Health Association, and GSA.

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“Additionally, this study explores factors that might influence the relationship between olfaction and depression, including poor cognition and inflammation.”

The study used data gathered from 2,125 participants in a federal government study known as the Health, Aging and Body Composition Study. This cohort was composed of a group of healthy older adults ages 70 to 73 at the start of the eight-year study period in 1997 and 1998. Participants showed no difficulties in walking 0.25 miles, climbing 10 steps or performing normal activities at the start of the study, and were assessed in person annually and by phone every six months. Tests included those for the ability to detect certain odors, depression and mobility assessments.

In 1999, when smell was first measured, 48 percent of participants displayed a normal sense of smell, 28 percent showed a decreased sense of smell, known as hyposmia, and 24 percent had a profound loss of the sense, known as anosmia. Participants with a better sense of smell tended to be younger than those reporting significant loss or hyposmia. Over follow-up, 25 percent of participants developed significant depressive symptoms. When analyzed further, researchers found that individuals with decreased or significant loss of smell had increased risk of developing significant depressive symptoms at longitudinal follow-up than those in the normal olfaction group. Participants with a better sense of smell tended to be younger than those reporting significant loss or hyposmia.

Researchers also identified three depressive symptom “trajectories” in the study group: stable low, stable moderate and stable high depressive symptoms. Poorer sense of smell was associated with an increased chance of a participant falling into the moderate or high depressive symptoms groups, meaning that the worse a person’s sense of smell, the higher their depressive symptoms. These findings persisted after adjusting for age, income, lifestyle, health factors and use of antidepressant medication.

“Losing your sense of smell influences many aspects of our health and behavior, such as sensing spoiled food or noxious gas, and eating enjoyment. Now we can see that it may also be an important vulnerability indicator of something in your health gone awry,” said Kamath. “Smell is an important way to engage with the world around us, and this study shows it may be a warning sign for late-life depression.”

Humans’ sense of smell is one of two chemical senses. It works through specialized sensory cells, called olfactory neurons, which are found in the nose. These neurons have one odor receptor; it picks up molecules released by substances around us, which are then relayed to the brain for interpretation. The higher the concentration of these smell molecules the stronger the smell, and different combinations of molecules result in different sensations.

Smell is processed in the brain’s olfactory bulb, which is believed to interact closely with the amygdala, hippocampus and other brain structures that regulate and enable memory, decision-making and emotional responses.

The Johns Hopkins researchers say their study suggests that olfaction and depression may be linked through both biological (e.g., altered serotonin levels, brain volume changes) and behavioral (e.g., reduced social function and appetite) mechanisms.

The researchers plan to replicate their findings from this study in more groups of older adults, and examine changes to individuals’ olfactory bulbs to determine if this system is in fact altered in those diagnosed with depression. They also plan to examine if smell can be used in intervention strategies to mitigate risk of late-life depression.

Other scientists who contributed to this study, titled “Olfactory Dysfunction and Depression Trajectories in Community-Dwelling Older Adults,” are Kening Jiang, PhD, Danielle Powell, PhD, AUD, Frank Lin, MD, PhD, MPH, and Jennifer Deal, PhD, of the Johns Hopkins University School of Medicine and Bloomberg School of Public Health; Kevin Manning, PhD, of the University of Connecticut; R. Scott Mackin, PhD, Willa Brenowitz, PhD, and Kristine Yaffe, MD, of the University of California, San Francisco; Keenan Walker, PhD, and Eleanor Simonsick, PhD, of the National Institute on Aging; and Honglei Chen, MD, of Michigan State University.

This work was supported by the National Institute on Aging, the National Institute of Nursing Research and the Intramural Research Program of the National Institutes of Health: National Institute on Aging.

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Resources for Continuing Our Work Towards a More Age-Friendly and Age-Inclusive Higher Education

By M. Aaron Guest, PhD, Assistant Professor of Aging, Center for Innovation in Healthy and Resilient Aging; and Chair, AGHE Communications Workgroup

GSA and its Academy for Gerontology in Higher Education (AGHE) have been at the forefront of efforts to increase the inclusion of individuals across the life span in higher education and to make universities spaces that are welcoming to individuals of all ages.

These efforts have coalesced in the last several years around a series of national and international efforts led by AGHE and GSA Members — again showing the impact these members have in creating more age-inclusive worlds. This month's Educational News column presents several of these efforts and identifies ways you can become engaged in shaping more age-friendly and age-inclusive campuses.

The Age-Friendly University Global Network

Established in 2012, the [Age-Friendly University Global Network](#) consists of higher education institutions committed to promoting positive and healthy aging and enhancing the lives of older members of the global community through innovative educational programs, research agendas, curriculum development, online education, health and wellness activities, arts and culture programs and civic engagement opportunities. Over 110 universities have endorsed the Ten Principles of an Age-Friendly University. Under the presidency of Dr. Nina Silverstein, AGHE was an early supporter of these efforts. Indeed, the North American Region is the largest regional group of members. In August of 2023, the Global Network Secretariat relocated from Dublin City University to Arizona State University, with applications for endorsement re-opening after an eight-month hiatus. To learn more and endorse the principles, visit [AFUGN.org](#).

Age-Inclusivity in Higher Education and GSA Workgroup

GSA has served as a leader in advancing age-inclusivity in higher education. The Society has developed a toolkit and produced [additional resources](#) that support age-inclusive programs, practices, and partnerships in higher education. Many of these efforts have evolved from the work of the GSA [Age-Inclusivity in Higher Education \(AIHE\) Workgroup](#), which publishes a quarterly newsletter, *Advancing Age Inclusivity in Higher Education*; these resources are available on the [GSA Age-Inclusivity in Higher Education portal](#). You can also sign up for more information and join the AIHE Interest Group through your [GSA Profile](#).

Nebraska Gerontology Program Database

Understanding the state of age-inclusivity in higher education also means knowing the status of gerontological education. The University of Nebraska Omaha Department of Gerontology

undertook the arduous task of developing a [database of aging/gerontology programs](#) in the U.S. Ever evolving, the database is being revised to Version 3.0 to add gerontology specializations within other disciplines.

A Hands-on Approach to Teaching About Aging

AGHE/GSA members have also led the development of novel tools and resources to assist in teaching about aging — thus introducing gerontology concepts to a broad array of disciplines. Developed by AGHE members, the book [“A Hands-on Approach to Teaching About Aging”](#) features 32 classroom and community-based educational activities for instructors seeking to raise or enhance aging content in their courses. It offers clear, step-by-step procedures for implementing each activity, including preparation, introduction, activity, discussion/reflection, wrap-up or follow-up if appropriate, and assessment.

Accreditation for Gerontology Education Council

As discussed in our [October 2023 Column](#), the [Accreditation of Gerontology Education Council](#) (AGEC) started life as the AGHE Accreditation Task Force. AGEC aims to “serve societies, national and global, by establishing and applying standards that assure quality and continuous improvement in the preparation of gerontologists reflecting the evolving nature of higher education, research, and practice.” Seven programs have undergone accreditation, with multiple others in various stages of the process.

Still, Work to Do

These efforts, along with others such as the [Gerontology and Geriatrics Curricular Standards and Guidelines in Higher Education](#), [Gerontology Competencies for Undergraduate and Graduate Education](#), and [AGHE Program of Merit](#), demonstrate a commitment by AGHE and GSA to creating a more age-friendly and age-inclusive higher education. They also do not represent all of the ongoing efforts in this space — indeed, we may be unaware of others. Critically, they all demonstrate how AGHE and GSA Members contribute to the gerontology field and develop and implement real solutions to improve the aging experience for all. Even so, there is still work to create a genuinely age-inclusive world. However, together we can.

Continue the Conversation

For GSA and AGHE Members: Continue the Conversation on [AGHE Connect](#) and [GSA Connect](#). What other resources do you know about? How have you implemented these tools in your work?

new resources

New Brief Released in Support of Family Caregivers' Mental Health

The latest installment in the National Alliance for Caregiving's Spotlight Series, "[Caring for the Carers: A Spotlight Brief for Supporting the Mental Health of Family Caregivers](#)," explores how caregiving can impact mental health. The alliance conducted a

literature review, an expert convening, and collected testimonials from caregivers; the brief outlines recommendations to elevate the mental health of family caregivers, increase dialogue, and advance policies that can address the negative mental health impacts family caregivers too often face.

funding opportunities

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.



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An overhead photograph of four people in business attire sitting around a wooden conference table. They are looking at documents and a laptop, appearing to be in a meeting. The room has large windows with light streaming in, creating a bright and professional atmosphere.

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