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Clearer Conversations, Better Care: New Guide Highlights Best Practices for Communicating with Older Adults

A new report from GSA provides critical guidance for health care providers working with the nation's growing older adult population, highlighting strategies to improve communication, build trust, and support better health outcomes.

Titled "[Communicating With Older Adults: A Review of What Really Works](#)," the report presents evidence-based strategies to support more effective, respectful interactions between clinicians and patients 65 and older – who now make up nearly

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Naloxone Use in Older Adults: GSA Report Covers Staying Safe With Opioids at Home

With increasing age, older adults are more likely to encounter health conditions and injuries that require opioid therapy for pain relief. This reality means that opioid overdoses are a concern for older adults as well as for their family members and other caregivers.

A new GSA report, "[Staying Safe with Opioids at Home](#)," describes



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Join a GSA Interest Group

Did you know GSA has more than 60 interest groups covering a range of topics? Each has its own GSA Connect Community to share information and resources.

Stay Connected



From the CEO

With Scientific Integrity Threatened, It's Time for Scientist Citizens



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

A recent edition of *The Economist* was devoted to a sobering theme, "[The Assault on American Science](#)."

With federal staff reorganizations, cuts in research grants, and pauses in promised funding, there are concerns in many quarters about whether data that's been long collected is being collected anymore, whether longitudinal studies are being continued, and whether we can trust that publicly available datasets are accurate.

The recent meeting of the federal Advisory Committee on Immunization Practices (ACIP) is an example. ACIP's entire panel of 17 expert members were terminated and replaced in mid-June. [The Evidence Collective identified more than 50 pieces of inaccurate information](#) that were shared at the late June ACIP meeting that followed.

GSA continually seeks opportunities to take a stand in support of the research ecosystem and the field of aging. We also continue to work to inform policymakers, the media, industry partners, and the public about the need to continue to fund and support aging research and programs.

This year, GSA and other scientific organizations have had to broaden their approaches from advocating for robust funding of research at NIH and NIA, to monitoring and responding to policies that undermine the public trust in science and threaten our collective well-being.

That's why GSA is taking an active role in groups like the [Coalition for Trust in Health and Science](#), whose goal is to enable everyone to make decisions "based on information that is accurate, understandable, and evidence-based."

At the individual level, we can make a difference,

too. The results of the [Edelman 2025 Trust Barometer](#) had some interesting findings, which showed that widespread grievance is eroding trust across the board. It also indicated that people place the most trust in their doctors and friends and family – far more than government leaders or journalists.

Many people increasingly feel the system in America is rigged against them. The FrameWorks Institute (with whom we've partnered on research for the National Center to Reframe Aging) [published some research last year](#) on how to have productive conversations about better and fairer systems.

You, as career scientists, can also take on roles above and beyond a researcher, clinician, or educator, to protect the integrity of science. This makes me think of the role of [citizen scientists](#), which you're likely familiar with – members of the public who get involved and contribute to scientific research.

Now is the time to foster the development of something new – "scientist citizens" – members of the scientific community that get involved with public advocacy to advance policies that support all of us as we age. You have the ability to inform and empower the people you know in all aspects of your life.

Just as GSA has expanded the nature of our advocacy work to call out harmful policies that threaten our collective well-being, we need GSA members to be scientist citizens, engaging in their communities and states to advocate for policy change. Your scientific expertise can educate family, friends, neighbors, and elected officials to encourage all to stand up for scientific integrity and protect our long-term well-being.

MemberNews

Tibbitts Award Correction



The July issue contained an incorrect listing for the Academy for Gerontology in Higher Education's Clark Tibbitts Award. The 2025 recipient is **Rona J. Karasik, PhD, FAGHE, FGSA**, of St. Cloud State University. This award recognizes outstanding contributions to the advancement of gerontology and/or geriatrics education.

Honors/Appointments/Career Transitions

- The National Association of Social Workers Foundation has honored **Robyn Golden, LCSW, FGSA**, with its 2025 Knee/Wittman Outstanding Achievement Award for her work in advancing health and mental health policies that improve patient care. At Rush University, Golden is the associate vice president of social work and community health; chair of the Department of Social Work at the College of Health Sciences; assistant professor of medicine, psychiatry, and health systems management; and co-director of Rush's Center for Excellence in Aging and the Center for Health and Social Care Integration.
- **Angelina Sutin, PhD, FGSA**, has been named to the Academy of Science, Engineering and Medicine of Florida in recognition of extraordinary research accomplishments. She is a professor of behavioral sciences and social medicine in the Florida State University College of Medicine who studies the psychological and social factors that contribute to the risk of Alzheimer's disease and related dementias.



Member Spotlight

GSA's website features monthly Q&A sessions with distinguished members. The current spotlight shines on:
Yasemin Afacan, PhD

Member Referral Program

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

Tamara Baker, PhD, MA, FGSA (who referred new member **Patricia A. Boswell, MBA, BA**)

To learn how you can become eligible, visit: www.geron.org/referral.

New Books by Members

- "Promoting Well-Being in a Digital Age," edited by **Hannah R. Marston, PhD, FGSA**. Published by Cognella, 2025.
- "Health Promotion in Long-Term Care Facilities," edited by **Kallol Kumar Bhattacharyya, MBBS, MA, PhD**. Published by Springer, 2025.

Members in the News

- On June 5, The New York Times quoted **Sara Espinoza, MD, MSc, FGSA**, **Stephen Kritchevsky, PhD, FGSA**, and **Nathan LeBrasseur, PhD, MS, FGSA**, in an article titled "Longevity Hacks for Busy People."
- **Jason D. Flatt, PhD**, was quoted in a Science article on June 25 titled "Following court order, NIH ceases new terminations of politically sensitive grants."
- A June 29 Wall Street Journal article titled "Is Your Brain Aging Faster Than You? New Science Offers Clues" quoted **Andrei Irimia, PhD**.

We welcome member submissions at news@geron.org.

Recent Policy Actions



Patricia M. "Trish" D'Antonio
BSP Pharm, MS, MBA, BCGP
Vice President of Policy and Professional Affairs



Thomas Jordan Miles III, BA
Director of Policy

Visit www.geron.org/advocacy to learn more about GSA's advocacy-related activities, including our weekly [Federal Policy Pulse](#) newsletter.

GSA issued a [statement](#) in response to House Appropriations Committee Chair Tom Cole (R-OK) [issuing a press release](#) regarding the Fiscal Year 2026 federal budget. GSA highlighted how the proposed top-line cuts present a significant risk for adequate funding of the National Institutes of Health and National Institute on Aging.

GSA, working with its Technology and Aging Interest Group, [submitted comments to the National Institutes of Health](#) regarding its Artificial Intelligence (AI) Strategy. Highlighting evidence-based member research, GSA noted that AI holds transformative potential to support the health, independence, and well-being of all of us as we age.

GSA [submitted comments](#) to the Advisory Committee for Immunization Practices (ACIP) regarding the decision to dismiss all seventeen ACIP voting members days after providing official notice for its June meeting. GSA noted its concern about the impact these actions will have on the integrity and credibility of the committee going forward.

What Happens to Aging Programs After Federal Budget Reconciliation?

By **Brian Lindberg, MMHS, FGSA**
GSA Policy Advisor

With reconciliation behind us, aka the "one big beautiful bill," I wanted to use this month's article to talk about the future. I have asked a well-respected health care policy wonk, lobbyist, and friend to walk us through the various potential scenarios. Ethan McChesney is the senior policy director at Healthsperien and extremely helpful to GSA's policy team. Healthsperien supports GSA's Federal Policy Pulse newsletter and assists with various advocacy efforts and policy development.

Brian Lindberg: Ethan, thanks so much for lending a hand with some prognostications about the remainder of the first session of the 119th Congress.



McChesney

Ethan McChesney: Brian, it's a pleasure to support the important work of GSA. And I love any excuse to pull out my crystal ball.

Lindberg: Here we go: key health policy questions for mid-2025. First, will there be any corrective legislation addressing unintended or intended consequences?

McChesney: Early indications are that, yes, some members are already feeling a bit of heartburn about their votes. We've seen some backtracking



from more moderate members of the Senate like Josh Hawley (R-MO) and Lisa Murkowski (R-AK) who have expressed concern about the impact of provider tax provisions on rural hospitals.

Lindberg: Congress still needs to pass its twelve FY 2025 appropriations bills by September 30, the end of the fiscal year. Is a government shutdown likely?

McChesney: A short-term continuing resolution (CR) is the most likely path to avert a shutdown on September 30. However, the likelihood of a prolonged stalemate remains high due to divisions both between the parties and within the Republican caucus on cost cutting. Medicaid, public health funding, and discretionary health workforce programs could be bargaining chips in a CR.

Lindberg: Will Congress attempt additional cuts to Medicaid or Medicare?

McChesney: Yes. House Republicans continue to propose block grant models, per-capita caps and other reforms to Medicaid financing that were dropped from the first reconciliation package. With Medicare, cuts are more likely to be targeted at Medicare Advantage overpayments (upcoding), site-neutral payment policies, and reductions in graduate medical education funding, all of which would be framed as cost-saving measures rather than benefit cuts.

Lindberg: How does the future of Affordable Care Act (ACA) subsidies play out?

McChesney: The enhanced ACA subsidies first expanded under the American Rescue Plan have been extended twice and are set to expire at the end of 2025. While permanent extension is unlikely in the current fiscal climate, bipartisan support may exist for another one- to two-year renewal, especially with the 2026 midterms on the horizon. Failure to extend the subsidies would result in significant premium hikes which many insurers in the ACA marketplaces are already publicly warning about.

Lindberg: What health care initiatives are planned for the remainder of the year?

McChesney: Senator Bill Cassidy (R-LA) is leading a bipartisan initiative focused on bringing back the bipartisan health care package that collapsed under the weight of criticism from then President-Elect Trump and Elon Musk. The core of that package was reforms to pharmacy benefit manager practices and many in Congress seem eager to reconsider those ideas. Additionally behavioral health integration, price transparency, telehealth permanency, and site-neutral payment standardization might be included.

Lindberg: Will there be any modifications to existing social safety net programs?

McChesney: Potentially. Proposals to revise Supplemental Security Income rules, introduce stricter work requirements for SNAP [Supplemental Nutrition Assistance Program] and TANF [Temporary Assistance for Needy Families], and restructure Medicaid LTSS [long-term services and supports] programs have gained traction among Republicans. Changes are more likely to emerge through regulatory updates that the administration could make via the typical rulemaking cycle rather than legislation.

Lindberg: Will there be room on the schedule to reauthorize programs like the Older Americans Act, GWEP [Geriatrics Workforce Enhancement Program], and GACA [Geriatrics Academic Career Awards]?

McChesney: Yes, but likely toward the end of the year. These programs have strong bipartisan support, particularly in the Senate Committee on Aging. If Congress can pass appropriations, these reauthorizations could be included in a year-end legislative package like the one being discussed by Senator Cassidy and others. Aging advocates, including GSA, are pushing to ensure GWEP and GACA reauthorizations are not lost amid larger spending debates.

Lindberg: Thanks so much for your insights!

17% of the U.S. population, according to the 2020 Census.

Addressing Common Communication Barriers

The report identifies common communication challenges older adults may face, including low health literacy, vision and hearing impairments, and cognitive changes such as dementia. It cautions against the propensity to stereotype the needs of older adults and instead encourages providers to recognize and respond to the individualized needs of the patients they care for.

To address low health literacy, which is more common among older adults, clinicians are urged to use patient-friendly language and avoid medical jargon. Similarly, for patients with vision or hearing impairments, recommendations include using large-print materials, ensuring well-lit environments, speaking clearly (but not shouting), and making use of visual aids.

Finding What Works

Among the practical strategies detailed in the guide:

- **Active Listening:** Allowing patients to speak without interruption, validating concerns, and paraphrasing to confirm understanding.
- **Open-Ended Questions:** Encouraging more informative responses than simple yes-or-no answers.
- **Teach-Back Method:** Asking patients to repeat information in their own words to ensure clarity and retention.
- **LEARN Model:** A culturally sensitive framework for resolving differences between provider recommendations and patient beliefs.

Meeting the Needs of Patients with Dementia

When engaging with those experiencing

cognitive decline, the report emphasizes adapting communication techniques to use simpler instructions, incorporating caregivers appropriately, and maintaining the patient's dignity and autonomy.

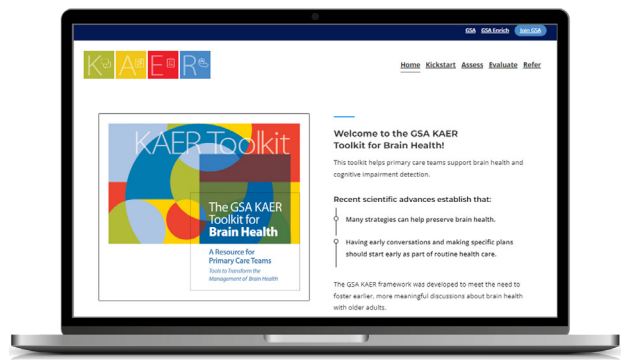
"Even as cognitive abilities change, people remain highly sensitive to tone. A calm, reassuring presence can reduce agitation and increase engagement," the report states.

A Timely Resource

As the average age of the U.S. population increases, the report serves as both a timely and essential resource for health care professionals in every setting.

"Effective communication improves understanding, adherence to treatment, and overall patient satisfaction," the report notes.

AARP provided support for this report.



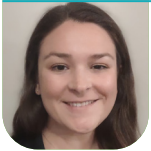
GSA KAER Toolkit for Brain Health

The KAER Toolkit supports primary care teams with practical strategies, educational resources, and validated clinical tools to address brain health, detect cognitive impairment, and accurately diagnose dementia.

Explore the KAER Toolkit today!

KAERBrain.org

AGHE Highlights Recent Activities, Previews Annual Scientific Meeting



*By Abby Stephan, PhD
Clemson University*

We are delighted to serve as the 2025 Academy for Gerontology in Higher Education (AGHE) junior leaders. Abby (year two co-lead) is a research assistant professor at Clemson University's Institute for Engaged Aging. Erta (year two co-lead) is a clinical assistant professor of epidemiology at the University of Florida.

As AGHE junior leaders, we work with the AGHE officers and workgroup chairs to share relevant resources and host engaging events throughout the year. 2025 is full of exciting offerings. We spotlight some, but certainly not all, activities in this column.

The Program Resource Development Workgroup's (chair: Paul Nash, PhD) efforts to revise the gerontology competencies for undergraduate and graduate education – and elevate them to a Society-level resource – mark an unwavering commitment to support students and educators in gerontology and geriatrics programs across GSA.

With support from the Tree of Knowledge Fund, the Advancement Workgroup (Chair: Kara Dassel, PhD, FAGHE, FGSA) sponsored Careers in Aging Month (CIAM) events at seven universities in March. CIAM highlights the importance of promoting gerontological education and its translation to career skills. Stay tuned for a fall webinar where award recipients will provide tips and tricks for hosting successful CIAM events.

In June, AGHE Live! provided space for members to discuss triumphs and challenges in teaching over the past year. Annual AGHE Live! events provide an opportunity for reflecting,



*By Erta Cenko, PhD, MPH
University of Florida*

connecting with new and established colleagues, and setting intentions for the academic year ahead; the 2025 AGHE Live! was no exception!

As AGHE junior leaders, we're hosting a virtual discussion on ethical and inclusive pedagogical considerations in artificial intelligence use in collaboration with the Education Resource Development Workgroup (Chair: Linda Hollis, PhD). More information about this interactive fall event will be shared via GSA Connect.

AGHE will be hosting over 35 symposia/paper sessions and 70 posters at the GSA Annual Scientific Meeting this year. Three exciting events include: the AGHE Presidential Symposium (organized by AGHE Vice-Chair Laura Donorfio, PhD, FAGHE) will center on the work of researchers who work with LGBTQIA+ older adults; the AGHE/ESPO Symposium will center on gerontological education's interdisciplinary nature; and AGHE's 14th Annual Teaching Institute, also led by Donorfio and co-developed with a versatile team of GSA members, will focus on effectively integrating AI within gerontological education.

AGHE shares innovative and relevant content and resources with its members through the Communications Workgroup (Chair: Aaron Guest, PhD, MPH, MSW) to promote high-quality gerontological education. This includes the AGHEExchange e-newsletter; send submissions to aaron.guest@asu.edu.

We are honored to be part of the great work AGHE members carry out every day. We hope you join us for upcoming events in 2025, both virtually and in Boston.

JournalNews

New Articles Added to Cross-Journal Collections

- [Artificial Intelligence in Aging](#) (New collection)
- [Caregiving](#)
- [National Institute on Aging 50th Anniversary](#)

Calls for Papers

- [Mechanobiology of Aging: Forces Shaping Lifespan](#) (Biological Sciences section of The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences, deadline September 1)
- [Osteosarcopenia and Intrinsic Capacity](#) (Medical Sciences section of The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences, deadline October 1)
- [Contributions of Research to Aging Policy](#) (Public Policy & Aging Report, abstract deadline October 15)
- [Biomarkers of Aging](#) (Medical Sciences section of The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences, deadline November 1)
- [Animal Models of Frailty](#) (Biological Sciences section of The Journals of Gerontology,

Series A: Biological Sciences and Medical Sciences, deadline December 1)

- [How HIV Affects the Hallmarks of Aging: From Bench to Bedside](#) (Biological Sciences section of The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences, deadline January 2)
- [Translational Geroscience](#) (The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences, rolling submissions)

Innovation in Aging Adds Submission Types, Updates Aims and Scope

Innovation in Aging has added two new opinion-based article submission categories – [Innovation Notes and Viewpoints](#) – to support and facilitate more discussion among gerontology researchers. In addition, the journal has updated its [aims and scope](#) statement and description of categories and will now require a statement of innovation and translation potential for all submissions. Innovation in Aging Editor in Chief Michelle Putnam, MGS, PhD, FGSA, [has authored an editorial discussing these changes](#).

Online Anytime

The Society's online learning center for resources offers cutting-edge toolkits, engaging webinars, and thought-provoking podcasts. It's your passport to staying ahead in the ever-evolving field of aging studies.

GSA
enrich

New Webinars and Virtual Sessions:

- [Explaining Budget Reconciliation: The Congressional Process and Impacts of Medicaid Changes on Older People](#)
- [Advancing to Independence in Aging: Research NIA Funding Opportunities for Postdocs and Early Career Faculty](#)
- [Seeking Early Career Funding Streams in a Time of Uncertainty](#)

Log in to GSA Enrich today and make the most of these resources to enhance your knowledge and career growth!

Be sure to follow GSA Momentum Discussions and GSA on Aging on Podbean or wherever you get your podcasts.

NewlyElectedOfficers

Your Vote, Your Society! 2025 Election Results

GSA congratulates the following candidates, who will take their offices January 1, 2026.

Board of Directors



Vice President

Blanka Rogina, PhD, MS, FGSA
University of Connecticut



Board Member

Matthew J. Yousefzadeh, PhD
Columbia University

Section Leadership



Academy for Gerontology in Higher Education Vice Chair-Elect

**Karen Kopera-Frye, PhD, MPA,
FGSA, FAGHE**
New Mexico State University



Behavioral and Social Sciences Section Vice Chair-Elect

Amanda N. Leggett, PhD, FGSA
Wayne State University



Biological Sciences Section Vice Chair-Elect

Scott Leiser, PhD, FGSA
University of Michigan



Emerging Scholar and Professional Organization Vice Chair-Elect

Minzhi Ye, PhD
University of Texas Rio Grande Valley



Health Sciences Section Vice Chair-Elect

Mary K. Milidonis, PhD, PT
Cleveland State University



Social Research, Policy and Practice Section Vice Chair-Elect

Emily A. Greenfield, PhD, FGSA
*Rutgers, The State University of
New Jersey*

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.

questions about pain management and opioid reversal for older adults and their caregivers and presents a decision tree to guide their actions.

“Caregivers should take the steps described in this guide if someone has signs and symptoms that indicate an apparent overdose,” the report states. “To be prepared for a possible opioid overdose, naloxone should always be in the home if opioids are present or if any family members bring in opioids that were not purchased at a pharmacy.”

Organized into four key questions, the report covers monitoring, storage, and discarding opioids; the most common and most serious side effects of opioids; prior use of illicit drugs and possible use of recreational drugs during opioid therapy; and what to do if family members and other caregivers are concerned that an older adult has overdosed on opioids.

Among the key points emphasized in the report:

- Naloxone (also commonly known as the brand name Narcan) is a medication that can be used to restore breathing in people who have overdosed on opioids. When opioids are prescribed, the health care professional should also prescribe naloxone. Consumers can also purchase naloxone without a prescription.
- To be prepared for a possible opioid overdose, naloxone should always be in the home if opioids are present or if any family

members bring in opioids that were not purchased at a pharmacy.

- Naloxone works by temporarily reversing the effects of opioids like heroin, fentanyl, and prescription painkillers.
- When opioids are present in the home, they must be stored properly – safely away from pets, children, and drug-seeking adolescents and adults.
- If someone appears to be unconscious and is not breathing normally, the life-saving medication naloxone should be administered.
- Sedation and opioid overdoses are difficult to tell apart. When in doubt, act.
- Even if a person has been safely taking opioids for a while, overdoses can occur.
- Naloxone will not hurt a person even if it turns out there wasn’t an overdose.
- “Lay, spray, and stay” are the basic steps in naloxone rescue.
- It is essential to act quickly, as minutes matter in opioid overdoses. Death or permanent brain damage can occur quickly in someone who is in respiratory failure.
- A person who receives naloxone needs to be evaluated by medical professionals even when naloxone works initially. Additional naloxone doses may be needed.

Emergent BioSolutions provided support for this report.

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Revisiting the Gerontology Competencies: Sustaining Gerontology Education



By Paul Nash, PhD

University of Southern California

Chair, AGHE Program Resource Development Workgroup

The Academy for Gerontology in Higher Education (AGHE) [gerontology competencies](#) for undergraduate and graduate education were developed in 2014 to delineate the essential knowledge, skills, and values that graduates of gerontology programs need.

The competencies provide a foundation on which to structure curricula, enhancing consistency and quality across programs in the field of aging while still providing for the richness in program diversity and program specialization. Originally developed through a collaboration of educators, practitioners, and researchers, the AGHE competencies reflect both scholarly rigor and practitioner relevance. Our Program Resource Development Workgroup is in the process of revising them to extend their scope and reach.

The new edition will not only modernize content and language use but also render these into GSA-wide competencies, echoing a broader commitment to bolstering educational standards within the discipline. This evolution is evidence of a recognition of gerontology's changing nature and the need for a single set of learning outcomes to serve educators, students, and employers alike.

In February 2025, work groups were drawn from across the Society, including employers, field professionals, graduates, and those programs that are using the existing framework. The groups, through an iterative process, are not only reviewing their own specific competencies but also the entire document for linguistic and narrative consistency. Monthly meetings

allow the group time to provide suggestions and input prior to incorporation in a revised draft document to be redistributed for review. At the conclusion of the second-round review, the updated framework will be forwarded through AGHE and GSA leadership for comment, review, approval, and adoption.

Embedding these competencies within a gerontology curriculum guarantees that students are building on core areas of biological, psychological, social, and ethical aspects of aging, including critical thinking and application. Programs with embedded competencies can more clearly demonstrate learning outcomes, making accreditation and internal review processes potentially more stringent and transparent.

For employers, the competencies establish a clear expectation of what they can expect of graduates – everything from communication skills to cultural competence to an understanding of aging policy. Such clarity works to bridge the gap between academic preparation and workforce readiness.

Equally valuable, these competencies give students a vocabulary for explaining their abilities and skills to prospective employers. By using competency-based terminology, students are better able to market themselves, showing not only what they know but also how they can put it into action in the workplace. In this way, the AGHE – and soon, GSA – competencies are a critical bridge between education, employment, and the evolving needs of an aging society.



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