

GerontologyNews



Survey Documents Impact of Federal Funding Actions on Members' Research

Inside this Issue

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From the GSA President

GSA's action on ageism in health care

A survey of GSA members conducted late this summer shows that nearly all (94%) are significantly concerned about the impact of recent cuts, delays, and executive actions related to federal funding for their work.

The responses show that the vast majority (82%) of members receive some federal funding for their research, and nearly half (45%)

receive more than 70% of their funding from federal sources.

An infographic on page 6 provides more detail about the scope of the changes, which include paused research projects, decreased ability to train emerging scholars, and reduced staffing. On page 7, learn what actions GSA can help you can take to safeguard federal funding for aging research.

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Policy News

New resources on falls prevention

Report Explores Health, Economic, and Societal Benefits of Vaccination



A new GSA report, "[Concentric Value of Vaccination: Intersecting Health, Economic, and Societal Benefits](#)," provides evidence on the advantages of immunization for individual and population health,

economic outcomes, and societal well-being.

"Vaccines remain the most consistently effective intervention against infectious diseases such as smallpox, rabies, polio, and various childhood illnesses," the report concludes. "Their multifaceted impact highlights how vaccines not only prevent illness and reduce health care costs but also enable individuals to remain active contributors in the

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Journal News

Special issues and calls for papers

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 **GSA President**

GSA Advances Innovations in Addressing Ageism in Health Care



*By Marilyn R. Gugliucci, MA, PhD,
FAGHE, FGSA, ASGF, FNAOME
mgugliucci@une.edu*

GSA has launched a [Recognizing and Addressing Ageism in Health Care initiative](#) in collaboration with AARP. In short, ageism in health care is the systematic and unjust treatment of individuals based on their age, particularly older adults, within health care settings. It is expressed through stereotyping, under- or overtreatment, biased resource allocation, and patronizing communication; often a result of insufficient geriatrics training for providers.

Those who perpetuate these behaviors are often unaware of the significant patient harm that can be caused by using dismissive communication, having biased assumptions, performing fewer (or too many) diagnostic tests, delaying care, expecting poorer outcomes, and increasing emotional distress.

According to "[Carta of Florence Against Ageism: No Place for Ageism in Health Care](#)," published in GSA's journals in 2024, "Pervasive ageism in health care is particularly destructive since it negatively affects health survival and trajectories of health and well-being of older persons and curtails individuals' capacity to contribute to societal goals."

Ageism in health care contributes to substantial economic burden with lower preventive care use and higher emergency room visits. Research by Becca Levy, PhD, FGSA, estimated \$63 billion annually in added health care costs due to ageism.

To confront this challenge, GSA has created a comprehensive suite of tools and resources designed to enhance impactful educational practices. They aim to raise awareness, improve communication, and refine clinical decision-making. The offerings include video vignettes

and reports focused on effective communication with older adults and medical decision-making. A new curricular resource titled "Recognizing and Addressing Ageism in Health Care" features a 45-minute lecture tailored for health professions students, emphasizing case studies and practical strategies.

A multi-university pilot program is set to launch this fall, with plans for expansion in 2026. By integrating these resources into health professions programs at higher education institutions across the United States, GSA aims to combat ageism in clinical settings, enhance health outcomes, and promote equitable care for older adults. GSA invites members to [sign up to learn more about the initiative or participate in the 2026 expansion](#).

Tackling age discrimination in health care necessitates a unified approach to shift attitudes, educate health care professionals, and implement policies that uphold fairness and respect for older adults. This multifaceted initiative aligns with our mission to ensure that future health care professionals treat and care for older adults with dignity and respect, while being aware of the harmful effects of ageism.

As chair of the GSA Ageism in Health Care Advisory Board, I thank fellow members for sharing their expertise: Mark Brennan-Ing, PhD, Terri Harvath, PhD, RN, FAAN, FGSA, Becca Levy, PhD, FGSA, Spero Manson, PhD, Joann M. Montepare, PhD, FGSA, FAGHE, FAPA, Andrew Steward, PhD, LCSW, and Mary Tinetti, MD, FGSA; and the GSA staff members Lisa C. McGuire, PhD, FAPA, FGSA, Ophira Bansal, MBA, Elana Kieffer, MBA, and James Appleby, BSPHarm, MPH, ScD (Hon). This remarkable team is deeply committed; bringing both passion and focus to the project.

MemberNews

Honors/Appointments/Career Transitions

- **Bei Wu, PhD, FGSA, FAGHE**, has been named provost of New York University (NYU) Shanghai as of September 1. She was previously the dean's professor in global health and vice dean for research at NYU's Rory Meyers College of Nursing. Her research areas cover a wide range of topics related to aging and global health, including oral health, long-term care, dementia, and caregiving. She is a past recipient of GSA's Maxwell A. Pollack Award for Contributions to Healthy Aging.
- **Carole Cox, PhD, MSW, FGSA**, a professor of social work at Fordham University has been appointed a distinguished fellow at the Hebrew University of Jerusalem's Paul Baerwald School of Social Work and Social Welfare. Since 2020, she has focused on antisemitism and social work education and practice.
- **David Buys, PhD, FGSA**, the associate vice provost for health sciences at Mississippi State University, has begun a two-year term as the chair of the National Board of Public Health Examiners' Board of Directors. His research interests include neighborhoods, community, environment and health; nutrition and food security; health and health services disparities; health services and outcomes research; and social gerontology.

Members in the News

Steven Austad, PhD, FGSA, was quoted in the summer/fall 2025 issue of Caregiving Magazine in an article titled "[Live Long and Prosper.](#)"

On August 7, The New York Times quoted **Sofiya Milman, MD, MS**, in an article titled "[The One Quality Most 'Super-Agers' Share.](#)"

New Books by Members

"Social Work and Antisemitism: Issues and Interventions," by **Carole Cox, PhD, MSW, FGSA**, and Dana Marlowe, PhD, LCSW. Published by Springer, 2025.



Member Spotlight

GSA's website features monthly Q&A sessions with distinguished members. The current spotlight shines on: **[LaDora V. Thompson, PhD, PT, FGSA](#)**

Member Referral Program

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

Caitlyn E. Coyle, PhD (who referred new member **Katherine Richman, PhD, MS, RN**)

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

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 submitted a letter directly to the Advisory Council on Immunization Practices (ACIP), urging the Committee [to remain true to its charter](#) to offer advice and guidance to the director of the Centers for Disease Control and Prevention on the use of vaccines and related agents to control vaccine-preventable diseases in the United States.

GSA, in a separate letter, joined the National Adult and Influenza Immunization Summit (NAIIS) [highlighting that trustworthy vaccine clinical guidance](#) should be unbiased, transparent, and scientific. The letter notes that the abandonment of established ACIP processes casts doubt on the integrity of the committee and threatens to undermine decades of progress.

GSA also commented on [the proposed Centers for Medicare and Medicaid CY 2026 Physician Fee Schedule](#), offering research-based recommendations and highlighting GSA practice initiatives around immunizations, obesity, brain health, social isolation and loneliness, oral health, and caregiving., offering research-based recommendations and highlighting GSA practice initiatives around immunizations, obesity, brain health, social isolation and loneliness, oral health, and caregiving.

GSA sent letters to the chair and ranking member of both the House Appropriations Subcommittee on Labor, Health, and Human Services and the House Appropriations Committee [requesting the committee appropriate a minimum](#) of \$51.3 billion for the National Institutes of Health (NIH) and \$4.75 billion for the National Institute on Aging, consistent with the advocacy community. These actions are part of GSA's on-going support for maintaining a robust health and aging research ecosystem at NIH and NIA.

Fall's Falls Prevention Reports Yield Roadmap for Preserving Mobility

By Brian Lindberg, MMHS, FGSA
GSA Policy Advisor

Two reports released during September's Falls Prevention Awareness Week bode well for our efforts to avert these often-preventable events. I am talking about the [2025 National Falls Prevention Action Plan](#) and the [Falls Prevention ROI Report](#) from the National Council on Aging (NCOA).

The action plan builds on reports published in 2005 and 2015, adding new data, services, and technologies to the strategies. The action plan is the result of a collaboration between researchers, practitioners, nonprofits and businesses as well as federal and state agencies and programs. This collaboration culminated in the September 2024 National Falls Prevention Summit last year where data were exchanged and recommendations put forth, leading to the action plan.

An important aspect of the national plan is envisioning a new mindset about falls. GSA



member Elizabeth Phelan, MD, of the University of Washington and Harborview Medical Center, served on the Summit Steering Committee.

She emphasized to me, “For too long, falls have been seen both by the medical community and the lay public as an inevitable consequence of aging. Nothing could be further from the truth. To shift understanding, concerted efforts to train the next generation of healthcare professionals about the preventability of falls as well as public health messages such as ‘most falls are preventable’ are imperative. Falls and evidence-based strategies for fall prevention must be routinely discussed in the routine healthcare of every older adult, with preserving safe mobility in later life as the goal.”

The ROI report clearly explains how researchers analyzed key outcomes, such as falls incidence, emergency room visits, fear of falling, and loneliness, and their monetary consequences. Funding to support this work comes in part from the Administration for Community Living’s Research, Demonstration, and Evaluation Center for the Aging Network (aka the ACL Innovation Lab). This center was established recently in the Older Americans Act based on advocacy by GSA and NCOA. Over many years, GSA members have contributed much data and insights about the wide-reaching impact of falls as well as fall prevention strategies and solutions.

The statistics show the depth and breadth of the problem. At 14 million for people ages 65 and above, “Falls are the leading cause of fatal and non-fatal injuries among older adults, causing loss of independence and social isolation” the plan reports.

Fortunately, the two publications paint a positive picture of the solutions we can replicate and amplify. Examples of these proven prevention strategies are practicing tai chi-based balance exercises and avoiding use of fall-risk-increasing medications.

The action plan specifies these six broad goals: Expand public awareness, messaging and advocacy; broaden funding across sectors; scale evidence-based and proven interventions; drive more clinical and community partnerships; generate new technologies and expand access to existing technologies; and Improve data.

The ROI Report describes in detail the social and financial benefits to be realized by the effective evidence-based programs highlighted by the action plan: “researchers estimate that a \$45 million annual investment in falls prevention programs could save the federal government between \$263 million and \$1.2 billion in Medicare and Medicaid costs annually.”

There is much to like about NCOA’s integrated approach, which includes raising awareness of the public and policy makers, making the appropriate connections among researchers, practitioners, and programs, and bringing all of us together with an overarching mission and an underpinning of funding and support.

I think the ROI Report sums it up well: “Fall prevention should be viewed as a core component of national aging policy, not a supplementary wellness initiative. For Medicare, Medicaid, and public health systems, investing in fall prevention is not only good public health policy, it is sound fiscal policy.”

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THE IMPACT OF FEDERAL ACTIONS ON AGING RESEARCH

Gerontological Society of America Member Survey Results | September 2025



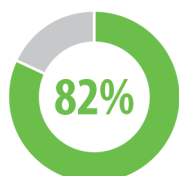
The Gerontological Society of America (GSA) conducted a survey of its U.S.-based members, who shared the deep impact they have felt by funding cuts, delays and executive actions that have stalled, halted or stopped the work of aging researchers.

How concerned are you about the impact of changes in federal funding on your work in the field of aging?



94% significantly concerned

Please indicate what percentage of your research funding comes from federal sources.

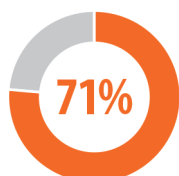


82% of respondents receive federal funding for their research



45% receive more than 70% of their funding from federal sources

Indicate how significantly you or your team have been impacted by cuts or disruptions to federal funding in 2025.



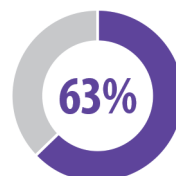
71% of respondents say their work has been significantly disrupted

Indicate how significantly you or your team have been impacted by executive orders and other federal actions aimed at diversity-related research and programs.



77% of respondents say their work has been significantly disrupted

If your programs and research have been impacted negatively by executive orders and other federal actions, how have these changes affected your work?



Paused or ended research projects

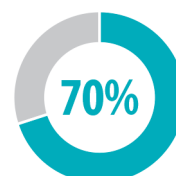


Decreased ability to mentor/train early-career researchers and students



Reduced staffing or layoffs

Which federal agencies have funded your research in the last 5 years?



70% receive funding from National Institute on Aging (NIA)



43% receive funding from other National Institutes of Health Institutes

GSA has developed a [phone script](#) to empower you to reach out directly to your member of Congress to discuss the importance of your work and its impact on your community. [GSA's Advocacy Toolkit](#) also includes many advocacy resources, including a guide to the Congressional legislative process, tips on conducting Hill Visits with policy makers and their staff, the basics of public policy advocacy, and the roles of key Congressional committees and congressional staff.

The [GSA Enrich learning platform](#) also includes several recent advocacy webinars, including this fall's four-part series called "Telling Your Story: Translating Your Work to Reach New Audiences and Advance Science." Whether you want to speak with confidence, simplify your message, build an online presence, or sharpen your media skills, this series is your guide to start you on the road to speaking up and advancing science with new audiences.

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.



New Webinars and Virtual Sessions:

- [Telling Your Story - Translating Your Work to Reach New Audiences & Advance Science \(Part 1 of 4: Why Raise Your Voice\)](#)
- [Telling Your Story - Translating Your Work to Reach New Audiences & Advance Science \(Part 2 of 4: Translating Your Message\)](#)
- [Telling Your Story - Translating Your Work to Reach New Audiences & Advance Science \(Part 3 of 4: From Social Media Novice to Thought Leader\)](#)
- [Telling Your Story - Translating Your Work to Reach New Audiences & Advance Science \(Part 4 of 4: Media Training Skills for Use Beyond the Interview\)](#)
- [Overview of PCORI Funding Opportunities](#)
- [AI-Driven Measurement in Gerontological Research, Special Issue of the Psychological Sciences Section of The Journals of Gerontology, Series B](#)
- [Robotic and Technology Engagement in Long-Term Care and Assisted Living](#)
- [Family Diversity and Dynamics Among Older Adults in the 21st Century, Special Issue of the Social Sciences Section of The Journals of Gerontology, Series B](#)
- [Career Conversation: The Power of Pause: Maximizing Sabbatical Opportunities and Turning Time Away into Long-Term Impact](#)

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.

workforce, support caregiving roles, and sustain community engagement.”

The concentric value of vaccination across the life course is shown in the figure below. The report explains how “the benefits of vaccines ripple outward – from the individual to the community and the broader economy – reinforcing their role as one of the most powerful tools in public health.”

Economically, studies show that every \$1 spent on childhood vaccines saves about \$11 in avoided medical costs and preserved productivity. For adults over 50, vaccines that prevent influenza, pneumococcal disease, shingles, and pertussis could reduce an annual burden of nearly \$27 billion in treatment costs, much of which falls on Medicare.

Vaccines also protect workplaces and caregivers. Seasonal flu alone accounts for an estimated 17 million lost workdays in the United States each year. Broad vaccination can cut this loss in half, reducing absenteeism, stabilizing productivity, and easing strain on families juggling work and caregiving. These ripple effects reinforce

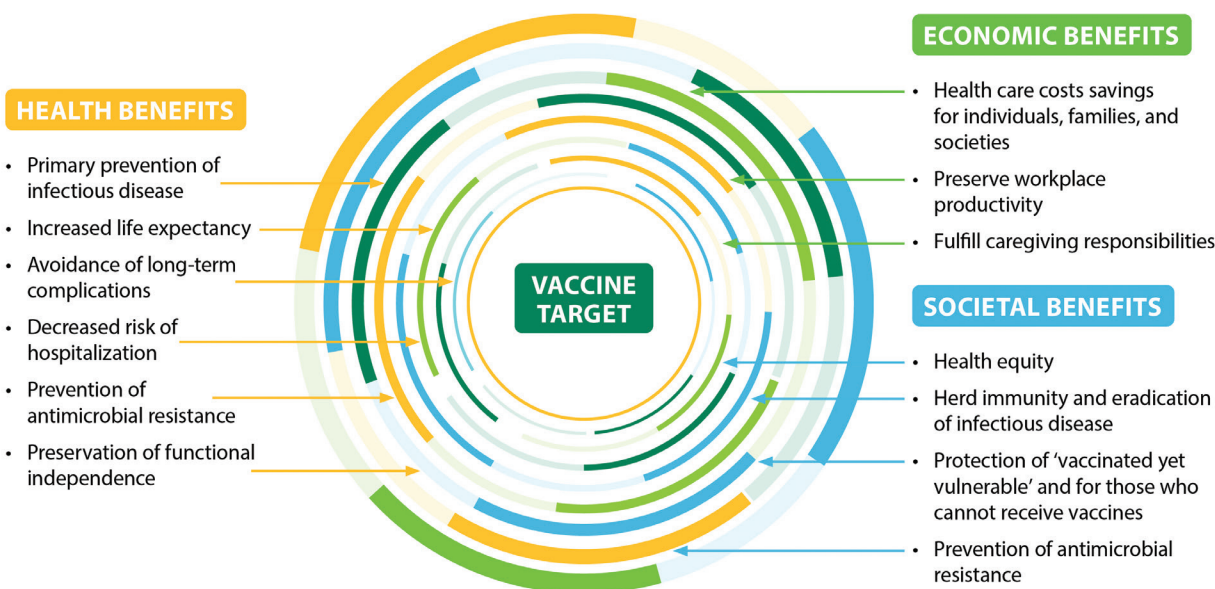
household stability and long-term economic security.

On a societal level, vaccines promote community resilience. High coverage reduces disease spread, creating community immunity that shields those who cannot be vaccinated, such as people with compromised immune systems. This indirect protection is especially important for older adults, who may not mount strong immune responses but remain at high risk of complications. Vaccination also allows individuals to stay engaged in work, caregiving, and volunteer roles – strengthening families, communities, and the broader economy.

In addition to sections detailing each of these layers of protection, the report includes a brief history and current state of vaccines in the U.S., a glossary of important terms in vaccinology, and sidebars on the U.S. vaccine approval process and advances in vaccine technology.

CSL Seqirus, GSK, Johnson & Johnson, Pfizer, and Sanofi, provided support for this report.

GSA Concentric Value of Vaccination as We Age



GSA's Meeting in Boston Offers Content Geared Toward Emerging Scholars and Professionals



By Kallol Kumar Bhattacharyya, MBBS, MA, PhD
The University of Memphis

It is October, the time to count down to the 2025 Annual Scientific Meeting. Throughout the year, ESPO – a home for undergraduate/graduate students as well as transitional members – provides scholars with several networking opportunities to engage with other scholars.

ESPO leadership believes that each member has something unique to offer, thereby expanding its international platform for early-career researchers and professionals. We continually learn from one another and develop innovative ways to collaborate with our diverse and rich members.

The Annual Scientific Meeting is an excellent platform for GSA members to expand their academic world. This year, GSA is heading to Boston, Massachusetts, from November 12 to 15 with the theme of “Innovative Horizons in Gerontology.” Keep an eye on GSA Connect and GSA social media accounts to learn about more upcoming meeting opportunities.

One of the best ways to commit to engaging with ESPO and GSA is to volunteer! Service opportunities range from one-day commitments to multi-year positions, but they are exciting and beneficial. The responsibilities of ESPO volunteers vary based on the role, and opportunities are posted throughout the year in the GSA portal. We welcome your suggestions and interest in ESPO at any time; please, feel free to contact us at espo@geron.org.

At the Annual Scientific Meeting, ESPO organizes numerous activities, including symposia, networking events, and informal chats focused on careers and professional development. The ESPO Lounge provides a place for GSA's emerging scholars to rest from the hectic conference pace, network with fellow ESPO members, meet with colleagues, and enjoy refreshments. ESPO's Informal Chats are also held in the Lounge. Check the online program for updates.

I want to highlight a few sessions:

- ESPO Breakfast and Community Meeting, Thursday, November 13, 7 to 8 a.m.
- ESPO Presidential Symposium, Friday, November 14, 12 to 1:30 p.m.
- GSA Fellows, ESPO, and International Reception, Friday, November 14, 6:30 to 8 p.m.

If you are attending Annual Scientific Meeting in Boston consider joining us at these events, as they offer excellent opportunities to celebrate our contributions and connect with our wonderful colleagues in ESPO.

If you have already registered and need to add other events or update your record, log in to the GSA website and navigate to the [Member Dashboard](#) to edit your registration. I am eagerly looking forward to seeing ESPO and the GSA community in Boston next month!



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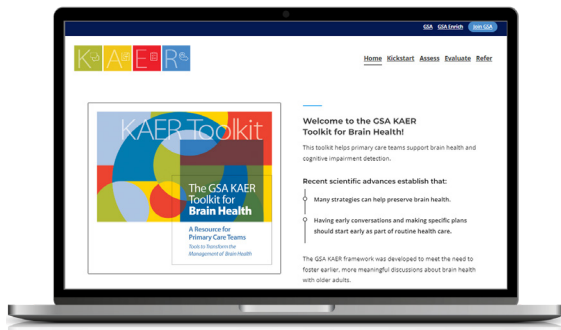
- [Biomarkers of Aging](#) (Medical Sciences section of The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences, deadline November 1)
- [Animal Models of Frailty](#) (Biological Sciences section of The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences, 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)

Special Issues and Webinars

- [AI-Driven Measurement in Gerontological Research, Special Issue of the Psychological Sciences Section of The Journals of Gerontology, Series B](#)
- [Family Diversity and Dynamics Among Older Adults in the 21st Century, Special Issue of the Social Sciences Section of The Journals of Gerontology, Series B](#)

New Articles Added to Cross-Journal Collection

- [Editor's Choice](#) (New collection; features articles selected by the editors-in-chief to highlight key research to their readers and the gerontological community)



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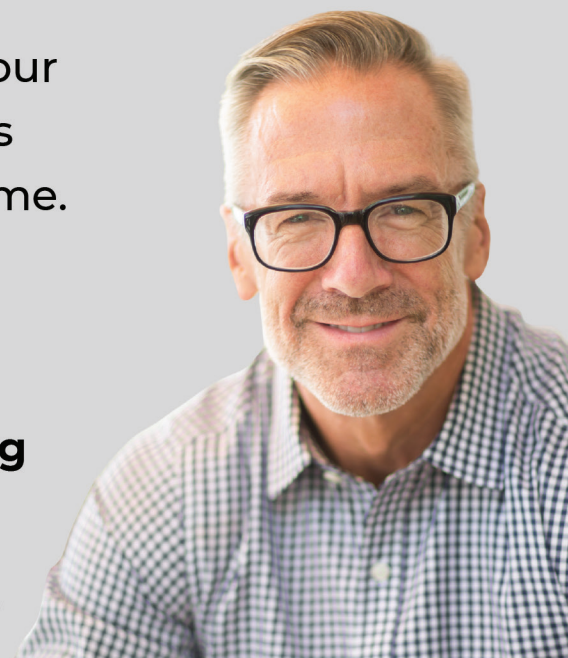
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