

GerontologyNews



GSA 2026
November 4-7
National Harbor, MD

All Under One Roof:
Where Discovery Meets Connection.



Collins to Deliver National Harbor Keynote GSA Now Welcoming Late Breaking Abstracts

Inside this Issue

02

From the GSA President

Protecting the integrity of
scientific inquiry

08

GSA Awardees

Recognition of outstanding
members

12

GSA Fellows

Distinguished members earn
fellow status

13

Journal News

Latest impact factors
released

GSA has selected former [National Institutes of Health \(NIH\) Director Francis Collins, MD, PhD](#), as the keynote speaker for this November's Annual Scientific Meeting in National Harbor, Maryland, the theme of which is "Reinforcing Resilience in Aging Science, Research and Education."

Collins is a physician and geneticist known for his landmark discoveries of disease genes, for leading the Human Genome Project, for his 12

years as director of the NIH, and for championing the harmony of science and faith.

"I am honored to serve as keynote speaker at GSA," Collins said. "Progress in understanding the molecular basis of aging has reached a particularly exciting juncture. We need to be sure, however, that this momentum is not disrupted by reductions in support for biomedical research."

Continued on page 06

GSA Course Will Counter Ageism Through Awareness, Communication, Inclusive Engagement

GSA's new [Understanding Ageism](#) course explores how perceptions of aging influence communication, health, and community life, and how individuals can create a more age-inclusive world for all of us as we age.

Understanding Ageism uses scenario-based learning to create an engaging



Continued on page 16

Join a GSA Interest Group

Did you know GSA has more than 65 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**

Protecting the Integrity of Scientific Inquiry



By Tamara Baker, PhD, FGSA
tamara_baker@med.unc.edu

Have you ever felt undervalued or disrespected? Some of us may recall a time when our expertise was questioned, our contributions minimized, or our intentions misunderstood. These experiences can be frustrating and cause one to question: Is it worth it? Today, many scholars and advocates across disciplines are experiencing a similar feeling as science faces increasing scrutiny, politicization, and challenges to its credibility.

Yet let's remember that science serves as a foundation for innovation, discovery, and evidence-based decision-making. More recently, scientific findings, research priorities, and the knowledge generated have become the foci of political debate. The consequences of these discussions directly affect research, funding priorities, and the mechanisms used to evaluate scientific merit.

A proposed rule from the U.S. Office of Management and Budget includes significant revisions to how (and by whom) research grants are evaluated, awarded, and managed across all federal agencies, raising significant concerns throughout the scientific community. The public comment period for this proposed rule ends July 13. In addition to its own organizational response, [GSA asks all its members to submit individual comments to the administration and share with members of Congress.](#)

Changes to grant review and funding processes that prioritize ideological considerations or non-scientific criteria may undermine the rigor of gerontological research. These shifts could limit innovation, reduce support for emerging scholars, and deter our ability to generate the evidence

needed to inform policies and programs that improve the lives of older adults and their families.

More importantly, while transparency is necessary for scientific practice, there is growing unease when external pressures influence how research questions are prioritized, reviewed, or interpreted. When scientific findings are evaluated through ideological or political lenses rather than through evidence and peer review, the integrity of the process is at risk.

For those of us committed to advancing knowledge in aging scholarship and the field of gerontology, these developments are a reminder of the important role scientists must play as citizens within their discipline. Beyond conducting rigorous research, [an effective scientist-citizen](#) has a responsibility that demands vigilance, public engagement, and a persistent commitment to the values that guide scholarly inquiry – such as intellectual curiosity, methodological rigor, and evidence-based conclusions.

As members of the gerontological community, our work has never been more important. The challenges and opportunities associated with population aging require intentional collaboration, community partnerships, interdisciplinary solutions, purposeful advocacy, innovative thinking, and evidence-informed solutions.

The communities and individuals we serve depend on our ability to generate trustworthy knowledge and translate it into meaningful action. So, let us remain vigilant; let us remain engaged; and let us remain committed to the older adult communities we serve.

MemberNews

Honors/Appointments/Career Transitions

David Buys, PhD, FGSA, has been recognized by the University of Alabama at Birmingham School of Public Health with the 2026 Alumni Award for Practice. The award acknowledges Buys' contributions to community health through his dedicated work in research, education, and outreach initiatives. Buys currently serves as Mississippi State University's associate vice provost for health science partnerships and is a professor in the Department of Biochemistry, Nutrition and Health Promotion.

The National Academy of Medicine has named **Jane Chung, PhD, RN, FGSA**, an associate professor at Emory University's Nell Hodgson Woodruff School of Nursing, to its newest class of Emerging Leaders in Health and Medicine.

Georgia State University has appointed **Fayron Epps, PhD, RN, FGSA, FAAN**, as associate dean for the School of Nursing in the Byrdine F. Lewis College of Nursing and Health Professions. Epps was previously a member of Georgia State's nursing faculty from 2016 to 2019; she returns serving as endowed chair of the Center for Caregiving at the University of Texas Health Science Center at San Antonio.

Douglas P. Kiel, MD, MPH, FGSA, a senior scientist and director of the Musculoskeletal Research Center at the Hinda and Arthur Marcus Institute for Aging Research at Hebrew SeniorLife and professor of medicine at Harvard Medical School, has been elected to membership in the Association of American Physicians.



Member Spotlight

GSA's website features monthly Q&A sessions with distinguished members. The current spotlight shines on: **Trinidad Argüelles, MS, EdD**

Members in the News

- **Susan Enguidanos, PhD, MPH, FGSA, FAGHE**, was quoted in an April 25 Los Angeles Times article titled "[Fraud is rampant, but good hospice care exists. Here's a guide to making the right choice.](#)"
- On June 4, **Fayron Epps, PhD, RN, FGSA, FAAN**, was quoted in an article in The New York Times titled "[Raising Dementia Awareness, One Black Church at a Time.](#)"

Member Referral Program

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

Silvia Sorenson, MS, PhD (who referred new member **Carmona Ross-Asare, PhD**)

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

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

GSA is mobilizing with the scientific community in response to [a recently published proposed rule from the White House Office of Management and Budget \(OMB\)](#) that would give political appointees new authority over federal grant-making. We are facing a transformative shift in how grants are administered, with far-reaching implications. It's vital that every member of the scientific community speak up to both the presidential administration and Congress. **[Members are urged to submit a public comment for this proposed rule by the administration's July 13 deadline.](#)** Each response should be unique, rather than signing an existing letter template. A colleague scientific organization, The American Physical Society, has created [a tool with open-ended prompts to help you draft and submit a response](#) to the administration. Visit [the advocacy section on GSA's website](#) for more on this issue. GSA, individually and along with several associations, science societies, and other groups, [submitted letters to the director of the OMB](#) requesting a 45-day extension of the comment period to the proposed rule.

GSA signed on to a letter organized by the Long Term Care Community Coalition in strong opposition to the Housing and Urban Development (HUD) Proposed Rule, ["Equal Access to Housing in HUD Programs Revisions."](#) The coalition noted we are deeply concerned that the proposed rule would weaken critical nondiscrimination protections, increase barriers to safe housing and shelter, and invite discriminatory and intrusive practices against transgender, nonbinary, and gender nonconforming individuals, including older adults and people with disabilities who already face heightened risks of housing insecurity, social isolation, abuse, and institutionalization. The coalition urged HUD to withdraw the proposed rule.

New DOJ Memo Threatens Stability of In-Home and Community-Based Care



By Brian Lindberg, MMHS, FGSA
GSA Policy Advisor

In this column, I bring you a discussion with an eminent advocate/champion in the field of aging and disability rights, Alison Barkoff, JD. Alison's knowledge and passion make her a devoted and, dare I say, formidable advocate!

Currently, Alison is the Harold and Jane Hirsh [Associate Professor of Health Law and Policy](#) at the Milken Institute School of Public Health at George Washington University. She also serves as director of the Hirsh Health Law and Policy Program. She led the Administration for Community Living (ACL) in the U.S. Department of Health and Human Services, serving in the role of ACL administrator and assistant secretary for aging from January 2021 to October 2024.



Barkoff

Alison and I met to talk about the impact of H.R. 1 (also known as the “One Big Beautiful Bill Act”) on Medicaid but turned first to a new crisis – the publication of an administration memo that is on a trajectory to dismantle decades of law and policy supporting

community living for older people and people with disabilities.

Brian Lindberg: Thank you so much for joining me today, Alison. On June 18, the Department of Justice’s (DOJ) Office of Legal Counsel released [a memo](#) declaring that states do not have to provide in-home or community-based care to people with disabilities who need support.

Alison Barkoff: Brian, this administration is trying to take away one of the most fundamental rights that people with disabilities have fought for. Since the passage of the first disability rights laws in the late 1970s, the United States’ position across both Democratic and Republican administrations has been that people with disabilities have a civil right to be part of their communities, to be included, and that when entities receive public funding, they must provide services in the community when appropriate instead of unjustifiably institutionalizing people. This is commonly known as the “integration mandate,” which is incorporated in regulations implementing both Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). In 1999, the U.S. Supreme Court, in a watershed decision called *Olmstead v. L.C.*, said that unjustified institutionalization is a form of discrimination, and that public entities must provide services in the most integrated setting appropriate to people’s needs.

Many older adults may not identify with the word “disability,” but many older adults are actually people with disabilities covered by disability rights laws. Think of people with mobility limitations, anyone who needs long-term services and supports, people with

cognitive limitations like dementia or Alzheimer’s, or people with vision or hearing impairments. The DOJ has been the main enforcer of the *Olmstead* decision over the last 25 years, and now, following a request from the White House, it puts out this memo. Of course, they have to concede that it is “out of step with virtually every court decision.”

Brian: What are the ramifications of this memo?

Alison: It is important to note that DOJ cannot alone change the law – only Congress and the courts can. But at the same time, this memo is very significant in several ways. One, we are already seeing that the DOJ is dismissing current cases, backing out of settlement agreements, and will probably not pursue new cases. Second, the memo suggests that they’re likely to start a regulatory process to undo the longstanding integration mandate regulations under Section 504 and the ADA, and third, I’ll just say, as a lawyer who’s been doing this work a long time, it appears they are trying to tee this up for the Supreme Court to revisit the *Olmstead* decision itself, and maybe even the constitutionality of these disability rights laws.

Brian: How will this affect the implementation of H.R. 1?

Alison: When H.R. 1 was being debated, we knew that whenever states have faced a budget shortfall in their Medicaid programs, the first thing to be cut are home and community-based services. (See “[History Repeats? Faced with Medicaid Cuts, States Reduced Support for Older Adults and Disabled People](#).”) We are already seeing cuts to provider reimbursement rates, tightening up of payments to family caregivers, new caps on services, and new reductions in services. *Olmstead* has been a guardrail to these cuts in the past and could be lost. The message from the federal government in this memo is that cuts that could force people into institutions do not, in their view, violate the law.

Brian: Next month’s column will feature more discussion with Alison about how the Medicaid cuts are affecting beneficiaries and family caregivers.

Under his direction from 1993 to 2003, the International Human Genome Project produced a finished sequence of human DNA. He then utilized this data to help create powerful tools and strategies to advance biological knowledge about humans and improve their health. Along with his research, Collins has stressed the importance of considering the ethical and legal issues surrounding genetics.

Collins served as NIH director under three Presidents (Barack Obama, Donald Trump, and Joseph Biden), stepping down in December 2021 after guiding the nation's biomedical research in various fields, including a historic series of research partnerships addressing diabetes, Alzheimer's disease, cancer, neuroscience, genetic diseases, precision medicine, and the COVID-19 pandemic. After 15 months as Acting Science Advisor and Special Projects Advisor to the President, he returned to his research laboratory at NIH, investigating genetic factors in diabetes and premature aging. He retired from NIH in March 2025 but continues to be a respected voice advocating for strong support of innovation in biomedical research.

At the GSA meeting's Opening Plenary Session, GSA President Tamara Baker, PhD, FGSA, will engage in a keynote conversation with Collins, followed by an audience Q&A.

"We are honored that Dr. Collins has accepted our invitation to serve as a keynote speaker," Baker said. "His participation comes at an important time, as our nation continues to deal with growing skepticism toward science and a diminished appreciation for scholarly work,

including research that seeks to advance health equity and improve the lives of historically underserved populations."

Baker added that scholars at every career stage, from students and trainees to early-career investigators, established researchers, and senior leaders, will benefit from hearing Collins reflect on the opportunities and challenges facing science today.

"His perspective on leadership, discovery, and public engagement will inspire the next generation of scientists, and remind us that, as scientists, clinicians, educators, and advocates, we are well-positioned to lead meaningful change in the lives of older adults," Baker said.

In 2006, Collins wrote about finding harmony between the scientific and spiritual worldviews in "The Language of God: A Scientist Presents Evidence for Belief," which spent 20 weeks on The New York Times bestseller list. His most recent book is "The Road To Wisdom: On Truth, Science, Faith, and Trust."

The Annual Scientific Meeting will take place from Wednesday, November 4, to Saturday, November 7. Collins' talk will take place on Wednesday at 4 p.m. ET. The meeting location of National Harbor, Maryland, is just south of Washington, DC, on the shore of the Potomac River.

Abstracts/Registration/Housing

GSA is [accepting submissions of late breaking poster and paper abstracts](#) from July 7 to August 13. This is a chance for scholars to present their research results not yet available at the time of GSA's original March abstract deadline. The program areas open for late breaking submissions include Academy for Gerontology in Higher Education, Behavioral and Social Sciences, Biological Sciences, Health Sciences, and Social Research, Policy, and Practice.

GSA encourages attendees to register for the meeting by Tuesday, September 1, to take advantage of [discounted early bird registration fees](#); special conference rates are available through the [official GSA hotel block](#) at the Gaylord National Resort & Convention Center, which will host all meeting sessions.

Upcoming SRPP Activities Include GSA Meeting Symposia, Online Programming



By Alfred Boakye, MA, MPhil
*University of Maryland,
Baltimore*

I am privileged to serve as one of the Social Research, Policy, and Practice (SRPP) Section ESPO junior leaders this year. I am currently a PhD candidate in gerontology at the University of Maryland, Baltimore. In GSA, I also serve as one of the SRPP outreach volunteers, a role I have held since 2025.

Upcoming SRPP Webinar

Join us for [“‘Igniting’ Gerontological Action Research with the Nonprofit and Public Sectors,”](#) an SRPP/ESPO virtual event on gerontological action research in collaboration with public and nonprofit organizations on July 17. This webinar is designed to expose you to additional research paradigms by scholars at different levels of their careers.

SRPP/ESPO Symposium

At the GSA 2026 Annual Scientific Meeting in National Harbor, Maryland, this November, the focus of the SRPP/ESPO symposium is “Building Formal and Informal Care Partnerships: Reinforcing Resilience in Social Research, Policy, and Practice.” We are honored to bring together seasoned researchers and practitioners to discuss partnerships through interdisciplinary collaboration to support person-centered care across long-term services and supports settings. Our distinguished panel includes Dr. [Francesca Falzarano](#) from the University of Southern California; Dr. [Tina Sadarangani](#) from NYU Meyers College of Nursing; Dr. [Jennifer Craft Morgan](#) from Georgia State University; and Dr. [Jennifer Reckrey](#) from NYU Grossman School of Medicine.

SRPP Presidential Symposium

The SRPP officers will organize a presidential symposium at the GSA Annual Scientific Meeting titled “Scholarship in Action: Navigating the

Scientist-Citizen Path Toward Social and Policy Change.” This multidisciplinary symposium will bring together experts from academia, nonprofit leadership, and the media to provide practical guidance on how to influence programs and policy and expand your public voice.

2026 Late Breaking Abstract Submissions

Do you have compelling findings that were not ready at the initial abstract submission period for the GSA Annual Scientific Meeting? This is a call to all members to consider [submitting a late breaking paper or poster abstract](#). The submission period is open from July 7 to August 13.

Student Travel Awards and Call for Donations

The nomination period for several Society-wide and SRPP awards, as well as applications for travel stipends to the Annual Scientific Meeting, is now open. These awards and stipends advance the field of gerontology by recognizing outstanding early and mid-career individuals and making it possible for more scholars to attend the Annual Scientific Meeting. Awards and stipends are open for [self-nomination](#) until July 28. Please consider making a [donation](#) today to support students and early career individuals to attend the GSA meeting.

Demystifying the SRPP Abstract Submission and Review Process

In March, the [SRPP leadership team](#) organized a [webinar on the SRPP abstract review](#) and acceptance process and outlined key priorities for the GSA 2026 Annual Scientific Meeting. Members should consider submitting more than one abstract, seeking support from peers and mentors to review abstracts before submission, and volunteering to be an abstract reviewer.

Service Opportunities for Members

There are several [service opportunities](#) across the GSA community. To learn more about the available SRPP opportunities, contact me at boakyealfred16@gmail.com.

NewAwardees

GSA Honors Outstanding Individuals

Please join us in congratulating our 2026 awardees!

GSA salutes outstanding research, recognizes distinguished leadership in teaching and service, and fosters new ideas through a host of awards. Nominated by their peers, the recipients' achievements serve as milestones in the history and development of gerontology.

The awardees will be recognized at this year's GSA Annual Scientific Meeting, taking place November 4 to 7 in National Harbor, Maryland. Check the final meeting program for all dates, times, and room location assignments for award events.

Society-Wide

Donald P. Kent Award



Heather M. Young, PhD, RN, FAAN, FGSA, of the University of California, Davis

This award is given annually to a GSA member who best exemplifies the highest standards for professional leadership in gerontology through teaching, service, and interpretation of gerontology to the larger society.

Robert W. Kleemeier Award



Jeffrey M. Hausdorff, PhD, FGSA, of Tel Aviv University

This award is given annually to a GSA member in recognition for outstanding research in the field of gerontology.

James Jackson Outstanding Mentorship Award



Briana Mezuk, PhD, FGSA, of the University of Michigan

This award recognizes outstanding commitment and dedication to mentoring minority researchers in the field of aging.

M. Powell Lawton Award



Allen Glicksman, PhD, FGSA, of the Eastern Pennsylvania Geriatrics Society

This award honors contributions from applied gerontological research that have benefited older people and their care. This award is sponsored by the Polisher Research Institute of Abramson Senior Care.

Margret M. and Paul B. Baltes Foundation Award



Manka Nkimbeng, PhD, MPH, BSN of The University of Minnesota

This award acknowledges outstanding early career contributions in behavioral and social gerontology. This award is given by GSA in conjunction with the Margaret M. and Paul B. Baltes Foundation.

Maxwell A. Pollack Award for Productive Aging



Pamela J. Doty, PhD, FGSA, of the Self-Direction Center

This award recognizes instances of practice informed by research and analysis, research that directly improved policy or practice, and distinction in bridging the worlds of research and practice. This award is funded by the New York Community Trust through a generous gift from the Maxwell A. Pollack Fund.

Doris Schwartz Gerontological Nursing Research Award



Hyochol Ahn, PhD, ANP-BC, FAAN, of The University of Alabama in Huntsville

This award is presented to a GSA member who has a record of outstanding and sustained contribution to geriatric nursing research.



Krout & Elmore Children's Book Award for Best Portrayal of Aging

"Soggy Like Cush Cush" by Karly Pierre, illustrated by Kristen Uroda, published 2025, Little Bee Books. This award recognizes realistic portrayals of older adults in picture books for children.

W. Andrew Achenbaum Award for Excellence in the Gerontological Humanities



Margaret Morganroth Gullette, PhD, of Brandeis University.

This award recognizes research and creative excellence in the gerontological humanities that broadly includes, but is not limited to, literature, philosophy, history, spirituality, ethics, cinema, media, poetry, and the arts in relation to aging studies.

Academy for Gerontology in Higher Education

Clark Tibbitts Award



Dana Burr Bradley, PhD, FAGHE, FGSA, of the University of Maryland, Baltimore County

This award is given to individual or organization that has made an outstanding contribution to the advancement of gerontology and/or geriatrics education.

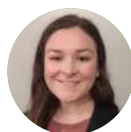
Hiram J. Friedsam Mentorship Award



Laura K.M. Donorfio, PhD, FAGHE, FGSA, of the University of Connecticut

This award recognizes individuals who have contributed to gerontological and/or geriatrics education through excellence in mentorship to students, faculty, and administrators.

Rising Star Early Career Faculty Award



Abigail T. Stephan, PhD, of Georgia Southern University

This award recognizes new faculty whose teaching and/or leadership stands out as impactful and innovative.

Student Leadership Award



Layla Katharine Santana, of the University of South Florida

This award recognizes a student whose leadership has advanced the goals and mission of the Academy for Gerontology in Higher Education (AGHE) as well as the respective goals of his/her AGHE-affiliated institution.

Distinguished Faculty Award



Jenny Inker, PhD, LALFA, of Virginia Commonwealth University

This award recognizes persons whose teaching stands out as exemplary, innovative, of impact, or any combination thereof.

Behavioral and Social Sciences Section

Distinguished Career Contribution to Gerontology Award



Eileen M. Crimmins, PhD, FGSA, of the University of Southern California

This award recognizes career contributions that have articulated a novel theoretical or methodological perspective or synthesis that addresses a significant problem in the literature.

Behavioral and Social Sciences Section (cont.)

Distinguished Mentorship in Gerontology Award



Co-Recipient: **Anne Barrett, PhD, FGSA**, of Florida State University



Co-Recipient: **Wendy A. Rogers, PhD, FGSA**, of the University of Illinois Urbana-Champaign

This award is given to an individual who has fostered excellence in, and had a major impact on, the field by virtue of their mentoring, and whose inspiration is sought by students and colleagues.

Richard Kalish Innovative Publication Award



Zhuoer Lin, PhD, of Emory University

For the article, "Exposure to School Racial Segregation and Late-Life Cognitive Outcomes." Co-authored by Yi Wang, PhD, Thomas M. Gill, MD, and Xi Chen, PhD.

Richard Kalish Innovative Publication Award



Laura N. Gitlin, PhD, FGSA, of Drexel University and **Sara J. Czaja, PhD, FGSA**, of Weill Cornell Medicine

For the book, "Handbook of Intervention Science: From Design to Implementation."



This award recognizes insightful and innovative publications on aging and life course development in the behavioral and social sciences in two categories: Book Category and Article Category.

Mid-Career Innovation Award



Jennifer Ailshire, PhD, FGSA, of the University of Southern California

This award acknowledges outstanding and innovative contributions of an established mid-career member of the Behavioral and Social Sciences Section.

Biological Sciences Section

Nathan Shock New Investigator Award



Junhao Wen, PhD, of Columbia University

This award acknowledges outstanding contributions to new knowledge about aging through basic biological research.

Health Sciences Section

Joseph T. Freeman Award



George E. Taffet, MD, FGSA, of Houston Methodist Hospital

This award recognizes a prominent clinician in the field of aging, both in research and practice.

Excellence in Rehabilitation of Aging Persons Award



Linda J. Resnik, PT, PhD, FAPTA, of Brown University/Providence VA Medical Center

This award acknowledges outstanding contributions in the field of rehabilitation of aging persons.

Mid-Career Innovation Award



Allison Lindauer, PhD, APRN, FGSA, of Oregon Health & Science University

This award acknowledges outstanding contributions of an established mid-career GSA member of the Health Science Section to an innovative and influential area of the field in research and/or practice.

Social Research, Policy, and Practice Section

Elaine M. Brody Thought Leader Award



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

This award acknowledges outstanding contributions in social research, policy, and practice.

Carroll L. Estes Rising Star Award



Xiang Qi, PhD, of New York University

This award acknowledges outstanding early career contributions in social research, policy, and practice.

GSA thanks the following award sponsors:

Polisher Research Institute of Abramson Senior Care (Lawton Award)
The New York Community Trust (Pollack Award)
Margret M. & Paul B. Baltes Foundation (Baltes Award)
Barbara J. Berkman, DSW/PhD, FGSA (Berkman Award)

Additionally, the following award nominations, along with a variety of travel awards, are open until July 29:

Academy for Gerontology in Higher Education

Mildred M. Seltzer Distinguished Service Honor
Part-Time/Adjunct Faculty Honor
Administrative Leadership Honor
Graduate Student Paper Award
James McKenney Student Travel Award
AGHE Student Travel Stipend

Behavioral and Social Sciences Section

Student Research Award
Boaz Kahana Student Poster Award
Behavioral and Social Sciences Student Travel Stipend

Biological Sciences Section

Austin Bloch Award
George Sacher Award
Biological Sciences Student Travel Stipend

Emerging Scholar and Professional Organization

Interdisciplinary Paper Award

Poster Award
Douglas Holmes Award
Minority Issues in Gerontology Poster Award
Carol A. Schutz Travel Award
TJ McCallum Memorial Student Travel Award

Health Sciences Section

Person-In-Training Award
Research Award
Health Sciences Student Travel Stipend

Social Research, Policy, and Practice Section

Barbara J. Berkman Award for Outstanding Interdisciplinary Research, Practice, or Policy in Aging and Health Care
Outstanding Student Poster Award
Social Research, Policy, and Practice Student Travel Stipend

To learn more about GSA awards and for more information about our 2026 summer award nominations, visit www.geron.org/membership/awards.

NewFellows

Distinguished Members Granted Fellow Status

GSA's Board of Directors has approved the following 50 individuals for fellow status within the Society.

In addition to being honored during the Fellows, International, and ESPO Reception at the Annual Scientific Meeting, they will be presented with fellow certificates and pins at their respective section recognition events.

Fellow status is peer recognition for outstanding contributions to the field of gerontology and represents the highest category of membership. This distinction comes at varying points in a person's career and is given for diverse activities that include research, teaching, administration, public service, practice, and notable participation in the Society.

The Academy for Gerontology in Higher Education

Brittney M. Howell, PhD, FAGHE, CPG, CDP, University of Alaska Anchorage; **Paul Nash, PhD, CPsychol, FAGHE, FGSA, AFBPsS, FHEA**, University of Southern California; **Katherina Nikzad-Terhune, PhD, LCSW, FAGHE**, Northern Kentucky University

Behavioral and Social Sciences Section

Lyndsey Anderson, PhD, RN, FGSA, Vanderbilt University; **Marino A. Bruce, PhD, MSRC, MDiv, FGSA**, University of Houston; **Shinae L. Choi, PhD, FGSA**, The University of Alabama; **William J. Chopik, PhD, FGSA**, Washington University in St. Louis; **Jill Juris, PhD, FGSA**, Appalachian State University; **BoRin Kim, PhD, FGSA**, University of New Hampshire; **Seoyoun Kim, PhD, FGSA**, University of Michigan; **Chioun Lee, PhD, FGSA**, University of California, Riverside; **Elham Mahmoudi, PhD, FGSA**, University of Michigan; **Patricia M. Morton, PhD, FGSA**, Wayne State University; **Paul Nash, PhD, CPsychol, FAGHE, FGSA, AFBPsS, FHEA**, University of Southern California; **Kelly A. O'Malley, PhD, ABPP, FGSA**, O'Malley Geropsychology, PLLC; **Courtney A. Polenick, PhD, FGSA**, University of Michigan; **Nekehia T. Quashie, PhD, FGSA**, University of Rhode Island; **Christina Röcke, PhD, FGSA**, University of Zurich; **Sunshine M. Rote, PhD, FGSA**, University of Louisville; **Stacey B. Scott, PhD, FGSA**, Stony Brook University; **Michelle P. Silver, BA, BS, MPP, PhD, FGSA**, University of Toronto; **Amy Thierry, PhD, MPH, FGSA**, Xavier University of Louisiana; **Mieke Beth Thomeer, PhD, FGSA**, University of Minnesota; **Nicole E. Werner, PhD, FGSA**, Vanderbilt University Medical Center; **W. Quin Yow, PhD, FGSA**, Singapore University of Technology & Design

Biological Sciences Section

Rajagopal Viswanath Sekhar, MD, FGSA, Baylor College of Medicine; **Mark A. McCormick, PhD,**

FGSA, University of New Mexico Health Sciences Center

Health Sciences Section

Hyochol Ahn, PhD, ANP-BC, FAAN, University of Alabama in Huntsville; **Kristen M. Beavers, PhD, MPH, RD, FGSA**, Wake Forest University School of Medicine; **Anda Botosaneanu, MD, PhD, MBA, FGSA**, University of Michigan - Dearborn and Ann Arbor; **Ying-Yu Chao, PhD, GNP-BC, FGSA**, Rutgers, The State University of New Jersey; **Stephanie W. Chow, MD, MPH, FGSA**, Icahn School of Medicine at Mount Sinai Hospital; **Daniel David, PhD, MS, RN, FGSA**, New York University; **Maritza Dowling, PhD, FGSA**, The George Washington University; **Jason (Jace) D. Flatt, PhD, MPH, FGSA**, University of Nevada, Las Vegas; **Nikki L. Hill, PhD, RN, FGSA, FAAN**, Penn State University; **Roe Holtzer, PhD, FGSA**, Yeshiva University and Albert Einstein College of Medicine; **Jaime M. Hughes, PhD, MPH, MSW, FGSA**, Wake Forest University School of Medicine; **Junxin Li, PhD, MSN, RN, FGSA**, Johns Hopkins University; **Siobhan McMahon, PhD, MPH, GNP-BC, FGSA**, University of Minnesota; **Rhayun Song, PhD, FNC-C, FAANP, FAAN, FGSA**, Chungnam National University; **LaVona Traywick, PhD, MA, FGSA**, University of Oklahoma Health Campus; **Chenkai Wu, PhD, MPH, MS, FGSA**, Duke Kunshan University

Social Research, Policy, and Practice Section

Caitlin E. Coyle, PhD, FGSA, University of Massachusetts Boston; **Tina R. Kilaberia, PhD, MSW, FGSA**, New York University; **Yeonjung Lee, PhD, FGSA**, Chung-Ang University; **Jinyu Liu, MSW, PhD, FGSA**, Baylor University; **Cathy A. Maxwell, PhD, RN, FAAN, FGSA, FNAP**, University of Utah; **Kathy Siepker, PhD, LCSW, FGSA**, The University of Texas at Arlington; **Kaipeng Wang, PhD, FGSA**, University of Washington

To learn more about the nomination process and see a listing of all fellows, visit www.geron.org/membership/fellows.

GSA Journals Continue to Lead: Latest Impact Factors Announced

The Web of Science Group, part of Clarivate Analytics, has released the 2026 update to its annual Journal Citation Reports, which includes impact factor rankings for 2025. It shows that GSA's journals, which took four of the top 10 spots in the Social Sciences Citation Index's Gerontology category, continue to lead in impact factor.

- Innovation in Aging ranked first with an impact factor of 6.2 (Editor-in-Chief: Michelle Putnam, MGS, PhD, FGSA, University of Massachusetts Boston)
 - The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences ranked fourth with an impact factor of 4.6 (Editors-in-Chief: Gustavo Duque, MD, PhD, FRACP, FGSA, McGill University; and Joyce Siette, PhD, University of Western Sydney)
 - The Gerontologist ranked eighth with an impact factor of 3.9 (Editor-in-Chief: Joseph Gaugler, PhD, FGSA, University of Minnesota)
 - The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences ranked tenth with an impact factor of 3.6 (Editors-in-Chief: S. Duke Han, PhD, University of Southern California; and Jason (Jace) D. Flatt, PhD, MPH, University of Nevada, Las Vegas)
- [Special Issue: Palliative and End-of-Life Care in Aging](#) (Medical Sciences section of The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences and Psychological Sciences section of The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences)
 - [Special Issue: Social Determinants of Gerontological Health, Functioning, and Well-Being](#) (Psychological Sciences section of The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences)
 - Cross-journal Collections:
 - [Diversity, Equity, and Inclusion](#)
 - [Alzheimer's and Brain Awareness](#)
 - [Caregiving](#)

GSA's editors-in-chief personally select high-quality articles to highlight key research to their readers and the gerontological community. Visit the [latest Editor's Choice articles](#) freely available to read and share.

New Issues and Collections

- [Caregiving Policy Advances and Regressions](#) (Public Policy & Aging Report)
- [Special Issue: Hispanic/Latinx Healthy Aging](#) (The Gerontologist)

Become a Journal Reviewer

[GSA seeks reviewers for its journals.](#) Your role as a peer reviewer is not just essential, it's invaluable in maintaining research quality. GSA deeply appreciates the thousands of reviewers who volunteer their time and expertise to its journals.

- [The Gerontologist](#)
- [Innovation in Aging](#)
- The Journals of Gerontology Series A: [Biological Sciences](#) and [Medical Sciences](#)
- The Journals of Gerontology Series B: [Psychological Sciences](#) and [Social Sciences](#)
- [Gerontology & Geriatrics Education](#): Contact Darren Liu, DrPH, FGSA, at darren.liu@outlook.com.

Recognition for Senior Centers Grows Under National Center to Reframe Aging, Pennsylvania Department of Aging Partnership

The National Center to Reframe Aging joined a Pennsylvania Department of Aging-hosted [Community Conversation](#) in Philadelphia on June 10 to showcase [research and communication guidance from the National Center](#) that are helping maximize the potential of senior community centers as vibrant community spaces – similar to libraries or parks – where older adults can stay active and independent.

Senior community centers provide a wide range of services, from social programs to health resources, yet often face misconceptions that hinder public investment. A partnership between the National Center and the Pennsylvania Department of Aging is bridging that gap by creating evidence-based communication strategies, tools, and insights that empower advocates to tell a more accurate and compelling story about the role of senior centers in Pennsylvania communities. The research was informed by input from a representative sample of Pennsylvania residents.

"This investment from the Pennsylvania Department of Aging is kickstarting a national conversation on senior community centers, and setting a groundbreaking example for other states in highlighting their importance and value," said National Center Executive Director Patricia M. "Trish" D'Antonio, BSPHarm, MS, MBA, BCGP, who also serves as GSA's vice president of policy and professional affairs. "Our recommendations can help organizations and policymakers increase awareness, reduce stigma, expand participation, and strengthen public support for senior community centers."

During the Community Conversation, Pennsylvania Secretary of Aging Jason Kavulich shared that the National Center has been a key ally in helping advocates, families, and community leaders better communicate about the value of senior community centers and promote policies that support their continued growth and relevance.

"We are looking at how we work with senior community centers all across Pennsylvania in a very different way, by educating ourselves on what people want us to be approaching them

with, and why they are not participating at our senior centers at the levels that we have seen the older population grow," Kavulich said. "We've tried to rebrand for over a decade. We've tried different approaches. And everyone continues to be at the table to try and find a solution. Now that we're taking a step back and understanding the 'why' behind it all, understanding new approaches, we can reach those people in communities."

D'Antonio and Kavulich were joined by Renee Cunningham, president of the Pennsylvania Association of Senior Centers and Executive Director of Center in the Park, a senior community center located in Philadelphia's Germantown neighborhood.

"This is a defining moment for senior centers. There will be a before and after this project," Cunningham said. "Senior community centers have spent years trying different approaches to rebranding and communicating our value, but this research finally helps us understand what has been missing. The work has always been there. What changes now is our ability to talk about that work in ways that resonate, inspire action, and not only help more people see our centers as essential community assets, but also see themselves in senior community centers."

[The National Center's website offers additional tools and resources](#) developed from this partnership.





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.

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.

Webinars and Virtual Sessions:

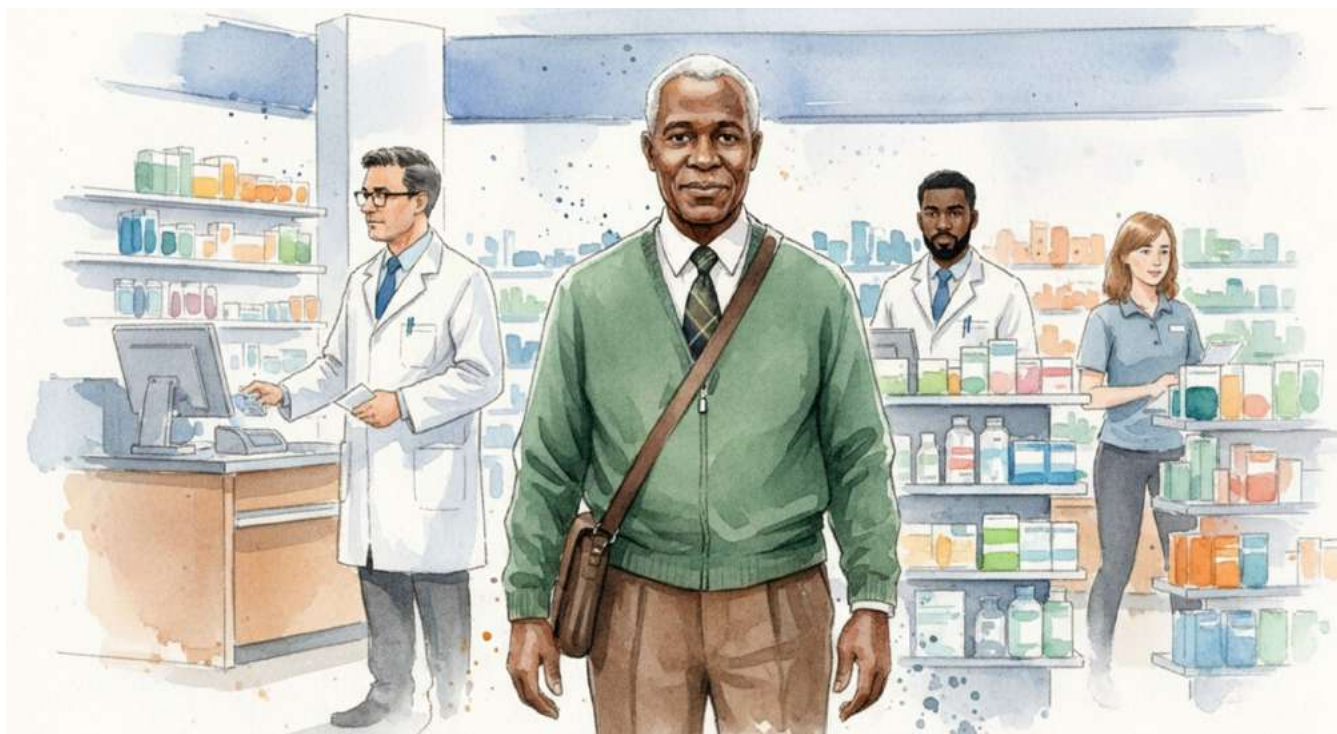
- [The Melody Project \(Generativity and Aging Interest Group\)](#)
- [Inside Aging Research: Meet the Editors of Leading Journals](#)
- [Global Dementia Prevention: Multidomain Lifestyle Interventions from the World-Wide FINGERS Network](#)
- [The Bond That Built a Breakthrough: Pet Companionship Research and the Technology to Age in Place Together](#)
- [Marketing Strategies for Undergraduate Gerontology Programs \(Community College Interest Group\)](#)
- [Career Conversation: International Perspectives on Careers in Aging](#)
- [Homelessness and Aging: Insights from The Gerontologist Special Issue](#)
- [Strategies for Success: Tips for Achieving Funding from Foundation and Non-Profit Partners](#)
- [Beyond the Pledge: Turning Age-Friendly Commitments into Institutional Change \(National Center to Reframe Aging\)](#)
- [Studying Caregivers and Older Adults in the National Study of Caregiving \(NSOC\) and National Health and Aging Trends Study \(NHATS\) \(Family Caregiving Interest Group\)](#)
- [Climate & Aging Interest Group Meeting: Climate & Aging Webinar Series](#)
- [Social Determinants of Health, Functioning, and Well-Being, The Journals of Gerontology Series B](#)
- [The Concentric Value of Vaccination: The Role of Resilience](#)

Podcasts:

- [Nutrition Matters: Supporting Healthy Aging Through Proper Nutrition](#)

From the National Center to Reframe Aging Learning Center:

- [Champion Your Health: Communications Strategies for Older Americans Month](#)



Harold (above) is an example of a persona featured in the course. They support scenario-based learning by providing realistic, relatable characters whose experiences help learners explore concepts in context, practice decision-making, and connect course content to real-world situations.

experience where participants build practical skills by applying concepts to realistic scenarios and guided knowledge checks

The course can serve as a prerequisite for college students preparing for service-learning, clinical rotations, or community engagement programs. GSA offers standard registration for professionals, community members, graduate and doctoral students, alongside a significantly discounted rate for undergraduate students who sign up for a free GSA student membership.

"Understanding Ageism is a great tool to help shift narratives about aging, older people, and careers in aging, ultimately preparing those who are entering the workforce with life skills that will serve them on their personal and professional paths," said Tina M. K. Newsham, PhD, FAGHE, who served as a contributor to the course. "It will help prepare students with knowledge about aging and ageism and the skills to communicate appropriately and effectively in intergenerational interactions. The final module highlights various aging-related career paths for students to consider."

GSA's National Center to Reframe Aging also contributed to this version of the course.

Understanding Ageism represents an update to a previous GSA offering, Ageism First Aid. It now offers a deeper, more practical look at ageism – how it develops, why it's harmful, and how to build awareness that leads to change.

In this course, learners will discover:

- How language and messaging shape perceptions of aging.
- How media and culture influence attitudes across the lifespan.
- How to distinguish normal ageing-related changes from changes related to disease, disability, or illness.
- Ways to communicate more effectively across generations.
- Career pathways that address the opportunities and challenges of an aging population.
- How views on aging affect health and community.
- Practical strategies for recognizing and addressing ageism.

Making Learning Visible: Measuring Gerontology Competencies Through Course Assignments



By M. Aaron Guest, PhD, MPH, MSW
Arizona State University

One of the enduring challenges in gerontology education is not whether our programs have meaningful goals, but whether we can demonstrate that students achieve them. Program mission statements often outline ambitious commitments: understanding aging across the life course, applying evidence to practice, and improving systems of care. Yet these only become measurable when they are connected to course competencies and demonstrated through student work.

AGHE and GSA involvement in this space dates back decades. As previous columns have shown, the [Gerontology Competencies for Undergraduate and Graduate Education](#) and [accreditation](#) are alive and well. Together, these frameworks encourage programs to document what students can do with gerontological knowledge.

It then turns to our programs to make these connections between the skills and knowledge the workforce expects and what graduates are learning. It is here that the value of competencies and accreditation lies, in the promise to employers, students, graduates, and the public that they can trust the knowledge and skills of a program's graduate.

A practical approach is to build a simple assessment chain: program goal > competency > course assignment > evidence > improvement. For example, a program goal focused on age-inclusive practice can be tied directly to a competency in person-environment interaction. In a course, students might demonstrate that competency through an age-friendly environ-

mental audit or a policy memo. In this way, the assignment does more than generate a grade. It shows whether students can use gerontological concepts to make sense of real conditions, weigh competing factors, and offer grounded recommendations.

This approach also helps faculty avoid assessment drift. Not every assignment needs to measure every competency. Instead, programs can identify critical assignments across the curriculum. Introductory courses assess foundational knowledge of aging processes and life-course perspectives. Mid-curriculum courses might assess analytic skills, such as interpreting demographic trends or evaluating service systems. Advanced courses might assess synthesis through applied projects or interdisciplinary collaboration. AGECE provides a simple toolkit for measuring and tracking these outcomes.

The strongest assessment systems are usable. A rubric with three or four criteria aligned to program competencies is more valuable than an elaborate tool that faculty cannot sustain. Student work can be sampled annually, reviewed collectively, and used to answer focused questions: Where are students showing mastery? Where are they struggling? Which assignments demonstrate the clearest evidence? Are curricular changes warranted?

When program goals, competencies, and assignments are aligned, learning becomes visible. Faculty can see student development, students can understand why assignments matter, and programs can tell better stories.

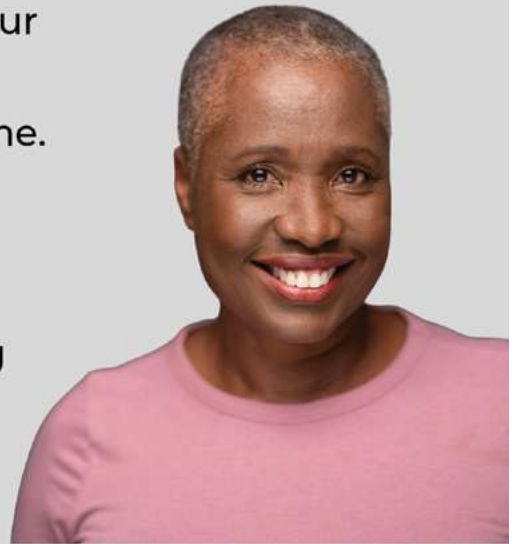
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A woman with vibrant red hair is sitting at a desk, smiling and resting her chin on her hand. She is wearing a white button-down shirt over a tan top. In front of her is a laptop. The background shows a bookshelf and a lamp.

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GSA Report Highlights Brain Health Breakthroughs and Challenges for Primary Care Providers



["Understanding Breakthroughs in Brain Health: Top 10 Articles of 2025"](#) – the latest "Top 10" report in the Gerontological Society of America's Insights & Implications in Gerontology series – presents a curated collection of the year's most impactful research on cognitive decline, dementia detection, and brain health

across the lifespan, with a focus on actionable insights for primary care providers.

Alzheimer's disease (AD) affects approximately 7.2 million Americans aged 65 and older, representing roughly 11% of that population, and its prevalence is rising as the country ages. The economic toll is substantial: health and long-term care costs for people living with AD and other dementias reached an estimated \$384 billion in 2025, with an additional \$413 billion in care provided by roughly 12 million unpaid caregivers. Despite these staggering numbers, AD remains significantly underdiagnosed, particularly in its earliest, most treatable stages.

"Primary care is where most people with dementia are first diagnosed and where they receive most of their care", said Soo Borson, MD, co-lead of the BOLD Public Health Center of Excellence on Early Detection of Dementia and a professor at the Keck School of Medicine at the University of Southern California, who served on the report's expert advisory panel. "This collection of research gives clinicians the evidence they need to act earlier, more confidently, and more effectively for their patients."

The report underscores the critical and expanding role of primary care providers in the early detection and management of cognitive decline. Research included in the report found that the average time from symptom onset to a dementia diagnosis is 3.5 years, a delay that can cost patients access to disease-modifying therapies and timely care planning. With only 8–11% of mild cognitive impairment cases identified early, and underdiagnosis disproportionately affecting Black and Hispanic populations, the need for systematic change in primary care practice is made clear in the report.

Advances in diagnostic technology are helping to close this gap. Blood-based biomarker tests, now increasingly available to primary care providers, offer a less invasive and more accessible means of detecting AD pathology compared with traditional PET imaging or cerebrospinal fluid analysis. Digital cognitive assessments are also emerging as practical tools for streamlining screenings, with the potential to integrate directly into electronic health records and reduce administrative burden on clinical staff.

The report also highlights the growing body of evidence linking modifiable lifestyle factors to brain health outcomes. The landmark US POINTER randomized clinical trial, among the studies featured, demonstrated that structured, multidomain lifestyle interventions addressing exercise, diet, cognitive engagement, and social activity produced significantly greater cognitive benefits than self-guided approaches. Additional research featured in the report connects sleep quality, oral health, and food security to measurable differences in the risk of cognitive decline and dementia.

"Primary care providers are uniquely positioned to identify cognitive changes early and connect patients with the resources and interventions that can make a real difference. Incorporating cognitive screenings into routine visits, and normalizing conversations about brain health, are practical, high-impact steps that every practice can take," said Anna Pendrey, MD, DABOM, an assistant professor at the Indiana University School of Medicine, who also served on the report's expert advisory panel.

The report also draws attention to a troubling gap in care support following a dementia diagnosis. Research shows that while people with dementia are more likely to receive assistance after diagnosis, their disability needs increase faster than the support provided, leaving a widening shortfall, particularly for instrumental activities of daily living such as managing medications or finances. The report calls on primary care teams to strengthen care coordination, conduct regular assessments of patients' functional needs, and connect individuals and families with appropriate community resources.

Other members of the expert advisory panel include Frederick Ketchum, MD, PhD, of the University of Wisconsin School of Medicine and Public Health; and Mike Splaine, principal of Splaine Consulting. Lilly provided support for this report.



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Editor-in-Chief / Lead Author

Todd Kluss
tkluss@geron.org

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