



VICTORIA FALLS (2025) PHOTO BY N. LUNDEBJERG

JOIN US ONLINE FOR THE 2026 AGS ANNUAL SCIENTIFIC MEETING

The American Geriatrics Society is excited to invite you to the 2026 AGS Annual Scientific Meeting, taking place virtually from April 30th–May 2nd, 2026 (with pre-conference sessions starting on April 27th). #AGS26 will bring together geriatrics professionals from around the world for a program full of opportunities to learn, collaborate, and connect—no travel required.

The AGS Annual Scientific Meeting remains the premier event in geriatrics education, featuring the latest advances in clinical care, aging research, and innovative models of care delivery. This year's virtual meeting format provides attendees with the flexibility and accessibility that allows them to attend more sessions. The #AGS26 platform will remain open until the end of 2026, which means that registrants will have more time to view sessions and get CME. Like past Virtual Annual Meetings, participants attending the simu-live sessions April 30th–May 2nd can engage with speakers via the live chat for questions and answers.

Going virtual also brings practical advantages: reduced travel costs, easier access for those with demanding clinical schedules, and the ability to extend participation to a wider audience of geriatrics professionals. Plus, the virtual meeting significantly reduces our environmental impact, aligning with AGS's commitment to sustainability and innovation.

And while we won't be gathering in person, there will be no shortage of opportunities for real-time interaction. Attendees can engage directly with poster presenters during multiple live sessions, join like-minded colleagues for passionate discussions in Special Interest Group meetings, and participate in virtual mentoring opportunities. "Virtual meetings like #AGS26 expand the reach of our community," said Program Chair Nicole J. Brandt, PharmD, MBA, BCGP, FASCP. "They make it easier than ever to share knowledge, exchange ideas, and engage with colleagues from around the world. Whether you're joining from your office, clinic, or home, you'll experience the same spirit of collaboration and excellence that defines every AGS meeting."

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Chanel Whittaker,
PharmD, BCGP, FASCP, CPDC

CONGRATS TO OUR NEWEST FELLOWS!

Our newest class of AGS Fellows was approved in August. AGS Fellows are a select group of experts who have demonstrated commitment to the field, contributed to advances in care, and are active participants in AGS activities. Our newest class reflects the dedication to geriatrics education, clinical care, and research indicative of our Society's commitment to quality care for us all as we age. For more information on the application process, visit: americangeriatrics.org/membership/fellowship-ags.

Congratulations to:

- Chidinma Aniemeke, MD, AGSF
- Mallory McClester Brown, MD, AGSF
- Sumathi Devarajan, MD, CMD, AGSF
- Jorge Isaac Peña Garcia, MD, FACP, AGSF
- Noelle Marie Javier, MD, AGSF
- Ibiyo Lawrence, MD, FACP, AGSF
- Lee Lindquist, MD, MPH, MBA, CMD, AGSF
- Kah Poh (Melissa) Loh, MD, AGSF
- Regina Marranzini, MD, AGSF
- Veronica Nwagwu, MD, CWS, AGSF
- Heather Sakely, PharmD, BCPS, BCGP, AGSF
- Meera Sheffrin MD, MAS, AGSF
- Gina Upchurch, RPh, MPH, AGSF

AGS 360° WITH NANCY E. LUNDEBJERG, MPA

I'll confess that I've been having a bit of writer's block since I started to write this column on the train from New York City to Washington, DC to attend the ClinSTAR and Council of Medical Specialty Societies meetings. ClinSTAR is up first – it's a great opportunity for me to celebrate all of the young people who are electing to pursue careers in aging research. The second meeting includes a gathering of the CEOs of medical specialty societies - over the years, I've learned so much from this gathering and can't wait to participate again.

In case you are wondering, the false starts for the introduction to this column involved cleaning (I'm knee deep in preparing my apartment for a renovation by purging stuff); musing on why we chose a close-up of a waterfall for our cover photo (no easily explained reason), and a focus on the paper I recently wrote with colleagues on geriatrics health professionals as innovators. More on that last one later.

This year marks the 30th anniversary of the founding of the AGS Health in Aging Foundation. I can remember that time when the HiAF was but a glimmer in the eyes of my predecessor Linda Hiddemen Barondess and the AGS Board. Flash forward to today where we offer a robust portfolio of educational materials that bring the knowledge and expertise of geriatrics health professionals to the public and support the next generation of aging researchers through our Rising Star Fund, which brings students, residents and incoming geriatrics fellows to our Annual Meeting. The Foundation also supports named awards that recognize outstanding investigators. None of this would be possible without the support of AGS members and I am so grateful to everyone who donates to the Foundation. If you are not already a donor, please consider joining me in supporting HiAF's work at <https://bit.ly/3Kbmtu3>.

I'm not going to lie, this has been a tough year at AGS as we grappled with the rapidly changing policy environment in Washington, DC. At the beginning of the year, we worried about our friends and colleagues who are federal employees as the news out of DC was focused on reductions in the federal workforce that were underway across agencies, grant recissions, and elimination of programs and sometimes even agencies. In the middle of the year, we worried about how provisions in the One Big

Beautiful Bill Act would impact older Americans access health care and today (11/19/2025) we are breathing a collective sigh of relief that the longest federal government shutdown came to an end on November 12th. These are only a few highlights from what was a tumultuous year in federal policy. One point of light from the year is that the Geriatrics Workforce Enhancement Program and the Geriatrics Academic Career Award program continue to enjoy bipartisan support with re-authorization bills introduced in both chambers of Congress during this session. For a summary of our policy highlights since May 2025, [click here](#). And we hope you are among the readers of *Last Week in Washington: News of Interest to AGS Members*. I am incredibly grateful to the AGS members who have been calling their elected officials to provide their thoughts on federal policies that are important to older adults. Your calls are making a difference.

AGS Census Update

I am pleased to share our fourth annual report card that gives a summary of the demographic data that we have been asking all AGS members to share. Tables 1, 2, and 3 report our findings, as of November 1, 2025. Our commitment to publishing this annually is part of our efforts to embed attention to diversity, equity, and inclusion in all that we do across all of our programs and activities.

As we have done for the past several meetings, we asked our 2025 annual meeting attendees to share their demographic data so that we could provide a comparison of who is presenting at the meeting to attendees. Our presenter category is inclusive of moderators and speakers at invited sessions and paper/poster presenters. Tables 4, 5, and 6 report our findings, as of October 30, 2024.

Thank you to our members and annual meeting attendees who completed our demographic questions. Having demographic data helps us to identify where we might have gaps across the work that we do and having a rich member dataset to which we can compare helps to inform our activities. We have also published this report on our website.

I'll close with two things that brought me great joy this year followed by a bit more gratitude. The first was the heartfelt standing ovation for the writing



group members who presented on our forthcoming updated LGBTQI+ position statement at our 2025 AGS Annual Meeting. I am #AGS proud of the work that they are doing. My second moment of joy was serving as the lead author on a paper published in JAGS, ["Geriatricians Leading Innovation: Collaborating to Enhance Care as We Age"](#). Peter Abadir, Megan Young, Helen Fernandez, and Eric Widera set out to celebrate the many achievements of geriatrics health professionals; provide data on the current state of recruitment into the field and point to how we think the field can continue to lead innovations in care for all of us as we age. I hope it comes through in the article how #AGS proud we are of the impact geriatrics health professionals have had on our collective health, well-being, and quality of life.

Now for the gratitude. First, I am grateful to the 283 early career clinicians who chose to pursue a geriatrics fellowship this year. Sitting here at the ClinSTAR meeting has been a timely reminder of the endless opportunities for geriatrics health professionals to continue as innovators, leaders, and champions of improving care of older adults. As always, I am also grateful to the many AGS members who care for older adults every day. You are making a meaningful difference in their lives and in the lives of those who care for them. As a family caregiver, I know firsthand the ripple effect of how geriatricians practice where care recommendations lead to improved health and well-being not just for the patient but also for those who love them. If you have one take away from this column, let it be that we see you and we celebrate the work that you do.

Last but not least, a huge shout out to the talented and committed AGS staff. They are an amazing group of people, and we are lucky to have them on our AGS team. On behalf of all of us here at AGS, we wish you a peaceful end to 2025 and look forward to supporting you in 2026. ♦

A handwritten signature in black ink, appearing to read "Nancy E. Lundeberg, MPA".

AGS DEMOGRAPHIC DATA UPDATE

TABLE 1: GENDER, AGS MEMBERS & LEADERSHIP

Response	AGS Members (Dues Paying)	AGS Board & Committee Leaders
Female	2,694 (62%)	107 (71%)
Male	1,554 (36%)	42 (28%)
Prefer not to answer	90 (2%)	1 (1%)
Non-binary	9 (<1%)	0 (-%)
Respondents	4,541	150

TABLE 2: HISPANIC, LATINX OR SPANISH ORIGIN, AGS MEMBERS & LEADERS

Response	AGS Members (Dues Paying)	AGS Board & Committee Leaders
No, not of Hispanic, Latinx or Spanish origin	2,591 (87%)	135 (91%)
Yes, another Latin or Spanish origin	134 (4%)	4 (3%)
Prefer not to answer	133 (4%)	6 (1%)
Yes, Mexican, Mexican Am or Chicano	71 (2%)	1 (1%)
Yes, Puerto Rican	43 (1%)	2 (1%)
Yes, Cuban	18 (1%)	0 (-%)
Respondents	2,990	148

TABLE 3: RACE & ETHNICITY, AGS MEMBERS & LEADERS

Response	AGS Members (Dues Paying)	AGS Board & Committee Leaders
White: German, Irish, English, Italian, Polish, French, etc.	1,468 (51%)	74 (49%)
Asian: Chinese, Filipino, Asian, Indian, Vietnamese, Korean, Japanese, etc.	721 (25%)	45 (30%)
Prefer not to answer	297 (10%)	9 (6%)
Hispanic/Latinx/Spanish: Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Columbian, etc.	209 (7%)	5 (3%)
Black/African American: Jamaican, Haitian, Nigerian, Ethiopian, Somalian, etc.	162 (6%)	13 (9%)
Middle Eastern/North African: Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.	73 (3%)	2 (1%)
Other race, ethnicity or origin	58 (2%)	3 (2%)
American Indian/Alaska Native: Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Gov't, Nome Eskimo Community, etc.	24 (1%)	0 (-%)
Native Hawaiian or Pacific Islander: Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.	4 (<1%)	0 (-%)
Respondents*	3,016	151

*Respondents could choose more than one response

TABLE 4: GENDER, AGS25 ATTENDEES & PRESENTERS

Response	#2025 Attendees	#2025 Presenters
Female	2,054 (69%)	910 (70%)
Male	822 (28%)	357 (28%)
Prefer not to answer	95 (3%)	27 (2%)
Non-binary	11 (<1%)	2 (<1%)
Respondents	3,217	1,296

TABLE 5: HISPANIC, LATINX OR SPANISH ORIGIN, AGS25 ATTENDEES & PRESENTERS

Response	#2025 Attendees	#2025 Presenters
No, not of Hispanic, Latinx or Spanish origin	2,561 (86%)	1,113 (86%)
Yes, another Latin or Spanish origin	145 (5%)	62 (5%)
Prefer not to answer	119 (3%)	67 (5%)
Yes, Mexican, Mexican Am or Chicano	95 (3%)	33 (3%)
Yes, Puerto Rican	39 (1%)	13 (1%)
Yes, Cuban	23 (1%)	8 (1%)
Respondents	3,217	1,296

TABLE 6: RACE & ETHNICITY, AGS25 ATTENDEES & PRESENTERS

Response	#2025 Attendees	#2025 Presenters
White: German, Irish, English, Italian, Polish, French, etc.	1,395 (47%)	573 (44%)
Asian: Chinese, Filipino, Asian, Indian, Vietnamese, Korean, Japanese, etc.	833 (28%)	465 (36%)
Prefer not to answer	325 (11%)	26 (2%)
Hispanic/Latinx/Spanish: Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Columbian, etc.	248 (8%)	99 (8%)
Black/African American: Jamaican, Haitian, Nigerian, Ethiopian, Somalian, etc.	147 (5%)	64 (5%)
Middle Eastern/North African: Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.	105 (4%)	60 (5%)
Other race, ethnicity or origin	55 (2%)	19 (1%)
American Indian/Alaska Native: Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Gov't, Nome Eskimo Community, etc.	21 (1%)	5 (<1%)
Native Hawaiian or Pacific Islander: Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.	7 (<1%)	8 (1%)
Respondents*	3,217	1,296

*Respondents could choose more than one response

FROM OUR PRESIDENT

PAUL MULHAUSEN, MD, MHS, FACP, AGSF

As 2025 draws to a close, I've been reflecting on the remarkable growth and accomplishments of the AGS community this year. Together, we've advanced our mission with energy, creativity, and commitment—making real progress in advocacy, education, and clinical care for older adults. This year has brought both opportunities and challenges, but what stands out most to me is the unwavering resilience and dedication of our members.

Through new resources that amplify our collective voice in shaping impactful policy, AGS has continued to lead as a trusted partner in geriatrics. In this final From the President article of the year, I'd like to share some highlights from 2025 (don't miss pg. 6 for a deeper dive) as well as a glimpse of what I'm looking forward to in the year ahead.

The 2025 AGS Annual Scientific Meeting in Chicago was without question a highlight of my year. I was honored to host the #AGS25 Awards Ceremony, where we celebrated the accomplishments of our members. I'll cherish the memory of introducing our presenters during the plenary paper session as they shared research on a broad range of topics. The geriatrics literature update sing-along ended on a high note with a final performance I'll never forget. Long-time hosts Kenneth Covinsky, MD, MPH; Eric W. Widera, MD; and Alexander K. Smith, MD, MS, MPH—whose creativity and humor have made this session such a highlight over the years—were joined by Miguel Paniagua, MD, performing as his musical alter ego MigElvis, for, in my opinion, one of their best performances. I came home from Chicago with fresh perspectives, new collaborations (and dance moves), and a deep sense of gratitude for this community—and I hope you did, too.

It's also been a blockbuster year for AGS publications, with a whole lineup of new and updated resources now out in the world. We kicked things off with the release of the new *Geriatrics Review Syllabus, 12th Edition (GRS12)*—74 chapters strong, including three brand-new ones on historical perspectives of geriatric medicine, health equity, and loneliness and social isolation. Soon after came the *Geriatric Nursing Review Syllabus, Eighth Edition (GNRS8)*, the 27th edition of *Geriatrics At Your Fingertips*®, the updated *GRS Teaching Slides* and the *Geriatrics Evaluation and Management Tools (GEMS)*. And to round it all out, the new AGS Beers Criteria® Alternative Treatments List—first previewed at #AGS25—is now officially published in *JAGS* and available through the AGS Beers Criteria® mobile app as well.

I hope you'll dive into these resources at GeriatricsCareOnline.org—they're designed to make our work a little easier and to support us in caring for older adults to the best of our ability.

2025 marked the ninth year for the AGS in supporting the Geriatrics Workforce Enhancement Programs (GWEPs) through the GWEP Coordinating Center (GWEP-CC), funded by The John A. Hartford Foundation. Phase 3 launched this year with the GWEP-CC supporting twelve newly funded GWEPs and thirty re-funded Phase 2 programs and we launched an Age-Friendly Health System Action Community to help GWEPs train their primary care partners in the 4Ms framework.

AGS also released several exciting updates in 2025 to strengthen how our community connects and learns. MyAGSONline rolled out a fresh new look, complete with a personalized activity feed, recommended resources, and event listings. We also launched the

upgraded AGS/ADGAP Mentor Match Online Program, a revitalized platform that makes building meaningful, long-lasting mentoring relationships across geriatrics more seamless and effective. This year also brought a refreshed look to AmericanGeriatrics.org and GeriatricsCareOnline.org, both redesigned to enhance accessibility and create a more user-friendly experience. From reconnecting at #AGS25 to launching website updates and publishing new resources, it's been a busy year—and we're looking forward to making the most of it all with you in the year to come.

Looking ahead to 2026...

While it was wonderful to gather in person at #AGS25, we're just as excited to bring our community together again—this time online—for the 2026 AGS Virtual Annual Scientific Meeting. Meeting virtually makes it easy for everyone to join in, no matter where you're located, and still enjoy the same engaging program you expect from AGS. From research presentations and educational sessions to updates on clinical practice and policy discussions, there will be plenty of opportunities to learn, connect, and share ideas with colleagues. The AGS Virtual Scientific Meeting has always been about inclusivity, community, and coming together to advance geriatrics. By meeting virtually, we're able to welcome more participants while also ensuring the Society stays #AGSStrong in the years to come. We can't wait to see you in May and to carry this work into the future.

I hope you've been keeping an eye on our *Last Week in Washington* e-newsletter—a resource that our incredible staff launched in 2025. This weekly update has been a "go to" for me as I try to keep up with the news out of



Thank you for being part of this work and for continuing to shape the future of geriatrics with us.



the Executive Branch, Congress, and the courts. Each week, the AGS policy team identifies news of interest to AGS members and every issue includes that week's call to action. Because the news out of DC can sometimes be disheartening, the team also includes something fun in every issue – I think of it as a palate cleanser. It's vital that all of us continue to call our members of Congress and advocate on behalf of all of us as we age. I find that *Last Week in Washington* is one of the best ways for me to stay informed and engaged and encourage you to check it out if you are not already a steady reader of this weekly digest.

As we close out 2025, I'm grateful for all we've accomplished together and for the energy, creativity, and dedication of our AGS community. Thank you for being part of this work and for continuing to shape the future of geriatrics with us. Here's to a bright 2026—I look forward to all we'll do together in the year ahead. ♦

2026 AGS ANNUAL SCIENTIFIC MEETING continued from page 1

Join us online for #AGS26 to advance your practice, connect with peers, and explore the future of geriatrics from wherever you are.

Sessions Preview

Physicians, nurse practitioners, nurses, pharmacists, physician assistants, social workers, long-term and managed care providers, healthcare administrators, and other professionals committed to improving care for older adults are all welcome to attend. Sessions covering a range of topics will run during the meeting, representing the breadth and depth of subjects relevant to geriatrics. The following is a small sample of topics that will be presented.

Artificial Intelligence in Geriatrics: Innovations in Research and Clinical Practice

As the aging population grows, AI holds promise for advancing both the science of aging and the delivery of age-friendly, data-driven care, ultimately contributing to improved health span and quality of life for older adults. This symposium will target clinicians, researchers, and other interprofessional members, including a broad audience of any health professional from any discipline who has learned or is interested in learning how to work collaboratively with either computer scientists or engineers, and potential examples as to how to integrate such technologies to improve patient care.

Navigating SGLT2 inhibitors and GLP-1 Agonists use in the Older Adult: A Guide to Benefits, Risks, and Shared Decision-Making

Current guidelines recommend use of SGLT2 inhibitors and GLP-1 agonists for management of type 2 diabetes and heart failure. Recent data shows that these agents can

delay progression of chronic kidney disease. However, these guidelines do not specifically address when to initiate these medications in older adults, how to manage side effects, or when to de-intensify. The purpose of this symposium is to address the professional practice gap in the practice of prescribing and management of SGLT2 inhibitors and GLP-1 agonists in older adults with chronic kidney disease and geriatric syndromes.

Acute Illness, Resilient Responses: Advancing Physical Resilience in Geriatric Acute Care

This symposium will explore innovative approaches to understanding and predicting physical resilience in older adults within acute care settings. Anchored by a newly proposed conceptual framework of physical resilience in geriatric medicine, the session will integrate perspectives from clinical research, data science, and emerging technologies to highlight how resilience can be measured, monitored, and supported during episodes of acute illness.

Dysphagia in Hospitalized Older Adults: Clinical Challenges, Cultural Contexts, and the Geriatrician's Role in Shaping Solutions

Dysphagia is a common and often complex symptom in hospitalized older adults, particularly when compounded by delirium and dementia. Managing oropharyngeal dysphagia in this context presents unique challenges, as both dysphagia and aspiration risk can severely impact nutritional intake and contribute to malnutrition leading to further complications. This presentation highlights challenges, raises awareness among attendees about similar issues in their own institutions, and proposes practical, evidence-based solutions.

Connected from Anywhere

"By embracing the virtual platform, we expand access for many geriatrics professionals and trainees to join from anywhere, balance their clinical and personal commitments, and still engage meaningfully with colleagues, relevant clinical updates, and new research. It's rewarding to know that whether we're meeting on screen or in person, our shared dedication to improving care for older adults keeps us deeply connected," shared Program Chair Nicole J. Brandt, PharmD, MBA, BCGP, FASCP.

Follow #AGS26 for Updates!

Use the hashtags #AGS26 and #AGSProud to spread the word about your meeting plans and to connect with other attendees online. Look for updates from @AmerGeriatrics, @AGSJournal, @HealthinAging, and AGS CEO @NLundebjerg to remain in-the-know about all things #AGS26. Plus, remember to follow meeting updates on MyAGSOnline and the AGS Week-in-Review, as well as the AGS and Annual Meeting Websites. ♦

Registration for #AGS26 opens on December 12th!

A look back AT 2025

CHECK OUT HIGHLIGHTS BELOW
FROM OUR WORK ACROSS 2025...

JANUARY

- AGS reiterated its commitment to inclusive health-care policies, [equal treatment for LGBTQ+ individuals](#), and integrating DEI across all programs and products.
- "Updating STEADI for Primary Care: Recommendations from the American Geriatrics Society Workgroup" was published in the *Journal of the American Geriatrics Society* (JAGS).
- AGS launched *Last Week in Washington: News of Interest*, a policy update e-newsletter exclusively for AGS members to help them keep up with news from the Administration, Congress, and the courts.
- AGS published the 12th edition of the [Geriatrics Review Syllabus \(GRS12\)](#) - a comprehensive reference containing the latest developments in the field of geriatric medicine.

FEBRUARY

- AGS [submitted comments](#) to the Centers for Medicare and Medicaid Services (CMS) on revising the existing geriatrics specialty measure set for the 2026 Performance Year (PY) of the Merit-based Incentive Payment System (MIPS) to ensure that the proposed geriatrics measure set for PY 2026 best addresses the unique healthcare needs of older adults and reflects the quality metrics that that we believe are most important for measuring care for all of us as we age.
- AGS/ADGAP, in partnership with Phairify, launched the [2025 AGS/ADGAP Benchmarking Survey](#) to collect data from 2024. These online surveys are helping to build a robust dataset for members to use to better understand and convey their value with real-world data.
- AGS [submitted comments](#) in response to the Agency for Healthcare Research and Quality (AHRQ) Request for Information (RFI) on the development of measures of diagnostic excellence.
- [AmericanGeriatrics.org](#) got a new look! Redesigned with improved accessibility and easier navigation, AGS's website now ensures a more inclusive experience for all users.
- [MyAGSONline](#) debuted a new look and features including an activity feed that allows members to more easily follow content of interest, recommended resources, and events.

MARCH

■ AGS, in partnership with 10 medical and professional societies, released the [Joint Clinical Practice Guideline on Benzodiazepine Tapering: Considerations When Benzodiazepine Risks Outweigh Benefits](#).

■ The "Intersection of Multiple Chronic Conditions (MCCs) and Alzheimer's Disease and Alzheimer's Disease Related Dementias (AD/ADRD)" R13 conference, funded by the National Institute on Aging (NIA) and supported by the American Geriatrics Society (AGS), the Advancing Geriatrics Infrastructure and Network Growth (AGING) Initiative and the Alzheimer's Diagnosis in Older Adults with Chronic Conditions (ADACC) Network, took place in Bethesda, MD.

MAY

■ Over 3,210 healthcare professionals, researchers, and advocates took part in the #AGS25 Annual Scientific Meeting—joining us in person in Chicago or through the On-Demand program.

■ AGS recognized 19 members who achieved AGS Fellowship status over the past year at #AGS25 in Chicago. [AGS Fellows](#) are colleagues who have taken their commitment to geriatrics and the AGS to new heights across their careers.

■ AGS [submitted comments](#) in response to the Alzheimer's Association's (AA) request for input on the recommendations and remarks for its Evidence-based Clinical Practice Guideline (CPG) on the [Use of Blood-based Biomarkers in the Diagnostic Workup of Alzheimer's Disease within Specialty Care](#).

■ AGS published the 27th edition of [Geriatrics at Your Fingertips](#)®, our go-to quick reference for clinicians who care for older people.

■ [AGS released new AGS CoCare®: HELP resources](#) focused on the Centers for Medicare & Medicaid Services (CMS) new Age-Friendly Hospital Measure and how the AGS CoCare®: HELP protocols can be used to support and meet the requirements of this new measure.

APRIL

■ The first edition of the [E-LeNS \(Ethnogeriatrics Literature and News System\) e-newsletter](#) was published. Developed by the AGS Ethnogeriatrics Committee in collaboration with the Ethics Committees, *E-LeNS* aims to foster a deeper understanding of the diverse needs of older adults, focusing on socioeconomic, ethnocultural, and accessibility-related disparities, particularly among underserved and minoritized populations.

■ AGS and the National Lipid Association released a Joint Scientific Statement focused on managing hypercholesterolemia in adults over 75 without a history of atherosclerotic cardiovascular disease (ASCVD). Published in the [Journal of the American Geriatrics Society](#) and the [Journal of Clinical Lipidology](#), the statement provides evidence-based, pragmatic recommendations to support personalized decision-making in this growing patient population.

■ AGS submitted [written testimony](#) to the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies requesting increased funding in fiscal year (FY) 2026 for the Geriatrics Workforce Enhancement Program (GWEP) and Geriatrics Academic Career Award (GACA) Program, and aging research within the National Institutes of Health (NIH) and the National Institute on Aging (NIA).

■ AGS published the [Geriatric Nursing Review Syllabus, 8th Ed. \(GNRS8\)](#). This up-to-date and comprehensive text is based on the GRS12 and adapted for advanced practice geriatric nurses.

■ The [AGS/ADGAP Making the Business Case for Geriatrics Toolkit](#), a compendium of case studies with proven strategies and resources to support members in making the business case for geriatrics at their own institutions, was published on [GeriatricsCareOnline](#).

JUNE

- The AGS/AGING LEARNING Collaborative released the final three chapters in the MCC Research Core Curriculum, each highlighting opportunities for specialists to integrate MCC care into their practice and research. The new chapters are ["Multiple Chronic Conditions in Geriatric Oncology"](#); ["Multiple Chronic Conditions in Geriatric Nephrology"](#); and ["Multiple Chronic Conditions in Rheumatic Diseases."](#) The curriculum is available for free at [mccresearch.agscocare.org](#).
- The AGS *Geriatrics Evaluation and Management Tools (GEMS)* on [GeriatricsCareOnline](#), free for AGS members, were fully updated to reflect the newest content from the GRS12 and GAYF®. [GEMS](#) provides clinical templates which follow a History & Physical (H&P) format on 22 topics, and are meant to provide guidance to clinicians and trainees who are caring for older adults.
- AGS published a [new position statement](#), "Telehealth Policy for Older Adults," advocating for telehealth policies that support high-quality, equitable care for older adults. The statement includes recommendations for policies that address barriers to providing telehealth to older adults.

JULY

- AGS's ongoing advocacy to ensure continued funding of the GWEPS and GACAs through reauthorization led to the introduction of legislation in the House, the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness (EMPOWER) for Health Act (H.R. 4262), by Congresswoman Schakowsky (D-IL) to reauthorize these programs.
- AGS sent letters to House and Senate Appropriations leadership outlining our support for increased funding for the [geriatrics workforce training programs](#), the GWEPS and GACAs, and aging research at the [NIH and NIA](#) as well as the [Department of Veterans Affairs \(VA\)](#).
- AGS [submitted comments](#) to NIH in response to its [request for information \(RFI\)](#) on an artificial intelligence (AI) strategy which will be developed for an institute-wide AI structure that builds synergy across programs, improves transparency, and accelerates research and development of AI for the benefit of patients.
- AGS [submitted comments](#) in response to the Alzheimer's Association public comment opportunity on its draft clinical practice guideline (CPG), [Use of Cognitive Tests for the Early Detection of Cognitive Impairment in Older Adults in Primary Care](#).
- AGS CoCare®: HELP published two case studies on how its Centers of Excellence used the AGS CoCare®: HELP program to help attain Level 2 (Committed to Care Excellence) Age-Friendly Recognition at their hospital on [help.agscocare.org](#).
- AGS published the "Alternative Treatments to Selected Medications in the 2023 American Geriatrics Society Beers Criteria®" ([DOI: 10.1111/jgs.19500](#)) in the *Journal of the American Geriatrics Society (JAGS)*. This updated clinical resource is designed to help healthcare professionals identify safer, more appropriate treatment options for older adults.
- AGS joined BlueSky! As part of our continued effort to expand how we connect with our community, you can now follow us at [@amergeriatrics.bsky.social](#) for the latest updates in geriatrics, including our advocacy work, educational opportunities, member highlights, and much more.

ALZHEIMER'S DISEASE: NEW TECHNOLOGIES & TREATMENTS

AGS's New Online Curriculum Available for FREE on [GeriatricsCareOnline.org](#)

ONLINE CURRICULUM INCLUDES:

- Self-directed online presentations to complete at your own pace
- Teaching Slides
- Podcasts

TOPICS COVERED:

- Pathology & Diagnostic Frameworks
- Evaluation of Cognition & Cognitive Disorder
- The Role of Neuroimaging in Diagnosis
- Amyloid-Targeted Therapies & Their Adverse Effects
- Evidence Review of FDA-Approved Monoclonal Antibody Treatments
- How to Talk to Patients & Families About Monoclonal Antibody Treatments
- Advising Patients Who Are Underrepresented in Clinical Trials

ACCESS TODAY ON [GERIATRICSCAREONLINE.ORG](#)

AUGUST

- The [AGS Beers Criteria® for Potentially Inappropriate Medications for Older Adults Mobile App](#) was updated to include Alternative Treatments to Selected Medications.
- The AGS Foundation for Health in Aging published the Cultural Navigator [patient education resources](#) on Healthinaging.org. These resources are designed to help patients understand how race, ethnicity, and cultural beliefs may play a role in their health and encourages open communication with their healthcare providers about their health needs and concerns, along with cultural beliefs and practices.
- AGS released a [statement](#) calling on the Administration to ensure that vaccine policy remains informed by scientific and clinical expertise, is evidence-based, and focused on our collective health and well-being following an announcement that all Advisory Committee on Immunization Practices (ACIP) organizational liaisons “will be excluded from the process of reviewing scientific evidence and informing vaccine recommendations.”

SEPTEMBER

- AGS's ongoing advocacy to ensure continued funding of the GWEPS and GACAs through reauthorization led to the introduction of legislation in the Senate, the Geriatrics Workforce Improvement Act (S. 2699), by Senators Susan Collins (R-ME) and Tim Kaine (D-VA) to reauthorize these programs.
- AGS [submitted comments](#) on the Department of Homeland Security proposed rule that would, if finalized, set a fixed-term admission period for F and J visa holders, including international academic students and physicians. In our letter, we expressed concern about the impact this will have on international students and physicians and access to health care, especially for those in underserved areas.
- AGS [submitted a letter](#) focused on the request for information on the prevention and management of chronic disease. In our letter, we provide feedback on ways in which CMS can better support the prevention and management of chronic disease.
- AGS [submitted comments](#) on the Hospital Outpatient Prospective Payment System proposed rule in response to CMS' proposal to expand the method to control for unnecessary increases in the volume of covered hospital outpatient department services to on-campus clinic visits. In our letter, AGS expressed its strong opposition to any such expansion, which we believe could threaten the viability of multi-disciplinary hospital-based geriatric clinics that play a critical leadership role in the effort to improve geriatric care.
- AGS re-launched the AGS/ADGAP Mentor Match Online Program featuring new features and tools designed to help members network and build meaningful connections across the geriatrics community.
- AGS [submitted comments](#) to the National Institutes of Health (NIH) in response to its Request for Information (RFI) on Maximizing Research Funds by Limiting Allowable Publishing Costs.
- AGS [submitted comments](#) on the Calendar Year (CY) 2026 Medicare Physician Fee Schedule (MPFS) proposed rule.
- AGS [submitted comments](#) expressing our concerns on a Department of Labor proposed rule that would exempt home care workers from minimum wage and overtime protections on the federal level.
- AGS and ADGAP established the [Outstanding Geriatric Medicine Education Coordinator of the Year Award](#). This new award recognizes the exceptional contributions of individuals who coordinate Geriatric Medicine Fellowship Programs and who play a vital role in advancing geriatrics education at their institutions.
- The 2025-2026 cohort in [AGS/ADGAP Leadership & Life Skills Curriculum](#) (LLSC) kicked-off. The LLSC is available for free exclusively to AGS Fellows-in-Training and Early Career Professional members. It focuses on developing a broad range of practical leadership and life and career related knowledge and skills needed throughout one's career.
- AGS's GWEP-CC concluded its third Age-Friendly Health Systems Action Community with a “Celebration” webinar on September 29.
- The ACGME approved the AGS/ADGAP request to extend the Medicine and Geriatrics Integrated Residency and Fellowship pathway AIRE pilot through 2030. AGS/ADGAP will submit data to the ACGME after the pilot is complete, for review and approval to become a formal pathway.

OCTOBER

- “[Geriatricians Leading Innovation: Collaborating to Enhance Care as We Age](#)” was published in *JAGS*. Authored by Nancy E. Lundebjerg, Drs. Peter Abadir, Megan Young, Helen Fernandez, and Eric Widera, this article details the historical context of Geriatric Medicine and examples of the expertise and value of geriatrics health professionals.
- AGS completed the update of the [GRS Teaching Slides](#) to reflect the most current content from the *GRS12*. Suitable for faculty, fellows, residents, and students, the *GRS Teaching Slides*, available on [GeriatricsCareOnline.org](#), may be used as stand-alone lectures or to complement the lecturer's personal teaching materials.
- AGS, in partnership with Oakstone, published the [Geriatrics Review Syllabus, 12th Edition, Audio Companion](#). This audio CME program, moderated by the *GRS12* Chief Editors, brings you engaging, informative discussions with *GRS* chapter authors and experts.
- AGS released its new [Alzheimer’s Disease: New Diagnostic Technologies and Treatments Online Curriculum](#). This resource, available for free on [GeriatricsCareOnline.org](#), is designed to support both experienced clinicians and trainees, as they navigate the rapidly evolving landscape of Alzheimer’s Disease diagnosis and treatment.

NOVEMBER

- AGS’s GWEP-CC hosted the GWEP Preconference at GSA in Boston. The meeting was focused on AI in primary care and collaborative learning among the GWEPs. The Preconference featured three “marketplaces” providing time for all 42 Cohort 3 GWEPs to share resources or grant progress.
- AGS updated its professional and public education resources on vaccines. These tools are updated and disseminated as part of our work on the Centers for Disease Control and Prevention (CDC) and Council of Medical Specialty Societies (CMSS) Advancing Adult Immunization initiative.

DECEMBER

- Registration opened for the #AGS26 Virtual Annual Scientific Meeting.
- AGS commented on the Advisory Committee on Immunization Practices (ACIP) Meeting expressing concern on the exclusion of specialized expertise of organizational liaisons to inform ACIP’s recommendations.

Check us out online!

Be sure to check out the digital version of our newsletter at [americangeriatrics.org](#) for links in this piece for further information on our highlights!



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AGS News is published quarterly by the American Geriatrics Society. For more information or to become an AGS member, visit [AmericanGeriatrics.org](#). Questions and comments about the newsletter should be directed to info.amger@americangeriatrics.org or 212-308-1414.

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MEMBER PROFILE

Chanel Whittaker, PharmD, BCGP, FASCP, CPDC

Tell us about your career journey and how you got interested in geriatrics.

After graduating from pharmacy school at Rutgers University in New Jersey, I made the decision to leave the state and expand my experience. That decision brought me to Maryland, where I did a managed care residency with Kaiser Permanente and later did a primary care residency with the Baltimore VA. Practicing in Maryland, a state with high expectations for pharmacists, opened my eyes to the full scope of what Pharmacists could do. At the VA, much of my work focused on veterans—a population with many older adults. Through my training and experiences at the VA, I fell in love with the field of geriatrics. It is so fulfilling to work alongside an interprofessional team of geriatricians, nurse practitioners, social workers, therapists and others to care for older adults with complex health problems and medication regimens. It allows me to practice at the height of my degree and demonstrates the integral role of pharmacists in this patient population.

What is your favorite part of working with older adults?

For me, it's the relationships I've been able to build with my patients. Over the course of my career—much of it with veterans at the VA, but also through community programs that I developed while serving as Director of Education and Training at the Peter Lamy Center for Drug Therapy and Aging—I've had the privilege of working with some of my patients for years, sometimes even a decade or more. Those long-term connections build a deep level of trust. That trust allows us, as part of the care team, to help patients remain stable, independent, and living the lives they choose for as long as possible. Another aspect of my work with older adults that I especially enjoy is developing tools and resources to improve medication literacy. One brochure “Safe Medicine Use: A Guide for Older Adults and Caregivers,” created in partnership with the Peter Lamy Center and the Maryland Poison Center, has already been distributed to more than 10,000 community members, and counting!

What's your proudest career moment?

I'm especially proud of how my career has evolved and how I've been able to shape a unique niche within geriatrics. When I first entered pharmacy, I had no idea of the breadth of opportunities that existed. Over time, my passion for

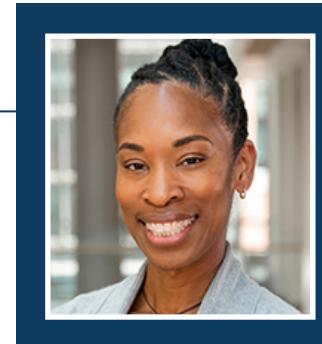
geriatrics grew, leading me to explore new dimensions. In 2013, I completed a faculty fellowship in Ethnogeriatrics with the Stanford Geriatric Education Center and it deepened my understanding of the intersections of culture, biology, health, and aging. That work has naturally expanded into a broader focus on health equity, examining how societal structures at the intersection of identity and community—shape older adults' health outcomes across the lifespan.

My focus on health equity in aging has grown over time, evolving from my own clinical practice to teaching and, now, to influencing how future geriatrics professionals are trained. Through my work with the American Geriatrics Society, I am helping to integrate health equity concepts into major educational resources—such as the *Geriatrics Review Syllabus (GRS)*. Knowing that this work will shape how the next generation approaches care and ultimately improve health outcomes for older adults across the country, is deeply rewarding.

What are you working on now?

Right now, my focus is on integrating a health equity lens into the training and professional development of geriatrics health professionals—both those just entering the field and those who are already established. I view health equity as a continuous journey; there is always more to learn, reflect upon, and apply through professional growth and lived experience.

Through my partnerships with the Geriatrics Workforce Enhancement Program (GWEP) and the Geriatrics Fellowship Program with Johns Hopkins, I am able to help residents and fellows develop this perspective as they prepare to launch their own practices. At the same time, through my work with the American Geriatrics Society and the GRS, I'm helping weave health equity into the resources that support practicing professionals. And shameless plug, everyone reading should read the new chapter on Health Equity in Aging in the *GRS 12th Edition*, that I co-authored with Dr. Rose Onyeali. As a content developer for geriatric pharmacy board certification continuing education programs, I am able to layer a health equity lens in with core concepts of how we manage older adults – for example, with something like chronic kidney disease where the health equity aspect may not immediately come to mind.



My goal is to help professionals, programs, and organizations build capacity across the full spectrum of geriatrics practice to ensure that health equity becomes an intentional and practical part of how we lead, train, teach, and care.

Any advice to share with someone who is considering a career in geriatrics or just starting out?

One idea that has stayed with me comes from the scholar, Elle Lett, who said: “Who we are impacts what we do.” In health care, that feels especially true. My advice is to stay grounded in the values that drew you to this work and to stay true to yourself. Bring your whole self, including your lived experiences, into your work. Doing so not only helps you connect more authentically with patients and build trusting relationships, but it also strengthens the care itself. When we bring our authentic selves to geriatrics, the research is better, the patient outcomes are better, and—most importantly—older adults receive the kind of care they truly deserve.

Your favorite memory with the AGS?

One of my favorite experiences with AGS was participating in the Tideswell Emerging Leaders in Aging program back in 2020, when our cohort had the unique experience of going through the program during COVID. The relationships I built during that time have endured and continue to shape my career today. Those connections with other geriatrics leaders have been a constant source of support, inspiration, and enthusiasm for my work in the field. The program itself was an incredible leadership experience, guided by mentors who were deeply invested in helping us grow. It became a true springboard for future opportunities with AGS and beyond. For anyone who has the chance to apply, I can't recommend it enough—it's a transformative program that stays with you long after it ends, and it can have a lasting impact on both your career and your passion for geriatrics.♦

AGS26

VIRTUAL

American Geriatrics Society Annual Scientific Meeting

MEETING DATES APRIL 30-MAY 2

PRE-CONFERENCE DAYS APRIL 27-29

Attend the premier educational event in geriatrics!

The 2026 annual meeting will be entirely virtual, allowing you to learn from the comfort of your home, office, or wherever you choose! The virtual annual meeting will offer multiple concurrent continuing education sessions with opportunities for Q&A with speakers, networking events, virtual poster sessions, and much more.

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- **Hear and see the field's leading authorities in clinical care, health policy, and health research**
- **Access to cutting-edge research with 11 paper sessions and 4 poster sessions offering the highest quality peer reviewed research in geriatrics**

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- **Access to event presenters**
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Over 6 months access to video recordings of all annual meeting sessions allowing you to continue learning at your own pace, with the option to earn additional CME/MOC/CE credits until December 31, 2026
- **And more!**
Access to poster sessions and networking events

Register Today!

Join us and experience three days of educational programming that covers the range of geriatrics in today's challenging environment.

For an agenda, course descriptions, and registration, please visit meeting.americangeriatrics.org