Population Association of America
Association of Population Centers

Office of Government and Public Affairs

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To whom it may concern:

On behalf of the over 3,000 members of the Population Association of America (PAA) and more than 40 population research centers nationwide comprising the Association of Population Centers (APC), we are writing to provide input on new and continued topics to be considered as the National Institute on Aging (NIA) updates its strategic directions document, *Aging Well in the 21st Century: Strategic Directions for Research on Aging*. We appreciate the opportunity to share our views regarding this important document.

We are pleased that the strategic directions document has expressed support for interdisciplinary research overall, recognizing that aging is not "...single process, but rather...an intricate web of interdependent genetic, biochemical, physiological, economic, social, and psychological factors." We believe that a perspective that recognizes and blends biological, social and behavioral perspectives is critical to accelerate discoveries that will improve older adults' health and wellbeing.

We are also pleased that the strategic directions document has expressed the Institute's continued commitment to the collection and use of longitudinal data documenting the health and well-being of older adults and the commitment to infrastructure supporting social and behavioral research on aging. Indeed, the population sciences are indebted to the NIA for supporting groundbreaking demographic surveys, such as the Health and Retirement Study and the National Health and Aging Trends Study, critical behavioral and social research infrastructure programs, such as the Centers on the Demography and Economics of Aging and the Roybal Centers for Translational Research; as well as high priority research networks focused on topics such as the biodemography of aging, stress measurement, life course health dynamics, and early adversity and later life reversibility. These surveys, programs and networks will continue to be instrumental to the NIA mission.

In addition, key aspects of the original goals remain of particular importance to the population sciences. Below we share our perspective on the need for both continued investment in select plan goals as well as new topics that have emerged in some areas. Our comments are informed by the recent volume, *Future Directions for the Demography of Aging,* published by the Committee on Population of the National Academies of Science, Engineering and Medicine*.*

Goal B: Better understand the effects of personal, interpersonal, and societal factors on aging, including the mechanisms and pathways through which these factors exert their effects

We appreciate attention in Goals B1-B4 to salient social, psychological, economic and behavioral factors over the life course that influence health in middle-aged and older adults. Moreover, in light of aging populations in the US and around the world, and recent stagnation in life expectancy in the U.S., Goal B5—to continue to track changing patterns of disability and mortality at the population level and for key subgroups and understand determinants of onset, severity and recovery—remains especially important.

We believe that this goal would benefit from explicit consideration of the role of place. In studying pathways, early life processes, and mechanisms that give rise to health in middle-age and later life, attention to various levels of geography, whether the home, school or work environment, neighborhoods, health care systems, or larger policy contexts, can enhance understanding of aging in context. In addition, analyses of late-life disability and mortality trends should be expanded to take into account geography.

We also recommend expanding the section about the value of ongoing, NIA–funded, largescale surveys, which are collecting data necessary to achieve Goal B. Continued investment in data collection infrastructure that allows study of the influence of population aging on the health and wellbeing of older adults is critical for NIA to achieve its mission. NIA should also continue to invest in select studies originally conceived of for other purposes but valuable for the study of early- and mid-life conditions and intergenerational influences on later life outcomes. As new scientific questions arise, large-scale demographic studies should continue to develop and add appropriate physiologic and biologic measurement, direct observations of movement and environments, linkages to administrative and contextual data resources, and other emerging measurement techniques and technologies. Cross-national and subnational harmonization efforts should continue along with efforts to ensure data sharing.

Goal C. Develop effective interventions to maintain health, well-being, and function and prevent or reduce the burden of age-related diseases, disorders, and disabilities.

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We are especially pleased that Goals C-4 and C-6 explicitly mention caregivers and more generally family members of older adults, and believe these goals still need further attention. See our suggestions below about expanding investigation into the changing demography of family structure, relationships and caregiving under Goal E.

Goal D. Improve our understanding of the aging brain, Alzheimer's disease, related dementias and other neurodegenerative diseases.

We endorse the need for improved assessment to distinguish people with normal brain aging from those who will develop mild cognitive impairment and Alzheimer's disease and related dementias (Goal D-3). We also believe it would be valuable to include as an explicit goal to continue to track basic epidemiologic trends and disparities in AD/ADRD and to incorporate new measures into national surveys. Of particular importance is to improve understanding of whether changes in prevalence that have been identified in the US and other high income countries are the result of shifting mortality or actual declines in disease incidence, to better understand the role of treatments of cardiovascular risk factors and conditions, and to understand unique risk factors for high risk, low-socioeconomic populations. Harmonization efforts also remain an important step to understand variation in cross-national risks.

We also believe that as the population continues to age, additional research on the family and economic burdens of AD/ADRD is needed (D-5).

Goal E Improve our understanding of the consequences of an aging society to inform intervention development and policy decisions.

We continue to endorse the need for Goals E-1 and E-2. Both of these goals address the rationale for continued investment in social, demographic, and economic research in order to understand how these factors affect health and well-being in older adults.

Goal E-1 emphasizes the need for research on the "evolution of the American family structure" and the role that it plays in affecting the well-being of older people. Indeed, the aging of the population is interwoven with the process of family change. Changes in fertility and marriage have led to substantial shifts in the family structure of older adults and well as the quality of family relationships. The consequences of these shifts in family ties for the health, functioning and care arrangements of older adults are not well understood. Studies highlighting the implications of changing family structure and relationships for the demography of late-life caregiving and the wellbeing of older adults are key to understanding the population-level implications of implementing caregiver and family interventions described in Goals C-4 and C-6. Such studies can also inform policies on how best to sequence and/or combine family, paid care and residential care options to maximize quality of life through the end of life.

E-2 focuses on "understanding how social and economic factors throughout the lifespan affect health and wellbeing at older ages". One topic we would endorse adding to E-2 relates to the changing experience of work and retirement. In the U.S., the age at retirement has been rising over the last few decades primarily as a consequence of changes in women's labor force participation, changes in pension plans, and increasing education. Still, most workers today can expect to spend two decades in retirement and the long-lived may be retired for three or more decades. The intersection of implications of changes in working life for the health and wellbeing of older adults during retirement remains an important area of investigation that can inform intervention and policy decisions.
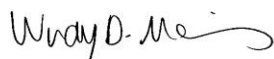
Goal F: Understand health disparities and develop strategies to improve the health status of older adults in diverse populations.

Under Goal F-1, we are pleased that this section articulates a comprehensive strategy that includes support for environmental, socio-cultural, behavioral, and biologic factors to further understanding of the underlying causes of health disparities. We also would recommend continued support for ongoing data collection programs that oversample population at risk for health disparities, to promote collection of comparable cross-national and intra-national comparisons, and to continue supporting mechanisms to promote data sharing. Resources to replicate protocols developed for national samples in targeted oversamples of high-risk populations are an additional mechanism we believe would be valuable to consider.

In addition, under Goal F-1, we believe it would be useful to underscore that an important goal is to understand the life-course etiology of later life health disparities, including the role of education, working conditions, environmental exposures, policy context, and co-generational and inter-generational family influences.

Once again, thank you for providing us with the opportunity to comment on the Institute's strategic plan. We look forward to our continued partnership, working with you to achieve the plan's ambitious scientific objectives.

Sincerely,

Wendy Manning, Ph.D., President   Steve Ruggles, Ph.D., President
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