

September 13, 2024

Meaningful Lives As We Age

RE: Request for Information (RFI) on the National Institute on Aging (NIA) Strategic Directions for Research

Delivered via Response Form

## Dear NIA Colleagues,

The Gerontological Society of America (GSA) appreciates the opportunity made available by the National Institute on Aging (NIA) to offer our perspectives on research priorities as they relate to NIA's Strategic Directions for 2026-2030. As NIA celebrates its 50th anniversary, we support the ongoing mission of conducting genetic, biological, clinical, behavioral, social, and economic research on aging; fostering the development of research and clinician scientists in aging; providing research resources; and disseminating information about aging and advances in research to the public, health care professionals, and the scientific community, among a variety of audiences.

As the oldest and largest interdisciplinary organization devoted to research, education, and practice in the field of aging, we share a common goal with the NIA in advancing innovative research that has significantly contributed to increased longevity for all of us as we age. Our principal mission — and that of our 5,500 members, many of whom receive research funding from NIA — is to promote the study of aging and disseminate information to scientists, decision makers, and the public. Together we amplify each other's efforts to improve the understanding and quality of life for older adults.

GSA supports continuing the overarching goals of the NIA in its 2020-2025 Strategic Directions for Research that include understanding the dynamics of the aging process, improving the health, well-being, and independence of adults as we age, and supporting the research enterprise using quantitative and qualitative techniques to measure progress toward the goal's priorities.

GSA recommends NIA continue to take a life-course approach in studying the aging process as we translate research into policy and practice, which offers much opportunity and enterprise for meaningful lives as we age.

To support the NIA's strong research enterprise, GSA encourages the necessity of fostering interdisciplinary exchanges, such as encouraging collaborative research across various disciplines of study. We also support engaging in partnerships within and around institutions and organizations, training and attracting the workforce necessary for rigorous aging research, including new, mid-career, and senior investigators.

Further, we support a continued approach to attracting and training more researchers from diverse scientific disciplines, developing, maintaining, and sharing research resources, and developing the necessary infrastructure to encourage translation of research between basic discovery and intervention development. Consistent with our commitment to diversity, equity, inclusion, and accessibility, GSA encourages continued support of building a culturally inclusive workforce empowered and supported to contribute to the research ecosystem. Likewise, GSA encourages increased inclusion of populations living with health disparities, such as racial and ethnic minority groups, people with lower socioeconomic status, underserved rural communities, sexual and gender minority (SGM) groups, and people with disabilities. We encourage NIA to continue to develop and implement strategies to increase inclusion of underrepresented populations in aging research. GSA encourages additional research that explores the causation and impacts of health disparities in underrepresented populations in efforts to lead to improved health outcomes.

With more than 26 disciplines recognized in our membership and more than 60 interest groups that are formed around topics or issues that cut across disciplines, GSA members share resources and information and collaborate on research projects and symposium in a variety of areas. Some of these areas are aligned specifically with research goals

and strategies outlined with NIA activities. We outline simply a few here to illustrate our continued support and recommendations for moving forward.

We recommend NIA continue its cutting-edge efforts in how we understand the aging brain, such as continuing the foundational research that has been essential to the development of treatments for people living with Alzheimer's disease and related dementias (ADRD). We also encourage further research and research funding, not only for ADRD, but also for other neurodegenerative diseases. This could lead to increased interventions to address ADRD and other age-related neurological conditions, such as research that led to the of biomarker tests to detect ADRD.

In 2023,"<u>Sex Makes a Difference in Aging: Biology and Beyond</u>" published in GSA's *Public Policy and Aging Report*, calls for attention in research related to the intersection of age and sex as a major focus in biomedical research. For example, menopause affects 50% of the population but has not received attention in research, clinical trials, or clinical practice. Authors call for greater emphasis on menopause in funding allocation and for research to uncover the complexity of its interactions with aging outcomes. Furthermore, in the issue, Jain and Yadav (2023) delve into the complex interactions among gut microbiome (resident microorganisms), the brain, and innate defense mechanisms against disease. They emphasize the impact of age on the gut and how sex differences in the aging gut microbiome may contribute to differences in aging physiology, calling for greater incorporation of microbiome analysis as part of health practice.

GSA encourages increased research and research funding in dyadic research, which has increased interest from researchers across many areas of expertise and disciplines. Continuing and growing this important line of research is vital to be able to optimize the health of older people and their care partners. Areas of attention should include specific approaches, such as dyadic health interventions that are theory-driven and test mechanisms of change, research that focuses on how the dyad interfaces with healthcare providers, and research that includes non-spouse care partners/couples and care dyads from diverse and under-represented groups. Further, we support training opportunities to mentor the next generation of dyadic researchers and current established researchers in the essential components of dyadic health science and dyadic health interventions.

We encourage greater research that leads to increased health factors and health outcomes using social determinants of health, such as healthcare access and quality, social and community context, neighborhood and built environment, economic stability, and education access and quality. As an example, according to "<u>Physical Environments of Assisted Living: Research Needs and Challenges</u>," an article published in *The Gerontologist*, additional research studies are needed in assisted living spaces "that show how resident and environmental characteristics interact to generate both quality-of-life and functioning outcomes ... Research on [assisted living] environments is most likely to be meaningful if it anchors itself in the study of housing rather than hospitals, nursing homes, and other health settings."

GSA supports increased research opportunities in examining the effects that ageism has on people across the life course, such as how individual and societal attitudes and biases toward older people can lead to decreases health outcomes in that population. Understanding the individual, interpersonal, and institutional drivers of both positive and negative attitudes toward aging can help identify malleable targets for intervention.

Thank you for the opportunity to provide input. If you have any questions, please contact Patricia D'Antonio, Vice President of Policy and Professional Affairs at <u>pdantonio@geron.org</u> or 202-587-5880 or Jordan Miles, Director of Policy at <u>jmiles@geron.org</u> or 202-587-5884.

We look forward to continuing to work with you in drafting the NIA Strategic Direction for Research 2026-2030.

Sincerely,

James C. appleby

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