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National Institute on Aging
Office of Planning, Analysis, and Evaluation
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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 Directors for Research, 2026-2030*. We appreciate the opportunity to share our views regarding this important document.

As you may know, PAA and APC are two affiliated organizations that together represent over 3,000 social and behavioral scientists and the over 40 population research centers that receive federal funding and conduct research on the causes and consequences of population change. Our members, which include demographers, economists, sociologists, and epidemiologists, conduct scientific and applied research, analyze changing demographic, health, and socio-economic trends, and train undergraduate and graduate students. Their research expertise covers a wide range of issues integral to the NIA mission, including population aging, health disparities, mortality, disability, and caregiving. The field of population research is indebted to the NIA for supporting critically important research initiatives, surveys, centers, and networks that have yielded significant scientific progress and sustained the research pipeline.

Our organizations applaud NIA for developing a revised strategic plan that reinforces the Institute's support for interdisciplinary research, recognizing that "aging is associated with changes in dynamic biological, physiological, environmental, psychological, behavioral, and social processes." We believe an interdisciplinary approach, including a broad commitment to population-based sciences – exemplified by the population health, epidemiology and social and behavioral sciences (sociology, demography, economics, and psychology) – alongside biomedical sciences is critical to accelerate discoveries that will improve older adults' health and wellbeing.

Our organizations are also pleased that the strategic plan expresses NIA's continued commitment to funding large population based longitudinal studies, documenting the health and well-being of older adults. In particular,

we recognize NIA for reaffirming its support for groundbreaking demographic surveys, such as the Health and Retirement Study (HRS), the National Health and Aging Trends Study, and Midlife in the U.S. Study. NIA is to be commended for not only sustaining these surveys, but also for expanding the scope of international aging research through the 17 HRS global family studies. In addition, the field of population research recognizes NIA for adopting early and mid-life studies, formerly supported by NICHD, as participants enter later adulthood. These widely-disseminated resources contribute to our understanding of aging at both the individual and population levels and provide unique opportunities for early career scholars to make rapid and high-impact contributions to the field of aging. Continued investments in these high-quality, representative platforms that use both traditional and emerging (e.g., AI and other) technologies are needed to continually improve upon population-based aging research.

Finally, we appreciate that the strategic directions document prioritizes continued support for "infrastructure and resources to promote high quality research." We believe strongly that this infrastructure should include continued investment in NIA's distinguished research centers programs, especially the Centers on Demography and Economics of Aging, Roybal Centers for Translational Research, and Resource Centers for Minority Aging Research. These centers have been remarkably successful in both seeding innovative new lines of research as well as in nurturing an increasingly strong and diverse set of early career scholars entering the field of aging research.

Our organizations have several comments regarding specific elements of the directions document that we hope to see integrated into the 2026-2030 strategic plan.

Bridging Goals A and B to recognize interactions and feedback between biological, individual, social and societal factors on aging, disease and disability. The current 2020-2025 document separates Goal A: Better understand the biology of aging and its impact on the prevention, progression, and prognosis of disease and disability from Goal B: Better understand the effects of personal, interpersonal, and societal factors on aging, including the mechanisms through which these factors exert their effects. In doing so, the opportunity to study important interactive processes that underpin aging is not explicit. We recommend an additional objective be added to Goal B that explicitly calls for study of how social and behavioral aspects of aging interact with biologic processes in shaping the dynamics of the aging process. Research that is siloed by discipline rarely leads to the important dynamics of population aging.

Goal B: Better understand the effects of personal, interpersonal, and societal factors on aging, including the mechanisms through which these factors exert their effects. We are enthusiastic about a continued focus on the mechanisms underlying aging, health and health disparities. However, to enhance this goal, we suggest a greater research focus on the effects of "societal" factors across the life-course that influence aging, especially the role of policies, institutions, and practices. The 2020-2025 document rightfully included a strong focus on individual-level factors, but

better promoting healthier aging at the aggregate population-level will require an equally strong focus on systemic and structural determinants in the future. In particular, goal B-6 focuses on the role of place in aging processes, taking into account geography in studies of late-life disability and mortality trends. This section could be expanded to explicitly focus on systemic and structural aspects of place that have implications for later life health and related disparities.

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. We are also enthusiastic about a continued focus on developing behavioral and social strategies to maintain health, well-being and function of older adults and the families that often care for them. We have two suggestions to improve this goal. First, to align with advances in NIH's mission and recognition that individuals with disabilities are a health disparity population, we recommend a refocus of this aim to "Develop effective interventions to maintain health, wellbeing and function of all older adults, including those living with age-related diseases, disorders and disabilities." Second, we believe the goal could be strengthened by a new objective that recognizes the importance of tracking with population-based studies changes in social and behavioral targets for such interventions. Tracking can provide guidance not only about how prevalent a target is but also about changes related to population again and our collective success as a nation in changing behavior. Specifically, we recommend a new objective C-7: "Track epidemiologic trends in potential and actual targets for social and behavioral interventions."

Goal D. Improve our understanding of the aging brain, Alzheimer's disease, related dementias, and other neurodegenerative diseases. Develop interventions to address Alzheimer's and other age-related neurological conditions. We applaud progress in our understanding of Alzheimer's Disease and Related Dementias that has been spearheaded by the National Institute on Aging.

We appreciate recognition of behavioral and social factors in objective D-1:"Understand the mechanisms involved in normal brain aging; the role of plasticity and resilience in maintaining brain function; the role of cognition and sleep in everyday functioning; and protective factors for sensory, motor, emotional, cognitive, and sleep function". However, more explicit mention of the need to understand the contributions of behavioral and social contexts to onset and progression would be welcome in the 2026-2030 plan. For instance, the sub-objective under D-1 "Understand the role of cognition, emotion and motivation in everyday function" could be refocused to "Understand the role of behavioral, social, cultural and technological contexts on cognition, emotion, and motivation in everyday function."

We are also supportive of a continuation of Objective D-6 Track epidemiologic trends in AD/ADRD, including incorporating new measures into national surveys and its sub-

objective: Explore possible additional risk and protective factors for brain health and function, cognitive decline, MCI and AD through epidemiologic and other population studies. There have been considerable advancements in the measurement of AD and MCI in population-based studies and as the population continues to age and new diagnostic tools, preventive measure and treatments come online, continued tracking of the epidemiology with population-based studies such as the Health and Retirement Study's Harmonized Cognitive Assessment Protocol (HRS-HCAP) and the National Health and Aging Trends Study (NHATS) is needed.

Goal E: Improve our understanding of the consequences of an aging society to inform intervention development and policy decisions. In the 2020-2025 Strategic Directions, we note the third paragraph of Goal E that states: "NIA will continue to support research on the social, economic, and demographic consequences of the aging population in the U.S. and other countries. We will support research to better understand the impact of the changing age composition of the population and economic factors across the lifespan that affect health and well-being."

Given the continued aging of the US population and of countries around the world, we urge NIA to continue to continue to support this goal in the 2026-2030 plan. Elements of Objective E-1 that we find especially important to continue include: tracking patterns of disability and mortality, understanding the effects of social and demographic factors on health and wellbeing at older ages, assessing the impact of changing family structures on health and caregiving, and conducting comparative analyses with longitudinal studies on aging.

At the same time, Goal E. could be strengthened by an even stronger focus on research using population-based data to understand the social and behavioral consequences of population aging (including sociological, demographic, economic, and psychological), which in turn influence healthy aging at a society level. A more holistic approach to understanding consequences may better inform policy level changes to enhance the nation's health.

Goal F: Understand health disparities related to aging and develop strategies to improve the health status of older adults in diverse populations. We endorse a continued focus on remedying health disparities related to aging with approaches that draw upon population-based methodologies. In particular, Objective F-1 Identify and understand environmental, social, cultural, behavioral, and biological factors that create and sustain health disparities among older adults and F-3 Development and implement strategies to increase inclusion of underrepresented populations in aging research remain critical to achieving Goal F. As part of a goal focused on health disparities, we welcome an explicit focus on improving population-based methods to reach health disparities populations including older minoritized groups, immigrants, LGBTQ populations, those in underserved communities and those living with disabilities.

At the same time, we urge stronger attention to understanding the influence and mechanisms of systemic and structural factors, as well as the effects of societal-level changes that could potentially narrow health disparities. Objectives to meet this goal include continued investments in publicly accessible population-representative longitudinal studies, such as the HRS family of studies; strategic emphases on over-sampling of subpopulations in the U.S. at risk for health disparities; and creation of harmonized cross-national databases to allow comparative learning.

Thank you for the opportunity to review the NIA 2026-2030 Strategic Directions for Research document. We look forward to working with the Institute to fulfill and enhance its mission in the coming years.

Sincerely,

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