MEMORANDUM

To: Jennifer Grodsky, Vice President for Federal Relations, Boston University

From: Lewis-Burke Associates, LLC

Date: April 23, 2014

Re: Federal Aging Activities – An Overview of Themes, Trends and Opportunities

Introduction

As the baby boom generation ages and the United States faces an increase in the number of older Americans, the federal government is examining the tremendous challenges that accompany the growth of an aging population. These challenges include how to keep resources, such as Medicare, solvent; how to finance long-term care; how to help older Americans age at home and remain independent; how to improve the health of older Americans; and how to improve the health services older Americans receive. Facing a broad range of issues – from preventing elderly falls to reforming the way Medicare delivers and pays for care – the government needs expert guidance and assistance, providing opportunities for academia to offer innovative solutions, approaches, and research to address the aging population in the United States.

This memorandum outlines several themes, trends, and opportunities to help faculty be well-positioned to engage in federal aging activities. Given the vast scope and many agencies involved, this memorandum seeks to provide an overview of research, healthcare, prevention, workforce, training, and support activities that are representative of the federal government’s aging interests. It is not a comprehensive scan of all opportunities, but Lewis-Burke is available to discuss further any aging-related ideas or activities of interest to specific faculty that are not included in this memorandum.

- **Section I—Research and Prevention**
  - Patient-Centered Outcomes Research
  - Preventing Elderly Falls
  - Patient Safety Research and Nursing Homes
  - New Investments in Alzheimer’s Disease
  - Geroscience Research
  - Community Prevention

- **Section II—Workforce and Training**
  - Opportunities to Enhance the Geriatric Workforce
Section I—Research and Prevention

Over the last several years, especially with development and implementation of the Patient Protection and Affordable Care Act (ACA), several new opportunities and programs have emerged focused on research and prevention activities, including some that address the needs of the rapidly-growing aging population. This section highlights current activities and provides insight on how faculty with an interest in aging activities might engage in and benefit from these programs.

Patient-Centered Outcomes Research

The development of the ACA elevated the issue of comparative effectiveness research and its role in the healthcare reform debate and shaping future healthcare activities. The result was that the ACA established the Patient-Centered Outcomes Research Institute (PCORI). The establishment of PCORI created a new focus on patient-centered comparative effectiveness research, especially research that addresses the questions and outcomes that are important to patients and their caregivers as well as providing them evidence at the point where decisions about care and treatments are made.

Accompanying the establishment of PCORI is a new dedicated funding stream (about $3.5 billion over ten years) to support patient centered research. This dedicated funding also created new, and relatively stable, opportunities for researchers in the area of aging.

There are several opportunities in which researchers interested in aging activities can pursue PCORI funding. For example, PCORI funds investigator-initiated PCORI Funding Announcements (PFAs) which seek projects that align with five general priority areas outlined in PCORI’s National Priorities for Research and Research Agenda and are released in four cycles per year. Those five general priorities are: 1) Assessment of Prevention, Diagnosis, and Treatment Options; 2) Improving Healthcare Systems; 3) Communication and Dissemination Research; 4) Addressing Disparities; and 5) Accelerating Patient-Centered Outcomes Research and Methodological Research. Within each of these categories of funding opportunities, PCORI specifies 12 priority populations of interest, including older adults (age 65 or older).

Another funding path is through the targeted funding approach. PCORI utilizes a patient- and stakeholder-initiated approach which produces “targeted” PFAs around specific topics. Some of these topics were of specific interest to the aging research community such as preventing falls in the elderly (discussed more in the next section) and the effectiveness of transitional care. In addition, PCORI recently announced a new funding path in fiscal year (FY) 2014 to support large pragmatic clinical trials and large simple trials.
PCORI’s focus on this area as high impact and its new funding for Pragmatic Clinical Studies and Large Simple Trials to Evaluate Patient-Centered Outcomes suggests that in the future there will be continued opportunities for researchers interested in studying elderly populations. PCORI has also begun to identify new topic areas for targeted PFAs, some of which may focus on health aspects related to aging or aging populations. Lewis-Burke recommends that researchers remain engaged and not hesitate to approach PCORI about how project proposals focused on the elderly can be supported within the context of existing PCORI PFA funding paths.

Sources and Additional Information

- PCORI’s funding opportunities can be viewed at http://www.pcori.org/funding-opportunities/funding-center/.

Preventing Elderly Falls

The Centers for Disease Control and Prevention (CDC) estimates that one out of three older adults over the age of 65 falls, which is the leading cause of both fatal and non-fatal conditions. The long-term consequences of fall injuries, such as hip fractures and traumatic brain injuries (TBI), compound the physical and financial seriousness of these injuries; in 2010 alone, the total direct medical costs of fall injuries for people 65 and older was about $30 billion; by 2020, the annual direct and indirect cost of fall injuries is expected to reach $54.9 billion.1

To address the growing need to prevent falls among the elderly and reduce the costs associated with falls, Congress and the federal agencies are interested in effective and proven strategies, especially community based strategies, to reduce elder falls. In support of dissemination and education efforts, Congress appropriated $5 million to prevent elder falls in the FY 2014 omnibus appropriations bill, and the Administration has requested another $5 million for falls prevention in FY 2015.

Funding is allocated to the Administration on Community Living (ACL) which is expected to coordinate with CDC on activities to implement effective approaches to preventing falls. This funding is expected to partly be used for competitive grants to states, tribes, and other applicants who have experience in evidence-based falls to support evidence-based approaches for fall prevention as well as implementation and dissemination of evidence-based community programs/strategies that have been proven to reduce the incidence of falls for older adults, tribal elders, and adults with disabilities.2

ACL has also expressed that it would like to fund a national resource center which would promote best practices for development, implementation, and sustainability of falls prevention/management. Funding from FY 2014 and requested funding for 2015 is expected to support this center.

Those interested in these types of activities should engage with ACL and the Unintentional Injury Prevention Program at the CDC.

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1 http://www.cdc.gov/homeandrecreationalsafety/falls/fallcost.html
2 http://www.hhs.gov/open/recordsandreports/prevention/
In addition, with input from the community, PCORI released a targeted PFA in FY 2013, in collaboration with the National Institute on Aging (NIA), which supported a large-scale, multi-pronged clinical trial on the prevention of fall-related injuries in non-institutionalized older adults. Although this opportunity has passed, research relating to falls prevention may still be relevant and applicable to PCORI’s broad funding announcements. Those interested in falls prevention research should engage with PCORI to discuss whether specific gaps remain relating to falls prevention that could be supported through broad funding announcements.

Sources and Additional Information

- Information on falls prevention at the CDC can be viewed at [http://www.cdc.gov/HomeandRecreationalSafety/Falls/Index.html](http://www.cdc.gov/HomeandRecreationalSafety/Falls/Index.html).

Patient Safety Research and Nursing Homes

The Agency for Healthcare Research and Quality (AHRQ) has refined its mission to “produce evidence to make health care safer, higher quality, more accessible, equitable and affordable, and to work with the U.S. Department of Health and Human Services (HHS) and other partners to make sure that the evidence is understood and used.” To accompany this refined mission, AHRQ plans to emphasize four priorities for the next several years which include improving health care quality; making healthcare safer; increasing accessibility; and improving health care affordability, efficiency, and cost transparency. In addition, AHRQ is reducing its research portfolios from seven to three. One of the three portfolios is patient safety, which includes finding ways to prevent injury associated with the delivery of care. Going forward, AHRQ plans to focus on research outside the inpatient setting by looking at nursing homes and primary care.

AHRQ continues to fund investigator-initiated research, and the refinement of AHRQ’s portfolio could present new opportunities for those conducting research in areas that focus on injury prevention and nursing homes. Given that AHRQ is in a transition period, faculty with this specific interest should engage with AHRQ to ensure that they remain on the forefront of AHRQ’s new opportunities and can initiate successful applications. In addition, it is possible that AHRQ could have targeted opportunities to support this new focus.

New Investments in Alzheimer’s Disease

Costs related to Alzheimer’s disease and other age-related dementias are expected to double within the next 30 years. To meet the growing crisis concerning Alzheimer’s and related dementias, Congress passed the National Alzheimer’s Project Act (NAPA) in 2011 to strategically address Alzheimer’s and to develop and implement a National Plan to overcome Alzheimer’s disease (AD). The plan was first released in 2012 and calls for new investments in biomedical research; the acceleration of new treatments to prevent, halt, or reverse the course of Alzheimer’s disease; and professional preparation of the workforce that serves Alzheimer’s patients and their caregivers.

The research component of the National Plan has been led by NIA and has been supported through increased efforts by Congress and the Administration to bolster investments in Alzheimer’s. Illustrating the bipartisan interest in this area of research, in the final FY 2014 omnibus appropriations bill, Congress provided NIA a 6.34 percent increase over the pre-sequestration FY 2013 level and recommended the
institute use a significant portion of the increase to continue addressing research goals in the National Plan. It is expected that the additional appropriations received by NIA in FY 2014 will be used to fund previously received proposals for research focusing on Alzheimer’s disease, rather than new submissions.

As required by law, the National Plan is updated annually to help meet the goals outlined by NAPA. This plan is informed and updated by public and private involvement and stakeholder engagement. The latest version was released in June 2013; the 2014 update will be released this summer. Investigators looking to be more involved in activities regarding the National Plan can work with Lewis-Burke on opportunities to increase engagement and inform the plan.

The President’s FY 2015 budget request demonstrates continued support for Alzheimer’s disease, as it would provide $566 million for this research. At a recent Senate hearing on this issue, NIH Director Francis Collins noted that NIH currently spends $504 million on Alzheimer’s disease and highlighted the agency’s genomics and imaging activities. He also cited other NIH activities as contributing to the pursuit of new drugs and treatments for this costly disease.

Sources and Additional Information


Geroscience Research

Coined in 2007, the term “geroscience” refers to the study of the physiological effects of aging as the common major risk factors for most chronic diseases. A trans-NIH Geroscience Interest Group, first spearheaded by NIA in 2011, has grown to include 20 NIH Institute and Centers (ICs) committed to the geroscience research effort. The broad participation of ICs beyond NIA demonstrates a growing recognition that aging research is critical to understanding many organ systems and diseases. Since the creation of the Interest Group, the area of geroscience and the Interest Group have garnered attention from congressional committees and have been highlighted in report language. In October 2013, the Interest Group held a Summit, co-sponsored by the Alliance for Aging Research and the Gerontological Society of America, which was its first meeting with the external community and represented a first move towards a new phase of increased visibility and community involvement.

Following the October Summit, the co-chairs of each session met to summarize the presentations and begin developing priorities. On February 27, 2014, several scientific and administrative recommendations from the Summit were publically released. Specific scientific recommendations fall within the following research topics: adaptation to stress, epigenetics, inflammation, macromolecular damage, metabolism, proteostasis, and stem cells and regeneration. The Interest Group also plans to conduct outreach efforts across NIH ICs and beyond the agency to expand interest and research activities focused on geroscience.

Specific areas of research identified during the Summit could potentially be targeted for special funding opportunities, but given the current budget environment, NIH may look to stimulate research in geroscience through traditional investigator-initiated mechanisms. Interested researchers are advised
to be in touch with program officers at NIA and other participating ICs to communicate research ideas relevant to geroscience.

Sources and Additional Information

- The Trans-NIH Geroscience Interest Group website is available at http://sigs.nih.gov/geroscience/Pages/default.aspx.
- Information about the October Geroscience Summit is available at http://www.geron.org/About%20Us/nih-geroscience-summit.

Community Prevention

In the FY 2014 omnibus appropriations bill, Congress outlined a new Community Prevention Grant program, which provided funding for a “new initiative to prevent chronic diseases and reduce their impact by awarding three-year grants to community coalitions that include business, schools, and non-profit organizations.” In meetings Lewis-Burke had with congressional staff, it was made clear that these new grants will be established by CDC. While CDC has not released anything official, it is expected that these grants will be non-prescriptive, allowing applicants to propose scientifically supported development, implementation, and evaluation prevention programs, addressing chronic diseases in a manner unique to their communities. This could include programs that address chronic diseases that impact the aging population.

With the implementation of this program, it is expected that the Community Transformation Grants authorized in the ACA will be phased out. The new Community Prevention Grants solicitation is expected to be released in late spring or early June of 2014. It is expected that funding will be $80 million for the program consisting of three-year grants of no less than $100,000 per year to community coalitions. There will be a very quick turnaround time, probably only a few weeks. In addition, this will be a grant program (not a contract), so it will likely not be long-term or spread over several years. This could be a one-time grant opportunity if Congress does not appropriate additional funding in FY 2015.

Section II-- Workforce and Training

As the Institute of Medicine (IOM) noted in its report Retooling for an Aging America: Building the Health Care Workforce, the healthcare workforce receives little geriatric training and is not ready to provide the best possible care to older patients. As the aging population in the United States increases, so must a skilled workforce, especially those who specialize in geriatrics. The target workforce includes not only health professionals such as doctors, nurses, social workers, and direct care workers, but also family caregivers. This section focuses on geriatric health opportunities that may be of interest.
Opportunities to Enhance the Geriatric Workforce

One of the federal agencies on the forefront of training is the Health Resources and Services Administration (HRSA), which supports training opportunities to ensure an adequate primary care workforce to deliver healthcare to underserved populations. Within HRSA’s Titles VII and VIII healthcare and nursing workforce programs are the Geriatrics Health Professionals Programs focused on training and increasing faculty with geriatrics experience in a variety of professions:

- The Geriatric Academic Career Award (GACA) program focuses on career development and training for academic clinician educators, including physicians, nurses, social workers, psychologists, dentists, pharmacists, and allied health professionals. This program seeks to increase the number of junior faculty at accredited schools of allopathic and osteopathic medicine and to promote the development of their careers as academic geriatricians. It also includes Geriatric Training for Physicians, Dentists, and Behavioral and Mental Health Professionals, which supports projects to train physicians and fellows. This program was last competed in FY 2010 following the passage of the ACA, which expanded the list of professions eligible for this program.

- Geriatric Education Centers (GECs) support inter-professional education and collaborative efforts to train students, faculty, and practitioners in geriatrics care. They are housed at universities and led by medical schools with coordination among at least four other schools/programs. Awards range from $200,000 to $450,000 per year.

- The Comprehensive Geriatric Education Program “projects to train and educate individuals in providing geriatric care for the elderly, including curriculum development, faculty training, and continuing education for geriatric providers.”

The ACA increased opportunities for geriatrics training and education by increasing support for GECs and expanding the scope of the Geriatric Academic Career Award for non-physician providers. This was the last major legislative effort enacted into law to address geriatrics training.

HRSA’s geriatrics training programs only recompete every five years (comprehensive awards competed every three years), but all should be recompeted in 2015. Those interested in geriatric training should be proactive and engage with HRSA officials to discuss innovative ideas ahead of the release of a solicitation.

Sources and Additional Information:


Section III—Improving Healthcare and Support Services
According to the Administration on Aging (AoA), by 2040 there will be about 72.1 million older persons, twice the number from 2000, and this number is projected to continue to increase. As the aging baby boomer population increases, there is a focus on keeping the aging population healthy and independent, while at the same time strengthening programs that provide support to seniors. This is especially true for federal entitlement programs, which are not viewed as solvent in the long term. Hence, the federal government is looking for innovative solutions to address some of the most pressing challenges and cost drivers, creating potential new opportunities for those who work in the aging community.

New Models of Care

The Medicaid program provides coverage to over 60 million low-income children, pregnant women, parents, elderly, and individuals with disabilities. The Medicare Program is the second-largest social insurance program in the U.S., with 50.7 million beneficiaries and total expenditures of $574 billion in 2012, with about one in six dollars in healthcare spending going to Medicare beneficiaries. While overall healthcare expenditure growth as somewhat slowed, including the growth in Medicare expenditures, the long-term solvency of these programs continues to be a concern for policy makers. In addition, the current system of fee-for-service healthcare, which has been characterized has “fragmented,” is becoming antiquated. The current system tends to takes a siloed approach to healthcare, which does not encourage coordination of care, does not reimburse for improved health or health outcomes, lags in innovation, and focuses more on individual services and treatments than a comprehensive approach to patient care.

To address these concerns and begin to transform the way healthcare is paid for and delivered, the ACA initiated several new models of care and established the Centers for Medicare and Medicaid Innovation (CMMI) at the Centers for Medicare and Medicaid Services (CMS). The purpose of CMMI is to test “innovative payment and service delivery models to reduce program expenditures while preserving or enhancing the quality of care.” CMMI follows a three-part aim of reducing costs, improving health, and improving healthcare. It also recognizes that the Medicare and Medicaid programs must be reformed, and the way providers are reimbursed for services must evolve to include a focus on outcomes and improved health. In addition, the new center is now implementing most of the CMS demonstrations.

CMMI not only initiates new models but also implements specific new models of care that were outlined in the ACA. With $10 billion for the first ten years of activities, CMMI has funded several models of care authorized in the ACA such as new Accountable Care Organizations (ACOs) and bundled payments. In addition, CMS has provided funding for two rounds of innovation awards, with $1 billion provided for each of the two rounds. Awards for the first round of innovation awards were announced in 2012. The awardees for the second round of funding, which is focused on support for public and private organizations to test new models that will deliver better care and lower costs to Medicare, Medicaid, and CHIP enrollees in four defined areas, will be announced this spring.

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5 http://innovation.cms.gov/About/index.html
With several models at CMMI being tested, the next steps of the CMMI will include funding models of care that fill existing gaps to round out CMMI’s portfolio. For example, CMMI recently asked for feedback to inform a model of care focused on specialty care to manage complex medical conditions. CMMI also just launched the Medicare Care Choices Model. According to CMS, through this model a new option will be provided for Medicare beneficiaries to receive palliative care services from certain hospice providers while concurrently receiving services provided by their curative care providers. CMS plans to evaluate whether providing hospice services can improve the quality of life and care received by Medicare beneficiaries, increase patient satisfaction, and reduce Medicare expenditures.\(^6\)

Going forward, CMMI will continue to implement new models of care to focus on evaluating models and scaling models that are proven to work. CMS will also work with other agencies to integrate innovation across agencies. Lewis-Burke encourages experts in this area to approach CMMI with well-developed ideas for possible funding.

**Sources and Additional Information**


**Activities to Address Elder Abuse, Neglect, and Exploitation**

The National Institute of Justice (NIJ) at the Department of Justice reports that 11 percent of Americans 60 years of age and older has faced emotional, physical, or sexual abuse and at least 5.2 percent experience financial abuse within a 12-month period.\(^7\) To address these issues, the *Elder Justice Act (EJA)*, was signed into law in March 2010 as part of the ACA. The EJA included many congressional directives such as the establishment of an Elder Justice Coordinating Counsel and an Advisory Board to coordinate the activities across the federal government related to elder abuse, neglect, and exploitation, with the first meeting held in the fall of 2012. Additionally, the EJA authorized the awarding of grants to improve Adult Protective Services and Long-Term Care Ombudsman programs; grants for forensic centers to develop expertise on elder abuse, neglect, and exploitation; and the improvement of long-term care staffing, data exchange in facilities, and mandatory reporting of crimes against residents in federally funded facilities.\(^8\) Implementing the EJA continues to be a priority for the Administration and these activities could provide funding opportunities for the research community in many important areas of elder abuse and neglect. While little money has been provided by Congress for its activities, EJA continues to guide federal activities relating to the protection of older Americans.

It is important to note that in FY 2012, ACL received $5.5 million from the Prevention and Public Health Fund (PPHF) to test and evaluate comprehensive approaches to preventing elder abuse. The focus of this project is the evaluation of replicable best practices in support of the development of secondary and tertiary prevention and intervention strategies. AoA/ACL will also develop a compendium of best practices and lessons that can be used to improve Adult Protection Services (APS) Programs. The project period is September 2012 - September 2015. HHS, particularly AoA/ACL, is committed to elder abuse efforts and continues to support activities and conduct forums and workshops on this issue.

In addition, ACL, as part of its FY 2015 budget request, recognizes that research in the area of elder abuse, neglect, and exploitation is still in its early stages, and there is limited knowledge of risk and

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protective factors related to either victims or perpetrators.\(^9\) ACL also notes there is little information about effective and evidence-based prevention, intervention, and remediation practices. There is also little information about how to effectively screen for elder abuse, neglect, and exploitation. Investigators who are working in these areas could engage with ACL to identify opportunities to be useful partners and position themselves to receive funding when it becomes available.

In addition to the AoA, the U.S. Department of Justice’s National Institute of Justice (NIJ) funds projects that seek to examine diverse elder abuse issues including resident-on-resident abuse, financial exploitation, physical abuse and neglect, and residential care systems’ mechanisms. NIJ’s primary goal is to identify best practices for the evaluation of effectiveness and improvement in prevention, detection, and intervention efforts. NIJ is currently seeking applications for research and evaluation on the abuse, neglect, and exploitation of elderly individuals that provide objective, independent, evidence-based knowledge and tools to meet the challenges of crime and justice, particularly at the state and local levels. They will consider research that includes residential care facilities, and proposed research may be focused at the state, local, tribal, federal, juvenile justice policy and/or practice level. The research proposals should address the gaps in prevention, detection, and response to abuse, neglect, and exploitation of the elderly. A total of $1 million is available for multiple grant awards for a period of up to three years with an award start date of January 1, 2015 and application deadline of April 25, 2014 (for more information, see the solicitation link below).

Congress, particularly the Senate Special Committee on Aging, also continues to hold hearings relevant to elder abuse. The Special Committee on Aging does not have legislative authority but holds regular hearings with expert witnesses, submits comments for the record, and conducts oversight of programs and issues affecting the elderly. The Committee makes recommendations for legislation to the Senate as it relates to older Americans. The most recent topic for the Committee has been income security for the elderly. This provides a forum to raise awareness around particular concerns and areas of interest around aging.

**Sources and Additional Information**

- The National Institute of Justice Elder Abuse website can be viewed at [http://www.nij.gov/topics/crime/elder-abuse/Pages/extent.aspx](http://www.nij.gov/topics/crime/elder-abuse/Pages/extent.aspx).

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\(^9\) [http://acl.gov/About_ACL/Budget/docs/FY_2015_ACL_CJ.pdf](http://acl.gov/About_ACL/Budget/docs/FY_2015_ACL_CJ.pdf)
Section IV—Looking Ahead

The President’s FY 2015 budget request is one tool that provides insight into the emerging science and issues the Administration will begin or continue to prioritize. Although Congress may not provide funding for all of these priorities, it helps inform the conversation and provides an understanding of the federal agencies’ interests. Additionally, emerging topics can also be identified through ongoing conversations at many levels including at the National Academy of Sciences (NAS), where many reports noted in this document have led to or may lead to changes in science, health, and engineering. This section highlights such indicators that are important resources to inform the current and future areas of research relevant to aging.

Overview of Trends

The FY 2015 budget request primarily would continue several important programs that address services and programs that support older adults, especially at ACL/AoA. The FY 2015 budget request prioritizes efforts to address elder abuse and continues to seek funds to implement provisions of the Elder Justice Act. The budget request also supports continued funding to prevent elderly falls.

The budget request for FY 2015 would also continue investments in Alzheimer’s disease. Through the NIH, the budget would continue implementation of the research components of the National Plan to Address Alzheimer’s Disease and invest in basic and translational research. ACL will continue investments for caregivers and specifically requests funds for a three-part approach for addressing Alzheimer’s disease: competitive grants to states for evidence-based interventions to assist persons with dementia and their caregivers; grants for states, tribes, and localities that enable them to enact permanent systems change; and outreach to inform Alzheimer’s disease caregivers about available resources.

The budget request would make several cuts to the Medicare program, mainly to health services and providers in an attempt to offset costs in other aspects of the proposal. Congress must act on recommendations to implement the proposed changes, which will very likely not be enacted this year.

The President’s FY 2015 budget request would also provide funding for some important new initiatives, which those interested in aging issues could engage on with the Administration. The President’s FY 2015 request remains committed to the EJA and specifically requests funding for implementation of the law. As noted above, the budget request proposes funding to implement EJA activities that include the development of a national Adult Protective Services (APS) data system, providing competitive grants to states for demonstrations to test and evaluate innovative approaches to preventing adult abuse and to support state interfaces with the new data system. The request would also support research to identify and compare evidence based interventions to prevent, identify, report, and respond to elder abuse and neglect. Specific areas include screening for elder abuse, neglect, and exploitation; research into the characteristics of victims and risk factors; and research into the consequences of elder abuse, neglect, and exploitations.

The budget request also includes funding for a decennial White House Conference on Aging. The last conference was in 2005 and focused on baby boomers. ACL is likely already working with the White House to develop this conference that will address current needs of seniors. This is an opportunity to engage, shape, and actively participate and/or attend the conference.
Policy Proposals

The Older Americans Act (OAA) is the legislation that authorizes federal programs designed to serve older adults. The legislation was first passed in 1965 and is currently up for reauthorization. Senator Bernie Sanders (I-VT) is a champion of the bill in the Senate and introduced a proposal that would update several policy provisions including the definition of “abuse,” the addition of oral health to routine health screenings, the definition of “elder justice,” funding for transportation services, and more. The bill indicated congressional priority areas for future agency efforts, some of which have already begun to be incorporated into agency thinking.

For example, despite limited funding and authorization authority, agencies such as the ACL have already begun to think about their potentially expanded role. ACL hosted a webinar series on expanding oral health access for older adults. ACL will be tasked with implementing programs that are authorized by Congress and in anticipation, is seeking information from the oral health community on models, best practices, and data to help inform future efforts.

Sources and Additional Information

- The text of the Older Americans Act is available at http://thomas.loc.gov/cgi-bin/query/z?c113:S.1028.
- A transcript from the HRSA oral health webinar is available at http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Oral_Health/docs/051513_OlderAdults_Or alHealth_transcr.pdf.

Emerging Topics

The NAS and the IOM take an active role in developing the research agenda efforts for aging issues. The NAS and IOM reports in years past have been the catalysts for many of the efforts discussed in other sections of this memorandum. The reports, led and written by experts on the respective topics, highlight the public health significance and economic impact of aging issues, and identify the areas needed for more research. As an example, the 2008 IOM report, Retooling for an Aging America: Building the Health Care Workforce 10 has been the leverage for budget and policy decisions by the Congressional and Executive Branches to put new workforce development mechanisms in place such as the Geriatric Education Centers, the Geriatric Academic Career Awards, and training for physicians, dentists, and mental health professionals. The work of the IOM boards and forums over the past several years indicate that aging-related issues will continue to be a focal point for the National Academies.

Additionally, the NAS and IOM work in conjunction with the federal agencies and other stakeholders to inform their processes and reports. The IOM Board of Health Sciences’ Committee on the Public Health Dimensions of Aging held its first meeting in early February to begin development of a consensus report sponsored by NIA, the National Institute of Neurological Disorders and Stroke (NINDS), the McKnight Brain Research Foundation, and AARP. The goal of the report is to examine cognitive decline as distinct from Alzheimer’s disease, but not to make recommendations for a basic and biomedical research

agenda, although the current research will serve as the foundation of the report. The study is expected to take a public health approach, focusing on epidemiology, prevention and intervention, education of health professionals, and public awareness and education. The sponsors also intend for the report to clarify definitions of cognitive aging, clear up misconceptions, and help the public transfer the aging process from just a survival model to aging successfully.

Within NAS, the leading division for these issues, the Division of Behavioral and Social Sciences and Education (DBASSE), deems aging as one of its leading topics. The goal of DBASSE work in this area is to improve the knowledge base for many aging-related areas (e.g. large scale demographic shifts for particular health and social needs of the elderly and the development of effective policies and programs in healthcare and social services). DBASSE’s current project, *Long-Run Economic Effects of the Aging U.S. Population: Phase II*, builds on the first report *Aging and the Macroeconomy: Long-term Implications of an Older Populations*. These studies utilize quantitative modeling and projections to study the long-term macroeconomic effects of aging. In just the past two years, the four boards and committees of DBASSE have released nearly ten reports or workshop summaries related to aging in varying topics ranging from health care technologies for the home to the sociology of aging.

Similarly, the IOM Forum on Aging, Disability, and Independence partners with DBASSE and the Board on Health Sciences Policy and has recently explored the effect of hearing loss on the quality of life and health of the elderly. Roundtables, workshops, and forums alike inform the subject matter that the NAS or IOM board or committee may be currently exploring. Participation in these activities is a good way to stay informed about the current areas of research and provide input into the future areas of research that are needed.

**Sources and Additional Information**

- More information on the IOM Board of Health Sciences’ Committee on the Public Health Dimensions of Aging is available at [http://www.iom.edu/Activities/Aging/CognitiveHealthAging.aspx](http://www.iom.edu/Activities/Aging/CognitiveHealthAging.aspx).
- More information on the most recent DBASSE aging-related reports and workshop summaries is available at [http://sites.nationalacademies.org/DBASSE/Reports/index.htm?selectedYear=2014](http://sites.nationalacademies.org/DBASSE/Reports/index.htm?selectedYear=2014).
  - Financing Long-Term Services and Supports for Individuals with Disabilities and Older Adults (Workshop Summary, 2014)
  - New Directions in the Sociology of Aging (2013)
  - Fostering Independence, Participation, and Healthy Aging Through Technology (Workshop Summary, 2013)
  - Medical Care Economic Risk: Measuring Financial Vulnerability from Spending on Medical Care (2013)
  - Aging and the Macroeconomy: Long-Term Implications of an Older Population (2012)
  - Perspectives on the Future of the Sociology of Aging (2012)