

AGING IN THE USA:

Are we at a tipping point as regards a proactive national policy on aging?

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White House Conference on Aging

Connecticut Public Forum & Comment Session

Themes for the WHCOA

1. Retirement Security
2. Healthy Aging
3. Long-Term Services and Supports
4. Elder Justice

Are We at a Tipping Point?

- The **tipping point** is that magic moment in time when an idea, trend, or social behavior crosses a threshold, tips, and spreads like wildfire (Malcolm Gladwell)
- An interesting and timely convergence of:
 1. Anniversaries of several seminal events
 2. Accelerating social and cultural trends
 3. Baby boomers
 4. Fiscal and economic realities
 5. Recent scientific breakthroughs
 6. A Connecticut Contribution?
 7. But, what about the politics?

Some Anniversaries

- A. Bruce Springsteen's 65th birthday (9/23/14)
- B. 50th anniversary of Medicare, Medicaid and the Older Americans Act
- C. 47th anniversary of the term “ageism”
- D. 40th anniversary of the National Institute on Aging
- E. 30th anniversary of the UCONN Center on Aging



Robert N Butler, MD

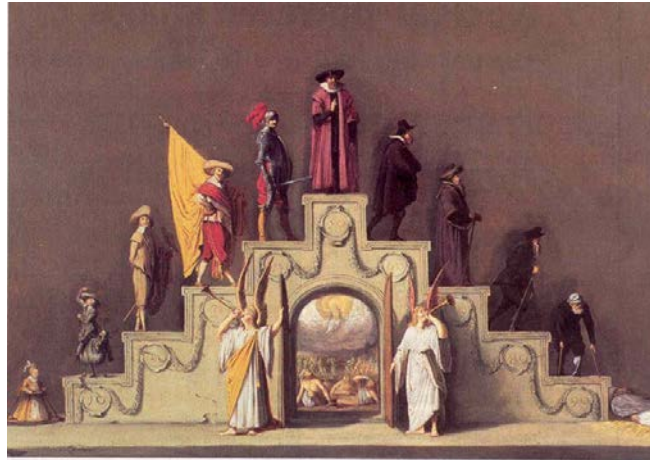


Peter Libassi

Overarching Thoughts and Questions

- Aging as a universal process
- Aging as a highly variable and individual process
- Ageism: last bastion of permissible discrimination?
- Why does the US struggle with the issue of aging?
- Will framing the message differently help?
- Can “Geroscience” make a difference?
- Are aging and chronic diseases inevitable?
- Role for Proactive, Predictive & Personalized Gerontology

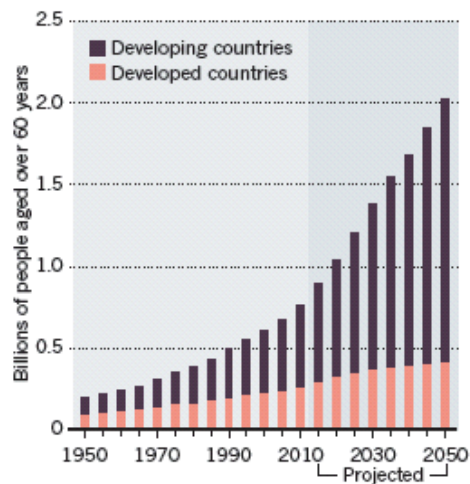
Traditional views of aging



The downward path: a seventeenth-century view of a man's progression through life.

AGE OF THE OLD

By 2050, the number of people aged over 60 years is projected to be five times that in 1950.



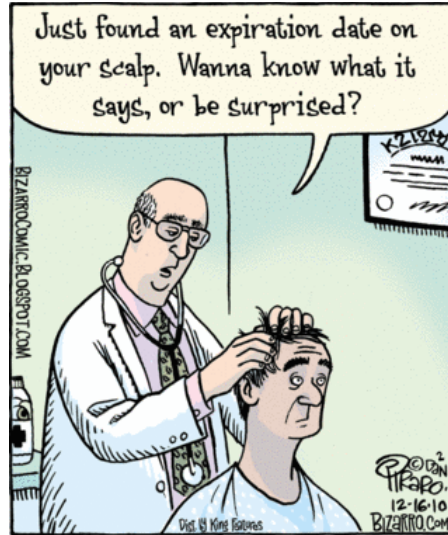
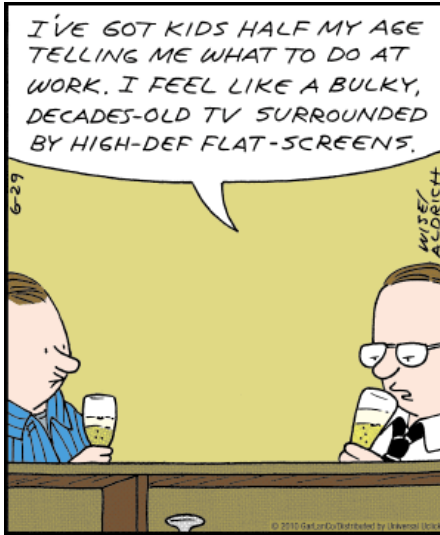
Aging as a highly variable & individual process



Ageism: last bastion of permissible discrimination?

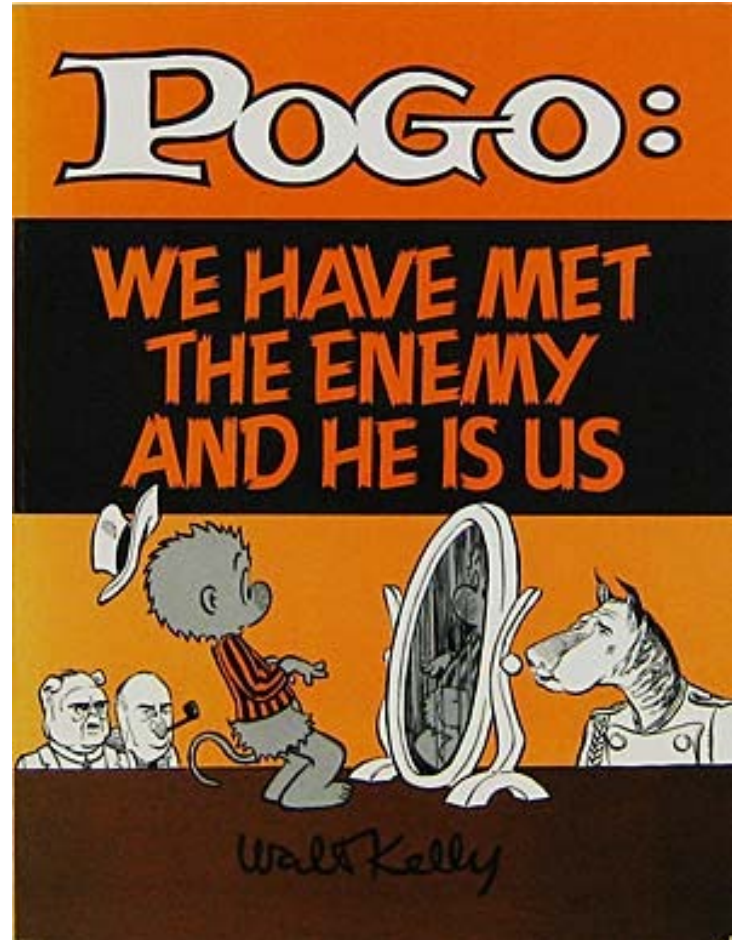
- Stereotyping on the basis of age (RN Butler)
- May be occasional or systematic
- Includes three elements
 1. Prejudicial attitudes towards older people, old age and the process aging
 2. Discriminatory practices against older people
 3. Institutional practices and policies that perpetuate stereotypes about older people

Ageism: last bastion of permissible discrimination?



A century from now, youngsters in history class will sum up the lives of everyone who had gray or graying hair in the second decade of the 21st century with: "Oh, yeah; those were the people who were obsessed with their bowels and couldn't work a smartphone." Then, after a pause, they'll add, "Kind of sad, really." Ouch.

Why does the US struggle with aging?



Will framing the message differently help?

- Communications can be framed in terms of benefits (gains) or costs (losses) associated with a behavior
- Relative effectiveness of gain-framed or loss-framed appeals depends, in part, on whether a behavior serves an illness-detecting or a health-affirming function

Rothman & Salovey (1997)

Will framing the message differently help?

A promotional poster for the ICFSR 2015 conference. The background is a photograph of a city skyline at dusk, with buildings illuminated by warm lights. Overlaid on the image are several text boxes and logos. The main title 'ICFSR 2015' is in large white letters on a blue background, with the subtitle 'International Conference on Frailty & Sarcopenia Research' below it. The dates and location 'Thursday - Saturday, April 23-25, 2015 Boston, MA, USA' are in a smaller blue box. A registration box at the bottom says 'Registration now at: www.icfsr.com'. A call for abstracts box at the very bottom says 'Call for abstracts: Symposium, oral communication, poster • submission deadline: November 18, 2014'. Logos for Tufts University, Toulouse 1 GÉRONTOPOLE, and the Global Aging Research Network (GARN) are in the top right corner.

ICFSR 2015
International Conference on
Frailty & Sarcopenia Research
Thursday - Saturday, April 23-25, 2015 Boston, MA, USA

Tufts
UNIVERSITY

Toulouse
1 GÉRONTOPOLE

GARN GARN
Global Aging Research Network

Registration now at: www.icfsr.com

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Will framing the message differently help?



AFAR invites you to a webinar

**ReFraming Aging:
Understanding and Changing the
Way Americans Think about Aging**

Tuesday, May 5, 2014 at 2pm EST

Free and open to the public. Registration required [here](#).



Can Geroscience make a difference?

- As more live to old age, chronic diseases more common
- Alzheimer's , cancer, heart disease, stroke, diabetes etc...
- Advanced age is by far the greatest risk factor
- Aging and these diseases share common mechanisms
- Targeting such pathways could help delay both aging and the onset or progression of chronic diseases of aging

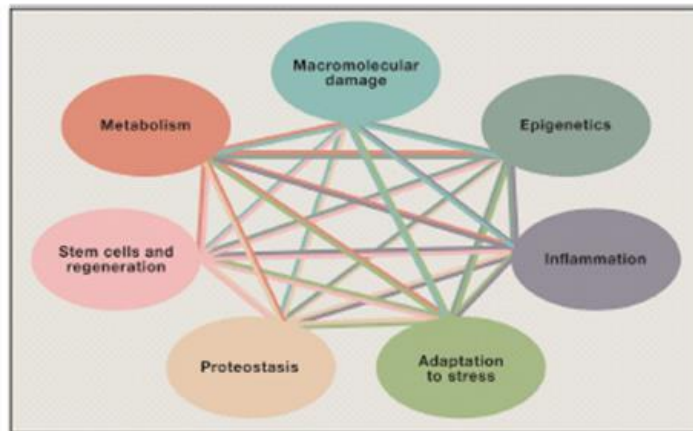
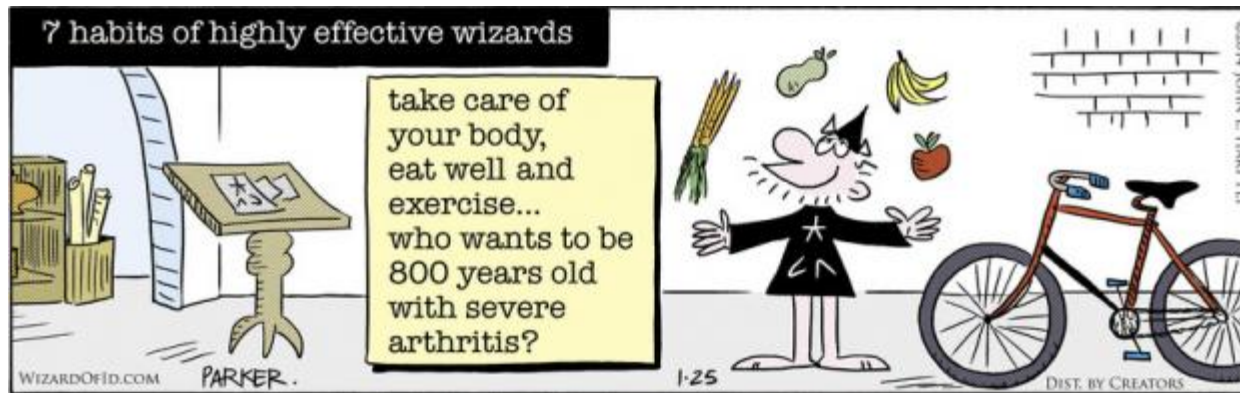


Figure 1. The Seven Pillars of Aging

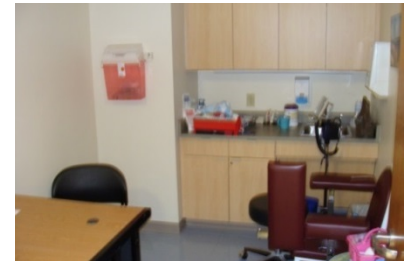
Kennedy et al. (2014)

Can Geroscience make a difference?



The Connecticut Contribution: UCONN Center on Aging

- Established in 1986
- *“To improve the lives of older adults through research, education and improved clinical care”*
- Multidisciplinary faculty
- Research efforts span the bench, clinical research and community
- \$ 30 million overall research portfolio
- New 4,000 sq ft Clinical Research Unit in ASB
- Research Cores:
 1. Human Subject Recruitment
 2. Data and Geriatric Outcomes
 3. Evaluation & Population Assessment
 4. Biomarkers and Preclinical Research



The Connecticut Contribution: Bioscience Connecticut



- More than just buildings
- Center for Healthy Aging and Geriatric Care
- James Walker MD Memory Assessment Program
- Improved care, care coordination and outcomes for all older patients, irrespective of site of care

Center on Aging



UCONN
HEALTH
CENTER

The Connecticut Contribution: Jackson Laboratory



- 2014 UCONN/JAX Aging Research Symposium
- Multitudes of new collaborations in aging research
- NIA Nathan Shock Center of Excellence in the Biology of Aging
- Genomics and epigenetics of healthy aging

PPPG: Proactive, Predictive & Personalized Gerontology

- Proactive: There must be a focus on prevention and improvements in health and function across the lifespan.
- Predictive: We need tools to predict individual risk, target therapies and monitor success of interventions.
- Personalized: We must address differences at the level of each individual and time point in life as regards personal aging trajectories.
- Gerontology: Health care (everywhere, but especially in an academic health center) must always be defined by patient needs first, driven by science and supported by evidence.