

# National Institute on Aging Program Priorities

National Archive of Computerized Data on Aging (NACDA) Session  
Gerontological Society of America Annual Scientific Meeting  
November 10, 2021

# Outline

Brief description of the Division of Behavioral and Social Research at NIA and our priorities

Current funding opportunities (FOA = Funding Opportunity Announcement)

Research Resources – things that can help you do your research

Social, Behavioral, and Economic Research on COVID-19 Consortium program

**NOTE** – Hyperlinks in this slide deck

# What does the NIA Division of Behavioral and Social Research support?

- Social, behavioral, and economic research and research training on the processes of aging at the individual and societal level
- Cross-disciplinary research at multiple levels from genetics to cross-national comparative research, and at stages from basic through translational
- Alzheimer's disease and Alzheimer's disease-related dementias (AD/ADRD) research in addition to general aging research.
- Contact information by research areas:
  - **Population and Social Processes**: Demographic, social, economic, institutional, geographic, and other factors at the population level
  - **Individual and Behavioral Processes**: Psychological, behavioral, and interpersonal processes at the individual and dyadic level; interventions
- Does this sound interesting? **We are hiring!**
- Check out our website: **<https://www.nia.nih.gov/research/dbsr>**

We prioritize  
research that  
addresses  
stated  
institutional  
priorities

- 2019 National Advisory Council on Aging (NACA) Review of BSR – NACA is our advisory council
- Review of Division activities for past 5 years, roadmap for next 5 years
- Review-identified research priorities include:
  - Identifying mechanisms driving health disparities and modifiable risk factors
  - Influences of macro-social trends on aging
  - Life course approaches to understanding aging processes
  - Reducing barriers to accessing data for research
- **NACA Approved New Concepts** (updated following each NIA Council meeting) signals upcoming initiatives:  
**<https://www.nia.nih.gov/approved-concepts>**

Approved  
concept:  
Understanding  
Place-Based  
Health  
Inequalities in  
Mid-Life

- The National Academies of Sciences, Engineering, and Medicine recently released “**High and Rising Mortality Rates Among Working Age Adults**,” <https://www.nationalacademies.org/our-work/rising-midlife-mortality-rates-and-socioeconomic-disparities>
- Concept proposes support for studies that will:
  - Clarify the unique and interactive roles of social, economic, behavioral, and policy factors that **drive place-based health disparities** (levels and trends);
  - Examine **intersections** between place and sociodemographic characteristics (e.g., gender, race, ethnicity, etc.) to better understand and address processes driving other **health disparities**; and/or,
  - Include **data collection** and data **enhancements** to support the first two efforts.
  - <https://www.nia.nih.gov/approved-concepts#place>
- Other workshop reports:  
<https://www.nia.nih.gov/research/dbsr/workshop-reports>

Approved concept:  
Health Equity and  
the Cost of Novel  
Treatments for  
Alzheimer's  
Disease and  
Related Dementias

- This concept aims to support studies on the **health equity** implications of access to **novel pharmacological treatments for AD/ADRD**.
- It will support projects to conduct **stakeholder engagement with underrepresented groups**, followed by **simulation modeling** on the costs and health outcomes of new therapeutics in the U.S. population.
- In the **first phase**, multidisciplinary teams will conduct rigorous stakeholder analysis with racial and ethnic sub-groups designed to understand the groups' attitudes towards new drugs, and what outcomes are of most importance to the potential users of new drugs.
- In the **second phase**, the grantees will develop cost models and disseminate findings.
- <https://www.nia.nih.gov/approved-concepts#healthequity>

Approved concept:  
Resources to  
Promote  
Coordination and  
Collaboration across  
Deeply Phenotyped  
Longitudinal  
Behavioral and Social  
Studies of Aging

- NIA supports many **deeply phenotyped**, psychologically rich, **small- to mid-size longitudinal studies** which, collectively, span the full life course.
- In contrast to the nationally representative, population-based longitudinal studies, which have “network” projects that encourages coordination and collaboration, these smaller studies have **no coordination program**.
- **Establishing links across individual studies** could address replication questions, allow findings to be extended to new contexts, and offer greater potential to identify important behavioral, psychological, and social factors that moderate health span and lifespan.
  - Outreach to investigators and support for meetings that will **stimulate collaborative work**.
  - **Methodological consultation** services for investigators.
  - Creation of a **publicly available web-based**, meta-data **catalogue** to describe existing datasets, identify studies with overlapping measures or compatible designs, and support cross-project co-analysis.
  - **Pilot support for collaborative teams** to leverage existing studies to answer new questions, address replication and generalizability issues, and provide training for the next generation of investigators.
- <https://www.nia.nih.gov/approved-concepts#coordandcollab>

# NIA Funding Opportunity Announcements

- **Social, Behavioral, and Economic Impact of COVID-19 in Underserved and Vulnerable Populations (R01)** – encourage research to 1) emphasize the roles and impacts of interventions in healthcare settings to address access, reach, delivery, engagement, effectiveness, scalability, and sustainability of services that are utilized during and following the pandemic, and 2) encourage the leveraging of existing large-scale data sources with broad population coverage to study mitigation efforts on transmission reduction and on social and economic impacts, and assess the downstream health and healthcare access effects.
- **Mechanism-Focused Research to Promote Adherence to Healthful Behaviors to Prevent Mild Cognitive Impairment (MCI) and Alzheimer’s Disease and Related Dementias (AD/ADRD) (R01)** - support ancillary studies to ongoing, early- to late-stage clinical intervention trials that address psychological and interpersonal mechanisms driving adherence to behavior or lifestyle change relevant to the prevention of cognitive decline, Mild Cognitive Impairment (MCI), and Alzheimer's disease and Alzheimer's disease-related dementias (AD/ADRD).
- **Addressing the Etiology of Health Disparities and Health Advantages Among Immigrant Populations (R01)** - support innovative research to understand factors uniquely associated with the immigration experience that contribute to health disparities or health advantages among U.S. immigrant populations.
- **The Role of Work in Health Disparities in the U.S. (R01)** - support innovative population-based research that can contribute to identifying and characterizing pathways and mechanisms through which work or occupation influences health outcomes and health status among populations with health and/or health care disparities, and how work functions as a social determinant of health.
- **Maximizing the Scientific Value of Secondary Analyses of Existing Cohorts and Datasets in Order to Address Research Gaps and Foster Additional Opportunities in Aging Research (R21/R01)** - encourage the use of existing cohorts and datasets for well-focused secondary analyses to investigate novel scientific ideas and/or address clinically related issues on: (1) aging changes influencing health across the lifespan (e.g., Alzheimer’s disease and Alzheimer's disease-related dementias (AD/ADRD)), (2) diseases and disabilities in older persons, and/or (3) the changes in basic biology of aging that underlie these impacts on health (the hallmarks of aging).
- All Funding Opportunity Announcements: <https://www.nia.nih.gov/research/dbsr/behavioral-and-social-research-funding-opportunities-and-applicant-resources>





# NIA Sponsored Networks support the development of specific areas of behavioral and social research

- [Research Network for the Harmonized Cognitive Assessment Protocol \(HCAP\)](#) (David Weir, Ken Langa) – HCAP designed by the HRS in consultation with several of its international sister studies to provide a flexible but comparable instrument for measuring cognitive function among older adults around the world. This network brings together experts from these studies to support the continued harmonization of the HCAP studies
- [Network on Life Course Health Dynamics and Disparities](#) (Jennifer Karas Montez, Jennifer Ailshire, Sarah Burgard, Bob Hummer) - develop the scientific groundwork, human capital, and data and analytic infrastructure to generate new evidence and disseminate data and analytic resources to better understand the trends and disparities in U.S. adult health and longevity across the life course and in geographic context.
- [Interdisciplinary Network on Rural Population Health and Aging](#) (Leif Jensen) - bring together dynamic clusters of scientists and recruit emerging, established, and underrepresented researchers from multiple institutions across the U.S. to catalyze a new generation of research on rural U.S. population health and aging.
- Look at them all:  
<https://www.nia.nih.gov/research/dbsr/behavioral-and-social-research-networks>



# Selected Networks to Develop Data for Behavioral and Social Science Research in Aging – coming soon

- **Innovation in Longitudinal Aging Studies** is intended to combat declining response and consent rates in large studies as well as improve measurement via innovative approaches to identify more efficient screening and data collection techniques, reduce respondent burden, and identify new ways to effectively consent respondents.
- **Education and ADRD** will provide opportunities for collaboration and scholarly exchange among investigators from educational cohort studies representing different birth cohorts and AD/ADRD researchers to coordinate data collection efforts, including measurement harmonization and coordinated analyses to address unanswered questions about the education-ADRD relationship.
- **Measurement for Dementia Care in Home and Community-Based Services (HCBS):** This network will focus on improving the measurement of HCBS processes and outcomes (e.g., quality of life and well-being for persons living with dementia (PLWD) and their care partners, economic indicators, service quality measures, disparities in service access and utilization, etc.). This network will formalize communications among investigators on measurement development, such as alignment and crosswalk of data elements across the research community to improve detection of change in the population as well as standardized measures for PLWD and caregivers/care partners.
- **Dementia Care Workforce:** This network will focus on developing innovative research that addresses the skills that the dementia care workforce will need as the population of PLWD grows. Considerations include specialization of treatment; development of data resources to support research, skill matches, and mismatches; the potential impact of worker certification; disparities in access to high-quality work; and the gathering of researchers thinking about how the growth of dementia care will impact the workforce and care of PLWD and providers.



# NIA Center Programs Develop Key Areas of Behavioral and Social Research

- **Resource Centers for Minority Aging Research (RCMARs)** - (1) to enhance the diversity of the aging research workforce by mentoring promising scientists from under-represented groups for sustained careers in aging research in priority areas of social, behavioral, and economic research on aging, and (2) to develop infrastructure to promote advances in these areas while simultaneously increasing the number of researchers focused on health disparities and the health and well-being of minority elders.
- **Centers on the Demography and Economics of Aging (D&E Centers)** - support the infrastructure and pilot data necessary for research and program development by investigators within an institution, and/or across domestic and international institutions, in the areas of demography and economics of aging, including related to Alzheimer's Disease and Alzheimer's Disease Related Dementias (AD/ADRD)
- **Edward R. Roybal Centers for Translational Research in the Behavioral and Social Sciences of Aging & Dementia Care Provider Support (Roybals)** - translation and integration of basic behavioral and social research findings into interventions to improve the lives of older people and the capacity of institutions to adapt to societal aging.
- **Find more here:** <https://www.nia.nih.gov/research/dbsr/bsr-centers>

# NIA Invests in Data Infrastructure to Support Research

Health and Retirement Study  
(HRS)

HRS Sister Studies

Harmonized Cognitive  
Assessment Protocol

National Health and Aging  
Trends Study

National Social Health and  
Aging Project

Midlife in the United States

Add Health & Add Health  
Parents Study

Visit the Gateway to Global Aging Data  
([www.g2aging.org](http://www.g2aging.org)) and [NACDA](#) websites

More on data resources:  
<https://www.nia.nih.gov/research/dbsr/data-resources-behavioral-and-social-research-aging>

# Update: NIH COVID-19 Social, Behavioral and Economic Initiative

- NIA has a primary role in the multi-institute NIH Social, Behavioral and Economic Research (**SBE**) **COVID-19 initiative**
- **Social, Behavioral, and Economic Research on COVID-19 Consortium program** awarded in September 2021:
  - **Consortium Coordinating Center (SBECCC)** - advance research and collaboration in the field, develop harmonized COVID-19 data constructs to support comparability and replicability, sharing/discoverability of data, and dissemination of findings.
  - **Cooperative awards (8)** to study impact of pandemic and associated mitigation efforts/economic disruption affects health-related outcomes including:
    - State-level COVID-19 mitigation policies have affected psychological health and related mortality from **drug overdose and suicide**
    - Pandemic-induced changes in the delivery of **outpatient and inpatient care** on AD/ABRD patients
    - County-level public health and social policies affected disparities in **mental health and healthcare utilization**
    - Gender, racial and ethnic minority, and sexual minority disparities in **parenting stress and well-being and parent-child relationship quality**
    - **Health and education changes** among children 2-4 years after pandemic onset compared to pre-pandemic
- <https://www.nia.nih.gov/research/dbsr/social-behavioral-and-economic-sbe-research-covid-19-vulnerable-and-health-disparity>

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