

Summary of National Academies Products Related to Aging Care and Support

This document provides a high-level summary of major reports published by the National Academies that discuss assisted living, exposomes, caregiving, and other environmental factors that influence the health and well-being of older adults.

This was developed as a resource for the Hauser Policy Impact Fund webinar, [From Longevity to Vitality: Solutions and Innovation in Long-Term Care](#).

[**Preventing and Treating Dementia: Research Priorities to Accelerate Progress**](#) (2025)

Board on Health Sciences Policy & Board on Behavioral, Cognitive, and Sensory Sciences

This report evaluates the state of biomedical research on dementia prevention and treatment, including behavioral and lifestyle interventions. The report identifies research priorities, with a focus on research to be funded by the National Institutes of Health.

Identified research priorities:

- Develop better tools, including novel biomarker tests and digital assessment technologies, to monitor brain health across the life course and screen, predict, and diagnose AD/ADRD at scale (Research Priority 2-1)
- Implement advances in clinical research methods and tools to generate data from real-world clinical practice settings that can inform future research (Research Priority 2-2)
- Identify factors driving AD/ADRD risk in diverse populations, particularly understudied and disproportionately affected groups, to better understand disease heterogeneity—including molecular subtypes and disparities in environmental exposures—and to identify prevention opportunities and advance health research equity (Research Priority 3-1)



- Characterize the exposome and gene–environment interactions across the life course to gain insights into biological mechanisms and identify opportunities to reduce AD/ADRD risk and increase resilience (Research Priority 3-2)
- Elucidate the genetic and other biological mechanisms underlying resilience and resistance to identify novel targets and effective strategies for AD/ADRD prevention and treatment (Research Priority 3-3)
- Develop integrated molecular and cellular causal models to guide the identification of common mechanisms underlying AD/ADRD and their validation as novel targets for prevention and treatment (Research Priority 3-4)
- Integrate innovative approaches and novel tools into the planning, design, and execution of studies to accelerate the identification of effective interventions (Research Priority 4-1)
- Advance the development and evaluation of combination therapies (including pharmacological and nonpharmacological approaches) to better address the multifactorial nature of AD/ADRD (Research Priority 4-2)
- Evaluate precision medicine approaches for the prevention and treatment of AD/ADRD to better identify interventions likely to benefit specific groups of individuals (Research Priority 4-3)
- Advance the adoption of standardized outcomes for assessing interventions that are sensitive, person-centered, clinically meaningful, and reflect the priorities of those at risk for or living with AD/ADRD (Research Priority 4-4)
- Evaluate the causal effects of public health approaches on overall dementia incidence and incidence in understudied and/or disproportionately affected populations. (Research Priority 4-5)

These priorities are described further in a summary table (Table S-1), [viewable here](#).

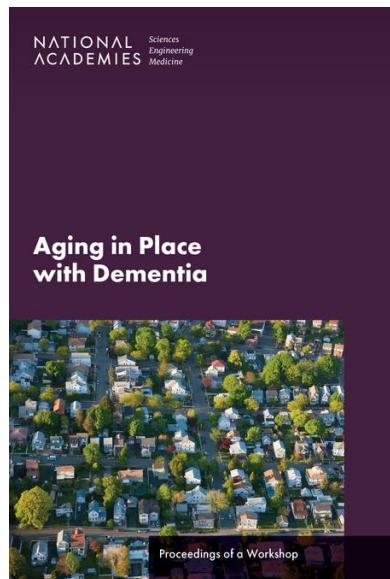
The report makes additional recommendations to improve data infrastructure and collection, research methods, and other factors to aid the pursuit of the research priorities.

Aging in Place with Dementia: Proceedings of a Workshop (2024)

Committee on Population & Board on Behavioral, Cognitive, and Sensory Sciences

This report summarizes a 2023 workshop that explored the ways in which dementia reduces the ability of adults to age in their homes. The workshop expanded on prior research into dementia risk factors to discuss research gaps, with a particular focus on community and environmental factors that enable those with dementia to remain in their homes. Various factors were considered, such as:

- Existing frameworks for aging in place and how they could be adapted to incorporate people living with dementia;
- The built environment and community infrastructure;
- Strategies to measure and evaluate aging in place for people with dementia;
- The integration of social services and other supportive community resources;
- Social isolation and engagement for people living with dementia; and
- Opportunities for future research to develop scalable interventions and new policies at the community level.



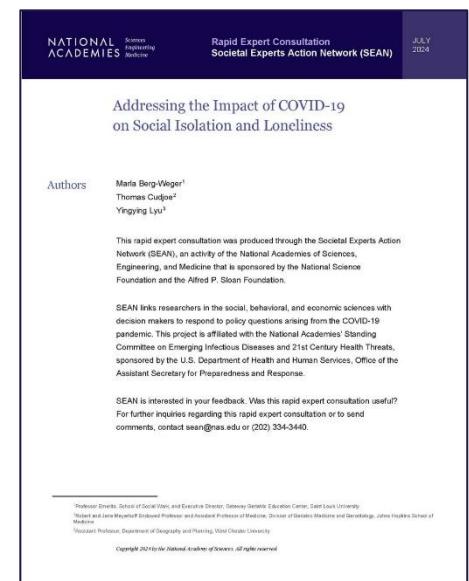
Addressing the Impact of COVID-19 on Social Isolation and Loneliness (2024)

Societal Experts Action Network (SEAN)

Rapid expert consultation that outlines strategies for different age cohorts to ameliorate issues of loneliness and social isolation that were exacerbated during the pandemic.

Key strategies:

- Community-based supports: Social connectedness can be enhanced by using existing community infrastructure, including schools, primary care settings, and workplaces, and by leveraging the strengths and



resources of community service networks. Tailoring these supports involves understanding the specific needs of each group. For example, youth programs might focus on after-school activities and peer support, while older adults might benefit from community health outreach.

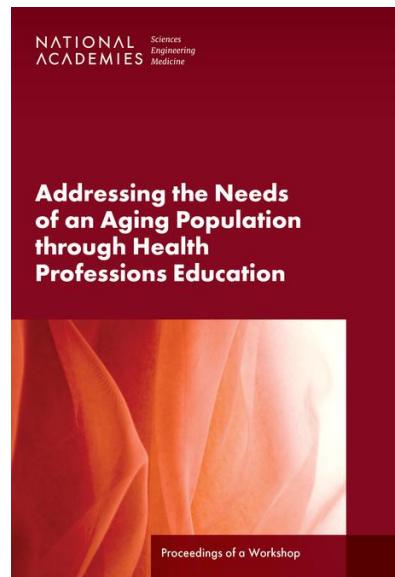
- **Community leadership:** Partnering with communities to design and deliver services and forging inclusive, action-oriented strategic alliances can enhance social connection and empower communities to identify and sustain community-level solutions. Supporting different community members in taking on leadership roles can facilitate relevant and effective solutions. For example, youth leadership programs can foster a sense of responsibility and connection among young people, while older adults can contribute valuable experience and wisdom to community projects.
- **Digital environments:** The rise in digital innovations presents opportunities to address loneliness and social isolation through online support groups, social media interactions, information discovery, resource access, and service delivery. The use of digital platforms should be tailored to the target population. Teens and young adults might be more engaged through social media and online gaming communities, while older adults might prefer accessible electronic devices to communicate with friends and family, virtual community centers, or health forums that provide a space for social interaction and support.
- **Social infrastructure:** Inclusive design is crucial for making public spaces accessible and appealing to all age groups. Designing inclusive and multifaceted public infrastructure, including libraries, community gardens, and community centers, and offering diverse local destinations, such as shops, cafes, and restaurants, can promote social connectedness and alleviate loneliness. Mixed-use planning brings diverse amenities nearby, while transportation options enhance access to these facilities.
- **Comprehensive policy initiatives:** Proactive policymaking can aid the development of legislation and policies to enhance social connectedness and provide ongoing support for community and social programs, addressing different groups' unique challenges. For example, policies aimed at youth might focus on improving mental health services in schools. In contrast, policies targeting the middle-aged population might focus on promoting or modifying leave policies for workers taking care of children and aging parents, and those aimed at older adults might prioritize access to community-based health care and social services.

Addressing the Needs of an Aging Population Through Health Professions Education: Proceedings of a Workshop (2023)

Board on Global Health

The report summarizes a 2022 workshop that focused on introducing an implementation science lens to the topic of the aging population. The workshop explored the needs of an aging population and the changes to training and education of the healthcare workforce that are necessary to meet them. The discussions encompassed:

- The perspectives and needs of patients and healthcare workers;
- Educating learners across the life course;
- The sufficiency of the current healthcare workforce supply;
- How to address the gap in supply and demand; and
- Descriptions of implementation science and how it applies to this issue.

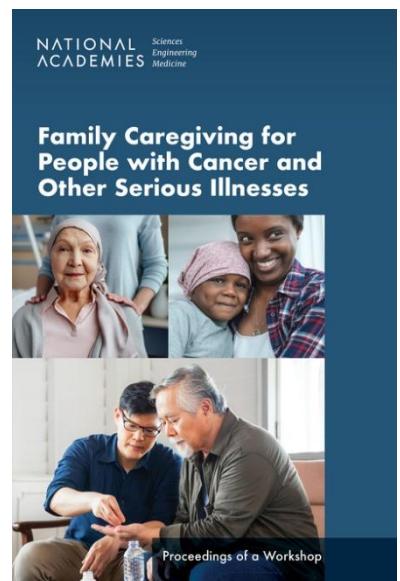


Family Caregiving for People with Cancer and Other Serious Illnesses: Proceedings of a Workshop (2023)

Board on Health Care Services

This report summarizes a 2022 workshop that explored possible support structures for family members caring for loved ones with cancer and other serious or long-term illnesses. The workshop included various suggestions made by speakers on strategies to improve caregiver well-being and support. The workshop consisted of six sessions:

1. The Landscape of Family Caregiving
2. Understanding the Needs of Family Caregivers
3. Providing Effective Support for Family Caregivers
4. Integrating Family Caregivers into the Health Care Team



5. Research Challenges and Opportunities
6. Policy Opportunities to Support Family Caregivers

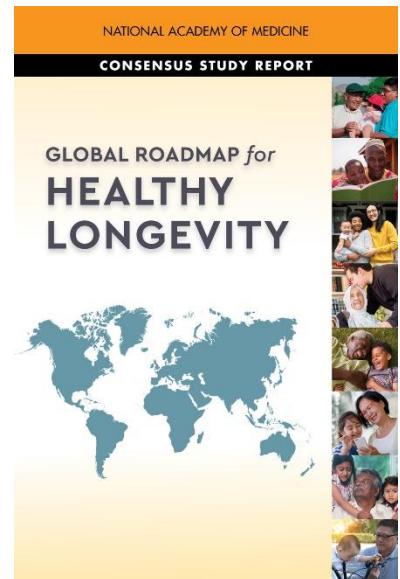
Global Roadmap for Healthy Longevity (2022)

National Academy of Medicine

Seminal report outlined several goals and associated recommendations to achieve them. In general, the report outlines a framework that leaves many opportunities for local decision-makers to customize policies for their own context. Summary of the roadmap is provided via a table, [viewable here](#).

The identified goals are:

1. Economic and social benefits generated by people living, working, volunteering, and engaging longer
2. Social infrastructure, institutions, and business systems that enable safe and meaningful work and other community engagement at every stage of life
3. Education and training opportunities that promote participation in lifelong learning and growth
4. Social cohesion augmented by intergenerational connections and the creation of opportunities for purposeful engagement by older people at the family, community, and societal levels
5. Social protections and financial security that mitigate the effects of financial vulnerability at older ages
6. Physical environments and infrastructure that support functioning and engagement for people at older ages
7. Integrated public health, social service, person-centered health care, and long-term care systems designed to extend years of good health and support the diverse health needs of older people
8. Quality long-term care systems to ensure that people receive the care they require in the setting they desire for a life of meaning and dignity



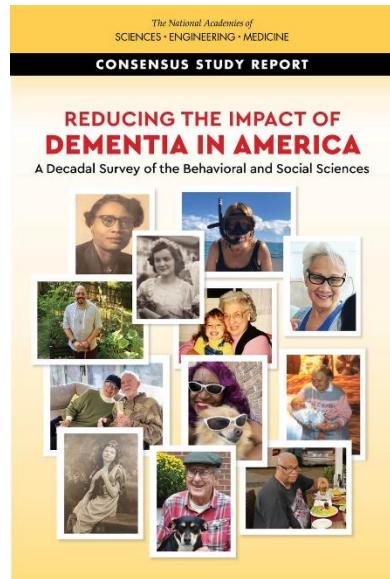
Reducing the Impact of Dementia: A Decadal Survey of the Behavioral and Social Sciences (2021)

Board on Behavioral, Cognitive, and Sensory Sciences

The report draws out several priorities for future social and behavioral science research related to dementia.

Five identified priorities (Conclusion 9-1):

1. Improvements in the lives of people affected by dementia, including those who develop it and their families and caregivers, as well as in the social and clinical networks that surround them, through research on factors that affect the development of disease and its outcomes, promising innovative practices and new models of care, and policies that can facilitate the dissemination of interventions found to be effective.
2. Rectifying of disparities across groups and geographic regions that affect who develops dementia, how the disease progresses, outcomes and quality of life, and access to health care and supportive services.
3. Development of innovations with the potential to improve the quality of care and social supports for individuals and communities and to support improved quality of life (e.g., reducing financial abuse and stressors, finding relevant affordable housing and care facilities, gaining access to important services).
4. Easing of the financial and economic costs of dementia to individuals, families, and society and balancing of long-term costs with long-term outcomes across the life span.
5. Pursuit of advances in research capability, including study design, measurement, analysis, and evidence integration, as well as the development of data infrastructure needed to study key dementia-related topics.

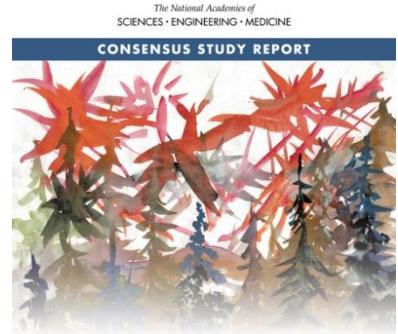


Meeting the Challenge of Caring for Persons Living with Dementia and Their Care Partners and Caregivers: A Way Forward (2021)

Board on Health Science Policy & Board on Health Care Services

The report draws on an assessment commissioned by the Agency for Healthcare Research and Quality to investigate care and support for people living with dementia and their caregivers. The report assesses the strength of the evidence base and makes a number of recommendations for interventions that can meet needs and reduce disparities in outcomes. The review identified two main classes of interventions as worthwhile, even with relatively limited evidence: 1) collaborative care models and 2) REACH II and its associated adaptations.

Recommendations are made to advance these interventions, [viewable here](#).



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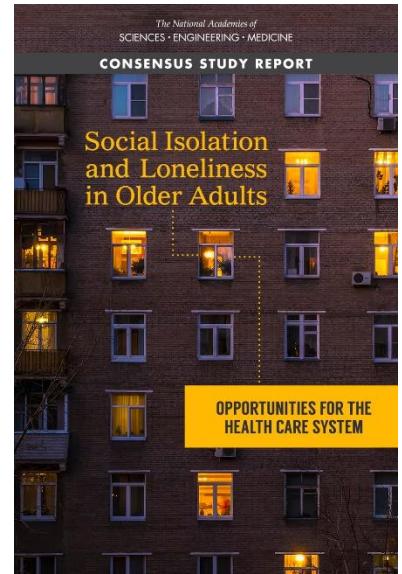
Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System (2020)

Board on Health Sciences Policy & Board on Behavioral, Cognitive, and Sensory Sciences

The report summarizes the research base surrounding social isolation and loneliness in older adults and its impact on health and quality of life. It also makes recommendations targeted at the healthcare system for how to improve outcomes in clinical settings.

Report structured around five goals that each have recommendations:

1. Develop a more robust evidence base for effective assessment, prevention, and intervention strategies for social isolation and loneliness;
2. Translate current research into health care practices in order to reduce the negative health impacts of social isolation and loneliness;
3. Improve awareness of the health and medical impacts of social isolation and loneliness across the health care workforce and among members of the public;



4. Strengthen ongoing education and training related to social isolation and loneliness in older adults for the health care workforce; and
5. Strengthen ties between the health care system and community-based networks and resources that address social isolation and loneliness in older adults.

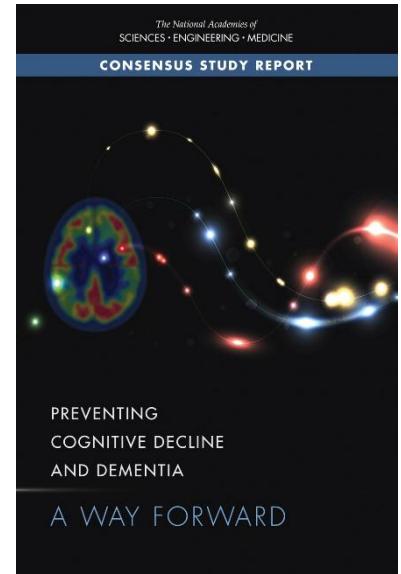
Preventing Cognitive Decline and Dementia: A Way Forward (2017)

Board on Health Sciences Policy

This report uses a systemic review commissioned by the Agency for Healthcare Research and Quality to investigate interventions to delay or prevent dementia onset. Leaning on that evidence, it makes some recommendations for public messaging and further research.

Recommendations:

1. When communicating with the public about what is currently known, the National Institutes of Health, the Centers for Disease Control and Prevention, and other interested organizations should make clear that positive effects of the following classes of interventions are supported by encouraging although inconclusive evidence:
 - a. cognitive training—a broad set of interventions, such as those aimed at enhancing reasoning, memory, and speed of processing—to delay or slow age-related cognitive decline
 - b. blood pressure management for people with hypertension to prevent, delay, or slow clinical Alzheimer's-type dementia
 - c. increased physical activity to delay or slow age-related cognitive decline
2. When funding research on preventing cognitive decline and dementia, the National Institutes of Health and other interested organizations should improve the methodologies used in this field by supporting studies that to the extent possible
 - a. identify individuals who are at higher risk of cognitive decline and dementia and tailor interventions accordingly



- b. increase participation of underrepresented populations to study intervention effectiveness in these populations
 - c. begin more interventions at younger ages and have longer follow-up periods
 - d. use consistent cognitive outcome measures across trials to enable pooling
 - e. integrate robust cognitive outcome measures into trials with other primary purposes
 - f. include biomarkers as intermediate outcomes
 - g. conduct large trials designed to test the effectiveness of an intervention in broad, routine clinical practices or community settings
- 3. The National Institutes of Health and other interested organizations should support further research to strengthen the evidence base on the following categories of interventions, alone or in combination, which are supported by encouraging but inconclusive evidence:
 - a. cognitive training
 - b. blood pressure management
 - c. increased physical activity
- 4. The National Institutes of Health and other interested organizations should support research to strengthen the evidence base on the following categories of interventions, alone or in combination, for which there is currently insufficient evidence to determine their effectiveness:
 - a. new antidementia treatments that can delay onset or slow disease progression
 - b. diabetes treatment
 - c. depression treatment
 - d. dietary interventions
 - e. lipid-lowering treatment/statins
 - f. sleep quality interventions
 - g. social engagement interventions
 - h. vitamin B12 plus folic acid supplementation

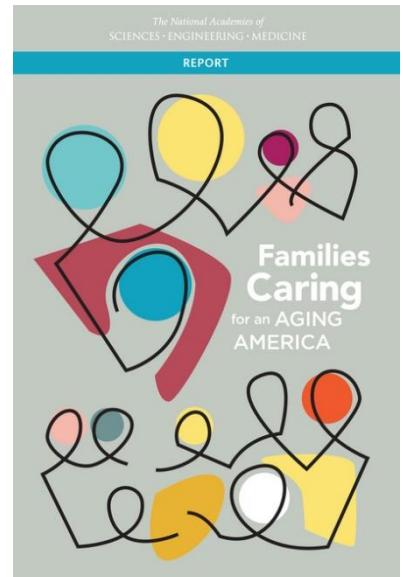
Families Caring for an Aging America (2016)

Board on Health Care Services

This report analyzes the prevalence and experience of family caregiving and identifies factors that may influence it. It also makes recommendations for policies and programs that support family caregivers and improve the quality of their care.

Recommendations:

1. The Secretary of the U.S. Department of Health and Human Services, in collaboration with the Secretaries of the U.S. Departments of Labor and Veterans Affairs, other federal agencies, and private-sector organizations with expertise in family caregiving, develop and execute a National Family Caregiver Strategy that, administratively or through new federal legislation, explicitly and systematically addresses and supports the essential role of family caregivers to older adults. This strategy should include specific measures to adapt the nation's health care and long-term services and supports (LTSS) systems and workplaces to effectively and respectfully engage family caregivers and to support their health, values, and social and economic well-being, and to address the needs of our increasingly culturally and ethnically diverse caregiver population. This strategy should:
 - a. Develop, test, and implement effective mechanisms within Medicare, Medicaid, and the U.S. Department of Veterans Affairs to ensure that family caregivers are routinely identified and that their needs are assessed and supported in the delivery of health care and long-term services and supports.
 - b. Direct the Centers for Medicare & Medicaid Services to develop, test, and implement provider payment reforms that motivate providers to engage family caregivers in delivery processes, across all modes of payment and models of care.
 - c. Strengthen the training and capacity of health care and social service providers to recognize and to engage family caregivers and to provide them evidence-based supports and referrals to services in the community.
 - d. Increase funding for programs that provide explicit supportive services for family caregivers such as the National Family Caregiver Support Program and other relevant U.S. Department of Health and Human Services programs



- e. Explore, evaluate, and, as warranted, adopt federal policies that provide economic support for working caregivers.
- f. Expand the data collection infrastructures within the U.S. Departments of Health and Human Services, Labor, and Veterans Affairs to facilitate monitoring, tracking, and reporting on the experience of family caregivers.
- g. Launch a multi-agency research program sufficiently robust to evaluate caregiver interventions in real-world health care and community settings, across diverse conditions and populations, and with respect to a broad array of outcomes.

2. State governments that have yet to address the health, economic, and social challenges of caregiving for older adults should learn from the experience of states with caregiver supports, and implement similar programs.
3. The Secretaries of the U.S. Departments of Health and Human Services, Labor, and Veterans Affairs should work with leaders in health care and long-term services and supports delivery, technology, and philanthropy to establish a public-private, multi-stakeholder innovation fund for research and innovation to accelerate the pace of change in addressing the needs of caregiving families.
4. In all the above actions, explicitly and consistently address families' diversity in assessing caregiver needs and in developing, testing, and implementing caregiver supports.

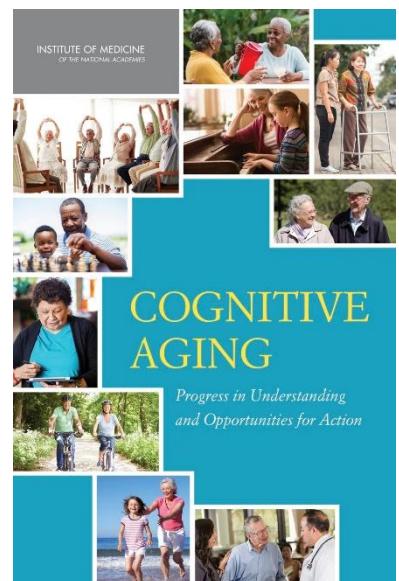
[Cognitive Aging: Progress in Understanding and Opportunities for Action](#) (2015)

Institute of Medicine

This report explores the science of cognitive aging (more broadly than just dementia) and its public health dimensions, with focus on epidemiology, prevention, education of health professionals, and public awareness.

Recommendations:

1. The National Institutes of Health, the Centers for Disease Control and Prevention, research foundations, academic research institutions, and private-sector companies should



expand research on the trajectories of cognitive aging and improve the tools used to assess cognitive changes and their effects on daily function.

2. The Centers for Disease Control and Prevention (CDC), state health agencies, and other relevant government agencies, as well as nonprofit organizations, research foundations, and academic research institutions, should strengthen efforts to collect and disseminate population-based data on cognitive aging. These efforts should identify the nature and extent of cognitive aging throughout the population, including high-risk and underserved populations, with the goal of informing the general public and improving relevant policies, programs, and services.
3. Individuals of all ages and their families should take actions to maintain and sustain their cognitive health, realizing that there is wide variability in cognitive health among individuals.
4. The National Institutes of Health, the Centers for Disease Control and Prevention, other relevant government agencies, nonprofit organizations, and research foundations should expand research on risk and protective factors for cognitive aging and on interventions aimed at preventing or reducing cognitive decline and maintaining cognitive health.
5. The Food and Drug Administration and the Federal Trade Commission, in conjunction with other relevant federal agencies and consumer organizations, should determine the appropriate regulatory review, policies, and guidelines for
 - a. over-the-counter medications (such as antihistamines, sedatives, and other medications that have strong anticholinergic activity) that may affect cognitive function, and
 - b. interventions (such as cognitive training, nutriceuticals, supplements, or medications) that do not target a disease but may assert claims about cognitive enhancement or maintaining cognitive abilities such as memory or attention.
6. The Department of Health and Human Services, the Department of Veterans Affairs, and educational, professional, and interdisciplinary associations and organizations involved in the health care of older adults (including, but not limited to, the Association of American Medical Colleges, the American Association of Colleges of Nursing, the National Association of Social Workers, the American Psychological Association, and the American Public Health Association) should develop and disseminate core competencies, curricula, and continuing education

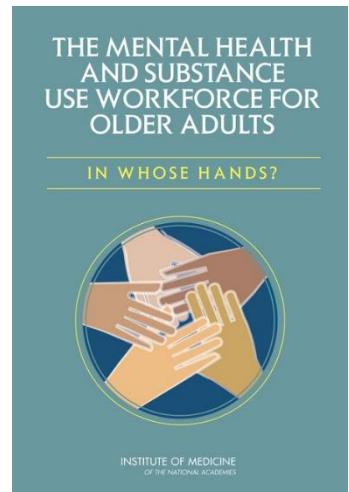
opportunities, including for primary care providers, that focus on cognitive aging as distinct from clinical cognitive syndromes and diseases, such as dementia.

7. Public health agencies (including the Centers for Disease Control and Prevention and state health departments), health care systems (including the Veterans Health Administration), the Centers for Medicare & Medicaid Services (CMS), health insurance companies, health care professional schools and organizations, health care professionals, and individuals and their families should promote cognitive health in regular medical and wellness visits among people of all ages. Attention should also be given to cognitive outcomes during hospital stays and post-surgery.
8. The Centers for Disease Control and Prevention, National Institutes of Health, and the Administration for Community Living, in conjunction with other health and consumer protection agencies, nonprofit organizations, and professional associations, should develop, test, and implement cognitive aging information resources and tools that can help individuals and families make more informed decisions regarding cognitive health.
9. Relevant federal and state agencies (including the Administration for Community Living [ACL], the Centers for Disease Control and Prevention [CDC], the National Highway Traffic Safety Administration [NHTSA], and the Consumer Financial Protection Bureau), nonprofit organizations (such as the Financial Industry Regulatory Authority), professional associations, and relevant private-sector companies and consumer organizations should develop, expand, implement, and evaluate programs and services used by older adults relevant to cognitive aging with the goal of helping older adults avoid exploitation, optimize their independence, improve their function in daily life, and aid their decision making.
10. The Centers for Disease Control and Prevention, the Administration for Community Living, the National Institutes of Health, other relevant federal agencies, state and local government agencies, relevant nonprofit and advocacy organizations and foundations, professional societies, and private-sector companies should develop, evaluate, and communicate key evidence-based messages about cognitive aging through social marketing and media campaigns; work to ensure accurate news and storylines about cognitive aging through media relations; and promote effective services related to cognitive health in order to increase public understanding about cognitive aging and support actions that people can do to maintain their cognitive health.

The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands? (2012)

Institute of Medicine & Board on Healthcare Services

This report extends the 2008 *Retooling for an Aging America* report (listed below) by focusing on the geriatric workforce specifically for mental health (including dementia) and substance use treatment. The report spanned the formal and informal healthcare workforce, including family caregivers, and make recommendations aimed at preparing the healthcare system for a growing number of older adults requiring treatment for mental health and substance use.



Recommendations:

1. Congress should direct the Secretary of Health and Human Services (HHS) to designate a responsible entity for coordinating federal efforts to develop and strengthen the nation's geriatric mental health and substance use (MH/SU) workforce.
2. The Secretary of HHS should ensure that its agencies—including the Administration on Aging (AoA), Agency for Healthcare Research and Quality (AHRQ), Centers for Medicare & Medicaid Services (CMS), Health Resources and Services Administration (HRSA), National Institute of Mental Health (NIMH), National Institute on Drug Abuse (NIDA), and Substance Abuse and Mental Health Services Administration (SAMHSA)—assume responsibility for building the capacity and facilitating the deployment of the MH/SU workforce for older Americans.
3. Organizations responsible for accreditation, certification, and professional examination, as well as state licensing boards, should modify their standards, curriculum requirements, and credentialing procedures to require professional competence in geriatric MH/SU for all levels of personnel that care for the diversity of older adults.
4. Congress should appropriate funds for the Patient Protection and Affordable Care Act (ACA) workforce provisions that authorize training, scholarship, and loan forgiveness for individuals who work with or are preparing to work with older adults who have MH/SU conditions. This funding should be targeted to programs with curricula in geriatric MH/SU and directed specifically to the following types of workers who make a commitment to caring for older adults who have MH/SU conditions.

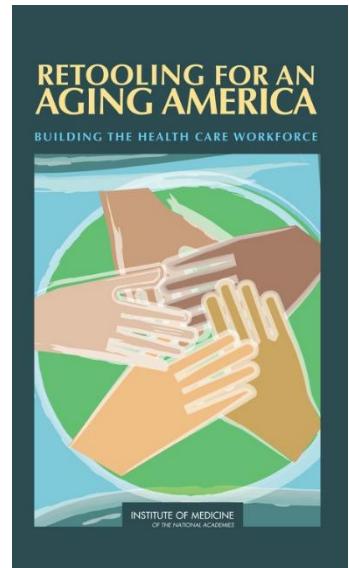
5. HHS should direct a responsible entity (as described above) to develop and coordinate implementation of a data collection and reporting strategy for geriatric MH/SU workforce planning.

Retooling for an Aging America: Building the Health Care Workforce (2008)

Institute of Medicine & Board on Healthcare Services

This report addresses the shortage of healthcare workers at a time of population aging, acknowledging the fact that older adults utilize more healthcare services than the rest of the population. The report makes a number of recommendations that are organized into three primary objectives:

1. Enhance the competence of all individuals in the delivery of geriatric care
2. Increase the recruitment and retention of geriatric specialists and caregivers
3. Redesign models of care and broaden provider and patient roles to achieve greater flexibility



The recommendations span actions by federal agencies, researchers, insurers, and other actors in the healthcare system and are summarized in Table S-2, [viewable here](#).

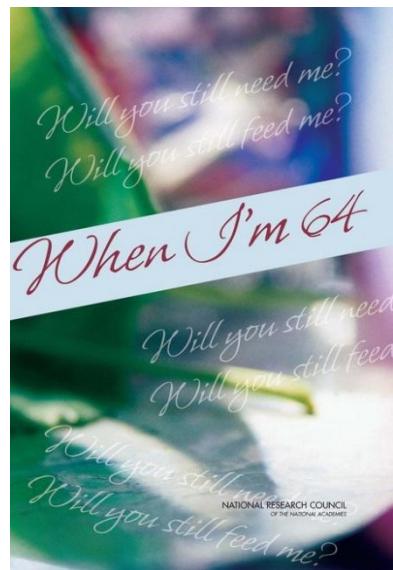
When I'm 64 (2006)

Board on Behavioral, Cognitive, and Sensory Sciences

In the context of increasing average age and life expectancy, this report suggests areas for interdisciplinary future research geared towards improving the health and well-being of older adults.

Recommendations:

- On the basis of the needs of the aging population and the benefits to individuals and to society that could be achieved through research, the committee recommends that the National Institute on Aging concentrate its research support in social, personality, and life-span



psychology in four substantive areas: motivation and behavioral change; socioemotional influences on decision making; the influence of social engagement on cognition; and the effects of stereotypes on self and others.

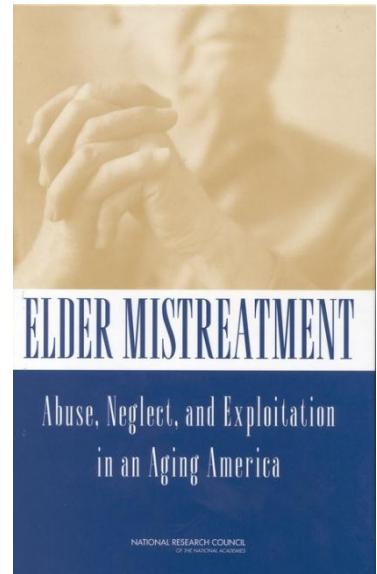
- The committee recommends that psychological research help to further clarify whether race, culture, ethnicity, gender, and socioeconomic class are associated with fundamental psychological processes represented in each of the committee's recommended research areas.
- In order to carry out the committee's proposed research program, the committee recommends that the National Institute on Aging provide support for research infrastructure in psychology and methods development in aging research, including interdisciplinary and multilevel approaches, in order to make progress in each of the other recommended areas more likely and more rapid.

Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America (2003)

Committee on National Statistics & Committee on Law and Justice

This report advances a research agenda to better understand the problem of elder abuse and mistreatment. Given widespread understanding that abuses are underreported, and that there is limited data infrastructure available to research interested in understanding it, the report recommends:

- Basic research on the phenomenology of elder mistreatment;
- Development of widely accepted operational definitions and validated and standardized measurement methods for the elements of elder mistreatment;
- Population-based surveys of elder mistreatment occurrence, with preparatory funding provided to develop and test measures for identifying elder mistreatment;
- Funding agencies prioritizing the design and fielding of national prevalence and incidence studies of elder mistreatment, to include both a large-scale, independent study of prevalence as well as modular add-ons to surveys of aging populations;



- Development of new methods of sampling and identifying elder mistreatment victims in the community;
- More longitudinal investigations, including follow-up studies of the clinical, social, and psychological outcomes of elder mistreatment cases, in order to understand the clinical course, antecedents, and outcomes of various types of elder mistreatment;
- Development of new study sampling and detection methods to characterize the occurrence of elder mistreatment in the institutional setting, including hospitals, long-term care, and assisted living situations;
- Studies that examine risk indicators and risk and protective factors for different types of elder mistreatment;
- Expansion of research on risk factors to take into consideration the clinical course of elder mistreatment;
- Substantial research to improve and development new methods of screening for possible elder mistreatment in a range of clinical settings;
- Research on the process of designating cases as incidents of mistreatment in order to improve criteria, investigative methods, decision-making processes, and decision outcomes;
- Research on the effects of elder mistreatment interventions, including evaluating existing interventions to prevent or ameliorate elder mistreatment as well as a requirement that agencies funding new intervention programs include scientifically adequate evaluation as a component of the grant;
- Clearer guidelines for investigators and institutional review boards concerning two issues that tend to occur in elder mistreatment research: conditions under which research can properly go forward with participants whose decisional capacity is impaired, and the proper responses to evidence of mistreatment elicited during the course of the study; and
- An adequate, long-term funding commitment to research on elder mistreatment by relevant federal, state, and private agencies, in order to support research careers and develop the next generation of investigators in the field.