

From Longevity to Vitality

Applying the Science of Aging

We will begin the webinar shortly

From Longevity to Vitality: Applying the Science of Aging

Austin Scheetz
Program Officer



Hauser Policy Impact Fund
August 12, 2025

State Aging Policy Challenges and Strategies

National Governors Association

August 12th, 2025



NATIONAL
GOVERNORS
ASSOCIATION

NGA: Over 115 years serving our nation's governors



Conference of Governors at the White House,
1908

Founded in 1908, the National Governors Association (NGA) is the nonpartisan organization of the nation's 55 governors. Through NGA, governors share best practices, address issues of national and state interest and share innovative solutions that improve state government and support the principles of federalism.



Our Mission

Through NGA, Governors identify priority issues and deal with matters of state and federal policy. Our mission, at its heart, is to [support state leadership and foster interstate cooperation](#). To that end, NGA endeavors to [promote greater efficiency in state administration](#) through policy research and analysis of issues affecting all levels of government and the people; facilitate and improve state-local and state-federal relationships; and [vigorously represent the interests of the states in the federal system](#), and the role of the Governors of the American states, commonwealths, and territories in defining, formulating, and expressing those interests.

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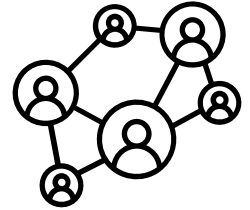
Challenges Facing State Policymakers

- **Growing older adult population and a shrinking workforce**
 - Older adults are growing at a faster rate than any other age group in the US ([US Census Bureau](#))
 - Demand for long-term services and supports workforce projected to grow by [39%](#) and adequacy of the geriatric physician workforce projected to be [78%](#) in 2037 ([HRSA](#))
- **Tight state budgets**
 - ARPA funds dwindling, must be spent by December 31, 2026
 - Uncertain federal funding
 - Governors recommend flat general fund spending and many proposed hiring freezes and targeted cuts for fiscal year 2026, slow revenue growth projected ([NASBO](#))
- **OBBBA implementation**
 - Limited bandwidth to adapt to policy changes
 - Cost shifts to states

State Approaches to Healthy Aging

- **Strategic Coordination**

- Strategic Aging Plans, Multisector Plans on Aging
 - Ex: Aging Texas Well Strategic Plan for 2024-2025
- Offices on Aging, Offices on Alzheimer's, etc.
 - Ex: Pennsylvania Office on Alzheimer's, Dementia, and Related Disorders
 - Ex: Tennessee Department of Disability and Aging
- Advisory councils, task forces, and other coordinating bodies
 - Ex: Arizona Governor's Advisory Council on Aging
- Cross-agency partnerships
 - Ex: Tennessee Quality in Long Term Supports and Services (QuILTSS) initiative



State Approaches to Healthy Aging

- **Age-friendly Practices**
 - Using an age-friendly lens for policymaking and planning
 - Ex: Massachusetts Governor Maura Healey issued Executive Order No. 642 to institute age-friendly practices across the state
- **Connecting Residents with Resources and Improving Accessibility of Government Services**
 - Mapping resources statewide to improve population health
 - Ex: Vermont Department of Health Social Connection Map
 - Using plain language principles for effective health communication
 - Ex: Maryland Plain Language Initiative
 - Ex: Idaho Department of Health and Welfare
 - Improving user experience of government services
 - Ex: Utah Customer Experience (CX) team



NGA Work to Support Healthy Aging

- **Rx for a Healthier America [project](#)**
 - Working with states to address lifestyle factors, nutrition, environmental exposures, and quality healthcare access
 - Publications:
 - [Food is Medicine: A Strategic Shift in State Health Policy](#)
- **Direct Care Workforce Strategies Center partnership**
 - NGA is working with the National Council on Aging (NCOA) in support of the Administration for Community Living (ACL) Direct Care Workforce Strategies Center to advance state/territory goals to strengthen and grow the direct care workforce
- **Health Equity Learning Network**
 - NGA is supporting three state/territory teams to explore policy solutions and engage in peer learning to reduce health disparities
 - Publications:
 - [Governors are Supporting Older Adults and Driving Improved Population Health](#)
 - [Using Plain Language for Effective Health Communication](#)
 - [Promising Practices for State and Territory Disability Data Collection and Usage](#)



Some New Insights into the Association Between Education and Dementia Risk

Mark D. Hayward
Department of Sociology and Population Research Center
University of Texas at Austin
mhayward@prc.utexas.edu

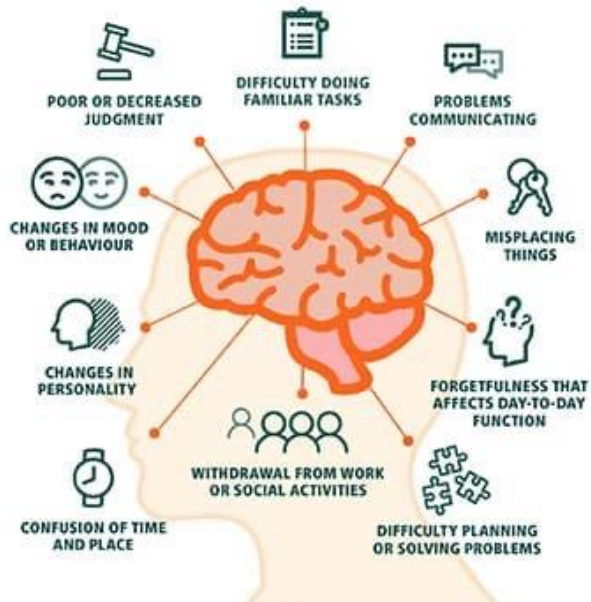


What is dementia?

Dementia (NIA-AA Criteria, 2011)

1. Impairment in at least two of: memory; reasoning; visuospatial abilities; language; or changes in personality/behavior; &
2. The impairments “interfere with the ability to function at work or at usual activities”; are a decline from previous levels of functioning; & not explained by delirium or psychiatric disorder

10 signs of dementia



Why Education May Matter for Dementia (1/2)

H1: Cognitive development through exposure whose effects may persist far into the life course

Schools immerse students in a cognitively stimulating environment

- **People acquire new knowledge**, learn how to keep knowledge in mind, and learn how to respond to new tasks in a *dynamic environment*
- **Direct neurological benefits**, such as increasing the number of synapses and enhancing vascularization within the brain



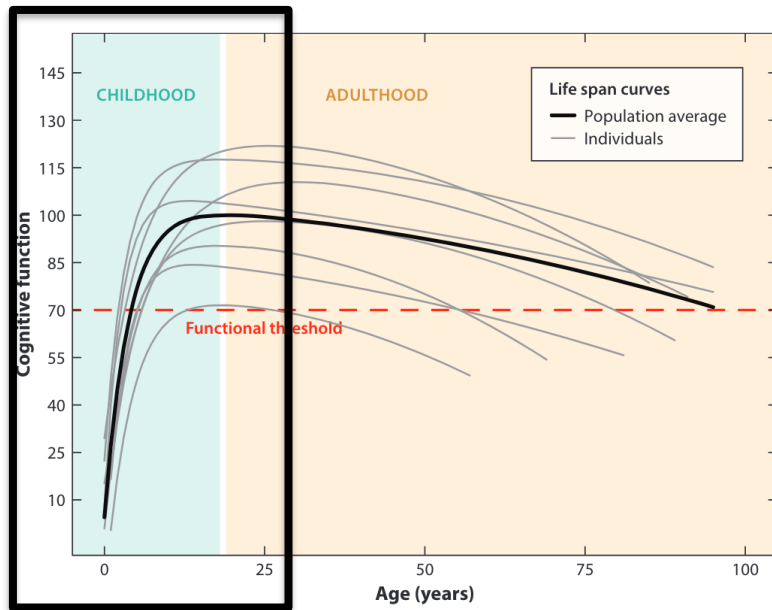
Why Education May Matter for Dementia (2/2)

H2: Education is associated with behavioral (smoking, BMI), adult exposures (occupational complexity and physical hazards), and disease (CVD) which are important risk factors for dementia



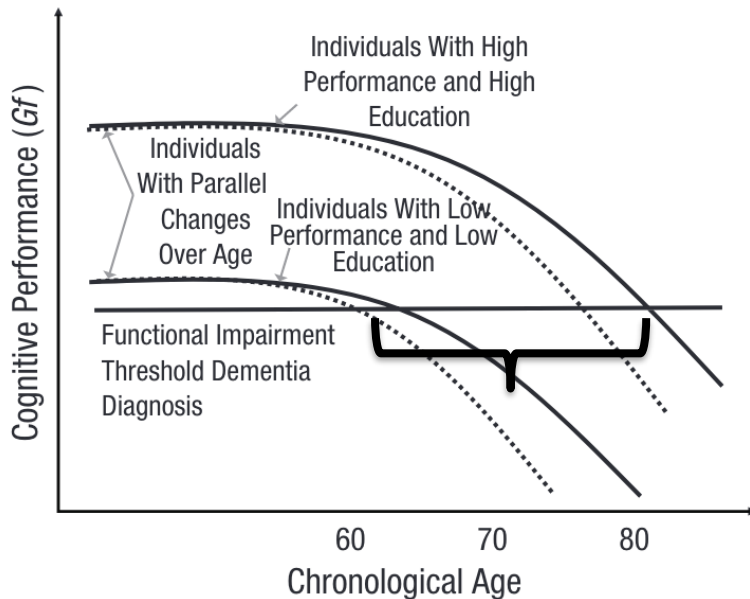
Dementia Risk Is Socially Malleable

- Childhood, adolescence, and young adulthood are characterized by age-related increments in cognitive function
- Adulthood is characterized by age-related decrements.
- Education is important during this period





Heuristic Lifespan Curves for Cognitive Function by Education



Dementia inequalities
by education
(cognitive
development +
cognitive aging)

Results from Two Recent Studies

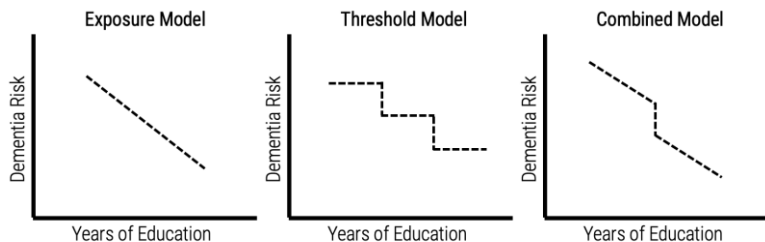
- **Study 1: How is each year of education associated with dementia risk?**
 - How does the risk of dementia change with each additional year of education?
 - Is the association sensitive to controlling for early life selection factors and later life mediators?
- **Study 2: What is the role of education in explaining recent downward trends in dementia prevalence in the U.S.?**



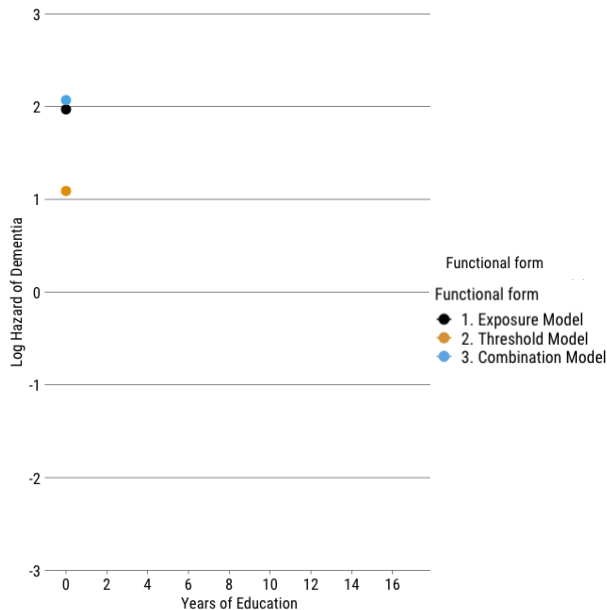
- **Both studies are based on the Health and Retirement Study (2000-2018)**
- **Nationally representative & longitudinal**



A Functional Form

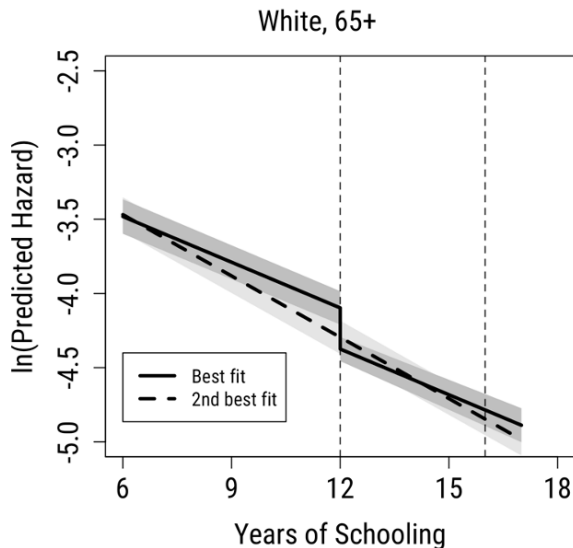
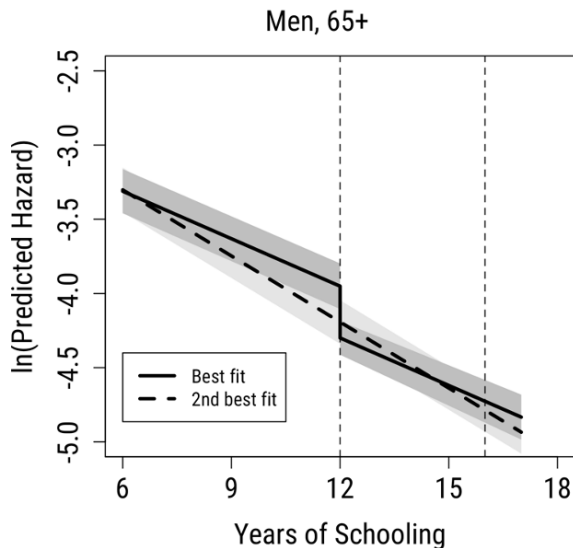


Alternative ways in which education might be associated with dementia risk



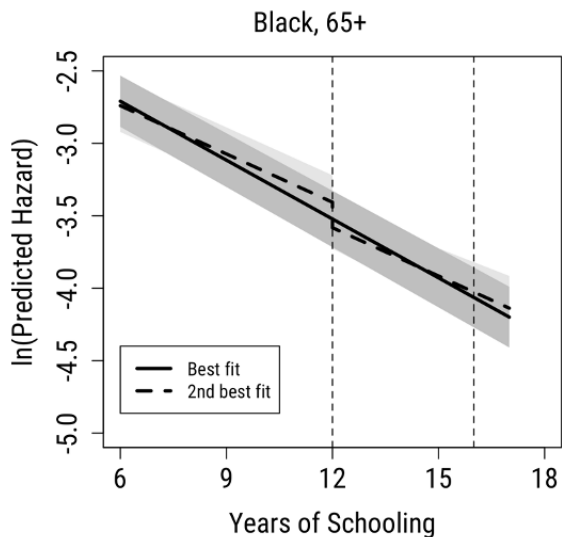
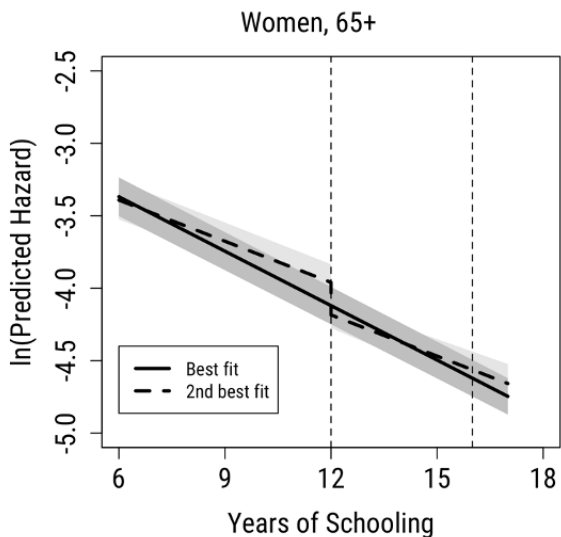


Changes in the risk of dementia across years of educational attainment, U.S. Males and Whites





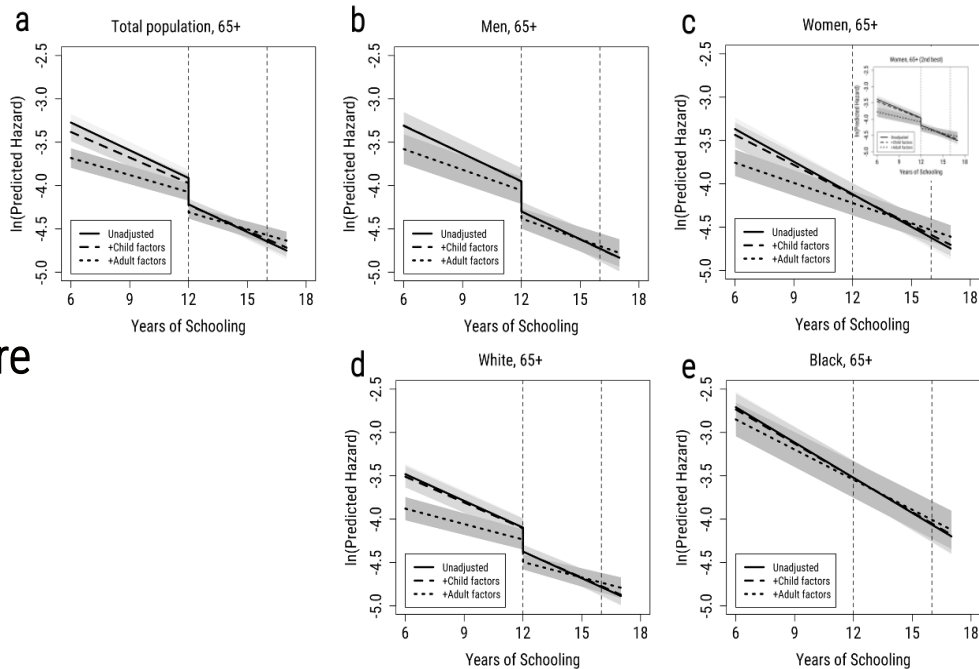
Changes in the risk of dementia across years of education (2). U.S. Women and Blacks





Population Subgroups

The optimal functional forms were robust to the inclusion of both life course factors, across population subgroups.

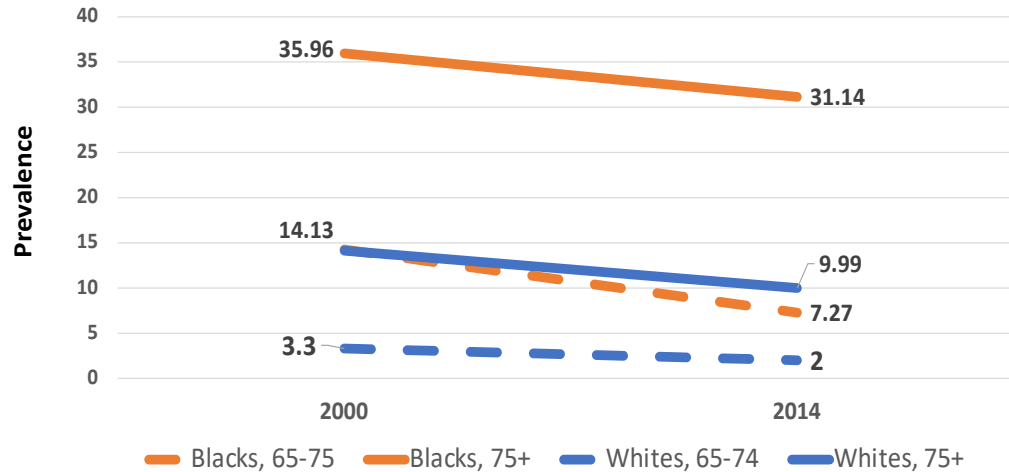




Given the clear dose-response relationship between educational attainment and dementia risk, what are the implications for dementia trends in the U.S.?

Cognitive Health Varies Over Time and Across Groups

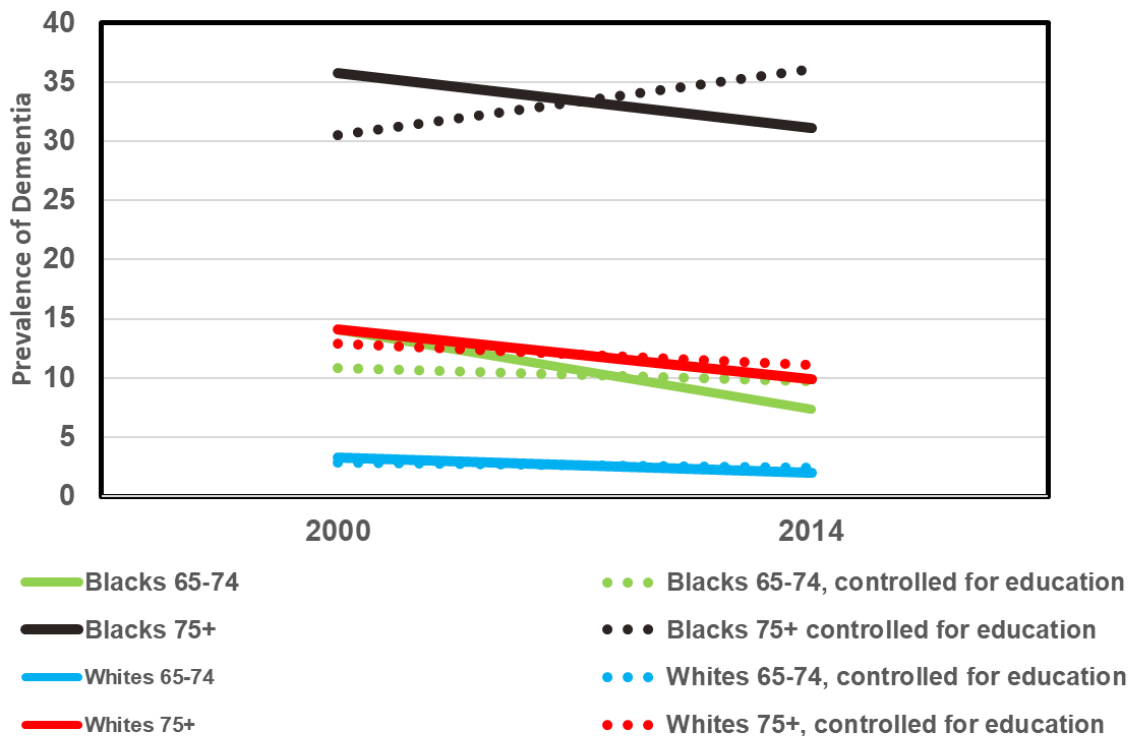
Change in Dementia Prevalence in the U.S. by Race and Age Group, 2000-2014



<https://doi.org/10.1093/geronb/gbab015>



When education is controlled, the downward trends
vanish...and even increase for older Black men





Education's association with dementia is unlike its association with other health outcomes

- The association is developmental in nature, occurs early in life and persists across the adult life course for decades
- Education has *direct* consequences for dementia risk
 - Highly insensitive to controls for selection and later-life risk factors
- Has profound consequences for delaying/preventing dementia onset and trends in prevalence

Policy implications for understanding the burden of dementia across social groups differing in education are profound

- For example,
 - U.S. States differ dramatically in terms of the education of residents
 - Urban/rural differences in education are also significant
 - Education is also changing at different rates across social groups and birth cohorts
- Increasingly, we are beginning to understand that the association between education and dementia risk is global...and not specific to the U.S.
- The association is surprisingly robust regardless of context



Acknowledgements and key sources

Research support

- NIA:
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 - U01 AG009740 (HRS funding source)
 - R56 AG057778 (Research grant, Hayward)
- NICHD
 - T32 HD007081 (UT)
 - P2C HD042849 (UT)

Key sources

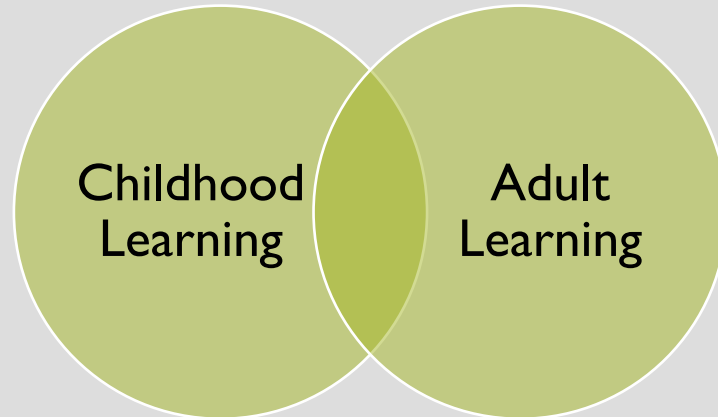
- Cha, H., M.P. Farina, & M.D. Hayward. 2025. "How Does the Risk of Dementia Change with Each Additional Year of Education." *Demography* (in press).
- Hayward, M.D., M.P. Farina, Y.S. Zhang, J.K. Kim, & E.M. Crimmins. 2021. "The Importance of Improving Educational Attainment for Dementia Prevalence Trends from 2000-2014, among Older non-Hispanic Black and White Americans." *Journals of Gerontology: Social Sciences* 76:1870-1879.



Thank you



THE BIG IDEA



WHY IS THIS IMPORTANT?

- Workers are aging globally: Workers 65+ are the fastest-growing demographic.
- Displaced workers will need to switch occupations and will vary in age. Many will be vulnerable workers (low-wage and gig).
- Lifelong learning can build cognitive reserves and enhance cognitive health through the lifespan.

McKinsey Global Institute, 2021;
Stern, 2002

CHILDHOOD VERSUS ADULT LEARNING

(KNOWLES, 1980; LYNDGAARD ET AL., 2024)



- Topic-centered
- Instructor guided
- No prior experience
- Society dictates readiness



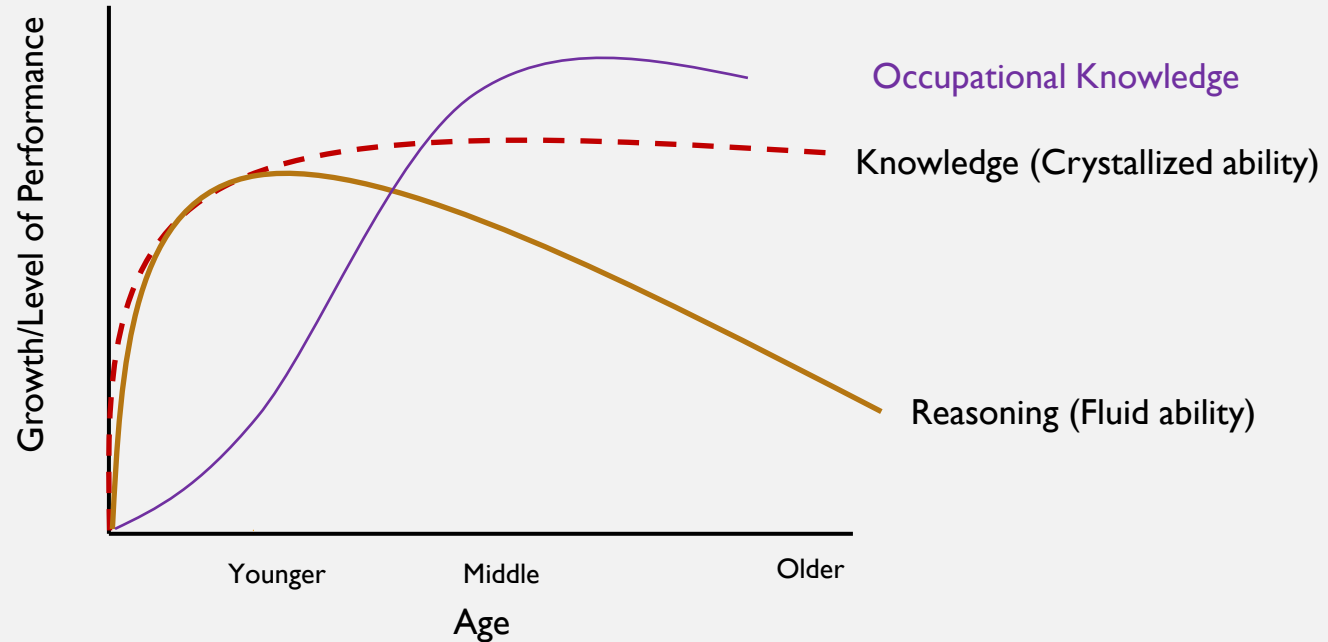
- Problem-centered
- Typically self-directed
- Learners with expertise
- Individual dictates readiness

PRINCIPLES OF EFFECTIVE LEARNING ENVIRONMENTS

- **Learning is effortful!**
- **Vary learning conditions** (Hall et al., 1994; Jiang et al., 2024; Shea & Morgan, 1979; Schmidt & Bjork, 1992; Wulf & Schmidt, 1997)
- **Interleave content** (Brunmair & Richter, 2019; Kornell & Bjork, 2008; Rohrer, 2012)
- **Spaced practice** (Bahrick et al., 1993; Carpenter, 2022; Benjamin & Tullis, 2010; Cepeda et al., 2006; Cepeda et al., 2008)
- **Testing** (Carpenter, 2022; Kornell & Vaughn, 2016; McDermott, 2021; McDermott et al., 2014; Roediger III & Karpicke, 2006; Roediger III & Butler, 2011; Yang et al., 2021)
- **Multiple opportunities for mastery** (Rawson & Dunlosky, 2022; Rawson et al., 2013; Rawson et al., 2018)

ABILITIES

(ACKERMAN, 2007; CATTELL, 1987)



ABILITIES AND LEARNING

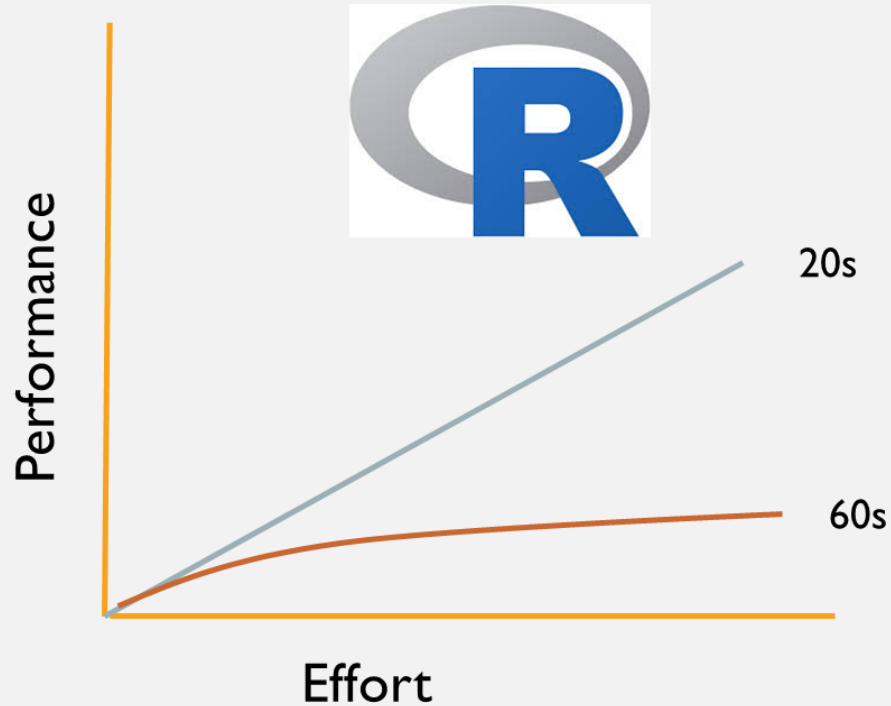
- Age is positively related to time in training and negatively related to performance (Davenport et al., 2022)
- But... older learners can learn as much as younger learners in training with additional effort
 - Research on engagement, performance, and participation in a Massive Open Online Course (Torres & Beier, 2018)



MOTIVATION AND SELF-REGULATION

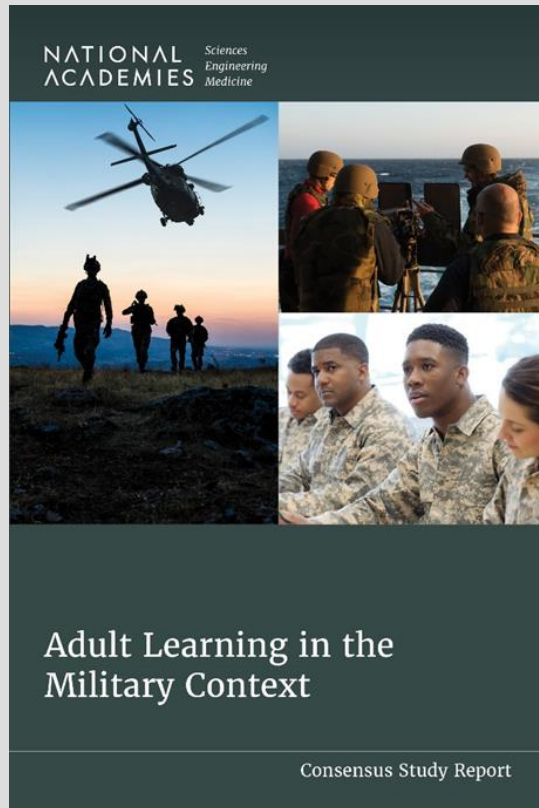
- Perceptions of the utility of to-be-learned content will affect motivation for busy adult learners
- Learning novel content will be perceived as particularly effortful, reducing self-efficacy for learning (Davenport et al., 2022; Kanfer & Ackerman, 2004)
- Perceptions of effort will affect both the choice to engage in learning and self-regulation during learning

LEARNING MOTIVATION



THE BOTTOM LINE

- Lifelong learning is a tool for people to build cognitive reserves and remain engaged and productive
- Motivation is key for self-directed adult learning
- Adult learning is currently understudied



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DOI: 10.1111/peps.12544

PERSONNEL PSYCHOLOGY WILEY

ORIGINAL ARTICLE

What's age got to do with it? A primer and review of the workplace aging literature

Margaret E. Beier¹  | Ruth Kanfer²  | Dorien T. A. M. Kooij³  | Donald M. Truxillo⁴ 

Social Isolation and Cognitive Health

Hauser Webinar Series – Part 1

From Longevity to Vitality:
Applying the Science of Aging

Thomas K.M. Cudjoe, MD, MPH, MA

Robert and Jane Meyerhoff Endowed Professor

Associate Professor of Medicine



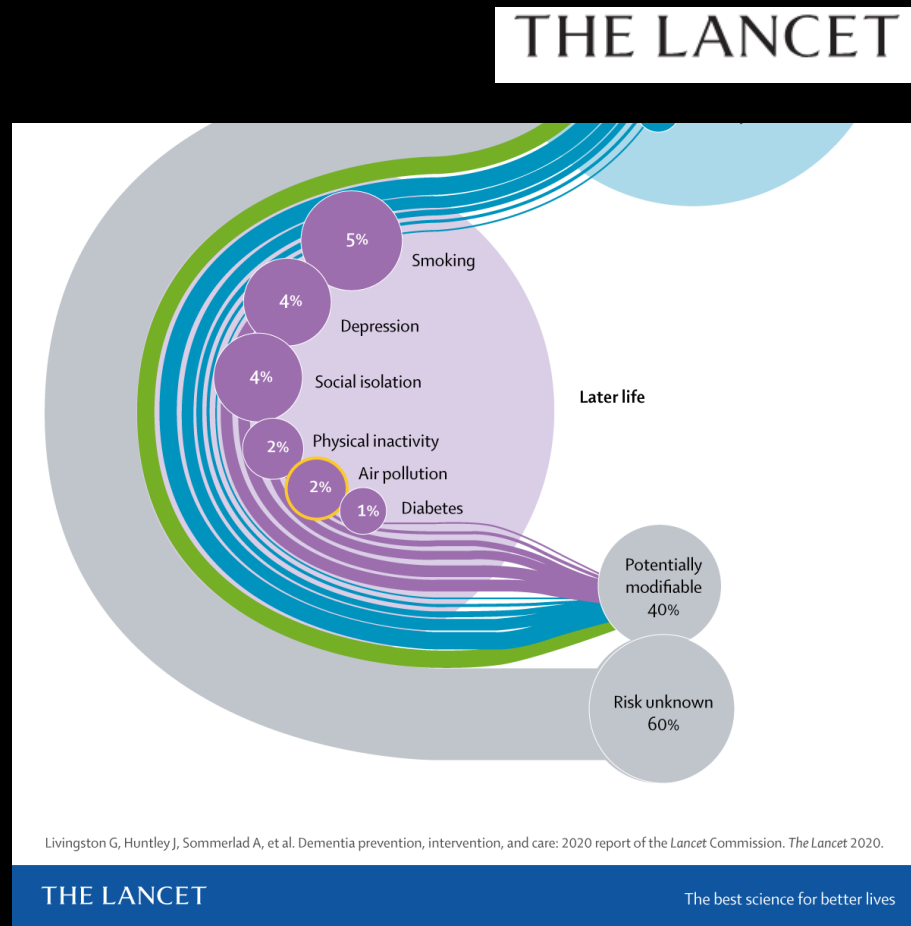
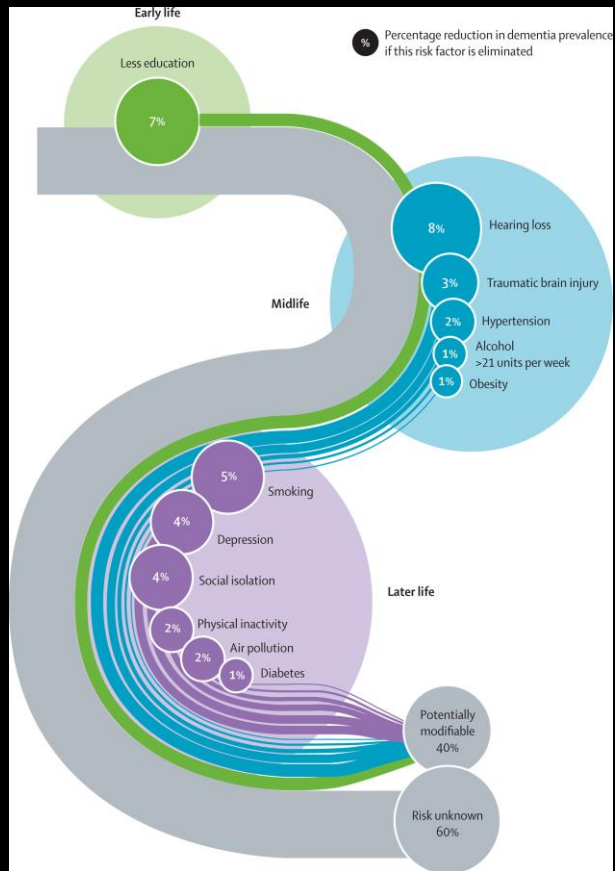
JOHNS HOPKINS
MEDICINE

August 12, 2025

Disclosures

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Advisory: Edenbridge Healthcare (ended 2024), Papa Inc (ended 2024), Foundation for Social Connection- Scientific Leadership Council



Social Isolation

Objectively having few social relationships, social roles, group memberships, and infrequent social interaction.

Distinct concepts

| Social Isolation | Loneliness |
|---|--|
| Objective: being isolated– like quarantine | Subjective: feeling isolated |
| Low levels of social contact | Mismatch between actual and desired social relationships |
| Not necessarily unpleasant, possibly preferred | Emotionally distressing and unpleasant |
| May be chosen: “solitude” | Low sense of control or choice |

With permission from Louise Hawkey, PhD



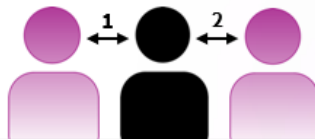
SOCIAL CONNECTION



Is how we relate to and interact with others.

STRUCTURE

(numbers)



FUNCTION

(support, e.g. information, emotional)



QUALITY



LONELINESS



Hurts and happens when your relationships do not match what you want or need.



SOCIAL ISOLATION



Is having very few relationships or not seeing people often enough.



All of us are at risk, but some are at greater risk

Demographic Factors

- Older adults
- Unmarried/unpartnered
- Gender influences
- New parents
- Veterans

Socio-Economic Factors

- Lower socioeconomic status
- Immigrant communities
- Rural residents

All of us are at risk, but some are at greater risk

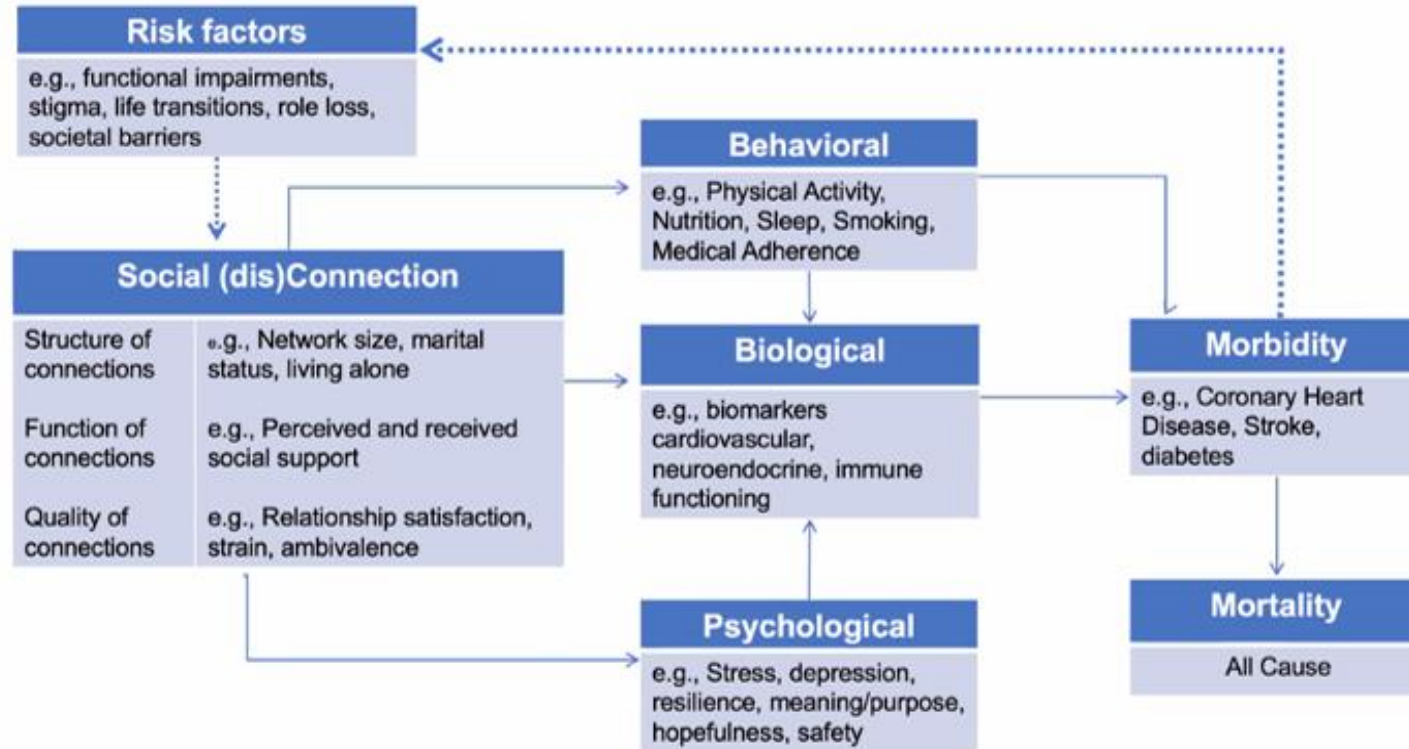
Health Related Factors

- Chronic physical & mental health conditions
- Sensory or cognitive impairment

Caregiving & Household Factors

- Caregivers
- Children/adolescents in strained situations
- Partner/Spousal context

How social connection impacts health?



Simplified model of possible direct and indirect pathways by which social connections influence disease morbidity and mortality. (Holt-Lunstad, 2020)

Social isolation is prevalent among older adults



1 in 4 adults
age 65 and older are
socially isolated.



National Health &
Aging Trends Study

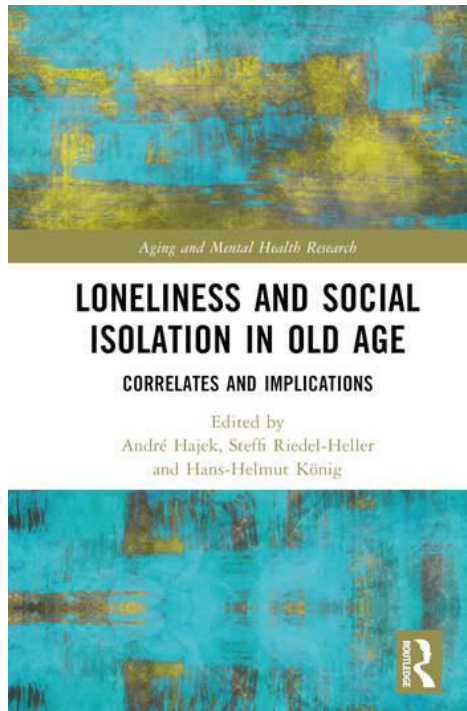
how daily life changes as we age

Social Isolation is prevalent and changes.

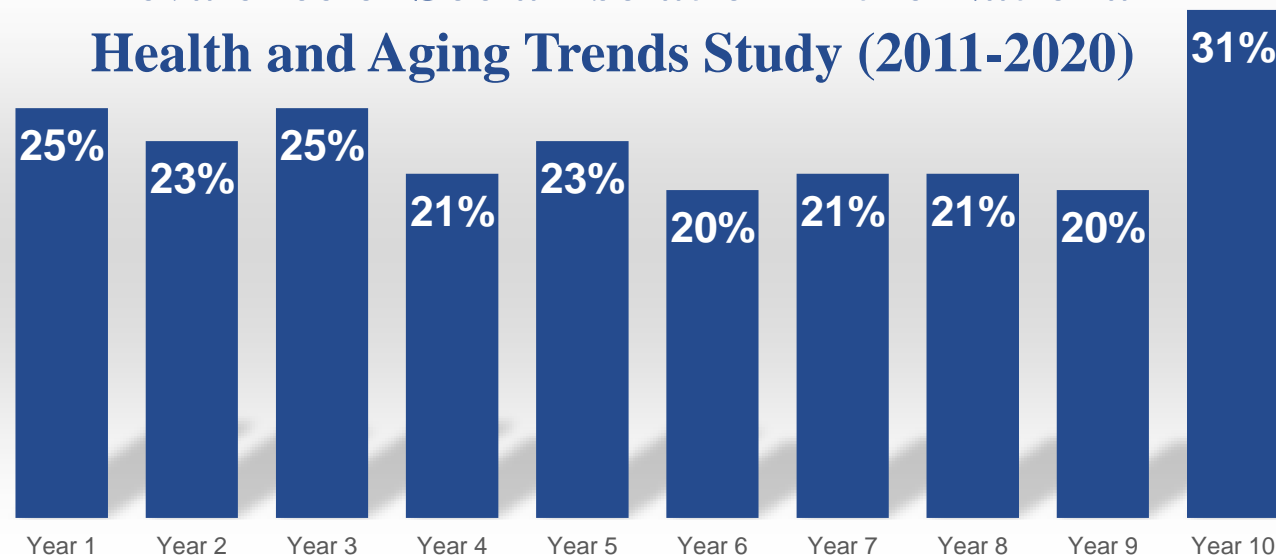


National Health &
Aging Trends Study

how daily life changes as we age

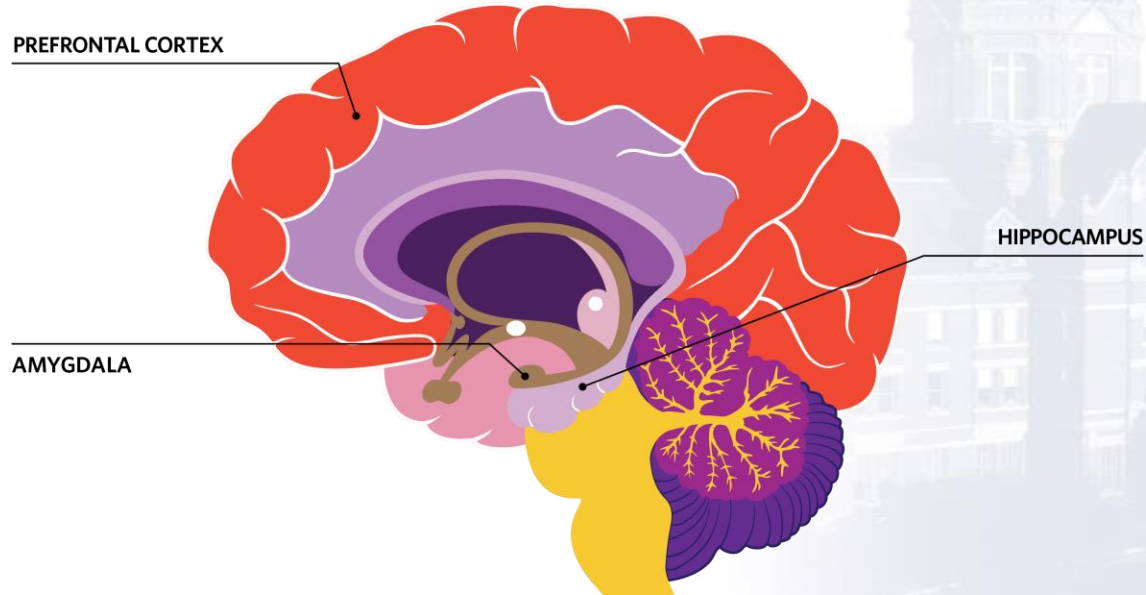


Prevalence of Social Isolation in the National Health and Aging Trends Study (2011-2020)



Cudjoe TKM 2023, Routledge

Social isolation and the brain



© ISTOCK.COM, JAMBOJAM

Social contact and brain atrophy (Japan)

Neurology®

Association Between Frequency of Social Contact and
Brain Atrophy in Community-Dwelling Older People
Without Dementia

The JPSC-AD Study

N= 8,896 participants, dementia free, >65 yrs who underwent brain MRI scans and health exam.

Lower frequency of social contact was associated with decreased total and cognitive function related to regional brain volumes.



Depressive Symptoms may mediate the relationship between social isolation and brain volumes

Social Isolation increases dementia risk

Received: 10 June 2022 | Revised: 26 September 2022 | Accepted: 26 October 2022
DOI: 10.1111/jgs.18140

Journal of the
American Geriatrics Society

Social isolation and 9-year dementia risk in community-dwelling Medicare beneficiaries in the United States

Alison R. Huang PhD¹ | David L. Roth PhD² | Tom Cidav MS² |
Shang-En Chung ScM² | Halima Amjad MD, MPH, PhD² |
Roland J. Thorpe Jr. PhD³ | Cynthia M. Boyd MD, MPH² |
Thomas K. M. Cudjoe MD, MPH²  

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GERIATRICS
SOCIETY

Socially isolated older adults have a 27% higher chance of developing dementia than older adults

Social isolation and cognitive function in late life

- Systematic Review and Meta-analysis
- 65 articles identified, 51 included
- Low levels of social isolation with high engagement in social activity and large social networks were associated with better late life cognitive function.
- **Conclusion-** Aspects of social isolation assn with cognitive fxn, but wide variation in approaches to measuring social connection across studies

Loneliness and dementia risk

- Meta-analysis (largest*)
- 21 samples, dementia - N= 608,561; cognitive impairment- N= 103,387
- Loneliness increased
 - All-cause dementia HR 1.306
 - Alzheimer's disease HR 1.393
 - Vascular dementia HR 1.735
 - Cognitive impairment HR 1.150



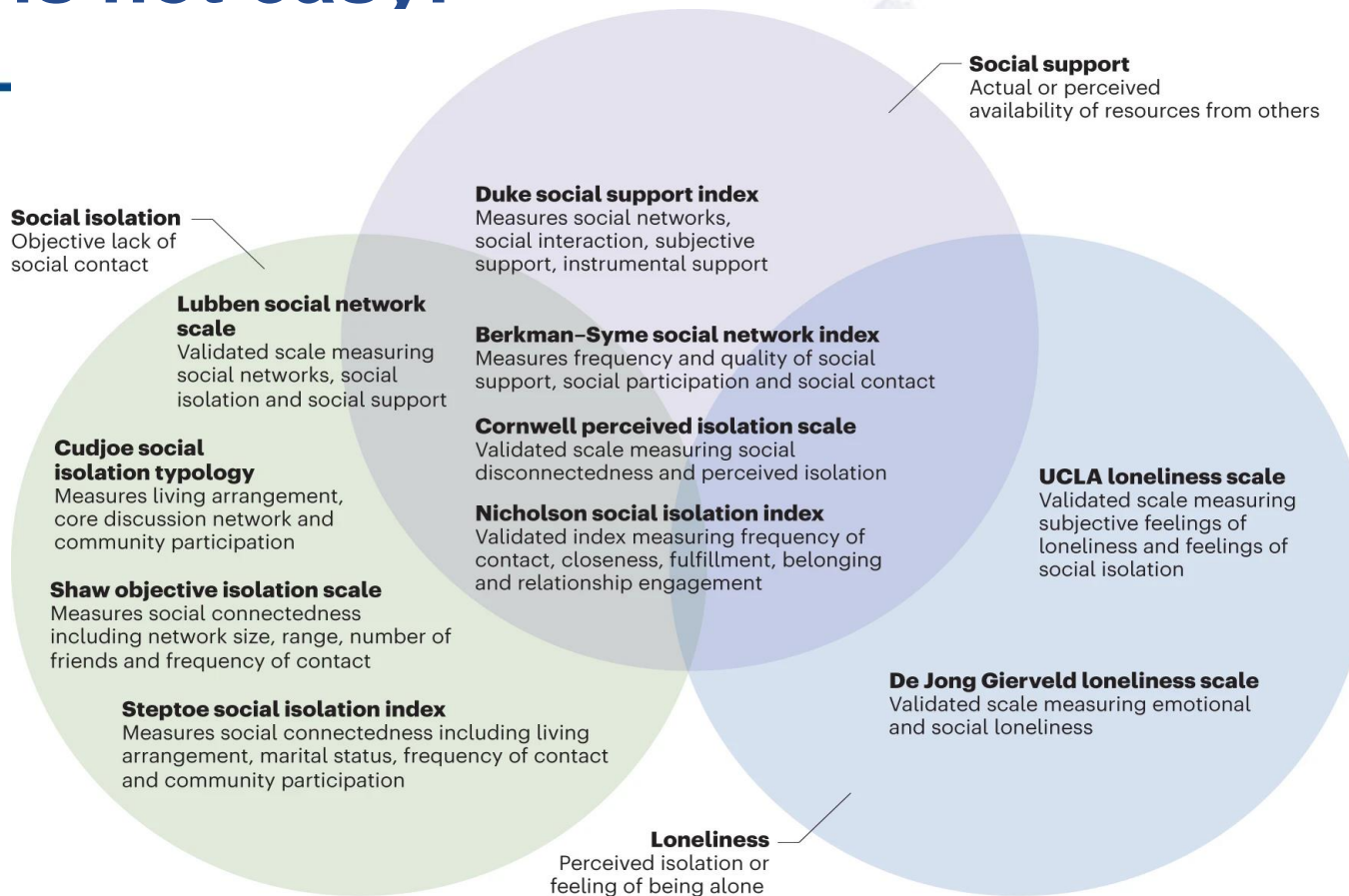
**nature
mental health**

Luchetti *et al.* A meta-analysis of loneliness and risk of dementia using longitudinal data from >600,000 individuals. *Nat. Mental Health* **2024**

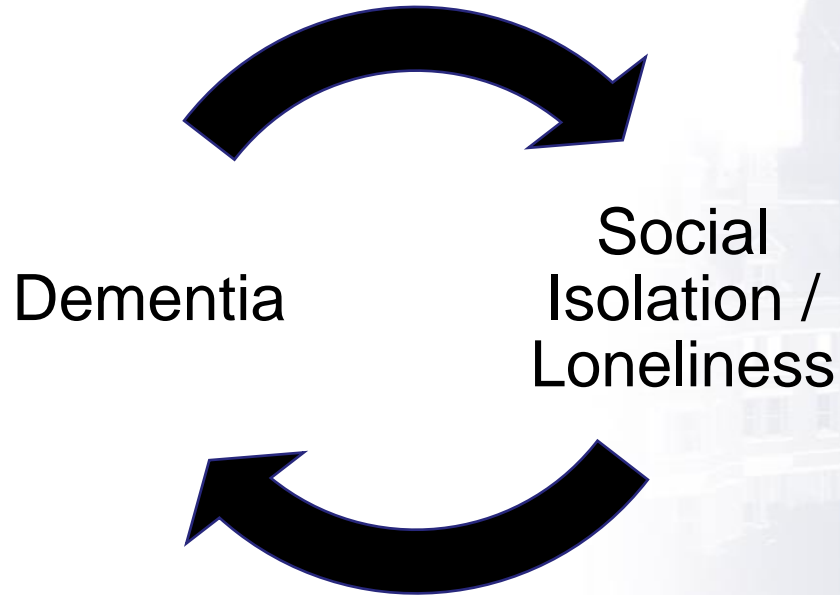
Measurement is not easy!

Pomeroy, Mehrabi, Jenkins, O'Sullivan, Lubben, & Cudjoe (2023). Reflections on measures of social isolation among older adults. *Nature Aging*.
doi:10.1038/s43587-023-00472-4

**nature
aging**



What comes first...



Older people living with dementia are at greater risk than others for social isolation/loneliness and having little or no support can have serious consequences for their ability to remain in the community over time.

A very challenging circumstance : Isolation and dementia

- Memory issues –living alone and overall safety
- Performing ADLs/IADLs
- Accomplishing health/medical task (i.e taking meds, going to appointments)
- Maintaining basic needs- food+ water/shelter/clothing
- Risk for elder mistreatment

What individual and community level factors improve or worsen the consequences of isolation for people living with dementia or at risk for?

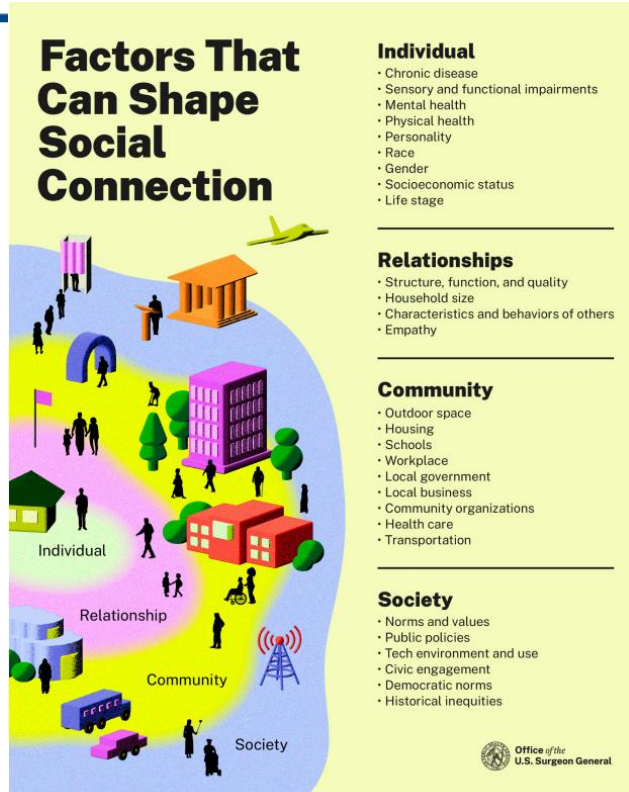


FIGURE 3: Factors That Can Shape Social Connection

Individual

- Life course matters
- Demographics (Race, sex/gender, income, education, zip code)
- Personality & Preferences

Community

- Housing & Living arrangements
- Transportation
- Networks of support (family, friends, neighbors)
- Social infrastructure (libraries, senior centers, café)

CONSENSUS STUDY REPORT

**Social Isolation
and Loneliness
in Older Adults**

**OPPORTUNITIES FOR THE
HEALTH CARE SYSTEM**

Develop a More Robust Evidence Base

Translate Research into Healthcare Practice

Improve Awareness

Strengthen Education & Training

Optimize ties b/w Health Syst. & Community Networks/Resources

Our Epidemic of Loneliness and Isolation



2023

The U.S. Surgeon General's Advisory on the
Healing Effects of Social Connection and Community



Strengthen Social Infrastructure

Enact Pro-Connection Public Policies

Mobilize the Health Sector

Reform Digital Environments

Deepen Our Knowledge

Cultivate a Culture of Connection

US Surgeon General Advisory, 2023



From loneliness

to social connection

Charting a path to healthier societies

Report of the WHO Commission on Social Connection



Explain what we know

**Identify solutions that
work**

**Offer a practical way
forward**

WHO, 2025

Thank you!

tcudjoe2@jhmi.edu

 @tkmcudjoe



How does dementia influence social connection? *Different responses*

Increased connection

- Utilization of clinical and community based services
- Family/Friend/Community supports amid increased needs

Decreased connection

- Memory challenges in maintaining connection
- Compounding risk of poor health/function
- Stigma, Stress, Misunderstanding, Fear, Anxiety
- Communication impact

Driving Questions

- How are people living with dementia vulnerable to the risks of isolation?
- What individual and community-level factors improve or worsen the consequences of isolation for people living with dementia?
- What interventions are available that might be useful to support those without social connection?

More research is needed on the social connections of people living with dementia.

- Many studies indicate that social isolation increases risk for dementia (Evans et al 2019, NASEM 2020)
- Are individuals with dementia at greater risk for social isolation? Fewer studies examine reverse causation
 - Heterogeneity of individual and community resources
 - Challenges in diagnosis and care of people living with dementia
 - Evolution and change in cognition with time

What interventions are available that might be useful to support those without family or friends available?

- Lot of activity in intervention development, differing outcome measures
- Before the intervention –how to identify those in need
- Think upstream – before dementia or MCI
- Menu or platform of solutions– person/place focus
- Group based and purpose orientation

Is there sufficient evidence?

Older people living with dementia are:

(a) at greater risk than others for social isolation and

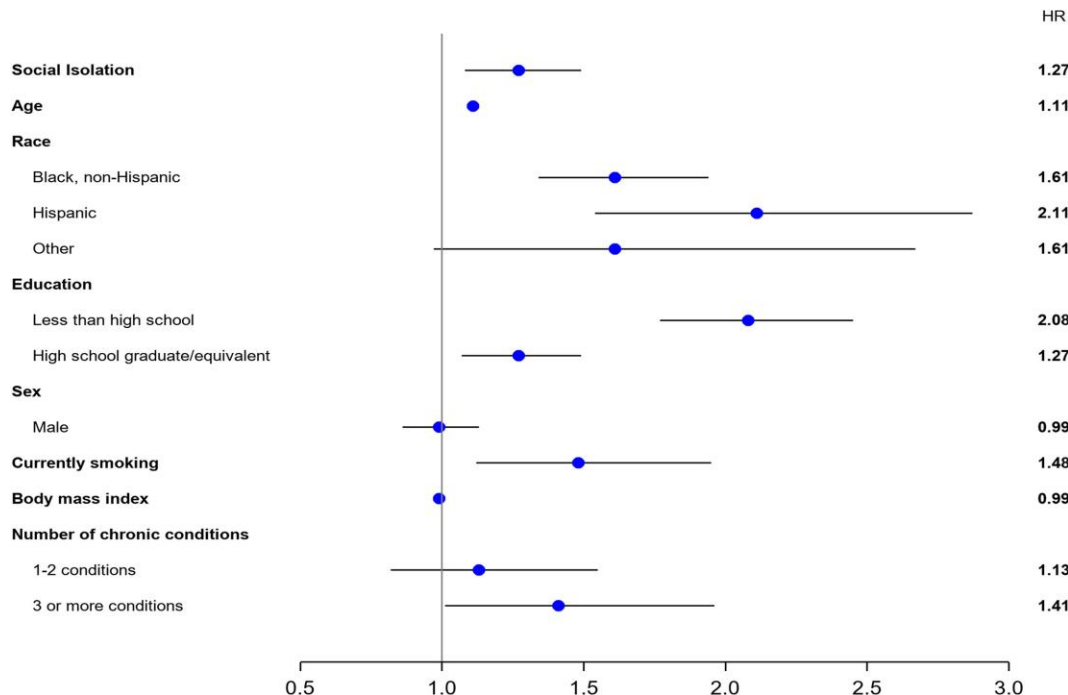
(b) having little or no support can have serious consequences for their ability to remain in the community over time.

Social Isolation and dementia



National Health & Aging Trends Study

how daily life changes as we age



Socially isolated older adults have a 27% higher chance of developing dementia than older adults

Huang et al. 2023 J American Geriatrics Society

JOURNAL
OF THE
AMERICAN GERIATRICS SOCIETY



Opportunities and ongoing activities for policymakers

David Parkes

Senior Policy Advisor, Brain Health,
AARP

From Longevity to Vitality: Applying the Science of Aging

August 12th, 2025

Global Council on Brain Health (GCBH)

Established Collaborative Network of 200+ brain health experts

- 13 Governance Committee Members + 2 Emeritus Champions
- 128 Issue Experts
- 92 Liaisons
- 30 countries represented
- 163 universities/organizations represented



Rush Alzheimer's
Disease Center



COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK



HARVARD
MEDICAL SCHOOL



Keck School
of Medicine
of USC



CHIBA UNIVERSITY



THE HEBREW
UNIVERSITY
OF JERUSALEM



UCSF School of
Medicine



WAKE FOREST
UNIVERSITY



Consiglio Nazionale
delle Ricerche



Lifestyle Factors Influencing Brain Health

Adults want to
know what works
and what doesn't



GCBH Reports & Infographics

14 reports



17 infographics



FREE to download at GlobalCouncilOnBrainHealth.org

We Know Brain Health's Importance... But We Must Change Behavior and Adopt Healthier Habits



98%

**ADULTS 40 AND OVER
BELIEVE BRAIN HEALTH
IS VERY IMPORTANT**

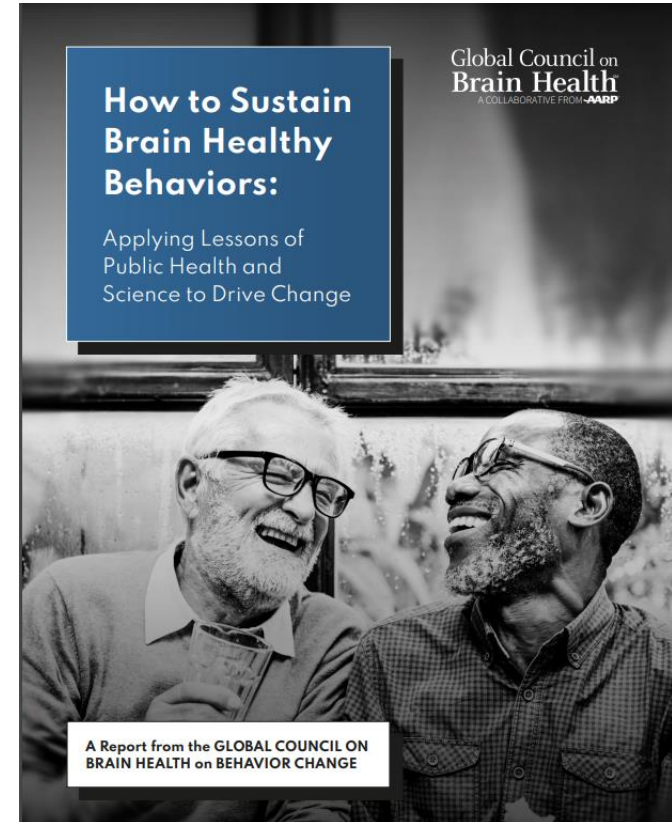
— ONLY —
56%

**ARE DOING THE MOST
IMPORTANT ACTIVITIES
TO SUPPORT BRAIN
HEALTH**

GCBH Behavior Change Report

Spotlights how to influence people to act in ways that benefit their brain health.

→ An effective strategy must be framed broadly



GCBH's Approach to Brain Health Behavior Change



Three Key Audiences...



Individuals

Members of society, and their friends and family members



Communities

Healthcare providers, aging advocates, nonprofit organizations, employers and the private commercial sector



Policymakers

Government officials and legislators, interest groups, business and industry leaders

Recommendations for Policymakers

1. Set a **goal** to improve the public's brain health with a focus on **building equity**.
2. Raise **public awareness** that people can take steps to promote brain health.
3. Deliver **culturally appropriate messages** for designated audiences.
4. Recognize that **social determinants of health** can shape cognitive well-being.
5. Fight the **stigma** of dementia.
6. Think **globally**.
7. Use the **tools of policy** to make brain health a **top priority**.

Framework for public health action

Four domains:

1. Strengthen Partnerships and Policies

- Convene multi-sector coalitions
- Utilize community-clinic linkages
- Promote equitable access to services
- Partner w/ public and private health plans
- Increase integration w/ other chronic disease efforts
- Equip policymakers w/ info on risk factors & stigma

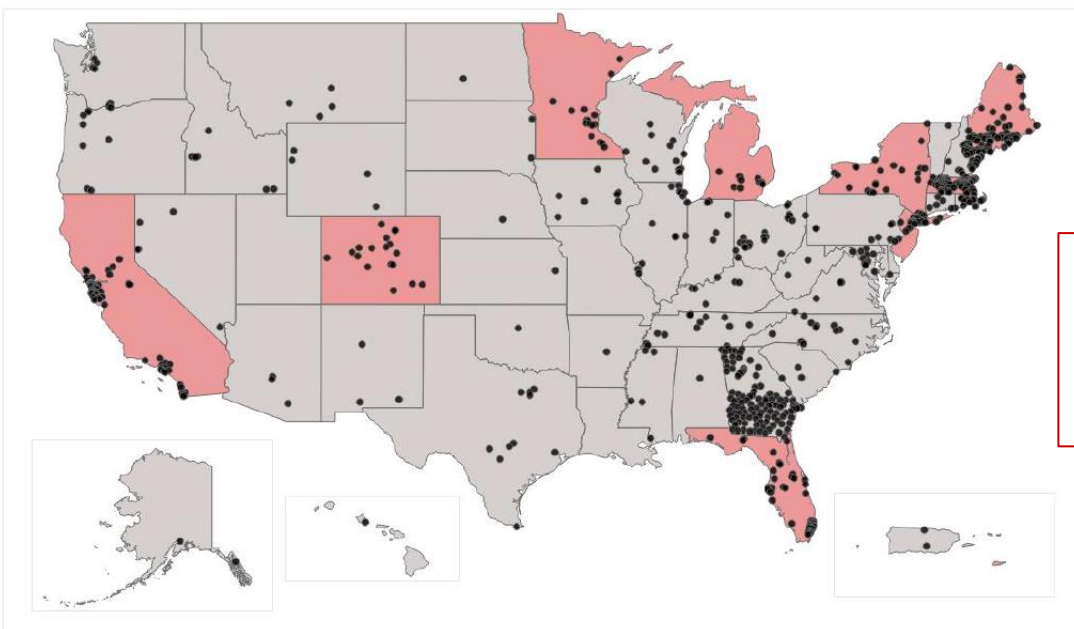
2. Measure, Evaluate, and Utilize Data

3. Build a Diverse and Skilled Workforce

4. Engage and Educate the Public



AARP Network of Age-Friendly States and Communities (NAFSC)



73% of member communities achieved a change in public policy

Nearly 100 million people live in a town, city, county, territory or state that has enrolled



The 8 Domains of Livability

is the framework used by states and communities enrolled in the network to organize and prioritize their work to become more livable for both older residents and people of all ages.

The availability and quality of these community features impact the well-being of older adults.

[AARP.org/Livable](https://www.aarp.org/Livable)



Thank you!

David Parkes

Email: DParkes@aarp.org

Thank you for joining!

Stay tuned for announcements
regarding future webinars

