Thank you, Peggy, for your welcome, and for Cambia Foundation’s support for this conference.

My thanks also to Ann Monroe, for your insights and your leadership.

Good morning to all of you. I am John Feather, Chief Executive Officer of Grantmakers In Aging, and I’m delighted to welcome you to the 2016 GIA annual conference.

For those of you live Tweeting, that’s hashtag #GIAgeing16.
As many of you know, it’s traditional at this point in the conference for me to reflect on “the state of aging.”
Today, I want to use this time together to examine the critical moment in which we find ourselves.

It is critical because I believe we have the unique opportunity right now to launch the movement that will end ageism in our society.
I promise not to get political, but with less than a week until Election Day, we can learn a lot about the state of ageism from our presidential candidates.
At the age of 75, Bernie Sanders was the unexpected hero of the Millennials, and would have been the oldest president we ever had.
Yesterday was Hillary Clinton’s 69th birthday, making her just 8 months younger than Ronald Reagan was when he got elected in 1980.
At age 70, Donald Trump actually IS the oldest nominee ever.

We have two of the oldest presidential nominees in our history, and yet we have heard virtually nothing from either one of them about aging.
Quite the opposite, in fact.

Hillary Clinton says she’s “delighted” there have been no arguments about age in the campaign.

Donald Trump says he “feels like he’s 35.”
The Atlantic magazine recently ran a story called, “The Invisible Revolution: How Aging is Quietly Changing America.”

They’re right.

Yet not a word from either campaign on aging’s enormous relevance to the budget, the economy, the job market, poverty, housing, health care, or families.

Why? Because candidates, like many other people, don’t like to talk about aging -- NOT because it doesn’t matter, but because they think it’s a negative thing and want to avoid it altogether.

In fact, their very silence is an excellent example of ageism.
Now, if you’re sitting in this room, I probably don’t have to convince you that ageism is a reality. The more pressing point is, what can we do about it?

This question crops up in many, many different ways.
I find that I ask it of myself every time a waiter or cashier says “How can I help you, young man?”

I know that he probably thinks he’s paying me a compliment, and is almost certainly not trying to insult me.

Yet it is a deeply ageist thing to say, because I am NOT a young man, and what he’s really saying is that being young is good, and being old is not.
I know this is why many of you have supported the important research by the FrameWorks Institute on ReFraming Aging, for which GIA is the administrative hub.
ReFraming Aging helps us unpack the assumptions people make about aging, consciously or unconsciously, and alerts us to the kinds of language and images that perpetuate them.
This work is very important, because we will never succeed in changing attitudes about aging, or rolling back ageism, unless we understand how people think about it.
The ReFraming Aging project was commissioned and is being led by the Leaders of Aging Organizations, and the level of cooperation between these groups has been nothing short of unprecedented.
To put it bluntly, we are in a critical moment.

We have a once-in-a-lifetime chance to take on a problem that has hobbled us for years, and actually come up with solutions.

We could create a sea change in social attitudes and policies about aging and unleash real progress.

Let’s not waste it.
What we need now is a concerted campaign to change the way people think about aging.

My thanks to the funders who are already involved, and to those of you who aren’t, the work continues, the door is open, and all are welcome.
Now, the road to a non-ageist America that supports and benefits from its older citizens will be long. It could mean 10 - or even 20 - years of hard work and we must make this journey together.

Like the LAO advocates, we too are going to have to come together in a whole new way on this.

That’s daunting. But if we don’t do this, nothing will change, and ReFraming Aging will be nothing more than an interesting research project, instead of the launching pad for a wonderful new era that it can be.
But we HAVE an example of the successful reframing of a seemingly intractable issue: smoking.

In the good old days of smoking, doctors marketed cigarettes for their health benefits.

Your table at this very meeting would have come equipped with an ashtray.
This is a picture of the smoking “lounge” of my high school, which was established because it was seen as too much to ask a student to go through the whole day without smoking.
But perhaps the clearest example of how engrained smoking was in our culture comes from the Veterans Administration hospital system.

Because the VA needed to care for a huge wave of aging World War Two vets, it was, and remains, a tremendous pioneer in geriatric research.
When I first began working in aging in 1982, my office was in a VA building.

And yet, in its large open hospital wards, you would find horrendous thick clouds of smoke, because the vets there were allowed to smoke in bed, all day.

In an acute care hospital.
Smoking was not outlawed in VA hospitals until 1990 – a full 25 years after the landmark Surgeon General’s report on the dangers of smoking, and even then the resistance was incredible, even from some DOCTORS.
We’re not completely there yet, but the smoking issue has been completely reframed.

We no longer say, “I know the risks and it’s my right to smoke where I want,” or, “these vets gave their all, let them do what they please....”

Instead, the prevailing attitude is, “smoking damages not only smokers but all those around them.”

Smoking just isn’t socially acceptable anymore. I want ageism to become just as socially unacceptable as smoking.

And with your help, and your support, WE can hope for the same kind of success.
We’ve been talking about the many ways that aging and its issues are overlooked and under-attended to.

That thought brings me to another major area that has really been ignored, and not gotten the resources it needs.

That is rural aging, and it’s another issue where GIA and our partners are investing a lot of time and effort.
Rural America shows us the future of aging.

It has, in many ways, already arrived where the rest of the country is heading.
This map shows the Frontier Counties—very rural places that represent more than half the area of the United States, but only about 3 percent of the population.

Frontier areas are usually defined as having fewer than 6 people per square mile.
THIS map shows the Frontier counties, too – but adding the dark green areas, where the percentage of older people is above the national average.

In fact, in some of these places, more than HALF the population is already age 65 or older.
There are a lot of needs, but the bright side is that rural communities can be cohesive and supportive, and they are innovative.
It’s also exciting, because rural aging has been called a “living laboratory” and the solutions that work in rural America can provide a wealth of great ideas for the rest of the country as well.
Thanks to the generosity of the Margaret A. Cargill Philanthropies, Grantmakers In Aging is leading a three-year project to create a sustainable network for the rural aging movement.
Our goals are to improve the experience of rural aging by building on the considerable strengths that exist in these very diverse communities, and attracting new partners and resources.
I was very happy at yesterday’s rural aging workshop yesterday to see so many new faces and organizations represented, and I hope that will continue. But the fact is, we need YOU, too.
I’d be delighted to speak with you about this initiative, and invite you to join me tomorrow at the session on healthy rural aging and long term care options, co-hosted with our friends at Grantmakers In Health.
In closing, I want to thank you for your commitment and the important work that you do.

We have a unique opportunity to create fundamental change in the way aging is perceived and the way our society sees itself and its older citizens.

With vision and determination, we can build a world where people can grow up AND grow old.

I look forward to working with you to make that vision a reality.

And now it is my pleasure to introduce Dr. Terry Fulmer, President of the John A. Hartford Foundation, who will moderate the opening plenary session and introduce the keynote speaker for the Brian F. Hofland lecture.