The Friends of the National Institute on Aging
Testimony on FY 2011 National Institutes of Health Appropriations

Submitted to:
House Subcommittee on Labor, Health and Human Services,
Education and Related Agencies

Submitted by:
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Chairman Obey and members of the Subcommittee, thank you for the opportunity to provide testimony regarding the crucial role of the National Institute on Aging (NIA) within the National Institutes of Health (NIH) and the need for increased appropriations in the Fiscal Year 2011 budget to ensure sustained, long-term growth in aging research

The Friends of the NIA is a coalition of 50 academic, patient-centered and not-for-profit organizations that conduct, fund or advocate for scientific endeavors to improve the health and quality of life for Americans as we age. As a coalition, we support the continuation and expansion of NIA research activities and seek to raise awareness about important scientific progress in the area of aging research currently guided by the Institute.

My testimony today demonstrates the relevance of the work of the NIA to each and every American, as well as opportunities for future progress that are dependent on Congressional action to build upon the unprecedented $10.4 billion in the American Recovery and Reinvestment Act (ARRA) for NIH research and training activities in Fiscal Year 2011.

The Relevance of the Work of the NIA
NIH is the primary funder of biomedical research in this country and as such, NIA leads the Federal effort to advance biomedical and behavioral research in aging. The National Institute on Aging (NIA) leads the national scientific effort to understand the nature of aging in order to promote the health and well-being of older adults. NIA's mission is three-fold: (1) Support and conduct genetic, biological, clinical, behavioral, social, and economic research related to the aging process, diseases and conditions associated with aging, and other special problems and needs of older Americans; (2) Foster the development of research- and clinician-scientists for research on aging; and (3) Communicate information about aging and advances in research on aging with the scientific community, health care providers, and the public. The NIA carries out this mission by supporting both extramural research at universities and medical centers across the United States and vibrant intramural research at the NIA's laboratories in Baltimore and Bethesda, Maryland. The work of the NIA focuses not only on diseases and conditions of aging but also on the processes underlying the aging process itself and as such, the research conducted by NIA-funded scientists has relevance for each and every person in America, regardless of age.

Forward Momentum: ARRA Funding and the NIA

The bolus of funding provided by the American Recovery and Reinvestment Act (ARRA) has made it possible for NIA-funded researchers to make progress towards key research questions related to health and aging. As a result of ARRA funding, NIA-funded scientists have been able to intensify their research efforts in areas of critical importance to aging and health, including but not limited to the following:

Understanding how Alzheimer's Disease develops and progresses	Investigating the ways in which Alzheimer's Disease (AD) and vascular disease may adversely affect one other in the hopes of identifying strategies for preventing dementia.[i]
	Examining the ways that energy metabolism influences brain aging by looking for correlations among brain imaging patterns, dementia, and metabolic measures in aging and in people with AD.[ii]
Identifying genetic and other risk factors for Alzheimer's Disease	Using genome-wide association studies to compare the genomes of individuals with and without AD to identify potential genetic risk.[iii]
Seeking new ways of screening for and detecting Alzheimer's Disease	Identifying best practices for cerebrospinal fluid sample collection and attempting to identify AD biomarkers in cerebrospinal fluid before the onset of symptoms. [iv]
	Comparing the effectiveness of brain imaging and blood biomarkers to diagnose AD.[v]
Discovering possible prevention and treatment strategies for Alzheimer's Disease	Elucidating the long-term effect of naproxen and other NSAIDS on cognitive health by following participants in the Alzheimer's Disease Anti-inflammatory Prevention Trial (ADAPT) to.[vi]
	Determining whether compounds that manipulate the histone code may have therapeutic value for AD and other neurological disorders.[vii]
Enhancing neuroimaging methods and tools	Developing software to simplify the analysis of complex brain-image data relating to the structure and function of the human brain.[viii]
	Developing a "network diagram" that links genetic information with underlying brain circuitry in the neural systems controlling behavior and emotion to improve our understanding of the connectivity of circuits that are disturbed in neurologic conditions, including mental illness, autism, Parkinson's disease, Alzheimer's disease, and addiction. [ix]
Preventing neuroinflammation	Developing a safe and effective vaccine for the treatment of AD that will not cause an inflammatory response in the brain. [x]
Understanding the impact of economic concerns on older adults	Examining trends in demography, economics, health, and health care of the elderly by evaluating the effects of medical technology on costs and examining changes in survival, health, and well-being among older people over time.[xi]
	Examining the financial circumstances of older Americans, including work and retirement behavior, health and functional ability, and policies that influence individual well-being. [xii]
Improving the quality of patient care	Evaluating the effectiveness of feeding tubes in the hospital setting to reduce weight loss among older adults with dementia. [xiii]
	Describing risk factors and long-term consequences of adverse medical

	events or medical injuries among older adults. [xiv]
Supporting family caregivers	Enhancing the communication skills of physicians and family members for improved decision-making and outcomes during end-of-life and/or critical care. [xv]
Preparing the next generation of researchers	Recruiting and training doctoral-level students in health services research to prepare them for careers as independent scientists. [xvi]
	Recruiting new faculty members to enhance the capacity for transdisciplinary research on aging that examines how social context and the health care system interact to impact health outcomes for older adults.[xvii]

With a sustained investment in the NIH funding base, these and other NIA-funded projects will yield breakthroughs in the screening, prevention and treatment of a host of age-associated diseases and conditions. With the FY 2011 budget, Congress has the opportunity to increase the forward momentum of NIA-funded scientists towards achieving these much-needed breakthroughs.

The Challenges and Opportunities Ahead

A key challenge is maintaining the positive momentum set into motion by Congress through the American Recovery and Reinvestment Act. Between FY 2003 and FY 2009, scientists saw a series of nominal increases and cuts that amounted to flat funding for NIH and a 12.9% reduction in constant dollars for the NIA. Six years of flat funding for the NIH took a toll on scientific progress in America – projects were sidelined, promising grants went unfunded, and countless life-saving discoveries went undiscovered. With the infusion of funding from the American Recovery and Reinvestment Act NIH researchers are regaining some of the ground lost during that time period. NIA is poised to accelerate the scientific discoveries that we as a nation are counting on America's leading researchers to achieve. With millions of Americans facing the loss of their functional abilities, their independence, and their lives to diseases like Alzheimer's Disease, Parkinson's Disease, Amyotrophic Lateral Sclerosis, and Frontotemporal Dementia, there is a pressing need for a robust and sustained investment in the work of NIH and by extension, NIA. In every community in America, health care providers depend upon NIA-funded discoveries to help their patients and caregivers lead healthier and more independent lives. In those same communities across America, parents are hoping NIA-funded discoveries will help their children have a brighter future, free from the diseases and conditions of aging that plague our nation today.

We do not yet have the knowledge needed to predict, preempt, and prevent the broad spectrum of diseases and conditions associated with aging. We do not yet have the knowledge needed about disease processes to understand how best to prevent, diagnose, and treat diseases and conditions of aging, nor do we have the knowledge needed about the complex relationships between biology, genetics, and behavioral and social factors related to aging. We do not yet have a sufficient pool of new investigators entering the field of aging research. Bold, visionary, and sustainable investments in the NIA will make it possible to achieve measurable gains in these areas sooner rather than later.

The member groups of the Friends of the National Institute of Aging respectfully urge this Subcommittee to provide sustained support for biomedical and behavioral research by increasing NIA funding by a minimum of seven percent in Fiscal Year 2011 to correspond with the overall funding increase to NIH. NIA and the health-enhancing and life-saving biomedical, behavioral and social research it supports require bold, visionary, and sustainable funding to succeed in transforming the health of our nation. Americans depend upon the NIA to facilitate the acceleration of discoveries to prevent, treat, and potentially cure a wide range of debilitating age-related diseases and conditions. NIA-supported scientists are poised to make breakthroughs in the prevention and treatment of a host of age-associated diseases and conditions, but in order to achieve these powerful results, meaningful investments in aging research must be made now.

While the Friends of the NIA recognizes that there is enormous competition for Congressional appropriations, we believe that an increase in funding for the NIH will yield unprecedented returns in terms of accelerating the rate of basic discovery and stimulating the rapid development of interventions with the potential to offer significant public health benefits for our aging population.

Mr. Chairman, the Friends of the NIA thanks you for this opportunity to outline the challenges and opportunities that lie ahead as you consider the FY 2011 appropriations for the NIH. We would be happy to furnish additional information upon request.

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[i] 1 F32 AG031620-01A2 – Role of Microvascular Lesions in Alzheimer's Disease – Nozomi Nishimura (NY)

[ii] 3 K23 NS058252-04S1 – Energy Metabolism and Brain Changes with Age and Alzheimer's Disease. – Jeffrey Burns (KS)

[iii] 2 R01 AG016208-10A2 – Genomic Search for Susceptibility to Alzheimer Disease – Alison Goate (MO); 1 RC2AG036528-01 – Genome Wide Associate Analysis of Alzheimer's Disease – Gerard Schellenberger (PA); 1 RC2 AG036650-01 – Genome-Wide Association Study of Cognitive Decline Among Older African Americans – Denis A. Evans, Jill R. Murrell, and Philip De Jager (IL)

[iv] 1 RC2 NS069502 -01 – Advancing Proteomic Analysis of CSF in Nervous System Diseases. – Howard Schulman (NC); 1 RC1 AG035654-01 – LC-MS/MS Analysis of CSF and Antecedent Biomarkers of AD – David Holtzman (MO)
[v] 1 RC1 AG036208-01 – Comparative Effectiveness of Brain Imaging and Blood Biomarkers in Alzheimer's Disease – Orly Lazarov (IL)
[vi] 2 U01 AG015477-06A2 – Prevention of Alzheimer Dementia and Cognitive Decline – John Breitner (WA)
[vii] 1 RC1 AG035711-01 – HDAC1 Activating Compounds as Therapeutics for Neurodegenerative Disorders. Li-Huei Tsai (MA)
[viii] 2 R01 AG013743-13A1 – Spatially Oriented Database for Digital Brain Images – Edward Herskovits. (PA)
[ix] 1 RC1 NS069152-01 – A Computational Framework for Mapping Long Range Genetic Circuits – Julie R. Korenberg (contact), Tolga Tasdizen (UT)
[x] 3 R01 AG20159-08S1 – Mucosal Abeta Vaccination: Modulating the Immune Response – Cynthia Lemere (MA)
[xi] 3 P30 AG017253-10S1 – Center on the Demography and Economics of Health and Aging – Alan Garber (CA)
[xii] 3 P30 AG012810-16S1 and 16S2 – NBER Center for Aging and Health Research – David A. Wise (MA)
[xiii] 1 RC1 AG036418-01 – Effectiveness of Feeding Tubes Among Persons with Advanced Cognitive Impairment – Joan Teno (RI)
[xiv] 1 R21 AG031983-01A1 – Investigation of Longitudinal Consequences of Adverse Events Among Older Adults – Mary Carter (WV)
[xv] 3 K23 AG032875-02S1 – A Randomized Trial To Improve Surrogate Decision-Making For Critically Ill Elders – Douglas White (CA)
[xvi] 2 T32 AG023482-06 – Aging Health and Health Services Research Training – Vincent Mor (RI)
[xvii] 1 P30 AG036459-01 – New Faculty Recruitment for Interdisciplinary Research on Aging – David Meltzer (IL)