

THE AMERICAN GERIATRICS SOCIETY

IMPACT OF BUDGET CUTS ON AGING RESEARCH

Sustained and enhanced federal investments in aging research are essential to the delivery of high quality, coordinated and efficient care to seniors. However, with continuing declines in funding, a recent survey by the American Geriatrics Society¹ finds that investigators are facing significant challenges.

JOB LOSS AT ALL LEVELS

Nearly **60%** of investigators report that in the last five years, since 2008, federal budget cuts or lapses in funding for research grants have resulted in their research program or center having to lay-off, reduce or eliminate faculty or research staff positions.

"[I] had to let go of a project manager that had worked for me for over 10 years"

"[We] had to let go [of] research staff members [...] several were experienced and highly valuable team members."

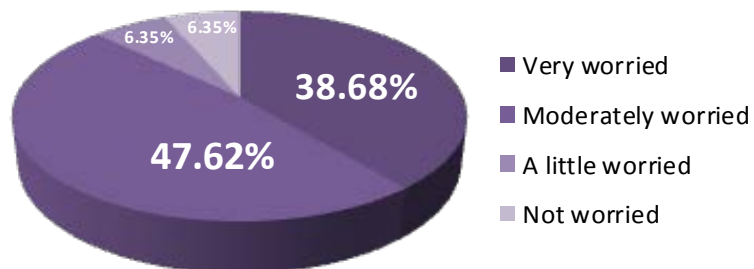
"Our program has not been able to hire new researchers for over five years, and unfilled positions are left open."

Investigators cite specific examples of those affected, including PhD investigators, statistical programmers, administrative staff and research nurses, showing that job loss has been across-the-board.

IT'S A "VERY DISCOURAGING ATMOSPHERE"

The current funding environment has not only created anxiety among investigators conducting aging-related research, but has also deterred these experienced investigators as well as promising young investigators from pursuing careers in the field.

- Investigators are **overwhelmingly very worried or moderately worried** that federal funding limitations will prevent them from maintaining their lab or research agenda over the next 10 years.



- In fact, **65%** of investigators reported that the number of full-time equivalents (FTEs) for faculty-level investigators committed to aging research in their research program or center decreased or stayed the same compared to five years ago, pre-2008.
- Meanwhile, approximately **73%** responded that the number of FTEs for staff-level positions committed to the field decreased or stayed the same.

¹ The results above are based on a survey commissioned by the American Geriatrics Society to better understand the impact of federal budget cuts to aging-related research on investigators, institutions and medical progress. The survey was circulated to 291 investigators in December 2013, and received 64 responses, a 22% response rate, in January 2014.

- **Over 57%** of investigators said that compared to five years ago the pipeline of new investigators planning a career in aging research has decreased in their research program or center.

“I [am] currently a research fellow. I worry that there will not be federal funding to support my career, and am seriously thinking about giving up a career in research to do solely clinical work. This is not the career I envisioned [...] but with the state of federal funding today, I don’t know how [research] will continue to be a viable career plan.”

FEDERAL INVESTMENT PAYS OFF

Over the past 10 years, federally funded research has improved the health of older Americans by helping to create new models of care, diagnostic methods, and treatments.

In the survey, respondents provided multiple examples of advances that arose from federally funded research, including two innovative models of care – the Hospital Elder Life Program (HELP) and the GRACE Team Care™ model.

- **The Hospital Elder Life Program (HELP)**, developed by Sharon Inouye, MD, MPH, and colleagues at the Yale University of Medicine, is a cost-effective program for hospitals, designed to prevent delirium, a temporary state of confusion that is common among older patients during illness or after surgery and can be highly distressing for patients and families. Delirium can lead to serious complications including hospital falls, prolonged hospital stays, nursing home placement, long-term cognitive and functional decline, and death. HELP works by keeping hospitalized older people oriented to their surroundings, meeting their needs for nutrition, fluids, and sleep and keeping them mobile within the limitations of their physical condition. The Delirium Prevention Trial, originally testing the program’s effectiveness and cost-effectiveness, was funded by an R01 grant from the National Institute on Aging (NIA). **HELP has prevented delirium, falls, and functional decline in older hospitalized patients, improving care quality, with substantial cost savings (\$10,000 per patient) for hospital and post-hospital costs.** With subsequent support from private foundations and philanthropy, over the past 15 years, HELP has been implemented at over 200 hospitals worldwide, benefiting over 500,000 older persons since its creation.
- **GRACE Team Care™** is a model of geriatric care management for low-income seniors and their primary care physicians, developed by Steven Counsell, MD, and colleagues at Indiana University (IU). GRACE is an innovative, patient-centered healthcare program for a vulnerable group of patients who have complex medical and social needs and fragmented care. GRACE provides home-based, integrated geriatric care by a nurse practitioner and social worker who work with the primary care physician and a larger interdisciplinary team to develop an individualized care plan incorporating protocols developed for the treatment of 12 targeted geriatric conditions. **GRACE has improved care quality and outcomes, and lowered the cost of medical care.** Of note, the program received funding from the Veterans Health Administration (VHA) to export GRACE care management to primary care clinics at three VA medical centers. The IU GRACE Training and Resource Center led by Director Dawn Butler, MSW, JD, has helped replicate GRACE or portions of the model, at more than nine healthcare systems in five states. To date, more than 4,000 older people have benefited from GRACE Team Care at these diverse systems and sites.