National Institute on Aging: A Look into the Future of Minority Aging Research

Resource Centers for Minority Aging Research 2018 Annual Meeting

Richard J. Hodes, M.D. Director National Institute on Aging



APPROPRIATIONS

FY18 Budget Status – Funding Increases Across the Board

\$37 Billion for the NIH

\$500M for Opioids

\$140M for BRAIN

\$60M for All of US

\$414M for AD

- \$2.6B for the NIA
- \$111M increase for non-targeted NIA research; percent increase comparable to other ICs
- All divisions will benefit
 - > DBSR > DAB
 - > DGCG > DN



Division of Neuroscience

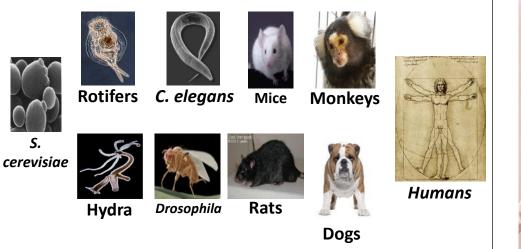


Division of Aging Biology



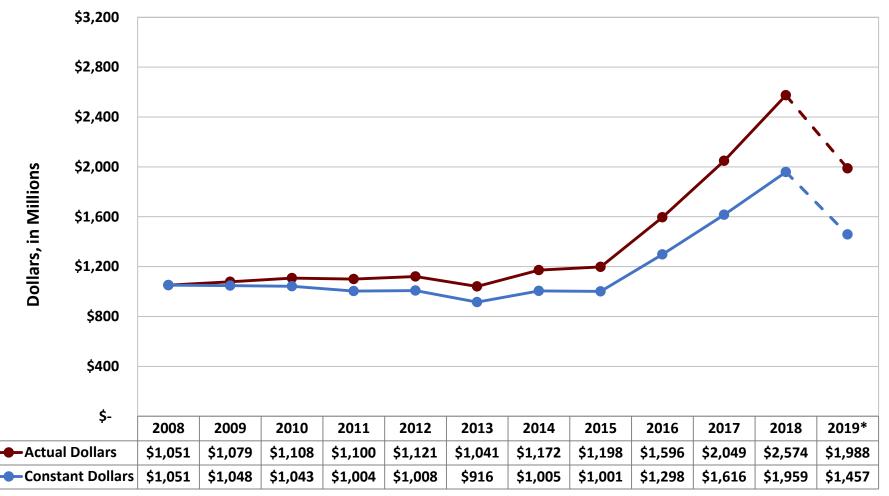
Division of Behavioral and Social Research

Division of Geriatrics and Clinical Gerontology





NIA Appropriations and President's Budget Fiscal Years 2008-2019



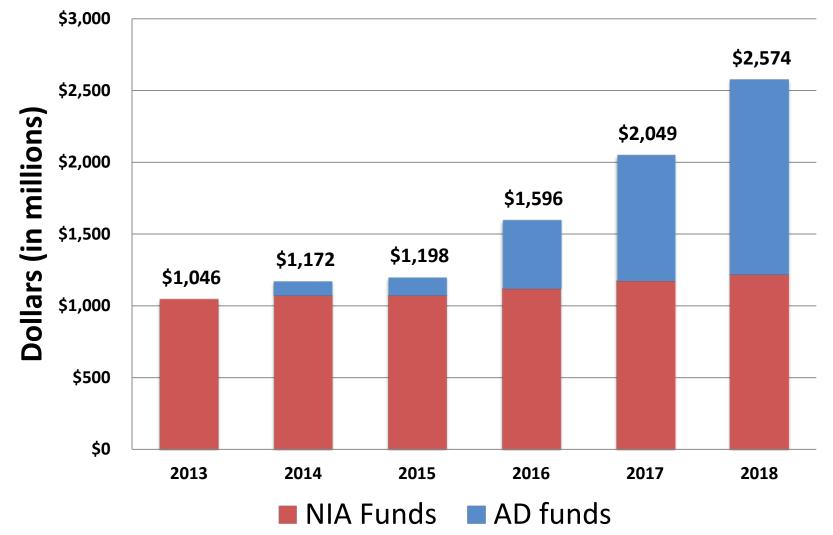
*President's Budget

Appropriations Budget Growth since FY2008-2018

Actual Dollars: +\$1,523.0M (144.9%) Constant Dollars: +\$907.8M (86.4%)

NIA Appropriations

Fiscal Years 2013-2018



PLANNING & FUNDING OPPORTUNITIES

Future Pay Lines

Stay tuned to our blog over the next few weeks...

https://www.nia.nih.gov/research/blog



Get weekly updates on NIA funding policies and research priorities.

Enter email address

Subscribe

Here we go again -- Wait and hurry up!

April 11, 2018

The signing of the Consolidated Appropriations Act of 2018 a couple of weeks ago provided a \$414 million increase in our budget for Alzheimer's disease and Alzheimer's disease-related dementias (AD/ADRD). On top of that, it provided a \$111 million increase in our general budget. With that much gas in our tank, as soon as the ink on the Act was dry, NIA sprang into action.



Robin BARR, Director, DEA, Division of Extramural Activities (DEA).

What Counts as AD/ADRD Research?

- The AD/ADRD payline applies to applications/awards that are coded as AD or Alzheimer's disease- related dementias (ADRD)
- The ADRD RCDC categories that report related dementias specifically named in the National Plan to Address Alzheimer's Disease are:
 - ≻Lewy Body dementia (LBD)
 - ➢ Frontotemporal dementia (FTD)
 - Vascular Cognitive Impairment/Dementia (VCI/D)

Active Health Disparities FOAs

- Health Disparities and Alzheimer's Disease (R01) <u>https://grants.nih.gov/grants/guide/pa-files/PAR-15-349.html</u>
- Emerging Directions for Addressing Health Disparities in Alzheimer's Disease (R03) <u>https://grants.nih.gov/grants/guide/pa-files/PAR-15-350.html</u>
- <u>For both</u>: Health-disparities research related to AD includes the study of biological, behavioral, sociocultural, and environmental factors that influence population level health differences.

Recent FOA Concept Approval: Examining Factors Related to Recruitment and Retention in Aging Research

https://www.nia.nih.gov/approved-concepts#recruitment

- Diverse cohorts of research participants in terms of race, ethnicity, gender, age, and status of disease are needed for research studies.
- Participant diversity broadens scope and improves the generalizability of scientific investigations.
- Focus is on the development and evaluation of innovative participant recruitment and retention methods and strategies that seek to enhance diversity of study participants.
- All extramural divisions at the NIA will benefit from this effort.

Opportunities for Small Business – AD/ADRD specific

- Advancing Research on Alzheimer's Disease (AD) and Alzheimer's-Disease-Related Dementias (ADRD) (R41/R42/R43/R44)
- Tools for Clinical Care and Management of Alzheimer's Disease (AD) and its Comorbidities (R41/R42/R43/R44)
- Development of Socially-Assistive Robots (SARs) to Engage Persons with Alzheimer's Disease (AD) and AD-Related Dementias (ADRD), and their Caregivers (R41/R42/R43/R44)

https://www.nia.nih.gov/research/grants-funding/smallbusiness-innovation-research-and-technology-transferprograms

VALUE OF THE RCMAR PROGRAM

RCMAR Program Accomplishments

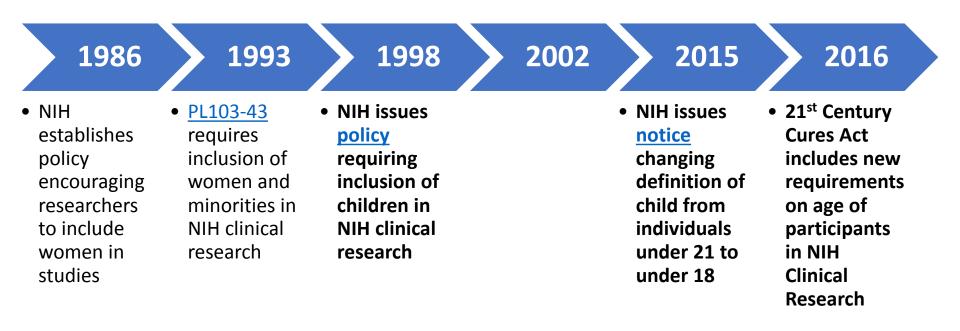
- Highlights of NIA's 2016 Evaluation of RCMAR Scholar Productivity:
 - Recruiting a highly diverse group of researchers.
 - RCMAR Scholars are successful as individual investigators.
 - RCMAR scholars' success rates when competing for R01, R21, and R03 applications are comparable to overall NIA success rates.
 - RCMAR Scholars are publishing highly cited and influential articles.
 - 18.6% of the publications by RCMAR Scholars' grants ranked in the top 10th percentile of NIH-funded publication.
 - Majority of RCMAR Scholars are continuing their careers in areas related to aging, health disparities, or a combination of the two.

Renewal of the RCMAR Program: 2018-2022

- Builds on this successful mentoring model
- Increases number of Centers by leveraging AD funds
- Maintains core goals, while broadening scientific scope
- Goal 1: Enhancing diversity of aging research workforce
 - Identifying promising scientists from under-represented groups and mentoring them for careers in priority areas of aging research
- Goal 2: Mentorship in health disparities and minority aging
 - Ensuring that all scholars are equipped to tackle minority aging and health disparities research questions

INCLUSION POLICY CHANGES

Timeline of NIH Inclusion Policies and Participant Data Collection





H.R.34 - 21st Century Cures Act

114th Congress (2015-2016) | Get alerts

Requires NIH to:

- 1. Convene a workshop on age groupings and age exclusions in clinical research within 180 days of enactment
 - Post workshop findings on NIH website
- 2. Publish data on age of participants in NIH clinical research, including pediatric subgroups
- 3. NIH Director must determine whether the inclusion guidelines on age need revision within 180 days of the workshop

Inclusion Across the Lifespan Workshop June 1-2, 2017 Bethesda, MD

Purpose: To discuss the challenges and barriers to including children and older adults in clinical research and to identify strategies that would produce more age-inclusive clinical studies.

- Working groups discussed:
 - Study Populations
 - Ethical Issues
 - Study Design
 - Data Collection and Reporting
- Identified themes applicable to NIH, government research entities, and the scientific community as a whole.

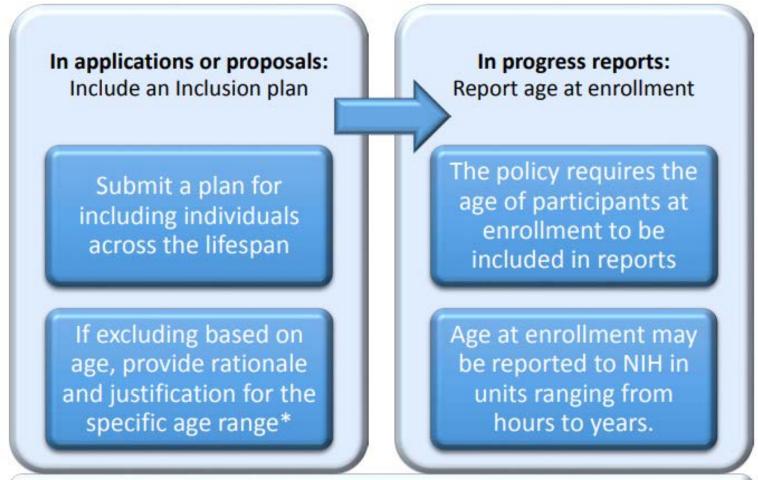
Inclusion Across the Lifespan Workshop

- Videocast available at <u>https://videocast.nih.gov/launch.asp?23334</u>
- Workshop summary available at <u>www.report.nih.gov</u>. Reports/Other Special Reports
- or <u>https://report.nih.gov/UploadDocs/NIH%20Inclusion%</u> <u>20Across%20the%20Lifespan%20Workshop%20Summ</u> <u>ary%20Report%20_FINAL_508.pdf</u>

Summary of Key Findings in Older Adult Inclusion

- For diseases highly prevalent among older people, clinical trials often excluded subjects based on age
 - 27% of studies had arbitrary upper age caps
- Indirect exclusion factors may apply
 - Co-morbid conditions (hypertension, diabetes, cancer, etc.)
 - Polypharmacy
- Participants in trials may not represent realworld populations with the disease

Inclusion Across the Lifespan: Guidance for Applying New Policies



Remember: Scientific Review Groups (SRGs) will assess each application/proposal as being "acceptable" or "unacceptable" with regard to the age-appropriate inclusion or exclusion of individuals in the research project.

PRIORIZITING HEALTH DISPARITIES

Health Disparities Framework

• Published in August 2015 in *Ethnicity and Disease*

For details on funding opportunities, visit: <u>https://www.nia.nih.gov/research/osp/framework</u>

Tracking Funding Opportunities

Concept Approvals:

https://www.nia.nih.gov/approved-concepts

General FOAs: https://www.nia.nih.gov/research/funding

Alzheimer's Disease and Related Dementias FOAs: http://www.nia.nih.gov/AD-FOAs

Follow our "Inside NIA" blog: https://www.nia.nih.gov/research/blog