



**ALZHEIMER'S FOUNDATION OF AMERICA**

*Our mission is "to provide optimal care and services to individuals confronting dementia, and to their caregivers and families—through member organizations dedicated to improving quality of life."*

Written Statement for the Congressional Record by Eric J. Hall  
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Subcommittee on Health  
"Alzheimer's Disease: The Ongoing Challenges"  
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Chairman Pallone, Ranking Member Shimkus, and members of the Committee, thank you for convening this hearing and for inviting the Alzheimer's Foundation of America (AFA) to testify. I am Eric J. Hall, AFA's founding President and Chief Executive Officer, and I am honored to be here today.

AFA was formed in February 2002 "to provide optimal care and services to individuals confronting dementia, and to their caregivers and families—through member organizations dedicated to improving quality of life." Today, our membership consists of more than 1,400 organizations including grassroots nonprofit organizations, healthcare facilities, government agencies, public safety departments, and long-term care communities. Our services include a toll-free hotline staffed by licensed social workers; educational materials; *care ADvantage*, a free quarterly family caregiver magazine that reaches 1 million readers; professional training programs; AFA Teens support and scholarship program; National Memory Screening Day; and grants to service organizations as well as respite grants to families in need.

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Recognizing the severe fiscal challenges facing our nation, it is more important than ever to leverage available private sector resources in a cost-effective manner to support public sector initiatives. AFA makes substantial investments in care and services to tackle the enormous challenges associated with Alzheimer's disease and related dementias for both individuals and their family caregivers. AFA regularly provides grants to its nonprofit member organizations so that they can develop or enhance educational and support services in their communities. These grants are a critical funding source for these grassroots organizations, which play a pivotal role in their communities as hands-on providers of care and services for individuals with Alzheimer's and related illnesses, and their families. In addition, AFA provides grants to assist families with the cost of respite care, including home care and adult day programs.

AFA has several resources to help train and support family caregivers, including our "Your Time to Care" educational DVD series that addresses specific care issues in the home setting, including:

- Basic Skills for Caring for Individuals with Alzheimer's Disease and Related Dementias at Home
- Wandering...What It Is and What to Do About It
- Medication Management: From Daily Routines to Communicating with Healthcare Providers and Pharmacists; and
- Preventing Falls: Practical Steps to Reduce Fears and Risks

We would be glad to share copies of any of the listed DVDs with members of the Committee or other interested parties.

Another one of our innovative programs is AFA Teens. AFA Teens is aimed at teens with family members affected by the disease and those purely interested in the cause.

The need for the program was demonstrated by AFA's 2008 *ICAN: Investigating Caregivers' Attitudes and Needs Survey*, which found that three in five caregivers say their children aged 8 to 21 are involved in

caring for a loved one with Alzheimer's disease. Children were reported to assist with caregiving responsibilities that range from attending doctors' appointments to feeding and dressing their loved ones.

AFA Teens' dedicated Web site creates an online community for teens, giving them support from experts and the opportunity to share experiences and connect with each other through a bulletin board, blog, and AFA Teens chapters forming across the country. AFA Teens also awards a \$5,000 college scholarship to a college-bound student each year. The scholarship is designed to provide an outlet for teenagers to express their thoughts about Alzheimer's disease and to engage the younger generation in this cause.

AFA offers two national training programs that are specifically designed to raise the bar on dementia care in the United States:

Dementia Care Professionals of America (DCPA) is a division of AFA, and offers membership, training, qualification and other benefits to individual healthcare professionals involved in dementia care. DCPA provides practical training to healthcare professionals, sets standards of excellence through our AFA qualification program, keeps professionals abreast of emerging breakthroughs in treatment and care, and supports professionals as they support those in need.

AFA developed Excellence in Care, [www.excellenceincare.org](http://www.excellenceincare.org), to partner with care settings in the establishment of a nationwide standard of excellence in care for individuals with Alzheimer's disease or related dementias. The program was created with the Avila Institute of Gerontology and other industry experts and consists of a comprehensive on-site evaluation and consultation on strategies to achieve the established standards and to sustain performance. Key areas of review include environment, education, staff-client interaction and programming.

But the needs of the Alzheimer's population are going to overwhelm our resources in the years to come. The NIA reports that as many as 5.1 million Americans over 65 are today dying with Alzheimer's disease and the

numbers of Americans that will die of this disease are projected to increase dramatically in the coming years. Alzheimer's disease will also cause physical and emotional impairments on more and more families and caregivers. The growing numbers of Alzheimer's victims and the rapidly-rising costs associated with the disease will put a heavy economic burden on families, businesses and government.

**Increased investment in preventing, treating or curing chronic diseases of the aging, such as Alzheimer's disease, is perhaps the single most effective strategy in reducing national spending on health care.** Chronic diseases associated with aging account for more than 75 percent of Medicare and other federal health expenditures. Unprecedented increases in these diseases as the population ages are one reason the Congressional Budget Office projects that total spending on health care will rise to 25 percent of the U.S. GDP by 2025. Simply put, our nation does not have the luxury of time to wait to address the health research needs of this population.

Standard & Poor's recent Report (titled "Global Aging 2010: An Irreversible Truth") stated that "[n]o other force is likely to shape the future of national economic health, public finances, and policymaking as the irreversible rate at which the world's population is aging. ... Standard & Poor's believes that the cost of caring for these people will profoundly affect growth prospects and dominate public finance policy debates worldwide." As we have learned from the experience with polio, heart disease, HIV/AIDS, cardiovascular and other diseases, medical research and breakthroughs can have a profound impact in reducing health care costs. And the extension of life expectancy from 47 in 1900 to almost 80 in 2000 demonstrates that medical advancements enormously increase national productivity and prosperity. Yet, those benefits can only come about if NIH makes the needed investments in research aimed at preventing, treating or curing aging-related diseases and extending healthy life.

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. In stark contrast to the rapidly-rising costs of healthcare for the aging, we as a nation are making a miniscule, and declining, investment in the prevention, treatment or cure of aging conditions. Out of each dollar appropriated to NIH, only 3.6 cents goes toward supporting work of the NIA. Between FY 2003 and FY 2010, NIA-funded scientists saw a 14.7 percent reduction in constant dollars. In addition, the success rate of grant applications has declined from approximately 30 percent during the early part of the decade to 17.2 percent in FY 2009, with a payline of 11.8 percent. The announced payline in FY2010 for established researchers is 8 percent (less for larger grants) and is estimated to drop further in FY2011. This can be attributed to several factors—the changing demands on the NIA caused by the slow, progressive character of aging disease and hence the need for larger and longer clinical trials; a decline in the number of small, 2-year grants (i.e., R03, R21) awarded and the corresponding increase in 5-year grants; and the rise in the costs of R01 grants, attributable to documented inflation in the cost of science. Unfortunately, our nation's declining constant-dollar investment in NIA research has not kept pace with the demands of aging research or the health needs of older Americans.

AFA recognizes the serious fiscal challenges facing our nation, which will require Congress to carefully scrutinize future funding priorities. We believe it is critical to leverage available resources within the private sector, including not-for-profit organizations such as AFA, to support proven, cost-effective initiatives.

**That's why we need Congress as our partner.**

This Subcommittee and the full Energy and Commerce Committee have played a critical role in overseeing and supporting the mission of the NIH, and we respectfully urge your support for a continued commitment to the NIA's important research. **AFA is seeking \$1.4 billion, an increase of \$300 million, in the FY 2012 National Institutes of Health (NIH) Budget for the National Institute on Aging (NIA).** This funding is the minimum essential to sustain the research needed to make progress in attacking the chronic diseases that

are driving massive increases in our national healthcare costs. That level of funding would make the NIA's baseline consistent with comparable research initiatives conducted elsewhere under the auspices of the NIH.

If NIA funding is not significantly increased, we stand to lose a generation or more of young and emerging investigators in aging and Alzheimer's disease. This would be an enormous waste, since the NIA is poised to accelerate the scientific discoveries that can be translated quickly into effective prevention and efficient health care to reduce the burden of a "Silver Tsunami" of age-associated chronic diseases. Breakthroughs from NIA research can lead to treatments and public health interventions that could delay the onset or slow the progression of costly conditions such as heart disease, stroke, diabetes, bone fractures, age-related blindness, Parkinson's and Alzheimer's diseases. **From a budgetary perspective alone, such advances could save trillions of dollars by the middle of the current century.**

At the Alzheimer's Foundation of America, our strength and success come from collaboration. AFA looks forward to working with Members of the Subcommittee to address the important issues raised in today's hearing, and in the longer term, to end the devastation caused by Alzheimer's disease. Thank you again for the opportunity to testify, and I would be glad to answer any questions you may have.