



## **Aging Services Research and Development**

### **2011 Older Americans Act Reauthorization**

#### ***Background***

Major population and institutional shifts underway call for America to reconsider how more older people can age with maximum health, independence and well-being. From the changing and increasing needs and opportunities for older adults, to the rapid aging of millions of baby boomers caring for parents and themselves, to health care reform implementation, we need to find the optimal types of services and service delivery mechanisms that bring greatest value to older Americans and their families.

#### ***Current Status***

The Aging Network believes strongly that our programs can help older people stay healthy, reduce hospital re-admissions, delay or avoid nursing home stays, and help people continue working longer and remain engaged in their communities. These outcomes, especially if replicated on a larger scale, could reduce demands on entitlement programs and increase tax revenues. But right now, we lack the proof needed to persuade those who matter the most: Congress, the Office of Management and Budget and the Congressional Budget Office.

For much of its history and until 1995, AoA had a research and development (R&D) program under Title IV that allowed the agency to support innovative projects. But most of the evaluations were insufficiently rigorous and didn't evaluate the outcomes that mattered to policymakers. In 1995, funding for discretionary R&D was virtually eliminated, thus crippling AoA's ability to foster and evaluate innovations in aging services.

The OAA reauthorization offers a once-in-a-decade opportunity to create the impetus and resources for a robust aging services R&D program at the Administration on Aging.

#### ***Opportunities in the Older Americans Act Reauthorization***

We encourage a full review and possible reconfiguration of Title IV R&D provisions of the OAA to meet the challenges and opportunities of today and those in the years ahead for society at large and, especially, disadvantaged groups. Title IV has never realized its potential due to insufficient and Congressionally-directed funding and consequently the lack of impetus to establish an R&D agenda up to the task of addressing aging in America. NCOA encourages all to step up to the challenge of developing a bold aging services R&D capacity and program. We might look to others who have been successful in establishing social R&D enterprises such as the National Institute on Disability and Rehabilitation Research (NIDRR).

The Research and Evaluation capacity at AoA should be strengthened by specifying in the Act that a fully qualified Chief Science Officer be appointed with authority to direct Aging Services Network (ASN) related research and evaluation projects based on rigorous scientific standards.

The Chief Science Officer, in turn, needs a budget for research and development to fund rigorous evaluation of demonstration programs and to compile and deploy the evidence base that already exists for many aging services. The evaluation and research results should be reported promptly in peer reviewed journals when possible. Full reports on OAA-sponsored evaluation, research, and demonstrations should be readily available to the public. Rigorous standards for the award and execution of evaluations, research, and program demonstrations are needed for the results to be credible, and thus of benefit to the ASN and older adults.

Title IV should be strengthened to restore functions that the OAA originally contained -- such as conducting research related to the goals of the OAA and the work of the ASN. Research, evaluations, and demonstrations are needed that show cost savings (such as to Medicare and Medicaid) that would be useful for budget scoring to demonstrate the ability to bend the entitlement cost curve. This work could be conducted in cooperation with AHRQ, CMS, CDC, SAMSHA, HRSA, the Veterans Health Administration, ASPE, and other research agencies to assure that evaluations, research, and demonstrations supported through the OAA build upon and complement related work at these agencies.

It is important to enhance the link between AoA and the ASN with universities, research agencies, the academic community, and students so that the work of the ASN will be strengthened by research findings (SCIENCE TO PRACTICE) and more students will be better prepared to work with older adults. Research is also needed to validate many service best practices developed and being developed in the ASN so that they will become evidence-based (PRACTICE TO SCIENCE) and thus better able to receive support and funding for widespread implementation to benefit older adults.

Funding should be made available through grant competitions directed to the community level (AAAs and CBOs) for practice to science research, evaluations, and demonstrations. The grants should be based on partnerships with local universities and community level ASN agencies and focus on priority areas where innovation is needed. Research/demo agendas should be consistent with state, area, and local plans. Important service innovations occur at the community level, but there is insufficient funding and research expertise at that level to translate/validate best practices into evidence-based interventions. This can succeed through appropriately designed grant programs that relate to the priorities of the ASN.

### *Summary*

AoA may be the only federal agency providing health and human services that does not currently have a serious R&D program. By contrast, the Centers for Medicare & Medicaid Services and the Veterans Administration together spent an estimated \$1.5 billion on health services research in 2007. Even a modest investment, administered well and focused on measuring the right outcomes, could transform the future of the aging services network and offer the country a creative approach to its most stubborn budget challenges.