

SPECIAL ISSUE

IU GERIATRICS

NEWS FROM THE INDIANA UNIVERSITY GERIATRICS PROGRAM & THE INDIANA UNIVERSITY CENTER FOR AGING RESEARCH

2000-2001

Annual Report to President Brand INDIANA UNIVERSITY CENTER FOR AGING RESEARCH

Growth.

That is the message of our fourth Annual Report to the President of Indiana University. In 1997, the Center for Aging Research was founded with only three scientists and two years of seed money from the Strategic Directions Charter. Four years later, the Center now boasts 11 scientists, 21 affiliated scientists, and 8 support staff. As you will find in the text and graphs in this Special Issue of *IU Geriatrics*, this growth in personnel has been accompanied by substantial growth in extramural funding and scholarly publications. For every \$1 in original funding from the Strategic Directions Charter, we have generated \$4 in extramural funds. For every \$1 in original funding from the Strategic Directions Charter, we have generated \$2 in endowments. Using these resources, we have constructed a strong foundation on which to build the future of aging research at Indiana University. This report details our progress.

The mission of the Center for Aging Research is to improve the quality of life for older adults through interdisciplinary research that seeks to improve the health of older adults. To address this mission, our scientists partnered with the successful research program at the Regenstrief Institute for Health Care. This partnership has provided us with an ideal environment for growth. We also needed a link to state-of-the-art educational and clinical programs in Geriatrics. A major source of pride

over the past four years is our successful integration with the Indiana University Geriatrics Program. Led by Steven R. Counsell, MD, and in partnership with Wishard Health Services, the Geriatrics Program is developing innovative clinical programs for older adults in Indiana. We have also partnered with the Geriatrics Program in the training of our future geriatric clinicians, educators, and researchers.

Our alliance with the Geriatrics Program and the Regenstrief Institute for Health Care has helped us narrow our research focus to the important theme of improving the care of older adults in primary care settings. Most older adults will be cared for in primary care settings by primary care physicians. Our research will help design the systems that enable primary care physicians to deliver high quality care to older adults. Perhaps equally as important, our research seeks to enable older adults to take better care of themselves. These are lofty goals worthy of a center of excellence at Indiana University.

Respectfully,



Christopher M. Callahan, MD
Cornelius & Yvonne Pettinga Scholar
in Aging Research
Research Scientist, Regenstrief Institute
August 14, 2001

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Colleen McHorney, PhD
Director of Research

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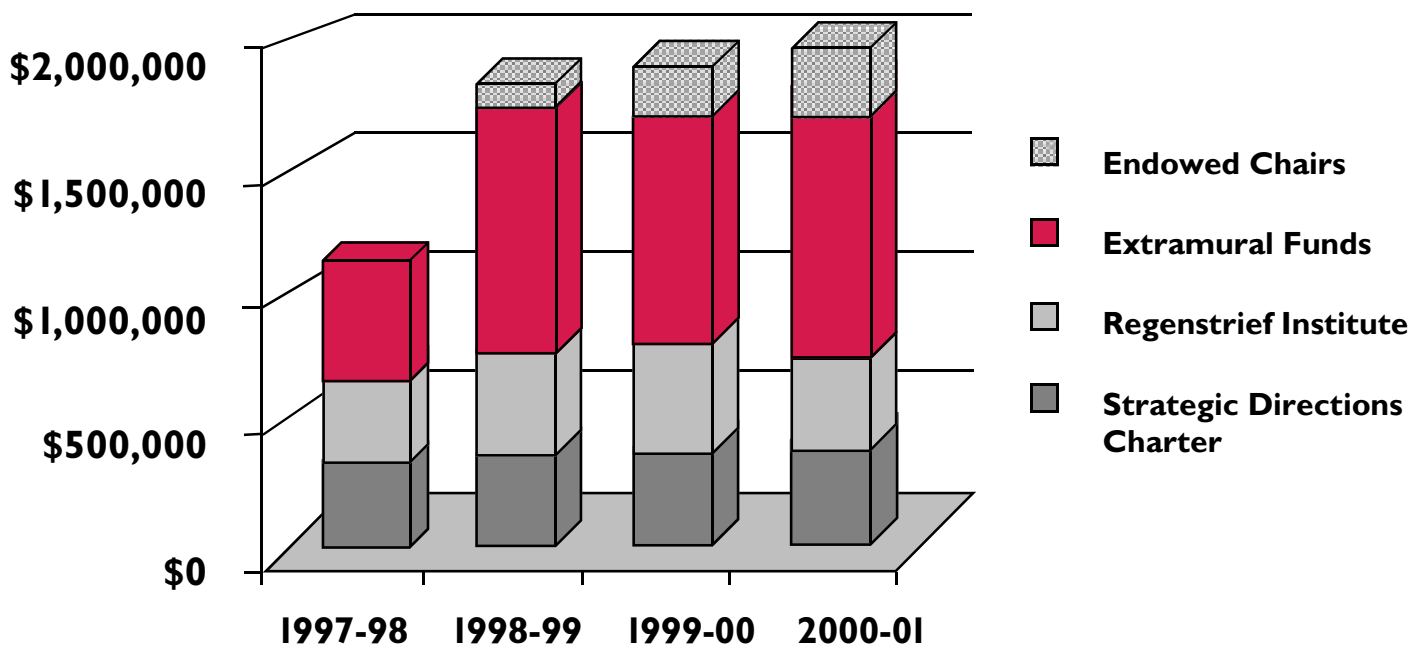
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Growth in Funding



Through research, we hope to design better systems of care so that primary care physicians and their older patients are better able to adopt, apply, and adhere to the highest quality health care. In 2001, the Institute of Medicine issued an unsettling report lamenting the “chasm” between what we know about effective health care and what we do in practice. Translating research into practice has proved to be a complex and difficult task. Thus, we need research on the best methods to help primary care physicians and older adults to change their behavior. This type of research is time and labor intensive, and it can only be carried out by teams of scientists working in collaboration with teams of practitioners who care for large groups of older adults. We have assembled such a team of scientists in the Center for Aging Research, and we have formed a coalition with providers at Wishard Health Services and several other health care systems in Indiana.

The design of a study, collection of pilot data, submission of the proposal to the National Institutes of Health, and revision of the original proposal typically

require about 1-3 years before funding is awarded. Health services research projects, especially large clinical trials or cohort studies, often unfold over 3 years of data collection and patient follow-up. Submitting results to peer-reviewed journals, revising these manuscripts, and the ultimate publication of results typically occur over 1 year. From study conception to completion of data collection to publication of results for a typical geriatric health services project takes from 5-7 years. Thus, the pipeline for funding and publication in geriatric health services research is measured in years, and development of a junior faculty member often requires a half decade of salary support and mentoring. In short, this type of research is expensive in human terms and in capital expenditures.

The graph above shows the success of our program in attracting funding for our research over the past four years. Our continued achievement in competing for these funds will be one of the primary measures of success over the coming years.

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Growth in Personnel

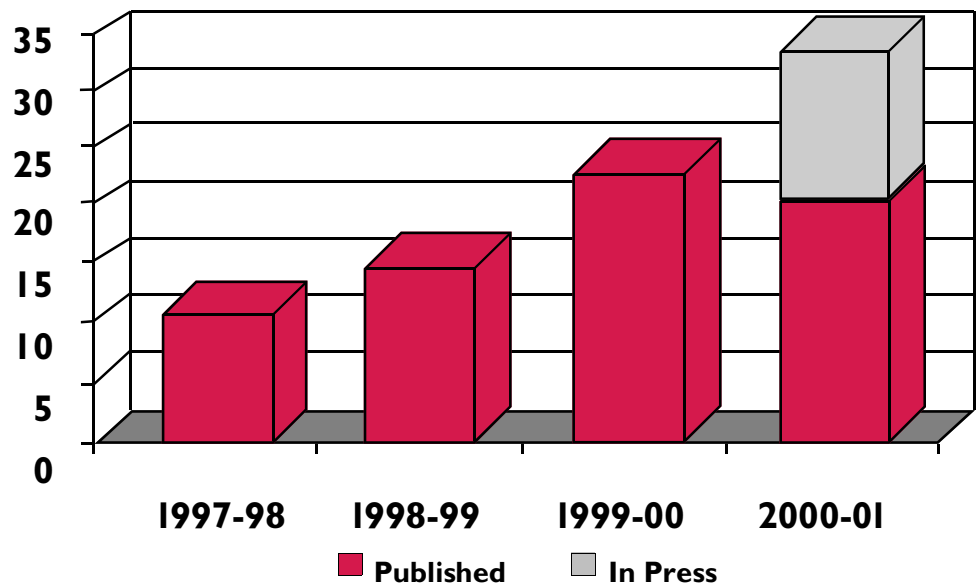
Like in any organization, our most valuable resource is our people. Recruiting and retaining excellent scientists is difficult for three reasons. First, there are relatively few scientists across the country with expertise in geriatric health services research and/or behavioral research. Second, the pipeline for training a new scientist takes 5-10 years. Third, nearly every major university in the country is seeking to expand their current team of investigators working in the field of aging. Building a team of scientists working toward a common vision requires leadership, institutional commitment, and a stable research infrastructure.

In building our team, we have worked hard to balance the program between MD and PhD scientists and to open the program to a broad array of disciplines. It is clear that we need an interdisciplinary approach to the complex problem of improving the

quality of health care for older adults. However, in meeting the challenges of building a new faculty, we have recruited a large number of junior scientists. The amount of mentoring required for these new scientists limits the amount of time our senior faculty have for other professional relationships. Thus, while our Center is growing, we are not a net exporter of expertise, mentoring, or resources to the larger scientific community at Indiana University. Activity outside the Center is a task for the future.

At present, our team of faculty is showing steady professional growth with an emphasis on activity within the Center. This growth is manifest by an increasing sense of cohesion and teamwork in establishing our research focus and by an increasing amount of extramural funding. Also, as shown in the graph below, our research is increasingly represented in the peer-reviewed scientific literature.

Growth in Publications by Core Faculty



A list of core faculty members and their publications is found on the Center for Aging Research Web site at <http://iucar.iu.edu/center/person.php3>.



Center for Aging Research
<http://iucar.iu.edu>



REGENSTRIEF INSTITUTE
www.regenstrief.org

**Annual Report to the President
Indiana University
Center for Aging Research**

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Growth in Research Alliances: The Regenstrief Institute for Health Care

Despite the influx of intramural and extramural support, it is unlikely that the Center for Aging Research would have achieved its remarkable growth over the past four years without the support of the Regenstrief Institute for Health Care. The Institute has provided the critical mass of scientists and the intellectual community that allowed us to compete successfully for grants and recruits. The Institute leadership, including Clement J. McDonald, MD, William M. Tierney, MD, Morris Weinberger, PhD, and Leonard Betley have provided excellent counsel and advice in strategic planning. In addition, funding from the Regenstrief Institute has supported the salary of research staff including data managers, statisticians, and grant managers. Perhaps as important, the Institute provided the space to grow. In a sense, the Center for Aging Research was

grafted onto the Regenstrief Institute and was able to bear fruit much more quickly and effectively.

The relationship has been symbiotic as the Center for Aging Research has expanded the Institute's capacity to conduct health services and informatics research. Notably, the support of the Regenstrief Institute is ongoing. We continue to participate in multiple joint research projects and proposals, and we have collaborated in the recruitment of more than a half dozen scientists. We have every expectation that this alliance will not only continue, but will grow in magnitude and productivity. This successful relationship with the Regenstrief Institute will serve as a model as we look to expand our alliances with other research programs at Indiana University over the coming years.