



National Institute on Aging

CONGRESSIONAL JUSTIFICATION
FY 2025

Department of Health and Human Services
National Institutes of Health



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DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute on Aging (NIA)

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General Notes

1. FY 2024 funding levels cited in this document are based on the Continuing Resolution in effect at the time of budget preparation (Public Law 118-35) and do not include HIV/AIDS transfers.
2. Detail in this document may not sum to the subtotals and totals due to rounding.

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Director's Overview



Richard J. Hodes, M.D.,
NIA director

In 2022, more than 57 million Americans were age 65 or older. This number could rise to an estimated 85.7 million in 2050, representing a demographic shift that will have profound social, economic, and health impacts on our nation for many decades to come. The National Institute on Aging (NIA) leads the federal government in conducting and supporting research on aging and the health and well-being of older adults. We seek to understand the nature of aging and the aging process, and diseases and conditions associated with growing older.

Now more than ever, it is critical that we support and enhance the basic and applied research that has been the hallmark of the American innovation enterprise and established us as leaders in the research field.

We are specifically focused on factors throughout the life course that promote healthy aging and research that will enable most Americans to be independent throughout their lives.

Aging itself remains the most important risk factor for many devastating disorders and conditions, including Alzheimer's disease (AD) and Alzheimer's disease-related dementias (ADRD), which includes Lewy body dementia (LBD), Frontotemporal dementia (FTD), Vascular Contributions to Cognitive Impairment and Dementia (VCID), and mixed dementias, as well as most forms of cancer, many types of heart disease, osteoporosis and hip fracture, kidney failure, and diabetes. We are meeting the challenges presented by an aging American population through our mission to:

- Support and conduct genetic, biological, clinical, behavioral, social, and economic research on aging;
- Foster the development of research and clinician scientists in aging;
- Provide research resources; and
- Disseminate information about aging and advances in research to the public, health care professionals, and the scientific community, and many other types of audiences.

Since our establishment in 1974, NIA has pursued this mission by funding extramural research at universities and medical centers across the United States and around the world; conducting a vibrant intramural research program at NIA laboratories in Baltimore and Bethesda, Maryland; and maintaining an active communications and outreach program. We also support robust workforce development across America with an emphasis on investigating aging and age-related conditions in historically underserved communities. Fundamentally, we support science to enhance human health, which includes understanding and responding to health disparities related to aging.

Understanding the Dynamics of the Aging Process

Aging is associated with changes in dynamic biological, physiological, environmental, psychological, behavioral, and social processes. Some age-related changes are benign, such as graying hair, whereas others result in functional declines and increased susceptibility to disease,

frailty, or disability. We fund a broad portfolio of research to improve our richly complex research system to better understand the dynamics of the aging process. For example, the risk of falling increases greatly as adults age, with one in four older adults reporting falling each year. Falls can be particularly dangerous for older adults, often causing fractures, hospitalization, and disability. Older adult falls can result in death, serious injury (e.g., broken bones and head injuries), and loss of independence. In the U.S., about 36 million falls are reported among older adults each year, resulting in more than 32,000 deaths. We are currently funding studies to better understand falls risk, including investigating the role of the vestibular (inner ear) system on balance, as well as funding the development of related digital health technologies through our small business program – and several NIA-funded small business awardees now have commercialized technologies in falls detection and prevention. These advances, including cutting-edge technologies, have the potential to inform prevention and intervention strategies to improve the lifespan, healthspan (the portion of life spent in good health), and overall quality of life for older adults and to save lives through falls prevention.

Because aging is a major risk factor for multiple chronic conditions and frailty in older adults, we are investing in research on geroscience, a field centered on the concept that interventions targeting the molecular changes that drive aging may prevent or delay the onset of diseases, conditions, and functional decline associated with growing older. We are supporting a range of studies to better understand the age-related molecular changes and translate these advances to develop interventions for several disorders and conditions related to aging, such as AD, cardiovascular diseases, osteoporosis, arthritis, cancer, and pain. One such NIA-funded project is the Translational Geroscience Network, through which we provide infrastructure for geroscience-based clinical trials of interventions that target aging mechanisms to treat chronic conditions. As another example, investigators funded by NIA and the National Institute of Neurological Disorders and Stroke (NINDS) are studying the age-related mechanisms contributing to vulnerability and resilience to AD/ADRD. For example, NIA-supported social scientists have begun the search for behavioral and environmental predictors of age-related molecular changes (e.g., smoking, psychosocial stress, economic deprivation, environmental burdens, and exposures to harmful chemicals) to inform the design of population level geroscience interventions to address disparities in the aging process. This includes research on the social determinants of health and the role they play in exacerbating risk or engendering resilience to aging and disease and contributing to health risks for historically underserved communities, with the aim of identifying interventions to reduce health disparities. These efforts will help push the field of geroscience toward more rapid translation to the clinic.

A particularly promising avenue of basic research on mechanisms of aging involves the study of cellular senescence, a process in which cells lose normal function, including the ability to divide and replicate, but continue to release molecules that may damage neighboring cells. With our involvement, the Cellular Senescence Network (SenNet) was launched as a National Institutes of Health (NIH) Common Fund project in early 2021. Through this program, researchers seek to identify and characterize how different types of senescent cells affect multiple tissues to impact human health, disease, and lifespan. For example, one SenNet project aims to generate molecular and cellular maps of senescence in human immune system organs, helping provide a key resource for understanding cellular senescence in human development, aging, and disease. We are also currently funding clinical trials to test senolytics (drugs that selectively clear

senescent cells) for the prevention or alleviation of several conditions, including frailty, sepsis, COVID-19, and AD.

We also invest in research to better understand the aging brain, including the development of dementia. Increases in appropriations for AD/ADRD research have resulted in great progress in this field, and we now know much more about the factors affecting risk and the multiple pathways that lead to Alzheimer's and other related dementias. For example, there are now more than 70 known genetic areas associated with AD, which are candidates for future research. Some of these genetic areas convey increased risk for disease while others convey protection. For example, in 2019, NIA-funded researchers identified a genetic variant, *APOE3Ch*, as protective against an inherited form of early-onset AD. In 2023, the same team of researchers identified a second genetic variant, *Reelin-COLBOS*, that provides similar resilience against this condition. These findings shed important light on cognitive resilience and potentially new treatment targets. Researchers are actively exploring AD treatment approaches inspired by the *APOE3Ch* and *Reelin-COLBOS* discoveries. To continue to push this field forward, we have many active funding opportunities focused on understanding genetics and other mechanisms driving AD.

Because events in early and mid-life can have important health consequences, we are also initiating new research and infrastructure on the exposome, the cumulative measure of lifetime exposures an individual experiences across biological, physical, social, economic, and psychological domains. These factors affecting human health and aging processes are unequally distributed across communities, potentially contributing to health disparities in age-related disease and disability. In 2023, we released four new funding opportunities in support of exposome research to identify and understand health inequities, one of which aims to establish a national coordinating center on the exposome and AD/ADRD. One recent NIA-funded advance in this area is the finding that higher rates of incident dementia – new cases of dementia in a population over time — are linked to long-term exposure to particulate air pollution, especially from agriculture and wildfires. By improving our understanding of the factors associated with health disparities, these efforts could lead to new strategies for reducing health inequities.

Advancing Research for Dementia Detection, Prevention, Treatment, and Care

More than six million Americans are currently living with AD, and it is predicted that more than 13 million will be living with the disease by 2060. We are the lead federal agency for research on AD/ADRD, the fifth leading cause of death for adults 65 and older and a major contributor to loss of independence, as well as emotional and financial burdens borne by affected families. Our research portfolio reflects this important responsibility: more than 70 percent of our awarded grant dollars are dedicated to research on various forms of dementia. These funds support a broad range of projects, including basic molecular and cellular studies of the aging brain; large-scale clinical trials of interventions to prevent or mitigate the effects of AD/ADRD; pragmatic clinical trials to test interventions in real-world settings; development of a robust infrastructure for drug discovery; and AD/ADRD population studies in different geographic, racial/ethnic, and socioeconomic groups. Increases in appropriations for AD/ADRD research have enabled us to bring additional focus to this critical area and to enhance investments in key research areas necessary to develop a precision medicine model for AD/ADRD— i.e., a “participant centric” strategy that results in each person getting the right treatment in the right place at the right time

for them. As of September 2023, we are funding approximately 480 active clinical trials on AD/ADRD prevention, treatment, care, and caregiving, reflecting diverse drug and mechanistic targets, as well as a range of AD/ADRD stages. Of these, approximately 230 trials are testing interventions for effective prevention and treatment of these diseases, and others are testing dementia care and caregiving interventions, diagnostic tools, and treatments for neuropsychiatric symptoms associated with dementia. We have seen recent advancements in Alzheimer's therapeutics—the anti-amyloid antibody lecanemab received approval from the Food and Drug Administration (FDA) in 2023 based on a demonstrated effect in slowing cognitive decline. NIH support laid essential groundwork for the pharmaceutical company trials that led to the development of lecanemab. Our funding was integral in understanding the role of amyloid, the protein targeted by lecanemab, and the industry trials hinged on the use of amyloid positron emission tomography (PET) imaging, a technology developed with NIH-funded research.

While we work to prevent and effectively treat dementia, we are also engaged in supporting those currently living with the disease and their care partners by funding research areas such as care and caregiving access and quality, improving models of care across different settings, and care coordination. As a specific example, the NIA-supported Community Care Network for Dementia (CaN-D) aims to promote greater understanding of dementia home- and community-based services. Additionally, we support studies on the ways in which regulatory and socioeconomic incentives and constraints affect care access, quality, and health outcomes. To further support research in dementia care and caregiving and identify important areas for future research, we hosted a National Research Summit in 2023 to identify evidence-based programs, approaches, and research that hold promise for improving the care, services, and support of persons with dementia and their care partners.

To address gaps and opportunities for care and caregiving research identified through activities such as the summit described above, we fund multiple initiatives to strengthen behavioral intervention research, including pragmatic clinical trials to improve the health of older adults and their care partners where they already live and receive care. One important goal is to expand community-based research to facilitate intervention testing in more diverse older adult populations. NIA-supported infrastructure projects aimed at improving the rigor of behavioral intervention development for dementia care and caregiver research include the Roybal Centers for Translational Research on Dementia Care Provider Support and the NIA IMbedded Pragmatic AD/ADRD Clinical Trials (IMPACT) Collaboratory. The IMPACT Collaboratory developed a new resource for NIA-funded scientists, intended to strengthen future collaborative and innovative pragmatic clinical trials embedded within healthcare systems: the Long-Term Care Data Cooperative, a provider-led effort that assembles electronic health record data across multiple long-term care providers across the nation. More than 2,200 nursing facilities from over 200 companies currently participate in this industry-wide centralized data sharing cooperative, representing more than 500,000 long-term care residents. This effort represents the largest assembly of data ever compiled from geographically and structurally diverse nursing homes and their residents. NIA designed this effort to help reach national goals more equitably, effectively, and expeditiously with the utmost consideration for protection of data privacy and security, including utilizing best practices for informed consent and data sharing, and anticipating and addressing ethical challenges early in the process of study design. In addition, the NIA-funded Artificial Intelligence (AI) and Technology Collaboratories are major infrastructure projects

focused on advancing technology in age-related areas of need, including preventing cognitive decline, caregiver support, aging in place, and end-of-life care. In partnership with other NIH institutes, we are also launching an initiative to create a consortium for palliative care research across the lifespan. The consortium will seek to advance research, foster development of early and mid-stage researchers, and engage various healthcare systems and community partners. These efforts aim to improve the lives of those requiring care and their caregivers, while ensuring protection of participant data.

In addition to work focused on treatment and care, we lead research focused on preventing age-related disease and promoting healthy aging, with the goal of improving public health, health equity, and innovation efforts. While the effects of prevention strategies are sometimes less immediately apparent than those of treatments, data support has its role in helping people lead longer, healthier lives. For example, NIA-funded research has revealed that intensive management of blood pressure not only has cardiovascular health benefits, but it may also reduce the risk for mild cognitive impairment AD/ADRD. Other NIA-supported research studies are exploring lifestyle and behavioral interventions—such as cognitive training, following a healthy diet, and increasing physical activity—as potential ways to promote successful aging and delay or prevent cognitive decline. A better understanding of how and why people adopt and adhere to health behaviors can also improve the design, implementation, and effectiveness of interventions that promote long-term lifestyle change and strengthen public health efforts to prevent AD/ADRD and promote cognitive health. To this end, we launched a funding opportunity in 2022 to address psychological and interpersonal mechanisms driving adherence to behaviors or lifestyle changes relevant to the prevention of cognitive decline, mild cognitive impairment, and AD/ADRD. As investigators more precisely identify the psychological, behavioral, and social processes that influence health and quality of life, the field will be able to build an evidence base for the development of public health initiatives to reinforce prevention efforts, enhance symptom management, and preserve function among older adults.

Key to our efforts to treat and prevent diseases associated with aging are sustained initiatives to reduce barriers and health inequities and enhance recruitment and retention of a diverse range of participants in clinical research studies. To ensure generalizability of study findings—both for safety and efficacy—clinical trial participants must represent the populations expected to receive the intervention, particularly those who are at greatest risk for these diseases. In the United States, Alzheimer's and other dementias disproportionately affect African Americans, Hispanics/Latinos, American Indians/Alaska Natives, and some groups of Asian Americans compared with non-Hispanic Whites, yet these populations have been historically and persistently underrepresented in clinical trials. To address these critical issues, we have funded several initiatives to help ensure that prevention and treatment strategies being tested will benefit all Americans and aid in improving health and saving lives across all populations. Enhancing recruitment and retention of participants from diverse backgrounds will also lead to an increased understanding of the health disparities faced by different groups of people.

Supporting the Aging and AD/ADRD Research Enterprise

We are continuing to support multiple programs to provide researchers and industry with a robust infrastructure for developing medicines and other products, including the Alzheimer's Disease Sequencing Project, the Alzheimer's Disease Neuroimaging Initiative, Alzheimer's

Disease Preclinical Efficacy Database, and the Accelerating Medicines Partnership® for Alzheimer's Disease (AMP® AD). These investments are producing results, with over 650 new candidate targets for AD/ADRD identified through the AMP AD program and related target discovery projects as of 2023. In addition, we have established new programs to investigate biomarkers and the natural progression of dementia in individuals living with Down syndrome, FTD, LBD, early onset AD, and vascular dementia. These programs emphasize the recruitment of diverse populations for biomarker, genetics, and multi-omics (an approach incorporating several data types such as genomics, proteomics, and metabolomics) studies. We also continue to support the Alzheimer's Clinical Trials Consortium, which conducts phase I-III clinical trials for AD/ADRD. Another example of NIA-funded AD/ADRD infrastructure is the network of Alzheimer's Disease Research Centers (ADRCs). Established in 1984 as NIH Centers of Excellence, the ADRCs are conducting research and translating scientific advances into improved diagnosis and care for people living with AD/ADRD. The ADRC program—inclusive of 33 ADRCs and 4 Exploratory ADRCs across the United States—has supported access to over 325 clinical trial opportunities between 2017 and 2022, provided evaluations and diagnoses for nearly 30,000 individuals living with dementia or mild cognitive impairment since 2005, and offered a range of supportive and informational resources, including referrals to clinical trials, for ADRC research participants living with dementia and their caregivers as well as for professional providers. Areas of investigation at the Centers range from the basic mechanisms of disease to managing symptoms and helping families cope with the effects of dementia. Although each Center has its own area of research emphasis, the ADRCs work together as a network to enhance research on AD/ADRD, sharing new research ideas and approaches, as well as data through the National Alzheimer's Coordinating Center, and samples through the National Centralized Repository for Alzheimer's Disease and Related Dementias. We will continue to support the infrastructure of the ADRCs with additional resources for increasing the capacity of brain imaging and of recruitment specialists to strengthen the focus on populations most at risk for dementia. Additionally, in 2023, we released a funding opportunity in collaboration with NINDS for the AD/ADRD Real World Data Platform. This funding opportunity was informed by input from across NIH and the external community. This platform aims to transform the AD/ADRD research enterprise by providing a data infrastructure to the research community that will harness longitudinal real-world data and leverage the power of new technologies (e.g., AI) to catalyze cost- and time-efficient research and clinical trials on AD/ADRD in diverse populations. All of these programs bring together scientists from across different disciplines, from academia and industry, to advance our understanding of AD/ADRD. Working collaboratively, NIA-supported researchers employ an open-science, open-source approach at every step of the translational research process to discover new and better targets for treatment, produce and analyze comprehensive and shareable sets of molecular data, and develop high quality tools to move discoveries from the bench to the bedside.

Our funding is also helping small businesses develop care interventions, diagnostic tools, and therapies for AD/ADRD. In FY 2023, we awarded nearly \$145 million in research and development grants to small businesses developing aging and AD/ADRD innovations through the Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) programs. As one example, our small business grants supported researchers at C2N Diagnostics in developing the first blood test – PrecivityAD™ – to detect amyloid protein, which can form plaques in the brain, a hallmark of AD. The blood test is comparable with the current

standard (PET imaging), at detecting amyloid, while being quicker, easier, and cheaper to use than PET scans. An additional study found that it was equally effective at predicting early AD regardless of the race of the person being tested, reaffirming the test as an important potential tool for diagnosis. PrecivityAD is currently being used to recruit participants for the NIA-funded AHEAD 3-45 Study testing the FDA-approved anti-amyloid drug lecanemab in people at different stages of Alzheimer's. In August 2023, C2N released the second-generation version of this test, PrecivityAD2, which measures both amyloid and tau proteins to help physicians more accurately diagnose Alzheimer's in older adults with symptoms of cognitive impairment or dementia. In addition, in 2022, we launched the inaugural NIA Healthy Aging Start-Up Challenge and Bootcamp to Foster Diversity and Accelerate Innovation, designed to mitigate the unique obstacles faced by underrepresented scientists and entrepreneurs when applying for small business research grants. We announced five winners of the inaugural Healthy Aging Start-up Challenge in early FY 2023. Examples of winning projects include a digital health app for the self-management of hypertension, a machine learning (ML)-driven platform to connect senior homeowners and renters to vetted home remodeling companies to age in place, and an online system that simplifies and streamlines the licensing and renewal process for certified nursing assistants (CNAs), home health aides, and other medical professionals. We launched the second round of the Challenge in 2023, selecting 20 finalists to participate in a 5-month entrepreneurial bootcamp and compete for 6 cash prizes. We will continue to invest in small business program awardees to help advance the aging and AD/ADRD research enterprise in FY 2025.

We also launched the Pioneering Research for Early Prediction of Alzheimer's and Related Dementias Eureka (PREPARE) Challenge in FY 2023. PREPARE is a multi-phase data science competition that is designed to advance solutions for accurate, innovative, and representative early prediction of AD/ADRD. The challenge emphasizes building diverse teams of individuals to develop solutions which will benefit groups that have been historically excluded from participation in AD/ADRD research, despite being disproportionately impacted by these conditions in order to ameliorate inequities. Challenge winners are expected to share widely their findings, learnings, and approaches to enable impactful real-world translation.

In addition to unique Challenge programs, we are increasing efforts to support more diverse scientists with expertise in biology, data science, behavioral research, engineering, and drug development. We currently have several training programs to bring diverse and early career scientists to the field, including the Resource Centers for Minority Aging Research (RCMAR), a mentoring program for scientists from historically underrepresented groups who conduct behavioral and social research focused on aging, health disparities in older adults, and/or AD/ADRD. In addition, our Butler-Williams Scholars Program provides unique opportunities for junior faculty, post-doctoral scientists new to the field of aging, and mid-career scientists who are transitioning to aging research from another field to expand their networks, improve grant writing skills, and gain a broader understanding of aging research including, but not limited to, the science of health disparities research. We have also funded over \$13 million in Diversity Administrative Supplements in FY 2023 that support a variety of scientists from historically marginalized backgrounds, as well as the Institute on Methods and Protocols for Advancement of Clinical Trials in AD/ADRD (IMPACT-AD) program, which aims to expand and diversify the dementia clinical trials workforce through focused, interactive, and multidisciplinary training. As of 2023, IMPACT-AD has supported four classes comprised of a total of over 150 alumni.

We fund a series of fellowship awards to promote diversity in translational research for AD/ADRD for candidates at all career stages, ranging from predoctoral to more advanced postdoctoral candidates. A vibrant, diverse workforce plays a vital role in advancing aging research. As such, we continue to support training opportunities for early career scientists to investigate aging and conditions faced by older adults.

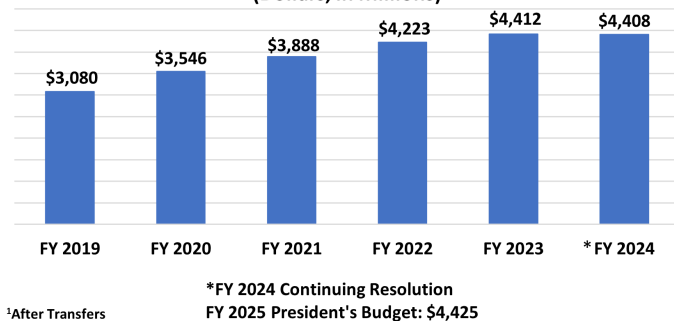
Focus of NIA Research

The National Institute on Aging (NIA) leads the federal government in conducting and supporting research on biological changes and social factors leading to aging to better support the health and well-being of older people. NIA is also the lead federal agency for research on Alzheimer's disease and Alzheimer's disease-related dementias (AD/ADRD). NIA supports a strong, diverse, and balanced research program, focusing on the genetics and biology of aging; basic and clinical studies aimed at reducing disease, age-related cognitive change; and investigations of the behavioral and social aspects of aging.



Richard J. Hodes, M.D., a leading researcher in the field of immunology, has served as NIA director since 1993.

NIA Appropriations¹ Fiscal Year 2019-2024
(Dollars, in Millions)



Current Activities

NIA awarded more than \$15 million in grants in FY 2022 for development of research infrastructure for AD/ADRD exposome studies. NIA recently issued a funding opportunity to establish an AD/ADRD Exposome Coordinating Center to facilitate and advance research on the roles of social and behavioral exposures in dementia risk and resilience. Additionally, NIA launched three new funding opportunities to enable a precision environmental health approach to AD/ADRD risk reduction and disease prevention.

The NIH-funded Resource Centers for Minority Aging Research (RCMARs) aim to diversify the aging and AD/ADRD research workforce in priority areas of social, behavioral, psychological, and economic research by mentoring promising scientists from diverse backgrounds. The Centers are aiming to develop a robust infrastructure to foster rigorous research and lead to scientific advances in priority areas.

Facts and Figures

In FY 2023, NIA supported:

- **1,057** new Research Project Grants (RPG) applications
- **1,418** RPG investigators
- **33** Alzheimer's Disease Research Centers + 4 Exploratory Centers
- **8** Nathan Shock Centers of Excellence
- **15** Edward R. Roybal Centers
- **15** Claude D. Pepper Older Americans Independence Centers
- **~ 460** AD/ADRD clinical trials
- **\$334M** of FY 2023 AD/ADRD research funding to other NIH institutes and centers

NIA launched the Early Prediction of Alzheimer's and Related Dementias Eureka (PREPARE) Challenge. The challenge aims to discover the best data, methods, and strategies for the early prediction of AD/ADRD and emphasizes building diverse teams of individuals to develop solutions which will benefit groups historically underrepresented in AD/ADRD research.

Recent Research Accomplishments

The Cocoa Supplement and Multivitamin Outcomes Study of the Mind (COSMOS-Mind) found that daily multivitamin use for three years improved cognition, memory, and executive function in older adults.

The Aging and Cognitive Health Evaluation in Elders (ACHIEVE) Study found that a hearing intervention may reduce cognitive change over three years in older adults. Although the intervention showed no change in cognitive function between people who received hearing aids and those who did not, analyses determined that the use of hearing aids substantially benefited older adults at increased risk for cognitive decline (e.g., older age, worse cardiovascular health).

NIA-funded researchers are working with a large extended family in Colombia to study inherited forms of early onset AD. In 2019, researchers identified *APOE3Ch* as a protective variant against early onset AD in a Colombian family member, allowing her to remain cognitively unimpaired more than 20 years later than expected. In 2023, researchers remarkably identified a second such variant, *Reelin-COLBOS*, that provided similar cognitive resilience in another family member.

On the Horizon

In an effort to diversify biomarkers for dementia, NIA plans to expand research to discover cutting-edge AD/ADRD biomarkers in areas such as digital biomarkers, ocular biomarkers, skin tests, and sleep measurement.

NIA will support research to rigorously develop and test dementia care and caregiving interventions, better understand and improve the integration of care across multiple settings, and better understand the economic impact of dementia care on individuals, families, and society.

NIA-funded investigators have made crucial advances in the identification of lifestyle interventions that may delay or prevent onset of AD/ADRD. NIA will invest in studies to further understand the role of factors such as physical activity, social interaction, nutrition, blood pressure management, sleep, and cognitive training, and identify strategies that can be tested through clinical trials.

NIA Research Highlights



PrecivityAD2, the next generation of the commercial blood test for amyloid, now also measures levels of tau to help clinicians make an accurate and timely diagnosis of Alzheimer's.



NIA-funded advances in basic science enabled development of anti-amyloid therapies for Alzheimer's, such as lecanemab.



In mice, blocking the follicle stimulating hormone, which rises after menopause in women, had multiple beneficial effects on the body, including reducing body fat, bone loss, and amyloid accumulation.



The Comprehensive Assessment of Long-term Effects of Reducing Intake of Energy (CALERIE) trial found that participants who reduced caloric intake for two years had larger thymuses – an organ that produces immune T cells – which helped their bodies fight infection.



Individuals who had previous viral encephalitis were at least 20 times more likely to be diagnosed with Alzheimer's than those who did not experience viral encephalitis.



Experiencing poor economic conditions in utero was found to be associated with accelerated biological aging in later life, suggesting early-life investments may help postpone age-related morbidity and mortality.

Major Changes in the Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. Note that there may be overlap between budget mechanisms and activity detail, and these highlights will not sum to the total change for the FY 2025 President's Budget request for NIA, which is \$4,425.3 million, an increase of \$13.2 million from the FY 2023 Final level. The FY 2025 President's Budget reflects the administration's fiscal policy goals for the federal government. Within that framework, NIA will pursue its highest research priorities through strategic investments and careful stewardship of appropriated funds.

Noncompeting Research Project Grants (+\$329.4 million; total \$2,334.7 million):

NIA will continue to support its established noncompeting Research Project Grants (RPGs) by awarding a total of 2,532 RPGs, an increase of 369 from FY 2023. The increase is due to more competing awards in FY 2023 leading to more noncompeting awards in FY 2025.

Competing Research Project Grants (-\$415.4 million; total \$605.7 million):

NIA will award 571 competing RPGs in FY 2025 as funding shifts from competing to noncompeting awards and to other mechanism lines.

Research Centers (+\$68.2 million; total \$342.3 million):

NIA will award a total of 144 Research Centers grants, an increase of 21 from FY 2023. This is due to an expansion of centers focusing on AD/ADRD.

Other Research (+\$25.2 million; total \$253.6 million):

NIA will award a number of new coordinating centers to support new AD/ADRD initiatives.

Research & Development Contracts (+\$35.7 million; total \$207.2 million):

NIA will continue to fund research and development contracts for AD/ADRD as well as other projects throughout NIA and NIH. This increase provides for increased costs in NIA's existing contracts.

Intramural Research (+\$34.2 million; total \$265.5 million):

In FY 2025, NIA plans to hire 71 additional intramural FTEs relative to the FY 2023 level to expand staff support in the intramural program, particularly for the new Center for Alzheimer's and Related Dementias (CARD). NIA will continue work to identify areas of potential savings within the Intramural Research Program that will allow the institute to continue to achieve its program goals and accomplishments.

Research Management and Support (+\$35.5 million; total \$184.7 million):

In FY 2025, NIA plans to hire 145 additional RMS FTEs relative to the FY 2023 level to strengthen support of its extramural research programs. NIA oversees 4,130 research grants, 901 full-time training positions, and 49 research and development contracts. Funding will be used to cover the expenses associated with providing for the effective administrative, planning and evaluation, public information and communications, and scientific leadership of the institute.

BUDGET MECHANISM TABLE

NATIONAL INSTITUTES OF HEALTH

National Institute on Aging

Budget Mechanism *

(Dollars in Thousands)

Mechanism	FY 2023 Final		FY 2024 CR		FY 2025 President's Budget		FY 2025 +/- FY 2023	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Research Projects:								
Noncompeting	2,163	\$2,005,333	2,699	\$2,442,956	2,532	\$2,334,703	369	\$329,370
Administrative Supplements	(428)	\$136,485	(109)	\$38,296	(117)	\$40,955	-(311)	-\$95,530
Competing:								
Renewal	83	\$142,036	43	\$80,258	45	\$84,255	-38	-\$57,781
New	973	\$878,623	500	\$496,467	525	\$521,195	-448	-\$357,428
Supplements	1	\$442	1	\$250	1	\$262	0	-\$180
Subtotal, Competing	1,057	\$1,021,101	544	\$576,975	571	\$605,712	-486	-\$415,389
Subtotal, RPGs	3,220	\$3,162,919	3,243	\$3,058,227	3,103	\$2,981,370	-117	-\$181,549
SBIR/STTR	181	\$144,788	166	\$138,884	166	\$138,275	-15	-\$6,513
Research Project Grants	3,401	\$3,307,706	3,409	\$3,197,111	3,269	\$3,119,645	-132	-\$188,061
Research Centers								
Specialized/Comprehensive	123	\$269,581	127	\$300,555	144	\$340,827	21	\$71,246
Clinical Research	0	\$0	0	\$0	0	\$0	0	\$0
Biotechnology	0	\$817	0	\$0	0	\$0	0	-\$817
Comparative Medicine	0	\$3,651	0	\$1,447	0	\$1,447	0	-\$2,204
Research Centers in Minority Institutions	0	\$0	0	\$0	0	\$0	0	\$0
Research Centers	123	\$274,049	127	\$302,002	144	\$342,274	21	\$68,225
Other Research:								
Research Careers	544	\$82,961	534	\$82,961	534	\$82,961	-10	\$0
Cancer Education	0	\$0	0	\$0	0	\$0	0	\$0
Cooperative Clinical Research	0	\$0	0	\$0	0	\$0	0	\$0
Biomedical Research Support	0	\$120	0	\$0	0	\$0	0	-\$120
Minority Biomedical Research Support	0	\$1,038	0	\$1,030	0	\$1,030	0	-\$8
Other	159	\$144,308	165	\$152,673	183	\$169,631	24	\$25,323
Other Research	703	\$228,428	699	\$236,664	717	\$253,622	14	\$25,194
Total Research Grants	4,227	\$3,810,184	4,235	\$3,735,777	4,130	\$3,715,541	-97	-\$94,643
Ruth L Kirschstein Training Awards:	FTTPs		FTTPs		FTTPs		FTTPs	
Individual Awards	292	\$14,102	296	\$14,480	292	\$14,480	0	\$378
Institutional Awards	591	\$35,742	617	\$37,860	609	\$37,860	18	\$2,118
Total Research Training	883	\$49,844	913	\$52,340	901	\$52,340	18	\$2,496
Research & Develop. Contracts	45	\$171,580	47	\$197,336	49	\$207,238	4	\$35,658
<i>SBIR/STTR (non-add)</i>	(3)	(\$2,306)	(4)	(\$6,308)	(4)	(\$6,447)	(1)	(\$4,141)
Intramural Research	254	\$231,291	275	\$256,406	325	\$265,459	71	\$34,168
Res. Management & Support	330	\$149,192	375	\$165,764	475	\$184,717	145	\$35,525
<i>SBIR Admin. (non-add)</i>		(\$2,416)		(\$2,299)		(\$2,525)		(\$109)
Construction		\$0		\$0		\$0		\$0
Buildings and Facilities		\$0		\$0		\$0		\$0
Total, NIA	584	\$4,412,090	650	\$4,407,623	800	\$4,425,295	216	\$13,205

* All items in italics and brackets are non-add entries.

APPROPRIATIONS LANGUAGE

NATIONAL INSTITUTES OF HEALTH

NATIONAL INSTITUTE ON AGING

For carrying out section 301 and Title IV of the PHS Act with respect to aging, \$4,425,295,000.

SUMMARY OF CHANGES

NATIONAL INSTITUTES OF HEALTH National Institute on Aging

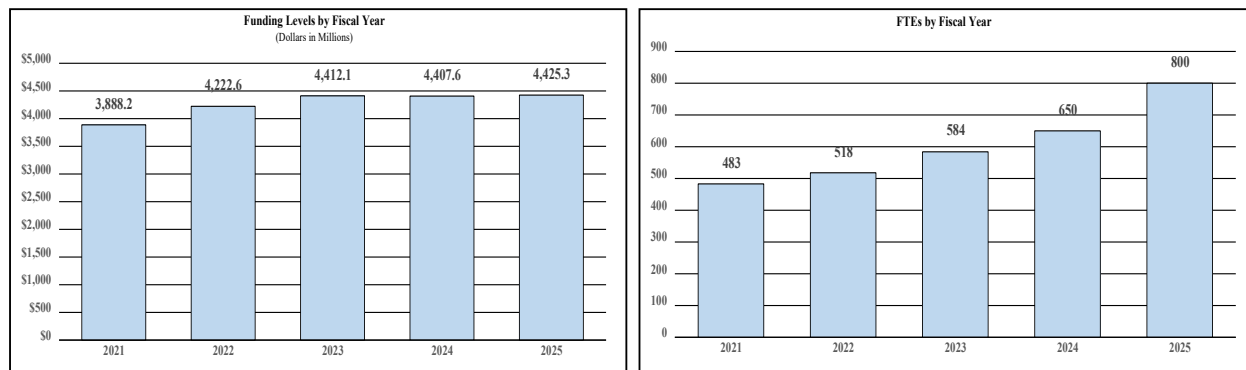
Summary of Changes

(Dollars in Thousands)

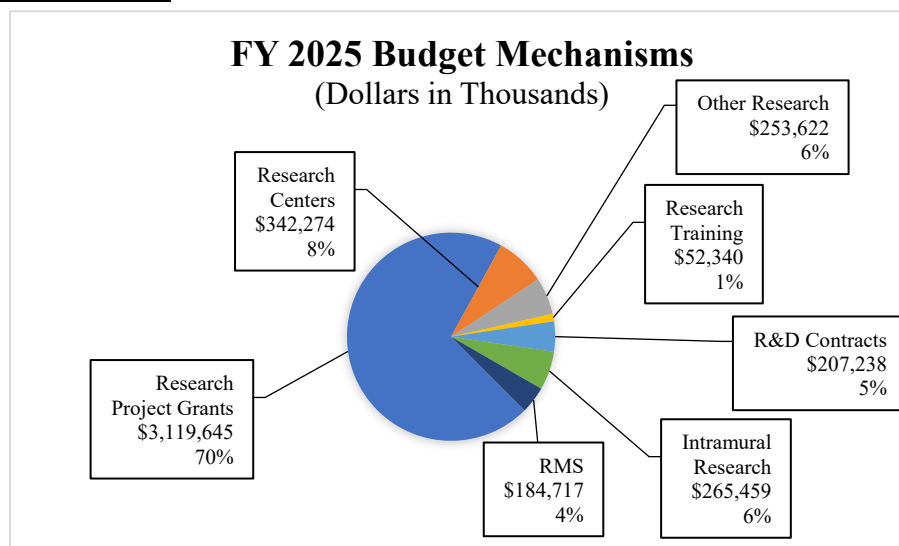
CHANGES	FY 2023 Final		FY 2025 President's Budget		Built-In Change from FY 2023 Final	
	FTEs	Budget Authority	FTEs	Budget Authority	FTEs	Budget Authority
I. Intramural Research:						
A. Built-in cost changes:						
a. FY 2024 effect of FY 2023 pay & benefits increase		\$61,470		\$73,759		\$725
b. FY 2024 effect of FY 2024 pay & benefits increase		\$61,470		\$73,759		\$2,392
c. FY 2024 paid days adjustment		\$61,470		\$73,759		\$237
d. Differences attributable to FY 2024 change in FTE		\$61,470		\$73,759		\$5,082
e. FY 2025 effect of FY 2024 pay & benefits increase		\$61,470		\$73,759		\$832
f. FY 2025 effect of FY 2025 pay & benefits increase		\$61,470		\$73,759		\$1,119
g. FY 2025 paid days adjustment		\$61,470		\$73,759		\$0
h. Differences attributable to FY 2025 change in FTE		\$61,470		\$73,759		\$12,080
i. Payment for centrally furnished services		\$26,697		\$28,626		\$1,929
j. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$143,112		\$163,074		\$10,899
Subtotal, IR built-in cost changes						\$35,294
2. Research Management and Support:						
A. Built-in cost changes:						
a. FY 2024 effect of FY 2023 pay & benefits increase		\$63,101		\$87,245		\$746
b. FY 2024 effect of FY 2024 pay & benefits increase		\$63,101		\$87,245		\$2,455
c. FY 2024 paid days adjustment		\$63,101		\$87,245		\$243
d. Differences attributable to FY 2024 change in FTE		\$63,101		\$87,245		\$8,605
e. FY 2025 effect of FY 2024 pay & benefits increase		\$63,101		\$87,245		\$866
f. FY 2025 effect of FY 2025 pay & benefits increase		\$63,101		\$87,245		\$1,177
g. FY 2025 paid days adjustment		\$63,101		\$87,245		\$0
h. Differences attributable to FY 2025 change in FTE		\$63,101		\$87,245		\$18,524
i. Payment for centrally furnished services		\$11,609		\$12,447		\$839
j. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$74,470		\$85,025		\$4,429
Subtotal, RMS built-in cost changes						\$37,884
CHANGES	FY 2023 Final		FY 2025 President's Budget		Program Change from FY 2023 Final	
	No.	Amount	No.	Amount	No.	Amount
B. Program:						
1. Research Project Grants:						
a. Noncompeting	2,163	\$2,141,818	2,532	\$2,375,658	369	\$233,840
b. Competing	1,057	\$1,021,101	571	\$605,712	-486	-\$415,389
c. SBIR/STTR	181	\$144,788	166	\$138,275	-15	-\$6,513
Subtotal, RPGs	3,401	\$3,307,706	3,269	\$3,119,645	-132	-\$188,061
2. Research Centers	123	\$274,049	144	\$342,274	21	\$68,225
3. Other Research	703	\$228,428	717	\$253,622	14	\$25,194
4. Research Training	883	\$49,844	901	\$52,340	18	\$2,496
5. Research and development contracts	45	\$171,580	49	\$207,238	4	\$35,658
Subtotal, Extramural		\$4,031,607		\$3,975,119		-\$56,488
6. Intramural Research	254	\$231,291	325	\$265,459	71	-\$1,126
7. Research Management and Support	330	\$149,192	475	\$184,717	145	-\$2,359
8. Construction		\$0		\$0		\$0
9. Buildings and Facilities		\$0		\$0		\$0
Subtotal, program changes						-\$59,973
Total built-in and program changes	584	\$4,412,090	800	\$4,425,295	216	\$13,205

BUDGET GRAPHS

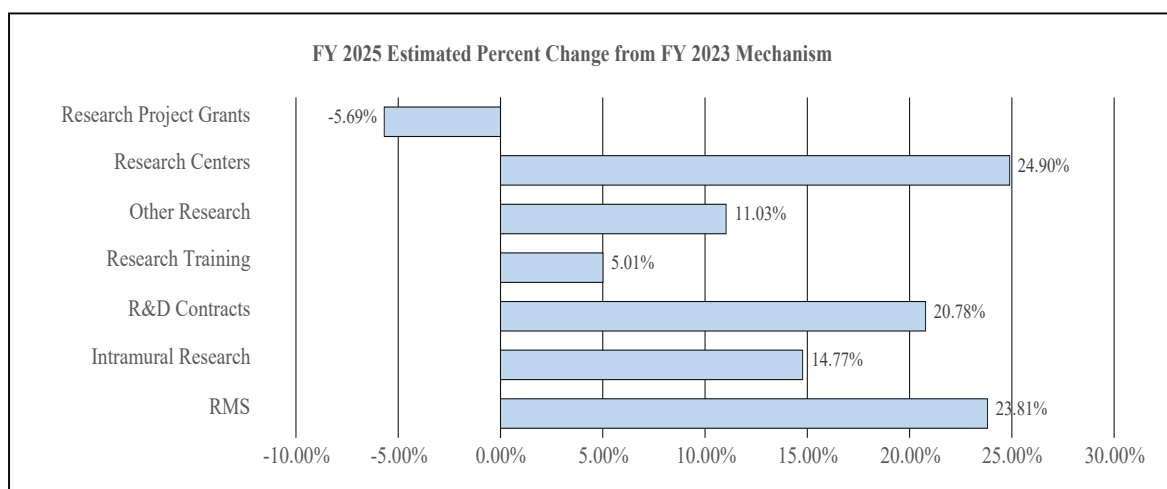
History of Budget Authority and FTEs:



Distribution by Mechanism:

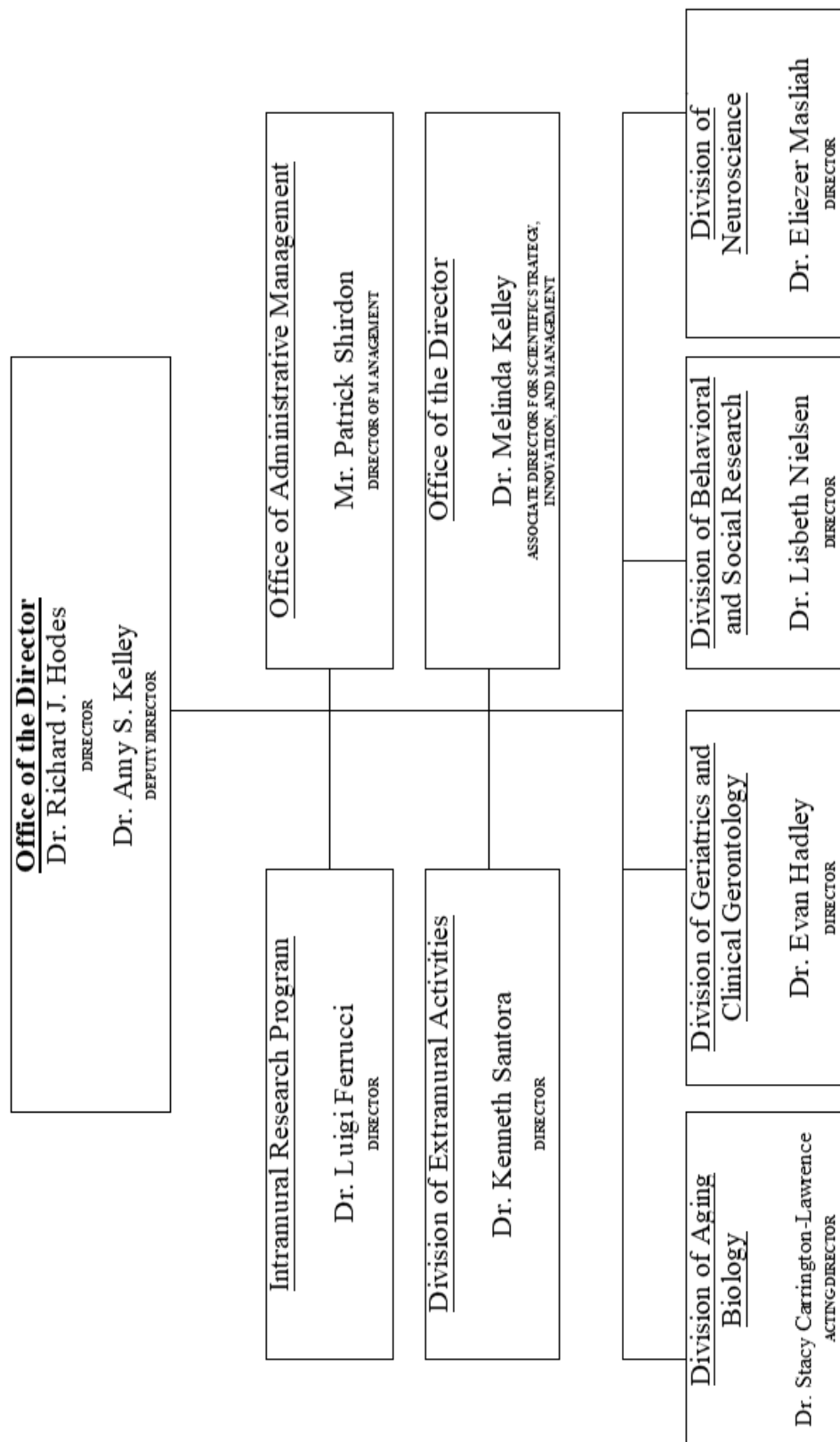


Change by Selected Mechanisms:



NATIONAL INSTITUTES OF HEALTH National Institute on Aging

Organizational Structure



ORGANIZATION CHART

BUDGET AUTHORITY BY ACTIVITY TABLE

**NATIONAL INSTITUTES OF HEALTH
National Institute on Aging**

Budget Authority by Activity *
(Dollars in Thousands)

	FY 2023 Final		FY 2024 CR		FY 2025 President's Budget		FY 2025 +/- FY 2023 Final	
Extramural Research	FTE	Amount	FTE	Amount	FTE	Amount	FTE	Amount
Detail								
Aging Biology		\$350,997		\$346,979		\$346,079		-\$4,918
Behavioral & Social Research		\$726,501		\$718,184		\$716,322		-\$10,179
Neuroscience		\$2,593,237		\$2,563,549		\$2,556,902		-\$36,335
Geriatrics & Clinical Gerontology		\$360,872		\$356,741		\$355,816		-\$5,056
Subtotal, Extramural		\$4,031,607		\$3,985,453		\$3,975,119		-\$56,488
Intramural Research	254	\$231,291	275	\$256,406	325	\$265,459	71	\$34,168
Research Management & Support	330	\$149,192	375	\$165,764	475	\$184,717	145	\$35,525
TOTAL	584	\$4,412,090	650	\$4,407,623	800	\$4,425,295	216	\$13,205

* Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

JUSTIFICATION OF BUDGET REQUEST

National Institute on Aging

Authorizing Legislation: Section 301 and Title IV of the Public Health Service Act, as amended.

Budget Authority (BA):

	<u>FY 2023 Final</u>	<u>FY 2024 Continuing Resolution</u>	<u>FY 2025 President's Budget</u>	<u>FY 2025 +/- FY 2023</u>
BA	\$4,412,090,000	\$4,407,623,000	\$4,425,295,000	+\$13,205,000
FTE	584	650	800	+216

Program funds are allocated as follows: Competitive Grants/Cooperative Agreements; Contracts; Direct Federal/Intramural and Other.

Overall Budget Policy: The FY 2025 President's Budget request for NIA is \$4,425.3 million, an increase of \$13.2 million or 0.3 percent compared with the FY 2023 Final level. This funding level will support basic, translational, and clinical research across all of NIA's mission areas, as described below.

Program Descriptions

Division of Aging Biology (DAB)

Aging is a primary risk factor for many diseases and conditions. DAB supports research to determine the basic biological and genetic mechanisms underlying the processes of aging at the molecular, cellular, tissue, and organ levels, and the ways these changes are communicated throughout the cells and tissues of the body. NIA-supported investigators are also studying changes in molecular and cellular structures and functions that characterize normal aging in diverse laboratory and domesticated organisms, spanning from yeast to dogs and nonhuman primates, working to bring those insights to studies of human health. The division also supports research on mechanisms and interventions that may affect the rates of aging in humans across diverse populations, as well as programs to understand the biological aspects related to the heterogeneity of aging and health disparities. In addition, DAB – in collaboration with other NIA divisions – funds research in people, especially in those living with variations in biological mechanisms of aging such as individuals with progeroid syndromes, who exhibit premature physical aging, and centenarians, or individuals who live to 100 or older. For example, DAB-funded research is exploring how cardiovascular disease is the leading cause of death in progeria, and how the immune system may support longevity in centenarians.

The field of geroscience seeks to translate knowledge gained from biology of aging research into methods and interventions to prevent, minimize, or reverse detrimental age-related changes and functional decline in older individuals. Geroscience research is an NIH-wide priority; DAB coordinates the groundbreaking NIH-wide Geroscience Interest Group (GSIG), which was

formed in 2012 to encourage advancements in the field. The GSIG fosters the connections between the biology of aging, diseases associated with aging, and age-related loss of resilience, and promotes studies that test the hypothesis that slowing the biological rate of aging will have beneficial impacts on multiple health outcomes related to aging. At this time, 16 NIH Institutes and Centers participate in the GSIG, which works to catalyze the development of new tools, models, and paradigms that address the translation of discoveries of the basic biological underpinnings of multiple diseases to clinical interventions. GSIG marked its 10th anniversary in 2022. In the last decade, the GSIG has played an important role in bringing scientists interested in the basic biology of aging together with geriatricians and other clinical researchers focused on translating basic discoveries into effective clinical interventions. For example, the GSIG has hosted four summits focused on different aspects of geroscience research, bringing these various groups of experts together and generating new ideas. These summits have helped to identify knowledge gaps that future research is needed to address. Additionally, DAB supports studies on the “hallmarks of aging,” including cellular senescence, which have emerged as important contributors to aging and age-related disease and are key targets for therapeutic development. DAB has played a major role in originating and advancing the NIH-wide Common Fund Program on cellular senescence to identify senescent cells in humans as possible pharmacological targets to improve health at older ages.

To support these efforts, DAB funds eight Nathan Shock Centers of Excellence, which provide national leadership and research resources in the basic biology of aging. DAB has released several funding opportunities seeking projects examining the molecular mechanisms of age-related changes. Additionally, DAB supports several resources for biology of aging research, including colonies of aging rodents, as well as collections of cells derived from rodent, non-human primate, and human longitudinal studies of aging (along with the NIA Division of Geriatrics and Clinical Gerontology), and from individuals affected by premature aging disorders. DAB also supports other resources including the Interventions Testing Program that aims to identify agents that extend lifespan and healthspan in laboratory animals which can lay the foundation for translation to clinics. DAB supports the Dog Aging Project, a nationwide, long-term longitudinal study of aging in tens of thousands of companion dogs. This initiative aims to better define aging in companion dogs and uncover genetic and environmental factors that influence aging in dogs and potentially in humans.

Budget Policy:

The FY 2025 President’s Budget request for NIA DAB is \$346.1 million, a decrease of \$4.9 million or 1.4 percent compared with the FY 2023 Final level.

Division of Behavioral and Social Research (DBSR)

DBSR supports research to elucidate the pathways by which social, psychological, economic, and behavioral factors throughout the life course affect health and health disparities at older ages, to identify the causal mechanisms that account for observed associations, and ultimately to target these mechanisms to modify individual behaviors and social contexts to promote health and prevent disease. DBSR’s portfolio is broad and spans topics ranging from understanding how genetic and genomic influences link social, psychological, and behavioral processes with health and well-being over the life course, to sweeping demographic studies with a global reach. DBSR also supports transdisciplinary research networks to develop the infrastructure and research

capacity to address behavioral and social science challenges to understanding aging and AD/ADRD.

DBSR supports substantial AD/ADRD research investments in cognitive and dementia epidemiology, identification of behavioral and social risk and resilience factors, and measurement of dementia-related functional and psychological changes. These investments may help us better characterize and understand disparities in dementia etiology and burden of illness and inform the design of precision interventions for prevention of cognitive decline and promotion of cognitive and brain health, including cognitive training and lifestyle modification. To support the millions of Americans currently living with these conditions, as well as their families and care partners, DBSR also leads the NIA effort in dementia care and caregiving research, to improve quality of life for individuals living with AD/ADRD.

DBSR also supports research to improve early detection of dementia and develop rigorous approaches to monitoring cognitive and functional changes – including changes in decision making and financial behaviors - over the course of adult life and in response to interventions. With an NIH-wide consortium, DBSR coordinates the Science of Behavior Change program, previously supported by the NIH Common Fund. The program seeks to accelerate the investigation of common mechanisms of behavior change that are applicable to a broad range of health behaviors, provides tools and guidance to the field on best practices in behavioral change trial design, and maintains an online, publicly available repository of measures produced by the network. DBSR has leveraged this investment to develop a growing research program focused on enhancing long-term adherence to health behaviors associated with reduced risk for AD/ADRD as well as other age-related diseases and conditions.

DBSR also supports numerous longitudinal studies following groups of people over time to illuminate the aging process. This includes the Health and Retirement Study, the nation’s largest

The Exposome and AD/ADRD

Because events throughout life can result in important health outcomes, NIH is expanding research focused on the exposome—the cumulative measure of lifetime exposures an individual experiences across physical, social, economic, and psychological domains. The growth of advanced computing in recent years has now made it possible to measure aspects of the exposome and their relationship to human health. However, the mechanisms by which these exposome elements affect dementia risk are still largely unknown.

To address the urgent need for research infrastructure that explores the role of various exposures in AD/ADRD, multiple divisions across NIA awarded more than \$15 million in administrative supplement awards for exposome research in FY 2022. These awards support the development of research infrastructure for exposome studies in AD/ADRD, building the foundation for new centers for exposome studies by coordinating work across existing programs and other efforts. In addition, NIA recently issued several funding opportunities to support projects that characterize the impact of toxicants like air pollution, per- and polyfluoroalkyl substances (PFAS), and pesticides, on brain aging and dementia.

NIA has followed this foundational effort with a recently issued funding opportunity to establish an AD/ADRD Exposome Coordinating Center in FY 2024 to facilitate and advance research on the roles of social, behavioral, psychological, and economic exposures in the causes of, and disparities in, dementia risk and resilience. The Coordinating Center will promote research development and the sharing and harmonizing of environmental and individual exposure data at the environmental and individual levels to support the scientific field. This work will improve understanding of how environmental factors affect health disparities in AD/ADRD and aims to lead to the identification of novel risk factors for these diseases. Furthermore, exposome research will offer the opportunity to develop precision medicine approaches for the treatment of AD/ADRD as well as inform strategies for dementia risk reduction and disease prevention.

and most comprehensive population-representative longitudinal study of older adults, as well as studies like the National Longitudinal Study of Adolescent to Adult Health (Add Health) that examine the impact of early life experiences and social determinants on aging, cognitive health, and health disparities. The division also coordinates several active centers programs, including the Centers on the Demography and Economics of Aging, the Edward R. Roybal Centers for Translational Research on Aging, and the RCMARs, previously described in the Director's Overview. These centers play a significant role in advancing innovative behavioral and social science through development of research tools, funding for pilot projects, and mentoring to strengthen and diversify the aging research workforce. As one example, the Centers on the Demography and Economics of Aging focus on several research and infrastructure activities exploring health disparities in aging and health outcomes, as well as the role of social, economic, behavioral, environmental, and structural risk and protective factors leading to these disparities.

DBSR helps to coordinate work across its Centers and Research Networks and plays a key role in helping researchers access and manage data from multiple sources. For example, DBSR staff initiated an NIA agreement with the Centers for Medicare & Medicaid Services (CMS) to facilitate NIA-funded studies to be linked with Medicare and Medicaid claims data. Data from ongoing longitudinal studies along with CMS data sources present novel and promising opportunities for researchers. DBSR is helping lead NIA efforts to harness this tremendous flow of data, with the goal of ensuring that data are usable with innovative statistical and data science methodologies, opening the doors to applying these powerful methodologies to aging and AD/ABRD research.

Budget Policy:

The FY 2025 President's Budget request for NIA DBSR is \$716.3 million, a decrease of \$10.2 million or 1.4 percent compared with the FY 2023 Final level.

Division of Geriatrics and Clinical Gerontology (DGCG)

The Division of Geriatrics and Clinical Gerontology (DGCG) at NIA supports clinical and translational research on health and disease in older adults, as well as research on aging across the human lifespan. This includes trials on the effectiveness of clinical interventions; translational research for the development of new interventions for age-related conditions; prevention and treatment of multiple chronic conditions in older individuals through targeting of fundamental aging mechanisms, such as cellular senescence; and studies to inform evidence-based geriatric care and policies affecting older individuals. In addition, DGCG provides critical research resources to the scientific community, including the AgingResearchBioBank, a unique platform for sharing data and biospecimens.

Within its portfolio of research on age-related diseases and conditions, DGCG supports research on AD/ABRD. For example, DGCG funds the Phase 4 clinical trial PREVENTABLE, or Pragmatic Evaluation of Events and Benefits of Lipid-Lowering in Older Adults, in which researchers are examining the benefits and risks of the commercially available cholesterol-lowering drug atorvastatin in 20,000 adults aged 75 or older without cardiovascular disease. The trial, which is expected to be completed in July 2026, will help determine whether atorvastatin can help prevent dementia and disability in this age group, in addition to preventing heart attacks and cardiovascular-related deaths, without increasing adverse health outcomes. DGCG has also

led efforts to develop a collaborative research and resource network, the Geriatric Emergency Care Applied Research (GEAR) Network, to address research gaps in emergency care of older adults with AD/ADRD. GEAR research studies currently focus on older adults in emergency care settings who may be vulnerable to misdiagnosis, inappropriate tests or treatments, inability to provide informed consent to treatment, and unsafe discharge — including members of underrepresented groups. This vulnerability results in part from the higher incidence of comorbidities in older adults that require diagnosis. In FY 2022, DGCG released a funding opportunity to support the establishment of a national consortium for personalization of diagnostic tests for AD/ADRD in older adults living with multiple chronic conditions. This network will facilitate transdisciplinary biomarker and imaging research within this population, with the aim of better aligning diagnostics with patient needs and priorities. DGCG initiated another funding opportunity in FY 2023 for a Nursing Home EXplanatory Clinical Trials Network (NEXT) to help address the lack of randomized controlled trials in nursing home settings and to facilitate testing of preventive interventions, treatments and treatment strategies, and complex services for a variety of age-related conditions, including AD/ADRD.

Beyond efforts in AD/ADRD, DGCG supports a diverse array of research on topics in aging. This includes research which examines persons and families who maintain health into very old age to identify factors that contribute to a long healthspan. These studies have identified genetic and other factors which may provide a basis to test new interventions in clinical trials to promote long, healthy lives. For instance, DGCG has supported investigations of longevity-associated genetic variants and their potential protective effects for health, including for the cardiovascular system, metabolism, and cognition. The DGCG-supported Longevity Consortium, which was initiated in 1999, identifies factors underlying exceptional human longevity. The Longevity Consortium is currently slated for renewal to accomplish several key objectives, including investigations of new longevity-related mechanisms and targets related to cognitive resilience and AD/ADRD risk, as well as

Aspirin in Reducing Events in the Elderly (ASPREE) Trial

The landmark ASPREE trial was an international, randomized, double-blind, placebo-controlled trial which assessed whether daily low-dose aspirin increases healthy lifespan in older adults. The initial ASPREE trial took place from 2010—2017 and encompassed a total sample of 19,114 participants ages 65+ without cardiovascular disease, dementia, or disability at enrollment. ASPREE's primary finding was that daily aspirin did not increase disability-free survival, a composite measure based on the absence of persistent physical disability or dementia. In addition, aspirin did not reduce risk of heart attack or stroke, but did increase risk of serious bleeding.

Together, these findings challenged conventional beliefs regarding aspirin's benefits for primary prevention, especially with respect to cardiovascular disease (CVD) and related adverse events, suggesting that initiation of a daily aspirin regimen in older adults is not warranted without prior indication. ASPREE findings further informed the 2022 U.S. Preventive Services Task Force recommendation against initiation of low-dose aspirin for primary prevention of CVD in older adults.

Since the release of initial ASPREE findings in 2018, the trial has continued to generate insights pertinent to geriatric clinical care and patient well-being through the ongoing ASPREE-XT (eXTension) studies. For instance, these follow-up studies have shown that daily low-dose aspirin increased risk of intracranial bleeding by 38 percent, increased anemia risk by 20 percent, and increased risk of serious falls by 11 percent. In alignment with prior ASPREE results, these findings do not support initiation of low-dose aspirin given health risks for otherwise healthy older adults.

In aggregate, ASPREE's findings have led to important advancements in our knowledge of aspirin's risks and benefits to the older adult population, leading to reconsideration of once-widespread recommendations regarding aspirin's role in primary prevention.

exploration of longevity-related factors in diverse populations. One project funded through the Longevity Consortium, The Centenarian Project, will bring together multiple extreme longevity (EL) studies, combining individual-level genetic and phenotypic data for more powerful genetic association analyses of human EL. Analyses of these data will be used to search for healthy aging therapeutics. Additionally, in FY 2022, DGCG released a funding opportunity to solicit AI/ML-based strategies to identify determinants of exceptional health and lifespan.

An area of national research interest and DGCG support is that of palliative care, which is a form of supportive care focused on relief of symptoms and suffering, communication of prognosis and treatment options in the context of patient goals, and coordination of care within and across healthcare settings. Given care needs associated with chronic disease and disability in older adulthood, particularly when considered in the context of rapid population aging, palliative care is a critical area of research focus. With co-sponsorship by other NIH Institutes, NIA released a Notice of Special Interest, Advancing the Science of Geriatric Palliative Care, which encouraged research grant applications focused on palliative care for age-related diseases, conditions, and/or special problems and needs associated with older age, such as multiple chronic conditions, polypharmacy, cognitive impairment and dementia, age-related disabilities, and other geriatric syndromes. In October 2023, the NIH Guide published a Notice of Intent to Publish to support an NIH Consortium for Palliative Care Research Across the Lifespan. This consortium, which represents a collaborative effort between DGCG and DBSR and institutes across the NIH, is positioned to support scientific research workforce development and palliative care research across the lifespan and a range of serious illnesses, including AD/ADRD.

DGCG also supports the United States Deprescribing Network, which seeks to reduce or stop the use of unnecessary and potentially harmful medications to improve the health and well-being of older adults. Relatedly, DGCG supports studies on the safety of long-term use of anticholinergic medications. Prescribed to treat overactive bladder and other conditions, these drugs may increase the risk of AD/ADRD and may thus be important targets for deprescribing. DGCG also supports research on pain, pain management, and opioid use in aging, which seeks to elucidate mechanisms underlying pain in aging to enhance assessment, prevention, and pain management strategies in older adults and to improve health equity of aging populations experiencing pain.

Further, DGCG is funding new demonstration projects to study the feasibility of and best practices for using interoperable (i.e., formatted to allow diverse datasets to be merged or aggregated in meaningful ways) health information from older adult research participants. Interoperable electronic health records (EHRs), which participants consent to sharing, are collected from providers across health networks and geographic regions using data security and privacy best practices and may enable researchers to overcome information fragmentation which can be particularly pronounced in the records of older individuals. These studies require detailed plans for the protection of human subjects and approval from Institutional Review Boards to ensure ethical practices. Interoperable EHRs may also provide added value for detecting the co-occurrence of two or more chronic conditions, which is common among older adults.

Additionally, DGCG supports the Claude D. Pepper Older Americans Independence Centers (OAIC) program, which advances biomedical research leading to maintenance of functional independence in older age. Through a network of 15 Pepper Centers nationwide, the program

provides geriatrics research expertise and collaboration; venues for dissemination of geriatric health information; sites for training in aging-related research; and relevant data, biospecimens, and aging research tools.

Budget Policy:

The FY 2025 President's Budget request for NIA DGCG is \$355.8 million, a decrease of \$5.1 million or 1.4 percent compared with the FY 2023 Final level.

Division of Neuroscience (DN)

DN supports basic, translational, clinical, biomarker, genetics, and epidemiological research, as well as training opportunities, to further our understanding of both normal and pathological age-related changes to the nervous system and the influence of these changes on cognition and behavior. DN also supports basic and clinical research aimed at maintaining or improving sleep, sensory, and motor function with age, and studies exploring alterations in blood flow in the brain as a possible contributor to gait dysfunction and falls. A primary focus of the division is research on AD/ADRD. As such, DN supports studies to better understand the molecular, cellular, and genetic underpinnings of AD/ADRD; biomarker discovery and validation; epidemiological studies to establish prevalence and incidence estimates and identify risk and resilience factors; and efforts to identify, develop, and test therapeutics to treat or prevent AD/ADRD as well as to address neuropsychiatric symptoms of these diseases. DN also supports research on the important relationship between AD and Down syndrome. DN supports programs aimed at understanding the intersection between the contributions of the mechanisms of aging, genetics, and the environment in AD/ADRD. NIA has launched several programs exploring the hallmarks of aging in AD/ADRD including studies on the role of DNA damage, cell senescence, inflammation, and other aging hallmarks in AD/ADRD.

DN also supports translational programs including clinical trials for AD/ADRD with pharmacological and non-pharmacological approaches as well as management of care and neuropsychiatric symptoms (e.g., psychosis, agitation, depression, sleep disturbance, and apathy). NIA supports a diverse portfolio of pharmacological trials including trials targeting

Increasing Participant Diversity in Clinical Studies

In order to ensure treatments can be applied to a broad population, clinical trials need to be thoughtfully designed and inclusive, especially to individuals from communities traditionally underrepresented in biomedical research. To support these efforts, NIA released a web-based communication tool, called OutreachPro, in 2021 that enables the research community to access and personalize educational and outreach materials for historically underrepresented communities in multiple languages about dementia, brain health, and AD/ADRD clinical studies. The tool now contains a library of content developed for and tested with African American/Black, Hispanic/Latino, and Asian-American and Pacific Islander communities.

NIA also continues to expand and strengthen research infrastructure to support community engagement and outreach. For example, the Alzheimer's Clinical Trial Consortium (ACTC) provides centralized resources to researchers nationwide to support the development of interventions for AD/ADRD. In particular, the ACTC's Recruitment, Engagement, and Retention Unit is composed of committees who ensure study designs minimize barriers to recruitment to enhance the diversity and inclusivity of ACTC trials. NIA's Alzheimer's Disease Research Centers (ADRCs) also have a long history of engaging with local communities through the ADRC Outreach, Recruitment, and Engagement Cores. The Cores strive to develop community partnerships to engage a wider group of people in research and address health disparities.

Through these aforementioned and other efforts, NIA remains committed to improving the health of underrepresented older adults in clinical studies.

amyloid, tau, inflammation, neuronal connections, stem cells, and more. Over 18 investigational new drugs have resulted from these efforts. NIA, via DN, is now supporting critical prevention trials with the newly FDA-approved anti-amyloid antibody lecanemab in asymptomatic and early-stage AD cases as well as in inherited forms of AD where combinatorial therapy with anti-Tau antibodies is underway. DN also funds non-pharmacological trials, including the role of exercise, diet, cognitive training, and combination approaches.

Additionally, ongoing and recent research initiatives into AD/ADRD have focused on the development of new biomarkers, the investigation of sex differences, understanding senescence in brain aging and AD/ADRD, defining the vulnerability and adaptability of brain cells and neural connectivity in aging and AD/ADRD, clarifying the relationship between delirium and AD/ADRD, exploring the role of infectious agents, and understanding common mechanisms and interactions among neurodegenerative diseases, among many other topics. DN also funds research exploring Limbic-predominant age-related TDP-43 encephalopathy (LATE), a type of dementia associated with abnormal clusters of a protein called TDP-43 in the brain. DN-funded research found that nearly 40 percent of older adults may experience brain damage caused by LATE.

NIA is also committed to ensuring AD/ADRD research outcomes and advances, including any effective treatment and prevention options, meet the needs of the diverse United States population. To support this priority, NIA is funding the AHEAD study to test the safety and effectiveness of lecanemab on reducing brain amyloid buildup in people with increased risk of AD. DN is also expanding efforts to understand the causes and consequences of health disparities in AD/ADRD risk and prevalence, as well as potential modifiable factors to reduce or mitigate these disparities. For example, NIA is funding the newly launched Centrally-linked Longitudinal Peripheral Biomarkers of Alzheimer's Disease in Multi-ethnic Populations (CLEAR-AD) Program, a multicenter research program seeking to identify the next generation of less expensive and less invasive fluid biomarkers of AD/ADRD in diverse populations. Importantly, CLEAR-AD emphasizes the discovery and validation of biomarkers in Black/African American and Hispanic/Latino populations.

NIA has also established robust, cutting-edge infrastructure to advance AD/ADRD research. For example, DN supports the Alzheimer's Disease Sequencing Project (ADSP), an international resource of genetics data from multiple centers and studies. The ADSP is designed to promote innovative collaboration among scientists to provide genetic samples for sequencing with the goal of identifying from multi-ethnic populations new genetic variants that influence risk and protection from AD/ADRD. In keeping with that goal, the ADSP plans to have more than 100,000 ethnically diverse study participants with whole genome data as early as 2028. ADSP consortia will work with existing cohorts and those being planned for recruitment to assist this effort and will proactively design strategies to engage, collaborate with, recruit, and retain persons who are from underrepresented communities. Additionally, DN funds several translational centers and research consortia, such as Model Organism Development & Evaluation for Late-Onset Alzheimer's Disease, through which scientists are developing new animal models for AD based on human data, and Target Enablement to Accelerate Therapy Development for AD, focused on accelerating and diversifying the AD/ADRD drug development pipeline. These centers serve as crucial pieces of NIA infrastructure to enable a precision medicine approach to

the development of new therapeutics for AD/ADRD and promote rigorous and reproducible research and wide accessibility of AD/ADRD data and research resources.

Budget Policy:

The FY 2025 President's Budget request for NIA DN is \$2,556.9 million, a decrease of \$36.3 million or 1.4 percent compared with the FY 2023 Final level.

Intramural Research Program (IRP)

Through its IRP, NIA supports basic, behavioral, clinical, epidemiological, and translational research with the goal of understanding the physiological changes and adaptability of the human body in response to age and stress. Knowledge about the biology of aging and chronic disease is necessary to develop effective interventions that reduce the burden of disease and disability in the older population. IRP investigators use this understanding to characterize the impact of age-related diseases and help create novel therapeutics and interventions for these conditions. IRP is comprised of eight scientific laboratories and branches; and the NIH Center for Alzheimer's and Related Dementias (CARD). While these different units each focus on specific areas of research, they work synergistically on many common projects with the goal of expanding our knowledge of the aging process and age-related disease. IRP also supports training programs for students and recent graduates that provide young and diverse scientists with opportunities to learn skills in basic and clinical aging research in the biomedical and behavioral sciences. This will help address the nation's need for researchers and clinician-scientists focused on aging research.

IRP investigators conduct research in three focus areas: aging biology, neuroscience, and translational gerontology. Specific areas of interest include epidemiological research, behavioral research, genetics and genomics, clinical and translational research, and neuroscience and neurogenetics. Age-associated diseases that are priority areas of research include AD/ADRD, Parkinson's disease, diabetes, cardiovascular diseases, stroke, osteoporosis and osteoarthritis, autoimmune diseases such as multiple sclerosis and lupus, and cancers.

IRP's longitudinal cohort studies have contributed greatly to progress in aging research over the last several decades. Prominent studies include the Healthy Aging in Neighborhoods of Diversity across the Life Span study, which researches the impact of racial and socioeconomic diversity on health disparities and healthy aging, and the trailblazing Baltimore Longitudinal Study of Aging (BLSA), which explores the determinants and measures of healthy biological aging over time. BLSA is the nation's most comprehensive and longest running scientific study of human aging, having launched in 1958 when the study of aging was still very much in its infancy. Using a longitudinal approach that follows participants over time, BLSA explores trajectories of changes of multiple physiological, medical, psychological, and behavioral parameters over the lifespan. In recent years, this has included analysis of multi-omic molecular data and application of evolving approaches for the analysis and interpretation of biological data. Today, over 60 years since its establishment, the BLSA is world-renowned, having generated thousands of scientific papers and continuing to make major contributions to our understanding of aging and the links between aging and disease. BLSA investigators recently conducted a large project to reorganize the wealth of data that was collected over more than 60 years and in more than 3,500 participants. The goal of this massive reorganization is to make BLSA data more accessible and usable by a larger number of investigators to address questions related to the

causes and courses of chronic diseases and disabilities with aging. The BLSA is also currently assessing a large set of biomarkers from blood samples that were collected over time. The data collected will be processed by novel statistical methods, including AI, to develop biomarkers of aging and chronic diseases that can be translated to clinical applications.

In 2020, NIA launched CARD in partnership with the National Institute of Neurological Disorders and Stroke. CARD brings together experts from across NIH, as well as visiting investigators from around the globe, to accelerate the translation of scientific findings in AD/ADRD into real-world applications. CARD complements efforts of the extramural community by leveraging the unique resources available on the NIH campus, including the NIH Clinical Center, to address key scientific gaps. CARD supports the largest-ever genome engineering project for human induced pluripotent stem cells (iPSCs), which are cells, such as blood or skin, donated by individuals and “reprogrammed” into stem cells to generate other cell types, like neurons. CARD does not perform the primary collection of these cell lines, which are procured from other institutions; however, CARD reviews the collection procedures to confirm approval by an Institutional Review Board to ensure that the donation process is ethical and aligns with best practices. These practices include ensuring that there is informed and voluntary consent from the donor to generate iPSCs from their donated tissue, that consent allows for broad research use, and that the consent provisions have been approved by a research ethics committee/panel. This program, the iPSC Neurodegenerative Disease Initiative (iNDI project), is generating a repository of iPSC lines to model mutations associated with AD/ADRD. These cell lines, which are made publicly available to the research community, are enabling researchers to study genes linked to AD/ADRD to understand how these mutations affect disease pathology. One of CARD’s focus areas is career development and training for a diverse cohort of AD/ADRD researchers. In 2022, CARD launched the Alzheimer and Related Dementias Independent Scholars (ARDIS) program, which offers early-career researchers a time-limited, independent principal investigator appointment, generous resources, and access to CARD and other NIH research cores and infrastructure.

Budget Policy:

The FY 2025 President’s Budget request for NIA IRP is \$265.5 million, an increase of \$34.2 million or 14.8 percent compared with the FY 2023 Final level. The increase will provide expanded staff support in the intramural program, particularly for the new Center for Alzheimer’s and Related Dementias (CARD).

Research Management and Support

NIA Research Management Support (RMS) activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research grants and research and development contracts. RMS functions also encompass communications, strategic planning, coordination, and evaluation of the Institute's programs, regulatory compliance, international coordination, and liaison with other Federal agencies, Congress, and the public. Recent initiatives include the creation of the NIA Office of Clinical Research to ensure comprehensive management and coordination of efforts and activities that support NIA’s extramural clinical research activities via a Regulatory, Safety, and Policy Branch and a Clinical Operations and Support Branch. NIA has also developed the Clinical Research Operations & Management System (CROMS), an internal system to provide access to real-time clinical

research enrollment and inclusion data to allow NIA to intervene early to help with enrollment challenges, and IT modernization programs that help NIA be more efficient with grants administration given the institute's tremendous growth, such as projects to automate business processes that were previously completed manually across NIA.

Budget Policy:

The FY 2025 President's Budget request for NIA RMS is \$184.7 million, an increase of \$35.5 million or 23.8 percent compared with the FY 2023 Final level. The increase will strengthen support of NIA's extramural research programs, including oversight of research grants, research training, and research and development contracts, and will provide for the effective administrative, planning and evaluation, public information and communications, and scientific leadership of the institute.

NATIONAL INSTITUTES OF HEALTH
National Institute on Aging

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2016	\$1,267,078,000	\$1,518,421,000	\$1,548,494,000	\$1,600,191,000
Rescission				\$0
2017 ¹	\$1,598,246,000	\$1,982,102,000	\$2,067,138,000	\$2,048,610,000
Rescission				\$0
2018	\$1,303,541,000	\$2,458,733,000	\$2,535,539,000	\$2,574,091,000
Rescission				\$0
2019	\$1,988,200,000	\$3,005,831,000	\$3,084,809,000	\$3,083,410,000
Rescission				\$0
2020	\$2,654,144,000	\$3,356,107,000	\$3,606,040,000	\$3,543,673,000
Rescission				\$0
2021	\$3,225,782,000	\$3,609,150,000	\$4,015,333,000	\$3,899,227,000
Rescission				\$0
2022	\$4,035,591,000	\$4,258,049,000	\$4,180,838,000	\$4,219,936,000
Rescission				\$0
2023	\$4,011,413,000	\$4,443,196,000	\$4,343,005,000	\$4,407,623,000
Rescission				\$0
2024	\$4,412,090,000	\$4,407,623,000	\$4,509,623,000	\$4,407,623,000
Rescission				\$0
2025	\$4,425,295,000			

¹ Budget Estimate to Congress includes mandatory financing.

AUTHORIZING LEGISLATION

**NATIONAL INSTITUTES OF HEALTH
National Institute on Aging**

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2024 Amount Authorized	FY 2024 CR	2025 Amount Authorized	FY 2025 President's Budget
Research and Investigation	Section 301	42§241	Indefinite		Indefinite	
				\$4,407,623,000		\$4,425,295,000
National Institute on Aging	Section 401(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority				\$4,407,623,000		\$4,425,295,000

AMOUNTS AVAILABLE FOR OBLIGATION

NATIONAL INSTITUTES OF HEALTH

National Institute on Aging

Amounts Available for Obligation ¹

(Dollars in Thousands)

Source of Funding	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Appropriation	\$4,407,623	\$4,407,623	\$4,425,295
Mandatory Appropriation: (non-add)			
<i>Type 1 Diabetes</i>	(\$0)	(\$0)	(\$0)
<i>Other Mandatory financing</i>	(\$0)	(\$0)	(\$0)
Subtotal, adjusted appropriation	\$4,407,623	\$4,407,623	\$4,425,295
OAR HIV/AIDS Transfers	\$4,467	\$0	\$0
Subtotal, adjusted budget authority	\$4,412,090	\$4,407,623	\$4,425,295
Unobligated balance, start of year	\$0	\$0	\$0
Unobligated balance, end of year (carryover)	\$0	\$0	\$0
Subtotal, adjusted budget authority	\$4,412,090	\$4,407,623	\$4,425,295
Unobligated balance lapsing	-\$24	\$0	\$0
Total obligations	\$4,412,066	\$4,407,623	\$4,425,295

¹ Excludes the following amounts (in thousands) for reimbursable activities carried out by this account: FY 2023 - \$12,791
FY 2024 - \$20,000 FY 2025 - \$20,000

BUDGET AUTHORITY BY OBJECT CLASS

**NATIONAL INSTITUTES OF HEALTH
National Institute on Aging**

Budget Authority by Object Class¹
(Dollars in Thousands)

	FY 2024 CR	FY 2025 President's Budget
Total compensable workyears:		
Full-time equivalent	650	800
Full-time equivalent of overtime and holiday hours	0	0
Average ES salary	\$224	\$230
Average GM/GS grade	12.4	12.2
Average GM/GS salary	\$135	\$138
Average salary, Commissioned Corps (42 U.S.C. 207)	\$120	\$125
Average salary of ungraded positions	\$163	\$167
OBJECT CLASSES	FY 2024 CR	FY 2025 President's Budget
Personnel Compensation		
11.1 Full-Time Permanent	\$65,116	\$79,509
11.3 Other Than Full-Time Permanent	\$21,817	\$24,633
11.5 Other Personnel Compensation	\$3,597	\$3,698
11.7 Military Personnel	\$171	\$179
11.8 Special Personnel Services Payments	\$11,562	\$11,886
11.9 Subtotal Personnel Compensation	\$102,264	\$119,904
12.1 Civilian Personnel Benefits	\$33,544	\$40,999
12.2 Military Personnel Benefits	\$96	\$101
13.0 Benefits to Former Personnel	\$0	\$0
Subtotal Pay Costs	\$135,905	\$161,004
21.0 Travel & Transportation of Persons	\$1,889	\$2,051
22.0 Transportation of Things	\$1,076	\$940
23.1 Rental Payments to GSA	\$236	\$242
23.2 Rental Payments to Others	\$2,465	\$2,519
23.3 Communications, Utilities & Misc. Charges	\$152	\$156
24.0 Printing & Reproduction	\$7	\$7
25.1 Consulting Services	\$64,749	\$67,111
25.2 Other Services	\$70,246	\$75,676
25.3 Purchase of Goods and Services from Government Accounts	\$229,549	\$231,826
25.4 Operation & Maintenance of Facilities	\$1,466	\$1,550
25.5 R&D Contracts	\$48,813	\$55,103
25.6 Medical Care	\$19,652	\$20,718
25.7 Operation & Maintenance of Equipment	\$6,082	\$6,390
25.8 Subsistence & Support of Persons	\$0	\$0
25.0 Subtotal Other Contractual Services	\$440,556	\$458,374
26.0 Supplies & Materials	\$18,889	\$19,724
31.0 Equipment	\$17,752	\$18,542
32.0 Land and Structures	\$10,166	\$1,851
33.0 Investments & Loans	\$0	\$0
41.0 Grants, Subsidies & Contributions	\$3,778,527	\$3,759,881
42.0 Insurance Claims & Indemnities	\$0	\$0
43.0 Interest & Dividends	\$3	\$3
44.0 Refunds	\$0	\$0
Subtotal Non-Pay Costs	\$4,271,718	\$4,264,291
Total Budget Authority by Object Class	\$4,407,623	\$4,425,295

¹ Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

NATIONAL INSTITUTES OF HEALTH**National Institute on Aging****Salaries and Expenses**

(Dollars in Thousands)

Object Classes	FY 2024 CR	FY 2025 President's Budget
Personnel Compensation		
Full-Time Permanent (11.1)	\$65,116	\$79,509
Other Than Full-Time Permanent (11.3)	\$21,817	\$24,633
Other Personnel Compensation (11.5)	\$3,597	\$3,698
Military Personnel (11.7)	\$171	\$179
Special Personnel Services Payments (11.8)	\$11,562	\$11,886
Subtotal, Personnel Compensation (11.9)	\$102,264	\$119,904
Civilian Personnel Benefits (12.1)	\$33,544	\$40,999
Military Personnel Benefits (12.2)	\$96	\$101
Benefits to Former Personnel (13.0)	\$0	\$0
Subtotal Pay Costs	\$135,905	\$161,004
Travel & Transportation of Persons (21.0)	\$1,889	\$2,051
Transportation of Things (22.0)	\$1,076	\$940
Rental Payments to Others (23.2)	\$2,465	\$2,519
Communications, Utilities & Misc. Charges (23.3)	\$152	\$156
Printing & Reproduction (24.0)	\$7	\$7
Other Contractual Services		
Consultant Services (25.1)	\$56,883	\$59,071
Other Services (25.2)	\$70,246	\$75,676
Purchase of Goods and Services from Government Accounts (25.3)	\$99,797	\$101,203
Operation & Maintenance of Facilities (25.4)	\$1,466	\$1,550
Operation & Maintenance of Equipment (25.7)	\$6,082	\$6,390
Subsistence & Support of Persons (25.8)	\$0	\$0
Subtotal Other Contractual Services	\$234,473	\$243,890
Supplies & Materials (26.0)	\$18,889	\$19,724
Subtotal Non-Pay Costs	\$258,952	\$269,288
Total Administrative Costs	\$394,856	\$430,292

DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)

NATIONAL INSTITUTES OF HEALTH National Institute on Aging

Detail of Full-Time Equivalent Employment (FTE)

Office	FY 2023 Final			FY 2024 CR			FY 2025 President's Budget		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Division of Neuroscience									
Direct:	64	-	64	77	-	77	100	-	100
Total:	64	-	64	77	-	77	100	-	100
Office of the Director									
Direct:	40	-	40	44	-	44	48	-	48
Total:	40	-	40	44	-	44	48	-	48
Intramural Research Program									
Direct:	253	1	254	274	1	275	324	1	325
Total:	253	1	254	274	1	275	324	1	325
Office of Administrative Management									
Direct:	48	-	48	52	-	52	60	-	60
Total:	48	-	48	52	-	52	60	-	60
Division of Extramural Affairs									
Direct:	91	-	91	105	-	105	147	-	147
Total:	91	-	91	105	-	105	147	-	147
Division of Aging Biology									
Direct:	25	-	25	27	-	27	30	-	30
Total:	25	-	25	27	-	27	30	-	30
Division of Geriatrics & Clinical Gerontology									
Direct:	20	-	20	22	-	22	25	-	25
Total:	20	-	20	22	-	22	25	-	25
Division of Behavioral & Social Research									
Direct:	42	-	42	48	-	48	65	-	65
Total:	42	-	42	48	-	48	65	-	65
Total	583	1	584	649	1	650	799	1	800
Includes FTEs whose payroll obligations are supported by the NIH Common Fund.									
FTEs supported by funds from Cooperative Research and Development Agreements.	0	0	0	0	0	0	0	0	0
FISCAL YEAR	Average GS Grade								
2021	12.3								
2022	12.5								
2023	12.5								
2024	12.4								
2025	12.2								

DETAIL OF POSITIONS

NATIONAL INSTITUTES OF HEALTH
National Institute on Aging

Detail of Positions ¹

GRADE	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Total, ES Positions	1	1	1
Total, ES Salary	\$212,100	\$223,600	\$229,800
General Schedule			
GM/GS-15	79	80	95
GM/GS-14	112	119	164
GM/GS-13	139	150	219
GS-12	79	96	156
GS-11	39	50	78
GS-10	0	0	0
GS-9	37	45	69
GS-8	3	4	8
GS-7	15	20	34
GS-6	4	4	8
GS-5	1	4	10
GS-4	3	3	5
GS-3	1	1	1
GS-2	0	0	0
GS-1	2	2	3
Subtotal	514	578	850
Commissioned Corps (42 U.S.C. 207)			
Assistant Surgeon General	0	0	0
Director Grade	1	1	1
Senior Grade	0	0	0
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Junior Assistant	0	0	0
Subtotal	1	1	1
Ungraded	130	135	145
Total permanent positions	511	565	700
Total positions, end of year	646	715	997
Total full-time equivalent (FTE) employment, end of year	584	650	800
Average ES salary	\$212,100	\$223,600	\$229,800
Average GM/GS grade	12.5	12.4	12.2
Average GM/GS salary	\$127,547	\$134,500	\$138,200

¹ Includes FTEs whose payroll obligations are supported by the NIH Common Fund.