

FAS centres of excellence -

First evaluation

by

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Introduction and summary reflections

The decision to fund ten FAS centres of excellence was made in April 2007 (see Appendix 1). FAS has decided to carry out evaluations of its centres at three occasions: the first one two years after approval of funding, the second after five years and the third one after the entire period of funding, which is 10 years. This evaluation has been carried out by a panel appointed by FAS board: Professor Eira Viikari-Juntura, Finnish Institute of Occupational Health; Professor Kjeld Møller-Pedersen, Institute of Public Health, University of Southern Denmark and Professor Rune Aberg, former Secretary General of FAS¹. The latter has acted as chairperson of the panel. Research secretary Kerstin Carsjö has assisted in the panel's work.

In April 2007 the centres were thus informed about the decisions and, if their application was approved, the amount of money they would receive. Some were well prepared and could make an early start from mid 2007 while others were not able to start until January 2008. All received full funding for the full years of 2007 and 2008. The evaluation panel had access to the applications and the original reviewers' assessment of them. The evaluations were, firstly, based on a report by each FAS centre following a disposition given to them (see Appendix 2). The report covered activities from the start to the end of 2008. Secondly, site-visits were made to each FAS centre during April 2009 in which the Vice-Chancellors of the universities also participated.

This evaluation of the FAS centre grants is thus the first one in a series of three. The focus of this first evaluation is of course not on research results but rather on organisation, leadership, research activities, co-funding and other economic aspects. The overall purpose is to see if the centres have started in a way that one can expect a successful future development.

¹Erland Hjelmquist participated in the evaluation of the Global Health centre in Umea or the Fas centre at SOFI instead of Rune Aberg due to conflict of interest. Eira Viikari-Juntura did not participate in the evaluation of EpiLife for the same reason.

Conclusions and recommendations

In the instructions to the centres it was stated that contributions from FAS could increase or decrease by maximum 20 percent as a result of this evaluation. The evaluation panel has considered this option for recommendations and has come to the conclusion not to suggest any changes at this stage. Some centres have argued for increased support due to cost increases but all centres have that problem and it is not for the evaluation panel to suggest compensation for this. Some want increased funding for special purposes but the panel is not convinced of the arguments for that. The only reason for increasing the contribution would be exceptional progress of the centre but such judgments should be based more on evaluation of research results rather than on factors focused on in this evaluation. Neither does the panel suggest any reductions of the FAS grant. However, this was discussed in relation to HDW which have some improvements to make in order to qualify as a centre of excellence. But, the suggestion of the panel is to leave the grant level unchanged and give the centre a chance to make necessary changes before the next evaluation takes place.

KAROLINSKA INSTITUTE AND STOCKHOLM UNIVERSITY: AGING RESEARCH CENTER (ARC)

1. Organisation and leadership

The centre has been built on a former centre that was established in 2000 with funding from FAS.

Karolinska Institute and Stockholm university share the responsibility for ARC, but ARC is administratively located within Karolinska Institute (KI), Department of Neurobiology, Caring Sciences and Society (NVS). It is led by a Governing board, including representatives from KI, Stockholm university (SU), Aldrecentrum (AC), other Swedish universities and the society. Scientific, organisational and economical decisions are made by the Steering Committee, consisting of the director and co-director of the centre, director of the Aldrecentrum and 5 senior scientists of the centre. The Steering Committee meets once a month. Decisions regarding daily activities, personnel and the work environment are made by the Executive Committee, meeting on a weekly basis. This committee consists of the scientific director (L. Fratiglioni) appointed by the Board of Research at KI, the division head (M. Parker), appointed by the NVS Department and the AC-ARC coordinator (Evon Strauss, currently on leave). Research results are reported annually to the Board of Research at KI and SU. The organisation is well-structured and effective, allowing quick decisions on daily matters and a wide basis for more long-term planning and decisions.

Physically the centre is located on four floors of one building in the vicinity of KI and SU.

The research work of the centre is multidisciplinary, involving three major disciplines: medicine, psychology and social gerontology. In total, 10 senior researchers, 5 research scientists, 12 postdoc researchers, 15 PhD students and 6 research assistants work in the centre, making up a total of 16 project groups. The database group consists of 2 database managers and a half-time statistician. In addition, 2.5 persons are involved in the data collection in the SNAC-K Study. The centre has an administrative group of 2 persons. The age structure of the researchers is in good balance, i.e. there is a strong group of senior researchers and enough postdoc researchers and PhD students with a good environment to build up their seniority.

2. Budget and financing

By the end of 2008, the centre had used funding from FAS for a total of 18.5 million SEK, of which the majority (13.6 million SEK) was used for salaries, and 3.0 million SEK for overhead costs. Contribution of KI and SU in kind was 1.5 million SEK, and contribution of KI in direct funds 7.2 million SEK and of SU 2.7 million SEK. Other external contributions (mainly from FAS and the Swedish Research Council) amounted to 28.3 million SEK.

During the two coming years (2009-10) expected contributions from external sources amount to 34.7 million SEK, and direct funds from the universities to 13.1 and in kind to 1.0 million SEK. There seems to be a stable funding situation.

There has been an increase in salaries and in the costs of premises that are not currently covered with the FAS funding. The centre wishes to recruit a research scientist to work to better integrate the three disciplines. The ambition to improve integration is to be commended, but the evaluation panel was not convinced that the suggested strategy is the best one.

3. Research activities

According to the plan a total of 13 projects were expected to be started. These projects are distributed into three research areas as the following:

A. Social and public health aspects of human aging

Within this area, five projects were planned, of which four are on-going. The fifth project,

economic aspects related to prevention, treatment and care of the elderly has not yet been started, due to unavailability of one key person.

The research area has been very productive, with 46 papers published or in press during 2007-08. Nine PhD students are involved in the projects. New data collection is on-going in SNAC-K, CAIDE and SWEOLD, contributing to three projects. Research findings suggest that multimorbidity and polypharmacy are the major public health issues in the elderly. Within informal care, family support forms an essential part.

B. Health differentials between groups and over times

Of three planned projects all are on-going. Results have been reported in 17 papers. Four PhD students are involved in the projects. New data collection is on-going in SNAC-K, SWEOLD and BETULA, contributing to all three projects. Results show that there has been a change over time characterised by an increase in disease, but improvement of people's ability to cope with daily activities.

C. Brain aging

Of five planned projects all are on-going. This research area has been very productive, resulting in 94 papers that have been published or are in press. Five PhD students are involved in the projects. The projects include observational epidemiological studies of cognitive functions during aging and also assess associated pathomechanical processes. The results suggest that lifestyle factors in midlife affect the risk of dementia in late life. The individual susceptibility for dementia may be modulated by psychosocial factors during the life span. In addition to observational studies, intervention studies have been carried out in cognitive training methods using randomised designs. An intervention study (Finnish Geriatric Intervention Study to prevent Cognitive Impairment & Disability, FINGER), aimed to affect both risk factors and protective factors, carried out in collaboration with the Finnish Institute of Health and Welfare, is at a starting phase. New data collection is on-going in SNAC-K and BETULA, contributing to three projects.

With the new funding as a FAS centre of excellence, new elements include the assessments of genetic factors in the previously collected population samples. Genome-wide assessments are being carried out in the Harmony, SNAC-K and BETULA databases. This will allow assessments of genetic interactions on the effects of lifestyle factors. Pooling of data from the different databases can at least partly help problems with small sample sizes for the analyses of such interactions. The new approaches will also be more demanding with regard to the data analysis methods. Help in more advanced statistical methods will be available both within the centre and via international collaboration. There was some discussion concerning the balance between observational and experimental epidemiology, and it was agreed that there will still be a major need for observational studies for a long time to come.

4. Communication and dissemination

The major channel for dissemination of information is via peer-reviewed original communications and reviews. With more than 130 published or accepted papers mostly in highly ranked journals the scientific activity can be considered very high. In addition, three books and 27 book chapters have been published. The researchers also do commissioned work on request from the "Socialstyrelsen" and participate e.g. in preparing the "Public Health Report". The Aldrecentrum and the Swedish Dementia Center are active collaborators in the dissemination of information. The centre has well-kept web pages and well-structured annual reports that can be downloaded from the web pages.

5. National Graduate School for Aging Research

The National Graduate School for Aging Research is a doctoral school run in collaboration between ARC, CASE in Lund, the Department of Sociology at Umea university, the Division of Occupational Therapy at NVS in KI, and the Alzheimer Disease Center at NVS, KI. The director of the Aging Research Center Laura Fratiglioni is also director of the Graduate

School. About 50 doctoral students have been registered, of which 22 are at ARC. In 2008, the Graduate School arranged 22 weekly seminars, some journal clubs, brain-storming meetings, 5 international fora, and 4 courses of which 2 were held at ARC. Eleven PhD theses and one MSc thesis were defended during 2008-09. The Graduate School has had a good start and is actively contributing to the education of PhD students in Sweden. Future plans include increasing communication and collaboration at the national level, providing economical support for the students to participate in courses and to strengthen the educational program of the School.

6. Conclusions and recommendations

The Aging Research Center has a well-structured and effective organisation. The research agenda is focused on areas of high societal relevance and productivity is high. Data collection is carried out on a continuous basis with both national and international collaboration. The age structure of the research groups is in good balance with a high number of doctoral students. The projects are well funded by external grants and matching funding from the KI and SU.

Of a total of 13 projects planned to be carried out with the new funding, 12 are on-going and one has not been started due to unavailability of the scientist with the necessary expertise. The centre is expanding data collection and analyses to the area of genetic epidemiology and has identified the necessary national and international collaborators for such analyses.

The centre has good channels for dissemination of information, with Aldrecentrum and the Swedish Dementia Centre as central actors.

The centre participates actively in the work of the National Graduate School for Aging Research, with the director of the centre as the director of the Graduate School, and hosting a large group of PhD students of the School.

Overall, the centre has had a good start and is expected to fulfil its goals. ARC belongs clearly to the group of centres with very high achievement.

The evaluation panel, however, is doubtful about the suggested strategy to enhance the integration of the disciplines by the recruitment of a researcher specifically for this purpose. Increasing salary costs or costs of premises can not be compensated by additional funding.