

Note: If you wish to continue receiving COSSA Washington Update, please add [newsletter@cosssa.org](mailto:newsletter@cosssa.org) to your address book (or "buddy", "safe", "approved" or "trusted sender" lists). If you are receiving a forwarded copy of Update and would like to receive it directly, please email us at [newsletter@cosssa.org](mailto:newsletter@cosssa.org) or visit us on the web at [www.cosssa.org](http://www.cosssa.org).



# COSSA Washington Update

---

## IN THIS ISSUE:

- Administration Continues to Fill Up: Groves to Lead Census Bureau; Easton to Head Institute of Education Sciences
- NIH Acting Director Discusses Many Issues with House Funding Subcommittee
- House and Senate Pass FY 2010 Budget Resolutions
- Subcommittee Examines Factors Around Health Disparities and Access To Health Care
- House Subcommittee Approves Bills to Improve Science Education and International Science
- Implementing Effective Substance Abuse Treatment in the Criminal Justice System Focus of Briefing
- Agriculture Subcommittee Hears from CDC on the State of Obesity in the United States
- Rural Sociological Society Names Ralph Brown Executive Director
- Early College High Schools Discussed at Briefing
- NIH Releases Grand Opportunities Funding Opportunity
- Training Opportunity for Community Participation Research Targeting the Medically Underserved
- NIA Seeks to Promote Careers in Aging and Health Disparities Research

Volume 28, Issue 7

April 6, 2009

## ADMINISTRATION CONTINUES TO FILL UP: GROVES TO LEAD CENSUS BUREAU; EASTON TO HEAD INSTITUTE OF EDUCATION SCIENCES

On April 2, President Obama announced his intention to nominate Robert M. Groves to become the next director of the U.S. Census Bureau. Groves, currently the director of the Survey Research Center at the Institute of Social Research at the University of Michigan, would lead the nation's 2010 decennial census count.

Groves also holds an appointment as Research Professor at the University of Maryland, where he directed the Joint Program in Survey Methodology from 1996-2001. He has been a visiting research scholar and statistician at the Census Bureau, both in 1982 and 1992, where he participated in assessing the 1980 and 1990 decennials.

His activity following the 1990 Census led to an immediate attack on his appointment by Republicans, including Rep. Patrick McHenry (R-NC), Ranking Republican on the House Subcommittee that oversees the Census, for favoring statistical readjustment of the Census. This was an issue raised by Sen. Kay Bailey Hutchison (R-TX) during the confirmation hearings of Secretary of Commerce Gary Locke (see Update, [March 23, 2009](#)).

Although Groves joined a number of others, including then President George H.W. Bush's census director Barbara Bryant in arguing for adjustment, the Secretary of Commerce overruled the recommendation. A subsequent Supreme Court decision and recent reassurances by Secretary Locke have taken the issue off the table, both in 2000 and for 2010.

A number of groups in the scientific community, including COSSA, the American Sociological Association, the American Statistical Association, the American Association for Public Opinion Research (AAPOR), the Population Association of America/Association of Population Centers, and the Council of Professional Associations on Federal Statistics, issued a strong statement of support for the nomination.

Groves has also served on numerous National Research Council/National Academies committees, including his current chairmanship of a panel reviewing the Bureau of Justice Statistics. He also chaired the Advisory Committee to the National Science Foundation's Social, Behavioral and Economic Sciences directorate from 2005-2007.

He is the author of numerous books and articles on survey methodology and has won numerous distinguished awards from scientific and professional societies including the American Statistical Association and AAPOR.

Groves has an A.B. from Dartmouth College, M.A.s in Statistics and Sociology, and a Ph.D. in Sociology, all from the University of Michigan.

The Senate Committee on Homeland Security and Governmental Affairs, led by Chairman Sen. Joseph Lieberman (D-CT) and Ranking Member Sen. Susan Collins (R-ME), will consider the nominee for confirmation. Likely to play key roles in the process are Sen. Thomas Carper (D-DE), Chairman, and Sen. John McCain (R-AZ), Ranking Member, of the Committee's Subcommittee that oversees the census bureau.

### Another Chicagoan for the Education Department

Mayor Richard Daley's attempt to revive the Chicago Public School system has been one of the more interesting education reform experiments in the nation. Thus, it was no surprise when President Obama turned to its leader Arne Duncan for his Secretary of Education. Now the President and Duncan have again turned to their hometown to select the new Director of the Institute of Education Sciences (IES). On April 2, the Administration nominated John Q. Easton, who currently serves as the executive director of the Consortium on Chicago School Research (CCSR) at the University of Chicago, to a six-year term leading the government's efforts on education research, development, dissemination, statistics, and assessment. The position requires Senate confirmation. Easton would succeed Grover J. "Russ" Whitehurst, who left IES last November and who now directs the Brown Center for Education Policy at the Brookings Institution.

According to the University of Chicago, the Consortium Easton now leads is part of a larger university initiative - the Urban Education Institute - to improve urban education through research, the creation of charter schools, teacher training, and curriculum innovations. Founded in 1990, the Consortium conducts research to inform and assess policy and practice in the Chicago Public Schools and expand communication among researchers, policy makers and practitioners as they search for solutions to the problems of school reform. In recent years, CCSR has worked closely with now-Education Secretary Duncan in his former capacity as head of the Chicago Public School system.

Easton has led CCSR since 2002 and has been affiliated with it since CCSR's inception in 1990. Much of Easton's research at CCSR examines trends in achievement test scores and the use of test scores in school improvement and school accountability efforts. He is coauthor of a recent study on the relationship between freshman-year academic performance and high school graduation.

Easton has had a long association with the Chicago Public Schools (CPS). He twice served as Director of the Department of Research, Analysis, and Assessment, first from 1994 to 1997 and most recently from 2001 to 2002. From 1989 to 1994 he was Director of Research at the Chicago Panel on School Policy, where he led a study of the effects of decentralization on CPS. Throughout his career, Easton's work has focused on providing useful information to help school leaders and the public assess and advance school change and improvement.

From 2003 to 2007 Easton was a member of the National Assessment Governing Board (NAGB), which sets policies for the National Assessment of Educational Progress (NAEP). He has won a Presidential Citation from the American Educational Research Association for "important contributions that helped to establish and advance a public-private research partnership." He is co-author of an upcoming book, with Anthony Bryk, Penny Bender Sebring, Elaine Allensowrth, and Stuart Luppescu, *Organizing Schools for Improvement: Lessons from Chicago*. He earned a Ph.D. in Measurement, Evaluation, and Statistical Analysis from the University of Chicago.

## NIH ACTING DIRECTOR DISCUSSES MANY ISSUES WITH HOUSE FUNDING SUBCOMMITTEE

On March 26, the House Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies possibly held its only hearing on the National Institutes of Health (NIH) this year. The point of the hearing was to discuss NIH's implementation of the America Reinvestment and Recovery Act (ARRA/Recovery Act) funding, the president's fiscal year 2010 budget for NIH to the extent that it has been made public and the status of the National Children's Study (NCS). Rep. Jesse Jackson, Jr. (D-IL) chaired the hearing.

Jackson proclaimed that between the omnibus spending bill which included the agency's FY 2009 budget and the Recovery Act, Congress had provided the NIH with an \$11.3 billion increase, its "largest ever one-year funding increase." He also emphasized that "with that kind of increase the committee will be watching carefully to be sure that NIH spends it in a way that stimulates good science to propel our economy and to create high-paying jobs throughout the country." Jackson pointed out that while many of the Subcommittee's members are interested in NCS, it "has never received much discussion because President Bush tried his hardest to eliminate it."

Ranking Member Rep. Todd Tiahrt (R-KS) noted that he was "particularly" pleased that the hearing had been scheduled "given the NIH currently has 33 percent more resources than it did last year." He indicated that he was also "interested to know how it's going to be spent." Tiahrt also was pleased that the Subcommittee would examine the NCS and "some of the problems it has encountered over the last couple years -- problems that in [his] view should never have happened and have jeopardized the entire study."

Acting NIH Director Raynard Kington expressed his "sincere gratitude on behalf of the Agency" for the Congress' support of NIH in FY 2009, in the ARRA and the regular spending bill, and for "the continued trust" it placed in NIH "to make the discoveries that will lead to better health for everyone." He also thanked the Subcommittee on behalf of the many scientists NIH "supports at more than 3,000 research institutions throughout the 50 states and U.S. territories;" and on behalf of the public who count on NIH research "to help detect, treat, and prevent hundreds of diseases and conditions." "As we are all painfully aware every sector of America is facing challenging times from the drastic downturn in the economy. The biomedical research community has not been spared from this turn of events," Kington observed. He pointed out the "unfortunate irony," that these events come "at the same time that we are seeing extraordinary scientific opportunities for improving health. This is worrisome not only because it means fewer jobs, but also because innovation and a constant influx of new talent are crucial to the nation's economic success and to a robust biomedical research enterprise. So it's timely that the president and Congress provided ARRA funds to NIH to stimulate the economy and to advance biomedical and behavioral research," Kington continued.

Noting that the agency is "using a nimble approach approach to investing the [ARRA] money quickly with the greatest impact," Kington explained the NIH plans to use "the dollars in direct support of science." He cited as an example, the current process under way to determine which of the "highly meritorious applications" the agency was unable to fund last year "would make sense scientifically to fund for the next two years with ARRA dollars." He also highlighted the new "targeted grant announcements to stimulate research in high priority areas." He specifically referenced the recent release of four research grant announcements related to autism, noting that NIH has committed \$60 million of research funding to address the differences across the autism spectrum of disorders.

Kington informed the Subcommittee that the NIH has created new programs designed to "spur new areas of research and trigger an almost immediate influx of research dollars into communities across the country." These include the Challenge Grants Program, the Grand Opportunity Program or GO Grants, signature initiatives and a program to encourage the recruitment of new faculty to conduct research. And finally, a summer program that hires students and science teachers in research laboratories. According to Kington, for the Challenge Grants the agency issued the largest request-for-applications (RFA) in the history of NIH and expects to devote at least \$200 million for these awards (see Update, [March 9, 2009](#)). The Grand Opportunity Program or the GO Grants are designed to highlight "large-scale research projects that accelerate critical breakthroughs early in applied research and cutting-edge technologies, and new approaches to improve interactions among multidisciplinary and interdisciplinary research teams," Kington explained (see related story below).

The agency is also supporting a number of "important signature initiatives" intended to support "exceptionally creative and innovative projects in programs to address major challenges in biomedical research." These initiatives are designed to "cover new scientific opportunities" in nanotechnology, genome-wide association studies, Alzheimer's disease, oral fluids as biomarkers and community-based research. These examples were just a few of the potential topics, said Kington. NIH has also announced a new program to support newly trained faculty to conduct research providing support for early career scientists, a top priority for the agency. He explained that this funding will also

allow the hiring, with appropriate start-up packages, of newly independent investigators, as well as the development of pilot research projects.

According to the Kington, the agency is "particularly delighted" about its expanded summer program for teachers and students across America. NIH will provide funding to support short-term summer jobs for high school and undergraduate students as well as elementary, middle, high school, and community college science educators in laboratories across the country. The initiative will also provide several thousand young people with an opportunity to experience the world of research. The hope is that this experience will spark their desire to become scientists. He acknowledged that the NIH is mindful that a top priority for the use of ARRA funds by the agency "is to create and preserve jobs as well as increasing purchasing power in all corners of the country." "We firmly believe," he testified, "that we can do this while carrying out the core NIH mission and without compromising our commitment to fund the best scientific research ideas." In addition, he promised that NIH will fulfill ARRA's comprehensive reporting requirements including jobs creation and the tracking of all projects and activities.

In his written testimony, Kington highlighted that the NIH will use funding mechanisms such as the Academic Research Enhancement Award (AREA) that are designed to support small research projects in the biomedical and behavioral sciences conducted by faculty and students in health professional schools and other academic components that have not been major recipients of NH research grant funds. "Core Centers for Enhancing Research Capacity in U.S. Academic Institutions," a research program to support new faculty, is designed to address the need for more bioethicists and provide opportunities for young scientists.

Kington concluded his oral testimony by stressing that "groundbreaking discoveries are most often built on the foundation of many incremental advances that bring us closer to diagnosis, treatments, and other public health improvements expected by Congress and the American people." As a result of the Recovery Act funding, he predicted that "there will be more discoveries across the country next year and many years to come."

#### **Recovery Act Funding a 'Double-Edged Sword?'**

Jackson congratulated the "NIH for a well-thought-out plan for obligating the unprecedented funding increase for fiscal year 2009." He also voiced a concern that is rampant among the biomedical and behavioral science research community that the "Recovery Act funding for NIH is a double-edged sword." It provides, he said, an unprecedented funding increase for this year and next year temporarily hiking the number of new grants and success rates. However, that prosperity is short-lived, he declared, "unless the Administration and Congress acknowledge the hole we've dug for NIH and own up to our responsibility to continue stable funding." "How many additional scientists will receive research support under the Recovery Act? And how will those scientists be supported once the funding dries up," Jackson inquired of Kington.

The Acting Director pointed out that the agency has learned from the experience with planning for large influxes to its budget "having lived through the doubling and then the not-so-soft landing that came after the doubling." The agency, according to Kington, is much better at "estimating the churn of dollars." Accordingly, with the Recovery Act funding NIH has made "an effort to limit the impact by limiting [its] commitments to only the two years of the dollars that come with the Recovery Act.," Kington explained. That said, Kington noted that the agency anticipates "if these dollars actually generate the research advances that [the agency] hopes they will generate, [NIH] will probably have an increase in applications beginning in 2011." If that happens, it may drop NIH's success rates at least several points. He stressed, however, that the NIH has attempted to minimize the out-year impact, "but it is inevitable that if the dollars are used successfully it will generate advances which will in turn generate new applications."

#### **Funding Previously Scored and 'Scientifically Meritorious' Applications**

Rep. Dennis Rehberg (R-MT) asked Kington to expand on the agency's intention to reexamine 14,000 previously scored grant applications. Rehberg expressed the need for confidence that: 1) "funding these applications were going to stimulate the economy as intended; 2) that the NIH was not just going to be throwing money at new projects that hadn't made the list before; and 3) why not just use the money for an expansion or a continuation of those that [NIH] found to be meritorious in the first round rather than trying to spend it on, two-year projects."

Responding, Kington emphasized that "it's important to recognize that those 14,000 applications were reviewed and found to be scientifically meritorious." The agency received many more applications that were not funded and it is "important to recognize that for the "last six years, the NIH budget has essentially been flat and [the agency has] lost about 17 percent purchasing power." Accordingly, there was a great deal of pent-up demand and the agency believes that many of those projects can be funded for two years. "All of them have been found to be scientifically of high-quality and have been reviewed by our councils," Kington stated. Using his three big bucket analogy (see Update, [February 23, 2009](#)), he pointed out that is not the only way that NIH is using these dollars, explaining that many of the

NIH 27 institutions and centers are also committing equal amounts, if not more, to supplementing existing grants and contracts as Rehberg suggested.

### National Children Study

The status of NCS and the costs associated with the study was of great interest to several Subcommittee Members. According to Tiaht, the NCS “justifies concern” about how ARRA funds are going to be spent. “We started in 2000 to do some good things by tracking 100,000 kids from conception . . . until the natural progression through life. And I think it's going to reveal some very interesting things,” he continued. He observed that the cost of NCS was originally approximately \$3.5 billion over a 25-year period with new estimates suggesting that the cost of the study “may actually double.” Tiaht’s concern “is if we take this \$10 billion pig going through the python and find out it's really \$20 billion later on, we could shortchange ourselves and our future by having to shut down research or limit it when it could reveal some very profitable things for the life and well-being of Americans.” He jokingly noted that the Study had “ignored Kansas.”

Expressing his gratitude that the NIH is “the python and not the pig,” Kington explained that the NCS “is a study of unprecedented size and complexity that is designed to answer extraordinarily important questions about the role of environment, particularly in the development of children.” He also stressed that the study began out of a working group that identified the scientific need, followed by a planning phase. Over the last five or six years, the NIH has had a number of opportunities to estimate the cost of the study which is a “moving target.” It became clear early on that once a comprehensive wish list of scientific subprojects desired in the study had been generated, Kington explained, the agency would not be able to fund all of those research components, which is not unusual for a large research project.

Responding to Tiaht’s question as to whether the agency can limit the cost of the study, Kington referenced the recommendation from National Research Council at the National Academies which encouraged the agency to pause the study and analyze the extensive pilot that is currently underway to determine what worked, what did not work, ascertain the costs, and make the necessary adjustments (see Update, [June 2, 2008](#) and [June 30, 2008](#)). The pilot project consists of seven vanguard centers -- two are operational now, five more will come online in April. The centers will have approximately a year of operation, which is necessary because the study is population-based and its scope is unprecedented.

Kington explained that approximately three or four years ago, NIH estimated that the study would cost about \$3.1 billion. This now appears to have been an under-estimate and new cost estimates are under development, according to Kington.

Rep. Lucile Roybal-Allard (D-CA) followed up on Tiaht’s questions regarding NCS, directing her question directly to Duane Alexander, director of the National Institute of Child Health and Human Development (NICHD), which has the lead on the NCS. Roybal-Allard expressed concern that there were too many variables under examination in the NCS pilot, which could double NCS’ budget. Alexander explained the decisions were made to go ahead with a pilot study that very broadly encompassed many of the ideas, although not all, that had been proposed for inclusion. It was thought that the best way to decide what the content of the final protocol for the main study would be would be based on experience in field testing the various ideas, protocol possibilities of different approaches for recruiting subjects, and different approaches for collecting data. We “never anticipated that we would double the size of the study or even massively increase it,” he explained. Alexander pointed out that the study itself, however, “was conceived as a public/private partnership so that in addition to the Federal funds available from the appropriation it was also anticipated that things that could not be incorporated into the protocol funded by the appropriation might be picked up by other interested parties -- other components of the government, other government agencies, the private sector, industry, foundations, or advocacy groups.”

Roybal-Allard also expressed interest in NCS’ effort to recruit and to retain racially ethnic and culturally diverse children. Alexander noted that NCS has made that effort from the beginning. The outreach includes presentations to organizations that represent minorities across the spectrum. Additionally, each site has been charged with a broad effort in community outreach. Sensitivity training is given to all the interviewers and the NCS’ oversight center will look at its minority recruitment efforts to ensure the study is making its goals. If not, then NCS will increase the efforts in the sites or increase efforts at supplementing by over sampling in other areas, Alexander explained.

### Stress, Basic Behavioral Science, and Obesity and Behavioral Research

Rep. Tim Ryan (D-OH) noted that there is a lot of concern throughout the country regarding stress and the ripple effect it has throughout communities, the healthcare system, and the education system. Ryan wanted to know about NIH’s basic behavioral research portfolio, but specifically what we can do to prevent and teach people how to control



their levels of stress so that we're not dealing with symptoms that are weighing down our healthcare system. He asked for more details about an initiative underway at NIH to come up with a "basic behavioral and social science blueprint," which is currently co-directed by Jeremy Berg, Director of the National Institute for General Medical Sciences, and Richard Hodes, Director of the National Institute on Aging, and when the effort would be completed. Kington answered by briefly reviewing the "running discussion at the agency about how best to support basic behavioral and social science research." He indicated that "this is important for many of our major areas of focus" at the NIH, since lots of disease prevention hinges on changes in behavior. Basic behavioral and social science research informs how we understand these behaviors occur and how we develop interventions to prevent bad outcomes, he told Ryan.

Kington acknowledged that he "fully supports the decision made that rather than putting all of this area into one unit at the NIH it is so important for so much of the agency's mission that it should be spread across the entire agency." It is a challenge the NIH has had for many areas like this, including obesity and the neurosciences, where we know that there are important scientific opportunities that cut across the structure of the agency, so we're following that model, he explained. The model forms a high level of leadership -- in this case, as Ryan pointed out, that it is co-directed, but also populated by Institute and Center directors in which the NIH looks for strategic opportunities to build areas of research where there are gaps and that have the potential to affect the missions of multiple institutes and centers. The expectation is we will have both a core funding at the institutes and centers and there will be pooled funding as well, he explained. Kington pointed out that the initiative is just getting started and will be "playing out over the next year, but then the blueprint will set the stage for research over several years." "Stay tuned," declared Kington, "you'll see major changes."

Ryan also asked the NIH to provide in writing information about the research the agency is supporting which focuses "on identifying how psychosocial factors can get under the skin and affect organ systems, both for health and illness." He again cited obesity and the fact that it has been widely acknowledged in the medical and scientific communities that this generation of children may face a lower life expectancy than their parents due to increased obesity and decreased physical activity. He indicated that he would be very interested in whether the National Children's Study will look at what factors, both genetic and environmental, might contribute to increased incidence of obesity.

"It's certainly a priority," stated Kington. It's among the most important problems facing our population with the potential of having substantial detriments in health. It is one of the topics that researchers will examine in the National Children's Study. He also noted there are also a range of community-based interventions that are under development as well, particularly targeted toward activity in children in adolescence when they begin to develop their health habits for their lives.

### Health Disparities Research

Rep. Mike Honda (D-HI) expressed his hope that in NIH's "discussions," "research," and "thinking" Asian-American populations are included. He noted his belief that it is a myth that these communities don't have any problems, especially when they are disaggregated. Kington responded by pointing out the trends for NIH's expenditures in health disparities. The agency estimated about \$2.6 billion of its FY 2008 budget was devoted to health disparities research. The agency has acknowledged that many Asian subpopulations have extraordinary healthcare problems. There's great heterogeneity across subgroups, and that's a theme that cuts across many projects of research supported by multiple institution centers, including the National Center on Minority Health and Health Disparities (NCMHD), Kington explained.

Kington announced that the agency is starting a "second wave of [its] strategic planning process" for health disparities research, led by NCMHD director John Ruffin. The agency has attempted to integrate health disparities research across the entire agency. "Although the Minority Health and Health Disparity Center clearly has the lead, we feel it's important that every single institute and center understand that they own part of this problem," Kington declared. He also noted the inclusion of health disparities research as one of the 15 priority areas for the Challenge Grants. In NIH's portfolio we have everything from very basic research all the way through research on systems and how minority groups in health disparities populations' fair within our healthcare systems. I think that you'll continue to see that broad continuum of research at the agency, Kington forecasted.

### Comparative Effectiveness Research

Turning to comparative effectiveness research, Tiaht wanted to know if research supported by NIH would include cost effectiveness research. He hoped the NIH would not fund it and shared his concern that that "cost comparative research will lead to rationed healthcare. . . With the oncoming of the genome mapping, the DNA now that each of us possesses, which is unique to all of us, allows us individual treatment. But cost effectiveness research will lead away

from that individual treatment and group us in aggregates. And my concern is that these aggregates will not be able to meet the needs or the science that we have today.”

Kington responded that cost effectiveness research could be included and explained that comparative effectiveness research (CER) was defined in the legislation, and he also pointed out that there are a range of definitions. The NIH has identified CER “as one of the priority areas within the Challenge Grants Program” and if the NIH receives “high-quality applications that meet the definition for CER that include cost” it will fund them. He recognized, however, that the NIH may not fund them with the \$400 million set-aside. That will depend upon the ultimate decision of the definition that will apply to that pool of funds (see Update, [March 9, 2009](#) and [March 23, 2009](#)).

“As a physician who practices internal medicine,” Kington explained he understood the concern that any policy effort might severely restrict choices in whatever way. He stressed that comparative effectiveness research, however, does not necessarily lead to that. CER can provide useful information to clinicians, to patients and providers that allow them to make better decisions about what works under what circumstances, for which patients, and might actually complement the movement that Tiahrt mentioned toward personalized medicine.

### Climate Change Research -- NIH Encouraged to be ‘Anticipatory’

Honda inquired if the NIH supported research on climate change, “its impact on emigration patterns” and ultimately its role in the spread of diseases. He also wanted to know if the NIH was working with other federal agencies including NASA, NOAA, or the Centers for Disease Control and Prevention. “Is there any thought or grants that would be addressing that arena,” asked Honda.

Kington observed that the “public health community is becoming increasingly aware of the potential impact of climate change on health, and it is potentially extraordinary. Everything from increasing heat waves and individuals who are vulnerable to high temperatures such as the elderly at risk of heat strokes to changes in ecological systems that might, for example, increase the transmission season for vector-borne diseases such as diseases carried by mosquitoes all the way through to drought and malnutrition.” He noted that the agency, with the Fogarty International Center leading a working group, has begun a process of assessing its portfolio in this area. “Certainly, this is an important scientific area and it could be eligible for funds either through existing grants or newly submitted grants as a result of ARRA dollars,” said Kington. He acknowledged, however, that thus far, climate change has “not been an expressly articulated area of focus, but researchers can submit under many of the initiatives their own ideas for ARRA dollars and this is an important scientific area.” Honda urged the NIH to be “anticipatory rather than reactionary” in this area.

## HOUSE AND SENATE PASS FY 2010 BUDGET RESOLUTIONS

While recent attention has focused on how the agencies will allocate the funds appropriated in the American Recovery and Reinvestment Act (ARRA) and the FY 2009 spending bills, the Budget Committees in the Congress have begun the FY 2010 appropriations process. Last week, both the House and Senate passed versions of the FY 2010 budget resolutions. The adoption of these resolutions received not a single Republican vote in either body.

The budget resolutions provide overall guidance to the Congress on how much money the twelve appropriations subcommittees, which actually make the allocations for specific agencies and programs, will get to distribute. The key figure has always been the discretionary part of the budget; the part that is not mandatory spending for items like social security, Medicare and Medicaid, student loans, and farm subsidies.

Even though President Obama has not produced a detailed budget plan listing proposals for each agency and program (the latest guess is that this will occur late this month or early in May), he announced some highlights earlier. The Administration asked for overall discretionary funding of \$1.23 trillion. The House version of the budget resolution provides \$1.16 trillion and the Senate version \$1.08 trillion.

The House Budget Resolution includes a “Sense of the House” clause regarding science and innovation. It says: “(1) the House should provide sufficient investments to enable our Nation to continue to be the world leader in education, innovation, and economic growth as envisioned in the goals of the America COMPETES Act; (2) this resolution builds on significant funding provided in the American Recovery and Reinvestment Act for scientific research and education in Function 250 (General Science, Space and Technology), Function 270 (Energy), Function 300 (Natural Resources and Environment), Function 500 (Education, Training, Employment, and Social Services), and Function 550 (Health); (3) the House also should pursue policies designed to ensure that American students, teachers, businesses, and workers are prepared to continue leading the world in innovation, research, and technology well into the future; and (4) this

resolution recognizes the importance of the extension of investments and tax policies that promote research and development and encourage innovation and future technologies that will ensure American economic competitiveness.”

Although these clauses are non-binding, they indicate that science and technology have significant support in the House. This includes Speaker Nancy Pelosi (D-CA), who made a special appearance at the Coalition for National Science Funding exhibition on March 25 to demonstrate her support for NSF and to thank the science community for its work in supporting the large funding amounts for science in ARRA. Whether this support translates into dollars remains unclear in the current economic climate. In addition, appropriators always face pressures from competing claims by agencies and their supporters.

The House and Senate will now conference to reconcile their different versions and then the House and Senate Appropriations Committees will meet to allocate the shares to the twelve subcommittees, which will then decide how much to appropriate to agencies like NSF, NIH and all the others.

The House usually strives to finish its work, at least at the committee level, before the July 4<sup>th</sup> recess. The Senate usually moves much slower and this has led Congress to regularly miss the October 1 date for the start of the next fiscal year leading to Continuing Resolutions to fund the government. The late start to the process with the work on ARRA and the delayed completion of the FY 2008 appropriations suggest that Congress will probably miss the deadline again.

## SUBCOMMITTEE EXAMINES FACTORS AROUND HEALTH DISPARITIES AND ACCESS TO HEALTH CARE

On March 24, the House Energy and Commerce Subcommittee on Health held a hearing, “Making Health Care Work for American Families: Improving Access to Care.” The hearing’s purpose was to examine racial, ethnic, and geographic disparities in access to health care, and the role of the healthcare workforce in addressing these disparities, with particular emphasis on primary care and nursing. The third in a series of five overview hearings on health reform, the hearing also examined the role of Medicare and Medicaid in addressing disparities and workforce issues. The previous hearings focused on the health care delivery system and the impact of universal coverage.

Opening the hearing, Subcommittee Chair Rep. Frank Pallone, Jr. (D-NJ) explained that the hearing was designed to “explore the next step. Simply providing universal coverage will not guarantee that everyone will have access to the necessary care.” Pallone stressed the need to “eliminate the inequities and disparities in health care, properly support and train our health care workforce, and make prevention a national priority.” While he acknowledged the “tremendous strides” have been made in improving the health of all Americans, he pointed to numerous reports that have highlighted the “significant inequities with respect to both access to health care and the quality of care provided among different ethnic groups.” He cited as an example the mortality rate due to heart disease and cancer which is higher among populations including African Americans, Asian Americans, and Pacific Islanders. He also noted that the rate of new AIDS cases is “three times higher among Hispanics than among Caucasians,” and his personal concern regarding the health disparities for American Indians and Alaskan Natives.

Pallone emphasized that these disparities “are not limited, however, to ethnic and racial divides but are consistently found between genders, geographic areas, and among differing income groups.” He noted that there are significantly more access-to-care obstacles for rural populations than there are for urban populations, disparities that according to a 2002 Institute of Medicine report persisted even when factors such as insurance coverage and income level remained constant. He observed that “one of the contributing problems in [his] mind is the current state of the health care workforce.”

Brian Smedley, from the Joint Center for Political and Economics Studies Health Policy Institute, informed the Subcommittee that “health care disparities are differences in access to and the quality of care experienced by racial and ethnic minorities, immigrants, those who are not proficient in English, and others, relative to more advantaged groups.” In his testimony, Smedley examined the causes and consequences of health care disparities and offered a policy framework for their elimination. He emphasized that “while health care access and quality disparities are unacceptable, they are not the most important factors that contribute to the widely divergent health status of America’s racial and ethnic groups.” Quoting the World Health Organization’s report on social determinants of health, he explained that “[I]nequities in health [and] avoidable health inequalities arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. These conditions in which people live and die are, in turn, shaped by political, social, and economic forces.”



Many of the same problems associated with racial and ethnic inequality in education, employment, housing and criminal justice are implicated in health care disparities, Smedley explained. "One of the most pressing fundamental causes of these disparities is residential segregation." This "sets the stage" for inequitable health care in the U.S. He stressed that "many other causal factors - such as policies and practices of health care systems, the legal and regulatory context in which they operate and the behavior of people who work in them - are also involved." Some of these causal factors include: 1) differences in insurance coverage and sources of coverage; 2) the inequitable distribution of health care resources; and 3) aspects of the clinical encounter, including cultural and linguistic barriers in health care systems and the interaction of patients and providers. He concluded his testimony by emphasizing that "improving the health status of many racial and ethnic minority groups will require policy strategies focused outside the health care arena."

Risa Lavizzo-Mourey, President and CEO of the Robert Wood Johnson Foundation, testified that the "Health care system is on the brink...We must reform it: make it better, cheaper and more inclusive." Echoing Smedley, she, too, argued that expanding coverage alone will not be sufficient. "Meaningful health reform must also include efforts to improve the quality, value and equality of care; address health care costs and spending; strengthen the public health system's capacity to protect our health; address the social determinants of health; and prevent disease and promote healthier lifestyles," Lavizzo-Mourey declared.

Fitzhugh Mullan, of George Washington University, emphasized that "in order to reform the delivery of health care in the U.S. in a way that is more effective and constrains costs, a number of changes need to be made in the workforce since it is an essential component of the functionality, quality and cost of the system as a whole." He pointed out the current system is "heavily balanced towards fragmented specialty care, making it inefficient and expensive." In addition, it is "unevenly distributed, raising serious concerns of access and inequity," he concluded.

## HOUSE SUBCOMMITTEE APPROVES BILLS TO IMPROVE SCIENCE EDUCATION AND INTERNATIONAL SCIENCE EFFORTS

On March 31, the House Committee on Science and Technology Subcommittee on Research and Science Education approved two bills, H.R. 1709 ([STEM Education Coordination Act of 2009](#)) and H.R. 1736 ([The International Science and Technology Cooperation Act of 2009](#)), designed to improve the coordination of science, technology, engineering and mathematics (STEM) across the federal government.

H.R. 1709 would coordinate technology, engineering, and mathematics education programs across the federal government. The legislation establishes a committee under the National Science and Technology Council (NSTC) with the responsibility to coordinate science, technology, engineering, and mathematics education activities and programs being funded through the Federal Research & Development (R&D) mission agencies. It draws on recommendations from a 2007 National Science Board report, *A National Action Plan for Addressing the Critical Needs of the U.S. Science, Technology, Engineering, and Mathematics Education System*.

The bill charges the new NSTC committee with developing a STEM education strategic plan to specify and prioritize annual and long term objectives. The strategic plan is to include metrics to assess progress and descriptions of the programs and activities conducted by each agency in support of the overall objectives. In addition, the committee is charged with establishing and maintaining a comprehensive inventory of federally-sponsored STEM education activities. This inventory will include assessments of the various programs. Finally, the bill would require an annual report to Congress including a description and funding level of the STEM Education programs and activities at each of the participating Federal agencies for both the previous and current fiscal years.

Committee Chairman Rep. Bart Gordon (D-TN), chief sponsor of H.R. 1709, observed that the "agencies are each investing in STEM education and doing some great work, but due to a lack of coordination, the agencies have had trouble evaluating their programs and building awareness of their programs among teachers." Gordon emphasized that: "Coordination and collaboration across the agencies must be improved in order to make the most of our Federal investment in STEM education."

According to Subcommittee chair Rep. Daniel Lipinski (D-IL) and a cosponsor of the bill, "This bill...will make Federal efforts in STEM education better focused and more effective." Subcommittee Ranking Member Rep. Vernon Ehlers (R-MI) and Full Committee Ranking Member Rep. Ralph Hall (R-TX) also cosponsored the bill.

H.R. 1736 would create a committee to coordinate all international science and technology activities and partnerships between and among federal research agencies and the Department of State. The bill would form a Committee on International Science, Engineering and Technology (CISSET) under NSTC at the Office of Science and Technology Policy (OSTP), similar to a committee that existed through the 1990's. Introduced by Energy and Environment Subcommittee Chairman Rep. Brian Baird (D-WA), the bill would require the committee to:

- Plan and coordinate interagency international science and technology cooperative research and training activities and partnerships supported or managed by Federal agencies;
- Establish Federal priorities and policies for aligning, as appropriate, international science and technology cooperative research and training activities and partnerships supported or managed by Federal agencies with the foreign policy goals of the United States;
- Identify opportunities for new international science and technology cooperative research and training partnerships that advance both the science and technology and the foreign policy priorities of the United States;
- Work with international science and technology counterparts to establish international science and technology cooperative research and training partnerships; and
- Establish, periodically update, and maintain an inventory of all nonclassified international science and technology cooperative research and training activities and partnerships that involve an annual United States Federal investment of at least \$500,000 dollars.

The Director of the Office of Science and Technology Policy shall transmit a report annually to Congress at the time of the President's budget detailing CISSET's activities.

"Science diplomacy needs to play a major role in our nation's foreign policy," noted Baird. "This bill takes an important step forward by providing American scientists access to the best research, and research sites from around the world...By working together, these world class minds will be able to advance both U.S. and international interests in the search for solutions to the problems created by global overheating, infection diseases and other problems that could directly affect not only the health of our planet, but our national security as well."

Currently, comparable legislation has not been introduced in the Senate.

## IMPLEMENTING EFFECTIVE SUBSTANCE ABUSE TREATMENT IN THE CRIMINAL JUSTICE SYSTEM FOCUS OF BRIEFING

According to the National Institute of Drug Abuse (NIDA) untreated substance abusing offenders are more likely to relapse to drug abuse and return to criminal behavior, leading bringing about re-arrest and re-incarceration. These people jeopardize the public health and safety and tax criminal justice system resources. NIDA argues that treatment offers the best alternative for interrupting the drug abuse/criminal justice cycle for offenders with drug abuse problems.

Implementing effective substance abuse treatment in the criminal justice system to combat this cycle was the topic of a congressional briefing held on March 27. The Friends of the National Institute on Drug Abuse (FONIDA) along with a diverse group of co-sponsors highlighted the importance of expanding effective substance abuse treatment for offenders and how such an effort can yield improved public safety, public health, and economic benefits.

NIDA director Nora D. Volkow provided a brief overview of the criminal justice treatment research portfolio of the agency and expressed the need to understand how to provide better drug treatment services for criminal justice offenders to alter their drug use and criminal behavior.

Volkow explained that NIDA's criminal justice portfolio aims to develop treatment programs that are available to offenders moving throughout the criminal justice system, to enhance HIV and other infectious disease treatment and prevention with offenders, and to facilitate the implementation of new treatment models into the criminal justice system.

The Director spoke highly of NIDA's Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) as a working example that supports the scope of the criminal justice portfolio. CJ-DATS is a cooperative research program that explores the issues related to the complex system of offender treatment services. Nine research centers and a Coordinating Center were created in partnership with researchers, criminal justice professionals, and drug abuse treatment practitioners to form the national research infrastructure.

Volkow also referenced NIDA's 2006 landmark publication *Principles of Drug Abuse Treatment for Criminal Justice Populations*, a research-based guide describing treatment principles that are relevant to the criminal justice community and to treatment professionals working with drug abusing offenders. "These [principles] can be incorporated into criminal justice settings in a variety of ways," Volkow remarked.

### The Benefits of Effective Treatment

Steven Belenko of the Department of Criminal Justice at Temple University explained how drug abuse treatment can benefit from the cross-agency coordination and collaboration of criminal justice professionals, substance abuse treatment providers, and other social service agencies. He urged that working together, the criminal justice and treatment systems can optimize resources to benefit the health, safety, and well-being of individuals and the communities they serve. Suggesting the economic benefits of criminal justice treatment, Belenko noted that four comprehensive drug court cost analyses show these, mostly because of reduced use of incarceration.

The Drug Treatment Alternative to Prison Program or DTAP, Belenko argued, "demonstrates a major pillar of success." The drug treatment program seeks to divert nonviolent felony drug offenders from prison into community-based treatment early in the legal process, thus avoiding high costs of incarceration and most of the costs of prosecution. Belenko added that participants in these drug treatment programs tend to have lower recidivism rates.

Linda Jalbert, a drug court graduate and legislative assistant for Sen. Susan Collins (R-ME), shared her journey through addiction, prison, treatment and recovery. Jalbert spoke openly and passionately about her experience crediting caring individuals and the drug treatment program for her successful rehabilitation. "I don't know where I would have been if it were not for this program...I don't think I would be here speaking with you all today."

Jalbert once represented the increasing number of women and girls entering the criminal justice system. The Bureau of Justice Statistics reported that during 2004 the number of female prisoners rose more than twice as much as the increase among men. COSSA took a closer look at this pressing phenomenon in its 2006 congressional briefing [Women and Girls in the Criminal Justice System](#).

## AGRICULTURE SUBCOMMITTEE HEARS FROM CDC ON THE STATE OF OBESITY IN THE UNITED STATES

*Healthy People 2010* identified overweight and obesity as one of 10 leading health indicators and called for a reduction in the proportion of children and adolescents who are overweight or obese.

Progress toward reducing the national prevalence of overweight and obese people is monitored using data from the National Health and Nutrition Examination Survey (NHANES). The most recent NHANES data (2003-2006) showed that for children aged 6 -11 years and 12-19 years, the prevalence of overweight was 17.0 percent and 17.6 percent, respectively. These prevalence figures are more than three times the target prevalence of five percent set in *Healthy People 2010*.

On March 26, Bill Dietz, director of the Division of Nutrition, Physical Activity, and Obesity, located in the Center for Disease Control and Prevention's (CDC) National Center for Chronic Disease Prevention and Health Promotion, testified before the House Committee on Agriculture Subcommittee on Department Operations, Oversight, Nutrition and Forestry, chaired by Rep. Joe Baca (D-CA). Dietz reported on the division's activities to decrease the prevalence of obesity among U.S. children and adolescents.

Dietz described several sources of CDC-funded surveillance monitoring data that allows the tracking of obesity related behaviors and other risk factors among the nation's youth. Behaviors and risk factors monitored by CDC's tracking systems include rates of physical activity and critical indicators of nutrition (e.g., fruit and vegetable consumption, maternal breastfeeding practices). "We use these data to assess the health of our youth and develop relevant interventions designed to integrate multiple settings (i.e., communities, medical care and schools) in efforts to support healthier behaviors for children and their families."

Emphasizing that there is much that can be done to prevent disease and conditions related to obesity that contribute so heavily to disability and death, the need for long-term care, and escalating health care costs, Dietz confirmed that the nation's youth have an urgent need for more and better prevention policies and environmental change initiatives.

Currently, CDC's efforts to address the obesity epidemic are indeed focused on policy and environmental strategies that can improve the health of all U.S. children and adults by making the places in which we live, learn, work, play, and pray, more supportive of healthy eating and physical activity.

"Through innovative partnerships and funded state programs, we are identifying, implementing and evaluating a variety of policy and environmental strategies in order to prioritize best and promising practices at the community, state and national level," Dietz told the panel. "Our efforts revolve around six target areas, prioritized because they address a significant disease burden, are supported by reasonable or logical evidence, and can prevent and control obesity at the population-level." These six strategies include:

1. Increasing physical activity;
2. Increasing fruit and vegetable consumption;
3. Increasing breastfeeding initiation, duration, and exclusivity;
4. Decreasing television viewing;
5. Decreasing consumption of sugar-sweetened beverages; and
6. Decreasing consumption of foods high in calories and low in nutritional value.

The CDC has nutrition, physical activity and obesity State Plans that provide funding to twenty-three states to coordinate their efforts to address obesity through policy and environmental changes focused on the above-mentioned strategies. CDC also funds twenty-two state-based education and health agencies and one tribal government to implement coordinated school health programs. These programs bring together school administrators, teachers, other staff, students, families, and community members to assess health needs; set priorities; and plan, implement, and evaluate school health activities, including those focused on physical activity and healthy eating among school-aged youth.

Dietz noted that greater public awareness resulting from press and media attention to the problem likely contributed to the present leveling of obesity rates. Yet, "we strive not simply to stop the increase in obesity rates, but to reverse the epidemic."

In conclusion, Dietz applauded the recent changes in Federal policy to support healthier eating particularly updating requirements for the Women, Infant and Children (WIC) program to be more in line with the Dietary Guidelines for Americans, and the inclusion in the 2008 Farm Bill of the *Healthy Urban Food Enterprise Development Center* and the school-based *Fresh Fruit and Vegetables Program* provisions.

## RURAL SOCIOLOGICAL SOCIETY NAMES RALPH BROWN EXECUTIVE DIRECTOR

Joseph Molnar of Auburn University and President of the Rural Sociology Society (RSS) announced the appointment of Ralph B. Brown, Professor of Sociology at Brigham Young University (BYU), as the RSS' new leader. RSS is one of the seventeen Governing Members of COSSA.

Brown succeeds Kenneth Pigg of the University of Missouri, who served as the Society's Treasurer. In conjunction with naming Brown, the RSS decided to create the new position of Executive Director. This was recommended by Pigg, who according to the RSS, suggested that it would help Brown "in his relations with commercial firms and his counterparts in COSSA."

Brown is also director of the international development minor at BYU and leads the BYU study abroad and internship program in Southeast Asia. His expertise includes rural, agricultural, and community development. He previously taught at Mississippi State University. Upon completion of his Ph.D., he worked on U.S. Agency for International Development projects in Kenya and Indonesia. Brown has a B.A. and M.S. from Utah State and a Ph.D. in sociology from the University of Missouri.

## EARLY COLLEGE HIGH SCHOOLS DISCUSSED AT BRIEFING

The Bill and Melinda Gates Foundation has taken a heavy interest in improving American education particularly at the high school level. They are helping to fund the Early College High School Initiative (ECHS). The Alliance for Excellent Education sponsored a briefing on March 25, "Accelerated Learning for All: How Access to College Courses Can Help Struggling Students Graduate from High School and Succeed in College and Work."

As of the 2007-2008 school year, the ECHS initiative has started approximately 160 schools in twenty-four states. These are small schools based on the premise that high level challenges will help improve academic performance for students who are traditionally underrepresented in colleges - low income youth, potential first generation college students, and English language learners, and students of color. Students can earn both a high school diploma and up to two years of credit toward an associate's or bachelor's degree.

Nearly a third of the ECHSs receive Title I funding, 74 percent of early college students are minorities, and 56 percent of the students are eligible for free or reduced lunch. Attendance rates for ECHS students averaged over 90 percent, 85 percent earned at least a semester of transferable college credit, and more than 60 percent were accepted to four year colleges.

There is currently legislation pending in both the House and Senate regarding dual enrollment programs like the Early College High School Initiative. Fast Track to College, H.R. 1578, sponsored by Rep. Dale Kildee (D-MI) and S. 627, sponsored by Senator Herb Kohl (D-WI), both authorize the Secretary of Education to award matching six year grants to local educational agencies that partner with institutions of higher education to establish or support dual enrollment programs. The bills also authorize the Secretary of Education to award six-year grants to states to plan and implement statewide strategies to make dual enrollment programs more accessible to students who are underrepresented in postsecondary education and to provide technical assistance to local dual enrollment programs.

For more information on this event go to the Alliance for Excellent Education at:  
[http://www.all4ed.org/events/early\\_collegeHS\\_initiative](http://www.all4ed.org/events/early_collegeHS_initiative).

## NIH RELEASES GRAND OPPORTUNITIES FUNDING OPPORTUNITY

The NIH, under the Recovery Act, has established a new program entitled, "Research and Research Infrastructure **Grand Opportunities**" or "GO" grants program. This new program is designed to support projects that address large, specific biomedical and biobehavioral research endeavors that will benefit from significant two-year funds without the expectation of continued NIH funding beyond two years. The research supported by the "GO" grants program should have high short-term impact, and a high likelihood of enabling growth and investment in biomedical research and development, public health, and health care delivery.

According to NIH, this Funding Opportunity Announcement (FOA) solicits through limited competition applications from domestic institutions and/or organizations proposing to develop and implement critical research innovations to advance the research enterprise, stimulate future growth and investments, and advance public health and health care delivery. The purpose of the "GO" grants program is to support high impact ideas that lend themselves to short-term funding, and may lay the foundation for new fields of investigation. The "GO" grants program will support large-scale research projects that accelerate critical breakthroughs, early and applied research on cutting-edge technologies, and new approaches to improve the synergy and interactions among multi- and interdisciplinary research teams. The initiative seeks novel approaches in areas that address specific knowledge gaps, scientific opportunities, new technologies, data generation, or research methods that would benefit from an influx of funds to quickly advance the area in significant ways. Applicants may propose to address either a specific research question or propose the creation of a unique infrastructure/resource designed to accelerate scientific progress in the future.

The scope of the "GO" grants program includes, but is not limited to:

- Groundbreaking, innovative, high impact and cross-cutting research projects that can be readily deployed and that will improve and accelerate biomedical research.
- Basic, clinical and translational projects that could fundamentally enhance the research enterprise and that require the participation, interaction, coordination and integration of activities carried out in multiple research laboratories.



- Creation of large scale unique resources, accelerated application of high throughput, and other novel technologies.
- Deployment of critical infrastructure, resources, tools, and methodologies that substantially accelerate collaborative, multi and interdisciplinary basic, translational, and/or clinical research.
- Implementation of large scale research projects that are carried out using new and creative collaborative agreements and partnerships with industry and small businesses to accelerate the pre-clinical and clinical testing of new therapeutics.
- Creative approaches to overcome barriers to basic, translational, or clinical research using novel tools, technologies, and services.

“GO” projects are expected to demonstrate:

- The work cannot be reasonably expected to be carried out successfully without support provided by “GO” grants.
- Specific outcomes of the proposed project promote and advance the mission of the NIH to improve health.
- The project is ready to be deployed immediately upon funding.
- A rapid infusion of significant funding will accelerate current and future research in the area of study and there are appropriate measurable outcomes to evaluate the short and long-term effects of the project.
- The proposed project is something that no other entity is likely or able to do, and is there a public health benefit to having the results of the research in the public domain.
- The project or generated results and resources can be expected to become integrated with other NIH and privately funded research within a reasonable timeframe.
- Projects that would require funding beyond this timeframe should provide a detailed plan for maintaining the research efforts without any expectation of further financial assistance from the sponsoring IC or other NIH components. Applicants are expected to provide a list of outcomes and include plans to obtain long-term support for research endeavors carried out with “GO” grant funding.

NIH will consider only applications with budgets greater than \$500,000 total costs per year for a project period of two years. The total annual cost for individual awards is expected to vary, depending on the scope of the project and the number of participating institutions. This program is a trans-NIH effort supported by Recovery Act funds. For those projects that span the missions of Institutes, Centers and Offices (ICs), support may come from Recovery Act funds allocated to the Common Fund. Because the mission of the NIH ICs varies, applicants should review the scientific areas of interest described in the IC websites. Projects that span the mission of ICs are also eligible. For additional information regarding NIH IC examples of scientific interest, prospective applicants are encouraged to contact the relevant IC staff for IC-specific programmatic and budgetary information.

For more information see [http://grants.nih.gov/recovery/ic\\_go.html](http://grants.nih.gov/recovery/ic_go.html).

## TRAINING OPPORTUNITY FOR COMMUNITY PARTICIPATION RESEARCH TARGETING THE MEDICALLY UNDERSERVED

The National Institutes of Health (NIH) and the Office of Behavioral and Social Science Research (OBSSR) have released announcements for a training opportunity for applicants proposing research on health promotion, disease prevention, and health disparities that is jointly conducted by communities and researchers and targets medically underserved areas (MUAs) and medically underserved populations (MUPs) as defined by the Department of Health and Human Services (DHHS) Health Resources and Services Administration (HRSA). (PA-08-074: <http://grants.nih.gov/grants/guide/pa-files/PA-08-074.html>; PAR-08-075: <http://grants.nih.gov/grants/guide/pa-files/PAR-08-075.html>; PAR-08-076: <http://grants.nih.gov/grants/guide/pa-files/PAR-08-076.html>)

NIH defines community-based participatory research (CBPR) as scientific inquiry conducted in communities and in partnership with researchers. The process of scientific inquiry is such that community members, persons affected by the health condition, disability or issue under study, or other key stakeholders in the community's health have the opportunity to be full participants in each phase of the work (from conception - design - conduct - analysis - interpretation - conclusions - communication of results). CBPR is characterized by substantial community input in the development of the grant application.

Given this FOA's emphasis, all applications that respond to this announcement must demonstrate clear community partnerships with substantive involvement in their proposed research projects. Specifically, involving community and academic partners as research collaborators may improve the quality and impact of research by:

- More effectively focusing the research questions on health issues of greatest relevance to underserved areas and populations;
- Enhancing recruitment and retention efforts by developing intervention strategies that incorporate community norms and values;
- Enhancing the reliability and validity of measurement instruments (particularly survey) through in-depth and honest feedback during pre-testing;
- Improving data collection through increased response rates and decreased social desirability response patterns;
- Increasing accurate and culturally sensitive interpretation of findings;
- Facilitating more effective dissemination of research findings to impact public health and policy;
- Increasing the potential for translation of evidence-based research into sustainable community change that can be disseminated more broadly.

For the purpose of the FOA, "community" refers to populations that may be defined by: geography; race; ethnicity; gender; sexual orientation; disability, illness, or other health condition; or to groups that have a common interest or cause, such as health or service agencies and organizations, health care or public health practitioners or providers, policy makers, or lay public groups with public health concerns. "Community-based organizations" refer to organizations that may be involved in the research process as members or representatives of the community. While not an exhaustive list, organizations as varied as Tribal governments and colleges, state or local governments, independent living centers, other educational institutions such as junior colleges, advocacy organizations, health delivery organizations (e.g., clinics, hospitals, networks), health professional associations, non-governmental organizations, and Federally-qualified health centers are possible community partners.

The announcements use the R01 (investigator-initiated) and the R21 (Exploratory/Developmental) mechanisms. The R21 encourages studies that specifically target medically underserved areas as well as underserved and underrepresented populations. This focus will allow studies to assess the nature and scope of health problems in underserved communities, formulate hypotheses about the relationship of community dynamics and health problems as they relate to underrepresented populations, design targeted interventions aimed at addressing health disparities in specified communities and specific populations, and track the efficacy of outreach efforts that result from CBPR research in the community.

Institutes and centers participating in the FOA include: Cancer; Heart, Lung, and Blood; Child Health and Human Development; Dental and Craniofacial Research; Environmental Health Sciences; Nursing Research; Alcohol Abuse and Alcoholism; Mental Health; Deafness and Other Communication Disorders; Drug Abuse; and the Centers for Disease Control and Prevention's Institute for Occupational Safety and Health.

### Community Participation in Research Training Institute

Individuals considering submitting applications in response to the above FOAs on *Community Participation in Research* should apply to the 2009 NIH Summer Institute, which serves as a tutorial on community participatory research:

The 2009 NIH Summer Institute on Community-Based Participatory Research Targeting the Medically Underserved will convene **August 2-7, 2009 in New Orleans, LA**. The course will address essential conceptual, methodological, and practical issues inherent in planning and conducting research on health promotion, disease prevention, and health

disparities that is conducted in partnership between communities and researchers and targets medically underserved areas and medically underserved populations as defined by the DHHS Health Resources and Services Administration (HRSA).

The Institute is intended for investigators who wish to develop NIH grant applications for research targeting the medically underserved, especially funding announcements PA-08-074, PAR-08-075 and PAR-08-076. Faculty will include established investigators from social work and other fields and who will provide instruction based on their expertise and own successful projects. The goal is for each participant to develop an NIH R21 or R01 under the listed FOAs.

*Both Investigators and Community Partners are encouraged to participate.* There is no fee for participation; all expenses are covered by NIH. Applications for the Summer Institute are due by May 15, 2009.

Complete details are available on the Summer Institute website at: <http://conferences.thehillgroup.com/si2009/>.

## NIA SEEKS TO PROMOTE CAREERS IN AGING AND HEALTH DISPARITIES RESEARCH

The National Institute on Aging (NIA) has released a funding opportunity announcement (FOA), Promoting Careers in Aging and Health Disparities Research (PAR-09-136), designed to provide support and protected time to eligible individuals who have been determined by the grantee institution as committed to a career in health disparities research related to aging and who are members of or knowledgeable about health disparity populations. The announcement is part of the overall goal of NIH-supported career development programs to help ensure that a diverse pool of highly trained scientists are available in adequate numbers and in appropriate research areas to address the Nation's biomedical, behavioral, and clinical research needs.

Nationally, health disparity population groups include, but are not limited to, African Americans, Hispanic Americans, American Indians/Alaskan Natives, Native Hawaiians, Pacific Islanders, the medically underserved, low socioeconomic populations and rural populations. In the U.S. today the most severe health problems are concentrated among minority groups and elders from disadvantaged backgrounds. NIA stresses that research is critically needed to develop basic knowledge, innovative treatments, techniques and programs focused on challenges of reaching racial, ethnic, economic, and educationally disadvantaged groups, and on understanding diseases that disproportionately affect the elderly members of these groups and provide appropriate care and treatment. The Institute also recognizes the importance of a diverse research workforce committed to research aimed at redressing health disparities where they exist and assisting in the breakdown of racial, cultural and ethnic barriers and stereotypes.

According to the FOA, almost no area of late life health disparity is excluded and inquiry is required to address built environments; lifespan experiences; culture; policy and economics; basic biology, including studies on animal models, of age-related diseases that disproportionately affect racial or minority groups; as well as aging-related diseases and conditions that disproportionately affect racial and ethnic minority groups (differential diagnosis of Alzheimer's disease, burden of illness, and comparative studies).

Research is further needed to assist policymakers in decisions about allocation of public health resources consistent with the primary causes of health disparities in the U.S. with a particular emphasis on risk factors for chronic diseases and injuries. Additionally, there are a number of factors that work against a healthy profile for the U.S. Hispanic elderly population. Research is needed to examine existing data sets for relationships among health, mortality and low levels of human capital, access to and use of health care to include uninsured older Hispanics, issues of increased westernization and a diet based on highly processed foods, as well as research to address lingering effects of early child health on burden of disease and disability after age 60.

Opportunities to reduce disparities fall into but are limited to several categories, including: broad efforts to reduce socioeconomic inequalities; increasing the number of people with health plan coverage; increasing physical and cultural access to health care; reducing disparities in the quality of care that patients receive; public health strategies to reduce risk factors for chronic diseases and injuries at the community level; and public health strategies to reduce risk that target individuals who may not be in the same community.

NIA will provide salary and fringe benefits for the career award recipient.

For more information and/or to apply see <http://grants.nih.gov/grants/guide/pa-files/PAR-09-136.html>.

**CONSORTIUM OF SOCIAL SCIENCE ASSOCIATIONS**  
**COSSA**

Executive Director: Howard J. Silver  
Deputy Director for Health Policy: Angela L. Sharpe  
Associate Director for Public Affairs: Pamela L. Pressley  
Assistant Director for Government Affairs: La Tosha C. Lewis  
President: Aletha C. Huston

The Consortium of Social Science Associations (COSSA) is an advocacy organization promoting attention to and federal support for the social and behavioral sciences.  
*UPDATE* is published 22 times per year. ISSN 0749-4394. Address all inquiries to COSSA at [newsletters@coffa.org](mailto:newsletters@coffa.org)

**NEW ADDRESS**  
1701 K Street, NW, Suite 1150  
Washington, D.C. 20006  
Phone: (202) 842-3525; Fax: (202) 842-2788

## **GOVERNING MEMBERS**

American Association for Public Opinion Research  
American Economic Association  
American Educational Research Association  
American Historical Association  
American Political Science Association  
American Psychological Association  
American Society of Criminology  
American Sociological Association  
American Statistical Association

Association of American Geographers  
Association of American Law Schools  
Law and Society Association  
Linguistic Society of America  
Midwest Political Science Association  
National Communication Association  
Rural Sociological Society  
Society for Research in Child Development

## **MEMBERSHIP ORGANIZATIONS**

Agricultural and Applied Economics Association  
American Association for Agricultural Education  
Association for Asian Studies  
Association for Public Policy Analysis and Management  
Association of Research Libraries  
Council on Social Work Education  
Eastern Sociological Society  
International Communication Association  
Justice Research and Statistics Association  
Midwest Sociological Society  
National Association of Social Workers  
National Council on Family Relations

North American Regional Science Council  
North Central Sociological Association  
Population Association of America  
Social Science History Association  
Society for Behavioral Medicine  
Society for Research on Adolescence  
Society for the Psychological Study of Social Issues  
Society for the Scientific Study of Sexuality  
Sociologists for Women in Society  
Southern Political Science Association  
Southern Sociological Society  
Southwestern Social Science Association

## **COLLEGES AND UNIVERSITIES**

Arizona State University  
Brown University  
University of California, Berkeley  
University of California, Davis  
University of California, Irvine  
University of California, Los Angeles  
University of California, San Diego  
University of California, Santa Barbara  
Carnegie-Mellon University  
University of Chicago  
Clark University  
Columbia University  
Cornell University  
Duke University  
Georgetown University  
George Mason University  
George Washington University  
Harvard University  
Howard University  
University of Illinois  
Indiana University  
University of Iowa  
Iowa State University  
Johns Hopkins University  
John Jay College of Criminal Justice, CUNY  
Kansas State University  
University of Kentucky  
University of Maryland  
Massachusetts Institute of Technology  
Maxwell School of Citizenship and Public Affairs, Syracuse

University of Michigan  
Michigan State University  
University of Minnesota  
Mississippi State University  
University of Nebraska, Lincoln  
New York University  
University of North Carolina, Chapel Hill  
North Carolina State University  
Northwestern University  
Ohio State University  
University of Oklahoma  
University of Pennsylvania  
Pennsylvania State University  
Princeton University  
Purdue University  
Rutgers, The State University of New Jersey  
University of South Carolina  
Stanford University  
State University of New York, Stony Brook  
University of Texas, Austin  
Texas A & M University  
Tulane University  
Vanderbilt University  
University of Virginia  
University of Washington  
Washington University in St. Louis  
West Virginia University  
University of Wisconsin, Madison  
University of Wisconsin, Milwaukee  
Yale University

## **CENTERS AND INSTITUTES**

American Academy of Political and Social Sciences  
American Council of Learned Societies  
American Institutes for Research  
Brookings Institution  
Center for Advanced Study in the Behavioral Sciences  
Cornell Institute for Social and Economic Research

Institute for Social Research, University of Michigan  
Institute for the Advancement of Social Work Research  
Institute for Women's Policy Research  
National Bureau of Economic Research  
National Opinion Research Center  
Population Reference Bureau  
Social Science Research Council