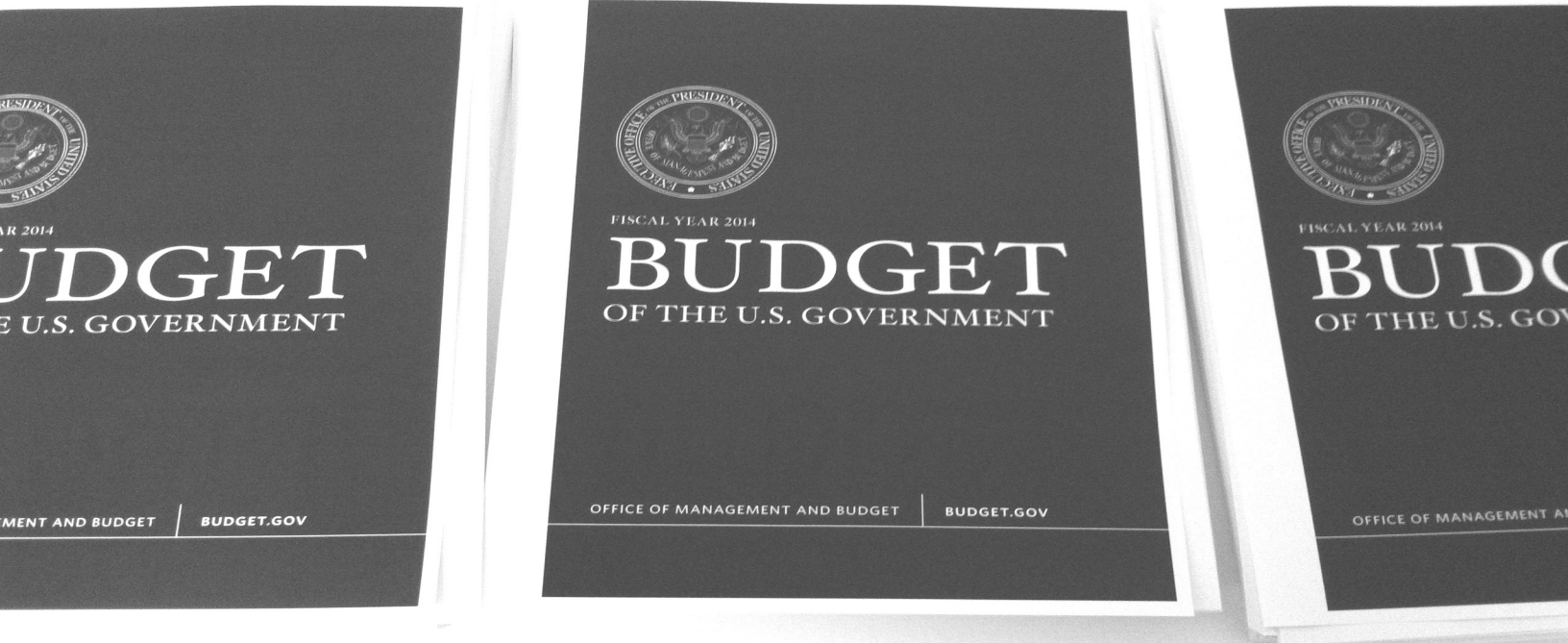


Proposed FY 2014 Budgets For Social and Behavioral Science



COSSA WASHINGTON UPDATE SPECIAL EDITION



*There's something happening here
What it is ain't exactly clear*

—Buffalo Springfield

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COSSA

Washington UPDATE

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Proposed FY 2014 Budgets For Social and Behavioral Science

*“There’s something happening here,
What it is ain’t exactly clear”*

Reflecting Stephen Stills’ great song, the budget process continues to be a clear as mud! For what it’s worth, according to the Budget and Control Act of 1974, the President is supposed to reveal his spending plan for the following fiscal year on the first Monday in February. Although previous presidents have ignored this deadline, particularly at the start of a term, President Obama waited until April 10 to release his proposals for FY 2014. Part of the delay could be attributed to the fact that the FY 2013 appropriations process did not finish until the end of March 2013, six months into the fiscal year. In the meantime, both the House and Senate budget committees passed FY 2014 budget resolutions in mid-March. The problem is that the House set overall discretionary spending at \$967 billion and the Senate at \$1.053 trillion. Attempts to reconcile this difference have not yielded any results so far. While all this has been going on, the agencies are still reeling from the imposition of the across-the-board cuts known as sequestration, as well as some policy riders attached to the final FY 2013 appropriations bill.

The President’s proposed FY 2014 budget requests \$3.778 trillion in spending, which includes the mandatory programs such as Medicare, Social Security, Medicaid, and others not subject to the annual appropriations process, interest on the very large national debt, and discretionary spending. Under the President’s proposal non-defense discretionary spending would be at its lowest level as a percent of GDP since the Eisenhower era in the 1950s. The Administration expects the annual deficit to decline significantly to 4.4 percent of GDP. Early indications from the Treasury Department suggest that the FY 2013 deficit may also see a reduction due to increased revenues from the tax increase enacted at the end of 2012. The President also declared that the sequester scheduled for FY 2014 would not occur under his proposed budget.

At the same time, over the past year and now into 2013, threats to programs important to the social, behavioral and economic sciences (SBE) community have proliferated. For example:

- 1) In 2012, the Flake Amendment to eliminate funding for political science at the National Science Foundation (NSF) passes the House; it is not included in the FY 2013 NSF appropriations bill enacted at the end of March 2013. Instead we got...
- 2) An Amendment sponsored by Sen. Tom Coburn (R-OK) that restricts NSF funding of political science to projects that are certified by the Director as “promoting national security and the

economic interests of the United States." NSF is still contemplating what this means for its political science program.

- 3) The House Labor, HHS, Education Appropriations Subcommittee proposes restrictions on National Institutes of Health (NIH) funding of economics research in its markup of the FY 2013 appropriations bill. This is also not included in the final FY 2013 appropriations bill, but NIH Director Francis Collins interprets this as a threat to NIH and begins to question why the agency should continue funding health economics research. The House Subcommittee also votes to eliminate the Agency for Healthcare Research and Quality.
- 4) In April 2013, a bill is introduced by Rep. Gregg Harper (R-MS) to eliminate support for health economics research at NIH. On May 8, NIH announces it is undertaking a "productivity review" on the contributions of NIH-supported SBE science as well as cell biology.
- 5) In 2012, the House passes an amendment sponsored by Rep. Daniel Webster (R-FL) to abolish the American Community Survey. It does not become law, as the Senate ignores it. In April 2013, Rep. Jeff Duncan (R-SC) introduces legislation to abolish all surveys at the Census Bureau, including the American Community Survey, except the decennial. That survey is only allowed to ask questions directly related to apportionment. The bill also includes the abolition of the Census of Agriculture.
- 6) House Majority Leader Eric Cantor (R-VA) tells an audience at the American Enterprise Institute in February: "Funds currently spent by the government on social science-- including on politics of all things-- would be better spent helping find cures to diseases."
- 7) House Science, Space, and Technology Committee Chairman Lamar Smith (R-TX) echoes Cantor in a meeting with the Task Force on American Innovation. He also questions NSF support for SBE in other venues as the Committee prepares to reauthorize the American COMPETES law, which includes NSF.
- 8) Rep. Smith prepares a discussion draft bill, the High Quality Research Act (HRQA) which is perceived by the scientific community and the White House Office of Science and Technology Policy (OSTP) as congressional intrusion into NSF's merit review process. Smith claims he is only after more accountability for NSF since it funds "questionable" research projects, particularly in the SBE sciences. Ranking Democrat Eddie Bernice Johnson (D-TX) sends a strongly-worded letter to Smith decrying the HRQA and strongly defends NSF's support for ALL the sciences.
- 9) Rep. Smith also sends a letter to NSF requesting explanations and reviews for five "questionable" grants in the SBE sciences.

Science and Technology in the FY 2014 Budget

On April 24, President Obama addressed the National Academy of Sciences for its 150th anniversary. He told the distinguished audience at that gathering: "And more important than any single study or report, the members of this institution embody what is so necessary for us to continue our scientific advance and to maintain our cutting-edge, and that's restless curiosity and boundless hope, but also a fidelity to facts and truth, and a willingness to follow where the evidence leads."

He also strongly defended the rigorous peer review system and pronounced, "I will keep working to make sure that our scientific research does not fall victim to political maneuvers or agendas that in some ways would impact on the integrity of the scientific process. That's what's going to maintain our standards of scientific excellence for years to come."

Finally, he declared the importance of “promoting the integrity of our scientific process; that not just in the physical and life sciences, but also in fields like psychology and anthropology and economics and political science -- all of which are sciences because scholars develop and test hypotheses and subject them to peer review -- but in all the sciences, we’ve got to make sure that we are supporting the idea that they’re not subject to politics.”

To back all this up the President proposes \$142.8 billion for “federal investment in research and development (R&D).” This funding is divided between \$69.6 billion for non-defense R&D and \$73.2 billion for defense R&D. The non-defense portion is a 9.2 percent increase over FY 2012 actual and the defense part is a decrease of 5.2 percent for the comparable period. For Basic Research, the President requests \$33.1 billion. The Applied Research request is almost \$35 billion. The Development portion of the budget is \$71.5 billion, a decrease of 5 percent from FY 2012.

The major thrusts of the budget request include: renewed commitment to NSF, the Office of Energy Sciences, and the National Institute of Standards and Technology; make America a magnet for manufacturing; advance clean, American energy; improve our understanding of the threat of global climate change; support medical research; and educate our children in science, technology, engineering and mathematics (STEM).

For STEM education, the Administration, following the advice of the Government Accountability Office, is reorganizing its programs so that the Department of Education will have primary responsibility for K-12 programs, the NSF will have primary responsibility for Undergraduate and Graduate STEM programs, and the Smithsonian Institution will take over the informal science education and outreach programs. So far, this proposal has raised the hackles of some agencies cut out of the STEM Ed game, like NASA. The Administration is also requesting an increase to \$3.1 billion for these programs.

In addition, the President revealed a BRAIN (Brain Research through Advancing Innovative Neurotechnologies) initiative that would involve the Defense Advanced Research Project Agency (DARPA), the NIH, and the NSF as well as private foundations. The federal funding contribution would be \$110 million.

The U.S. Global Change Research Program has a FY 2014 request of \$2.7 billion, a six percent increase over FY 2012, to support research across 13 agencies, with NASA, NSF, and the National Oceanic and Atmospheric Administration (NOAA) as the major players. The focus on mitigation and adaptation strategies continues, as well as on the reduction of greenhouse gas emissions through the development of clean energy sources.

National Science Foundation

With the departure of Subra Suresh as director in late March, Cora Marrett is now serving her second stint as Acting Director. Marrett has previously been Deputy Director and the Assistant Director for the Social, Behavioral and Economic Sciences (SBE) and Education and Human Resources (EHR) directorates. In another personnel move, Myron Gutmann, who has led the SBE directorate since 2009 will leave NSF at the end of August 2013.

The Congress provided NSF with an increase for its FY 2013 budget before it was wiped out by an across-the-board cut followed by sequestration. The FY 2014 budget again requests a significant boost for the Foundation. As of this writing, we do not know how the FY 2013 budget was distributed among the directorates, so it is difficult to ascertain the increases at that level.

On the political front, NSF has been hit with an amendment to its FY 2013 appropriations restricting its political science program to projects certified by the director as “promoting the national security and economic interests of the U.S.” In the early months of 2013, House Majority Leader Rep. Eric Cantor (R-VA) and House Science Committee Chairman Rep. Lamar Smith (R-TX) have publicly questioned NSF funding of the SBE sciences.

For FY 2014, NSF gets to expand its support for neuroscience and cognitive science as part of the President's BRAIN initiative, while continuing a number of priorities from former years. These include Science and Engineering and Education for Sustainability (SEES), advanced manufacturing and robotics, enhanced cyberinfrastructure, the Innovation (I) Corps, and research at the interface of biology, mathematics, and the physical sciences.

NSF will also expand its Graduate Fellowship program as part of the STEM education consolidation proposed by the President. NSF now has a greater role in undergraduate and graduate STEM education.

The SBE directorate will continue its implementation of its SBE 2020 initiative that grew from the *Rebuilding the Mosaic* report. Again, SBE will highlight interdisciplinary research as well as cross-directorate programs that support studies of major societal problems, such as disasters, both natural and man-made. SBE is phasing out its Science of Learning Centers and will hear a report on the future of support in this important area as its Advisory Committee meeting in late May.

EHR continues its focus on research and evaluation of STEM education programs and a major cross-NSF effort to broaden participation in science among underrepresented groups.

The National Institutes of Health and Other Health Agencies

Despite questions from the Congress and the Office of the Director, which threaten support for economics research and other social and behavioral activities, in reviewing the proposed FY 2014 budget, it is the astonishing how well the social and behavioral sciences are thriving at the National Institutes of Health (NIH). Almost every Institute and Center funds significant research on the role of social and behavioral factors in health. The Office of Behavioral and Social Sciences Research (OBSSR) under Robert Kaplan continues to coordinate some of these efforts while supporting others with its own funds.

All across NIH, social and behavioral researchers are examining disease prevention strategies for cancer, heart disease, lung disease, diabetes, kidney problems, dental problems, HIV and AIDS, other infectious diseases, mental health, substance abuse, deafness, obesity, stroke, and arthritis.

Social and behavioral research at NIH is studying how we age and what the impacts are on our health system and our economy. Research on caregivers is another important contribution to how our health system is working. The impact of social and economic status and minority status on health are other topics where social and behavioral researchers supported by NIH provide value to understanding our health system.

The National Children's Study, which in FY 2014 will begin its main research, will provide interdisciplinary studies of how our child development health system works, again with social and behavioral researchers as important players in this initiative.

So despite the questioning, it is important how much NIH-- which is the National Institutes of HEALTH-- supports research not just focused on curing diseases, but studies on coping with them and preventing them in the first place, where behavioral factors are often of paramount importance.

NIH's budget has remained relatively stagnant over the past few years, as Congress has seen many of NIH's former champions depart. In addition, a discordant note has come into play. As noted in the descriptions of the Institutes and Centers budget in the document, all of them support a basic behavioral and social science research program called OppNet. It is now uncertain whether that will continue in FY 2014, since NIH director Francis Collins has decided that the Institutes and Centers no longer have to provide contributions to the initiative.

The President's Executive Order has allowed the Centers for Disease Control and Prevention (CDC) to resume its support for gun research and treat gun violence as a public health problem. The Agency for Health Care Quality and Research (AHRQ), which was threatened with defunding in FY 2013, resumes its major role in comparative effectiveness research to help implement the Affordable Care Act.

Research and Data in the Departments

Since the FY 2013 appropriation for many departments was a Continuing Resolution that prevented the start of any new programs, many of the new initiatives from the FY 2013 budget request are back again in FY 2014.

At the Department of Agriculture, the President has asked once more for a significant increase for the Agriculture and Food Research Initiative (AFRI), the department's major competitive grant program. With the demise of earmarks, funding for AFRI has crept up in recent years, but not at the great leaps the administration had sought. Congress gave the National Agricultural Statistics Service (NASS) sufficient funds in the FY 2013 appropriation to complete the Census of Agriculture. However, in early 2013, Rep. Jeff Duncan (R-SC) introduced a bill to eliminate this Census. The Economic Research Service will continue its effort to strengthen the use of behavioral economics research and the statistical use of administrative data.

With proposed legislation once again threatening the future of the American Community Survey and other surveys too, the U.S. Census Bureau maintains its focus on preparing for the 2020 count. Using the ACS as part of its research and testing platform, the FY 2014 budget proposal hopes to help complete this phase of the preparation. In the meantime, it also awaits a new director, for the first five-year term appointment under the new law passed in 2012. The Bureau of Economic Analysis has a significant proposed increase to begin a focus on the smallest businesses as well as another attempt to develop a new survey of foreign direct investment in the U.S., a proposal Congress has thwarted in recent years.

Another year has gone by without congressional reauthorization of the Elementary and Secondary Education Act, so the Administration continues to try and maintain its K-12 school improvement efforts through the appropriations process, as well as by using the power of the executive branch. The focus in FY 2014 includes consolidating K-12 STEM education programs in the Department, investing in pre-school for all, redesigning high school education, and maintaining the Race to the Top program. In addition, the Higher Education Act reauthorization now looms on the near horizon.

The Institute of Education Sciences (IES) remains a player in the Administration's emphasis on evidence-based programs. The FY 2014 budget proposal has increases for research, development, and dissemination, data collection, and analysis by the National Center for Education Statistics, and enhanced efforts to create statewide data systems on individual students and schools.

The Department's new stress on Global Competence for All dominates the strategy for international education and foreign language education. The Title VI and Fulbright-Hays programs have an increase, but not a restoration of the 40 percent of its funding lost in FY 2011. Once again, the Administration will be trying to sell its *First in the World* initiative as a replacement for the previous programs supported by the Fund for the Improvement of Postsecondary Education (FIPSE). FY 2014 has continued funding for those social scientists funded by the Javits Fellowship program, now-subsumed under the Graduate Assistance in Areas of National Need program.

At the Department of Homeland Security (DHS), the University Programs' fellowship and scholarship program has left the Department as part of the STEM education consolidation. University Programs loses some funding for the Centers of Excellence account in the requested budget. The FY 2014 proposal continues to seek restoration of funding to the Research, Development and Innovation account, which provides some research support to social and behavioral scientists studying improving

behavioral screening techniques and understanding the economic incentives for cybersecurity breaches.

At the Department of Housing and Urban Development, the Office of Policy Development and Research has a proposed increase. It will also receive funds from the continuing Transformation Initiative, which sets aside program funds for a variety of departmental-wide initiatives including research and data collection. It is hoping these funds will allow it to redesign and reinvigorate the American Housing Survey.

The Office of Justice Programs (OJP) at the Department of Justice has a recently confirmed new Assistant Attorney General, Karol Mason. Both the National Institute of Justice (NIJ) and the Bureau of Justice Statistics (BJS) lost their leaders at the end of 2012 and now have Acting Directors. Both have proposed increases in their FY 2014 budget proposals, although the Administration did not ask for funds for domestic radicalization research, which the Congress has inserted into the NIJ appropriation the past two years. The President did ask for a continuation of the two percent set-aside for research, evaluation, and statistics with a proposed expansion through a similar setting aside of the very large Victims of Crime fund for these purposes. BJS will continue its revitalization of the National Crime Victimization Survey, while NIJ will maintain its focus on translational research to bring evidence-based crime deterrence solutions to law enforcement practitioners throughout the country.

The Department of Labor has again proposed for its Employment and Training Administration a set-aside of program funds for research, demonstrations, pilots and evaluations. After a long delay between her nomination and confirmation, Erica Groshen has become the Commissioner of Labor Statistics. Because of the sequestration cuts, the National Longitudinal Surveys are under threat again, despite elongating the conduct of the surveys already in place.

Funding for the exchange programs at the Department of State has a decrease, but for the most part the appropriations for these efforts have leveled off after significant increases during the Bush Administration. The Fulbright program has a large increase as a result of the renewed proposal to absorb the Regional Graduate Fellowships program. There will be a continued emphasis on the "Frontline States," Iraq, Afghanistan, and Pakistan.

The Department of Transportation once again proposes to move the Research and Innovation Transportation Administration (RITA), which houses the Bureau of Transportation Statistics, into a new office of Assistant Secretary for Research and Statistics. As Congress only extended the major transportation law for two years without increased funding, BTS, which gets its funding from the Highway Trust Fund, has static funding for FY 2014.

The National Archives and Records Administration (NARA) proposed funding declines slightly in the FY 2014 request, some of which results from the reduction in funding for the National Historical Publications and Records Commission. NARA continues its major efforts in collecting and cataloguing the huge amount of electronic records now generated by the government, including the White House.

The National Endowment for the Humanities has a slight increase. The Administration again proposes an initiative called *Bridging Cultures*, which encourages projects that explore the ways in which cultures from around the globe, as well as the myriad subcultures within America's borders, have influenced American society. In the meantime, this Administration once again asks Congress to defund the last Administration's big initiative; *We the People*. Congress has not cooperated.

As noted earlier, the coming FY 2014 appropriations process starts out with the House and Senate using different caps and different assumptions. It is unclear whether these can be reconciled; many people have their doubts. Sequestration looms again, and although everybody suspected it was just a bargaining ploy in FY 2013, it did occur. Those hoping for the "grand bargain" on the budget may still have another long wait. If the economy keeps improving and the deficit maintains its downward path, some pressure may get removed. The renewed fight on extending the debt limit, first anticipated for

the late spring, has now been postponed until the fall. Although the President's budget tries to restore some of the funding wiped out in the FY 2013 sequester, the Congress, especially the House Republicans, may have different ideas. As with most years in the budget game, clarity is never a given and timely completion of the process has become rare. Another Continuing Resolution solution for FY 2014 would perpetuate items from FY 2013 such as the Coburn Amendment restricting political science projects at NSF. There is something happening here, but the whats, whens, and whys remain murky.

Howard J. Silver
Executive Director
May 2013

how to interpret budget figures in this issue

COSSA's budget issue provides figures for Fiscal Year 2014 budget authority. All figures in the agency tables are in millions of current dollars, and, in most cases, are rounded to one figure after the decimal. Totals may contain rounding error.

Two types of data are compiled in the tables. Four columns provide recent and current budget figures, while the last three columns provide comparisons of numerical data.

Actual 2012	Proposed 2013	Current 2013	Proposed 2014	A 2012/ C 2013	C 2013/ P 2013	P 2014/ A 2012
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Column 1 provides actual spending figures enacted for FY 2012. Column 2 offers requested funding in President Obama's FY 2013 budget request. For Column 3, current 2013 funding, things get complicated this year. Where they have been provided, these numbers come from the agencies. Where agencies have yet to release such numbers, COSSA calculated the numbers using the FY 2012 base, the across-the-board reductions provided in the congressional appropriations bills and then imposed the five percent sequester-required cuts. In some cases, most notably the figures for spending by NSF's directorates for FY 2013, the numbers were simply not available yet, since the distribution of the reductions was left to NSF. Column 4 provides the Administration's new funding recommendation for FY 2014. Column 5 shows the percentage change from Actual FY 2012 spending to current FY 2013 spending, where possible. Again, where possible, Column 6 compares the proposed FY 2013 funding with current FY 2013 funding, thereby reflecting congressional modifications to the Administration's budget. Finally, Column 7 compares actual FY 2012 funding with the recently proposed FY 2014 funding, illustrating the Obama Administration's budget priorities as gauged against spending in the previous full appropriations year. This creates a distorted effect, making the proposed increases smaller, since in most cases the FY 2012 numbers will be larger than the FY 2013 numbers

COSSA would like to thank all the federal agency officials as well as Terri Ann Lowenthal, Steve Pierson, Jerry Sroufe and Matt Hourihan, who assisted COSSA by providing information contained in this report.

COSSA will update the issue on its Web page, www.cossa.org as more information becomes available.

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Executive Director: Howard J. Silver, Ph.D.
 Deputy Director: Angela L. Sharpe
 Assistant Director for Government Affairs: La Tosha Plavnik
 Associate Director of Public Affairs: Julia Milton
 President: James S. Jackson

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

DEPARTMENT OF AGRICULTURE (USDA)

Tom Vilsack, former Governor of Iowa, has stayed on as the Secretary of Agriculture (USDA). Catherine E. Woteki is the Under Secretary for Research, Education and Economics and Chief Scientist for the Department. The FY 2014 proposed discretionary spending budget for USDA is \$23 billion, about \$1 billion below the FY 2012 enacted level. A large portion of the USDA budget consists of mandatory spending on things like farm subsidies and nutrition assistance programs. The Department is also proposing to move \$1.5 billion in funding for Food for Peace programs to the U.S. Agency for International Development. The President again seeks to enhance deficit reduction by eliminating direct farm payments, decreasing subsidies to crop insurance companies and producers, and better targeting conservation funding to high priority areas. Congress will try again to pass a comprehensive Farm bill in 2013.

National Institute of Food and Agriculture (NIFA)

nifa.usda.gov

Sonny Ramaswamy is the NIFA director. NIFA, according to the Department, has the primary responsibility for providing linkages between the Federal and State components of a broad-based, national agricultural research, extension, and higher education system. The NIFA proposed budget for FY 2014 is \$1.293 billion. In FY 2012, it was \$1.107 billion. About 60 percent of those funds go to research and education activities. NIFA provides funding for projects conducted in partnership with the State Agricultural Experiment Stations, the State Cooperative Extension System, land grant universities, colleges, and other research and education institutions. NIFA distributes funds to universities and institutions by statutory formula funding, competitive awards, and grants.

NIFA is responsible for administering USDA's primary competitive research grants program, the Agriculture and Food Research Initiative (AFRI), which supports investigator-initiated research with strong potential to contribute to breakthroughs in agricultural science. The significantly increased FY 2014 proposal for AFRI will help fund nutrition and health research that focuses on children and adolescents ages 2-19 to generate knowledge of the behavioral, social, cultural, and/or environmental factors that influence childhood obesity.

Other AFRI foci would include: 1) a new food, agricultural, natural resources, and human sciences initiative that will support schools and colleges across America in the development of the food and agriculture-related workforce; 2) water and water resources research to develop solutions for water resource management; 3) research, education, and extension efforts for food security; 4) an integrated food safety research program; 5) a targeted program to strengthen the sustainability of biomass production, understand its effects on land and water resources, and expand knowledge on the socioeconomic impacts of biofuels in rural communities; 6) ongoing research to develop strategies that help farmers manage and mitigate the impacts of climate change on agricultural and natural resource systems; and 7) a new Critical Agricultural Research and Extension (CARE) competition that will address short-term issues important to agricultural production.

In addition, AFRI proposes a new initiative that will support activities for pre-doctoral and post-doctoral education and research training to individuals pursuing research careers in NIFA research priority areas. NIFA is also working with the National Science Foundation and the National Institutes of Health to fund an Ecology and Evolution of Infectious Disease Program to enable understanding of the transmission and prevention of these diseases in animals, plants, and humans.

The major formula funding mechanism is the Hatch Act program which funds research conducted by the State Agricultural Experiment Stations. The Administration proposal for FY 2014 level funds this program at the FY 2012 figure. The request for Regional Rural Development Centers holds the program at \$1 million.

	Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
Hatch Act	236.3	235.0	218.8	236.3	-7.4%	-6.9%	0.0%
Agricultural Food and Research Initiative (AFRI)	266.0	325.0	276.0	383.4	3.8%	-15.1%	44.1%

Economic Research Service (ERS)

ers.usda.gov

ERS, whose administrator is Mary Bohman, provides economic and other social science information to inform policy and program decisions made across the spectrum of USDA missions, and supplies them in outlets that are also accessible to stakeholders and the general public. The agency tries to anticipate issues that are on the horizon and to conduct sound, peer-reviewed economic research that measures the health of the farm sector through data on farm income, the health of the agriculture sector including trade, and the food security system both in the U.S. and abroad. Most of the research is conducted in-house.

For FY 2014, ERS will continue to conduct studies that explore how rural economies are prospering in the changing global marketplace; how agricultural competitiveness and economic growth relate to natural resource policies that respond to climate change; how the U.S. agricultural sector is performing in the context of globalized markets; how well the nation's nutrition assistance programs are working, particularly with respect to reducing obesity; and how societal benefits are associated with reducing food safety risks. In addition, the budget proposes \$2.5 million for ERS' Research Innovations for Improving Policy Effectiveness initiative, to strengthen the use of behavioral economics research and the statistical use of administrative data.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
78.0	77.0	71.3	78.5	-8.6%	-7.4%	0.6%

National Agricultural Statistical Service (NASS)

usda.gov/nass

Cynthia Clark is NASS' Administrator. The mission of NASS is to provide timely, accurate, and useful statistics in service to U.S. agriculture. NASS' data provide the information necessary to keep agricultural markets stable and efficient and to help maintain a consistency for all users of agricultural statistics. In addition to other projects, the agency conducts the quinquennial U.S. Census of Agriculture. The 2012 Census is underway. In order to complete the Census, NASS received a significant increase for FY 2013. Early in 2013, Rep. Jeff Duncan (R-SC) introduced a bill to eliminate the Census of Agriculture.

In addition to its routine agricultural estimates' surveys, the funding for FY 2014 would provide for the production of Census of Agriculture results by congressional district, watershed, zip code, and Indian reservation. It would also provide funding to conduct a Farm and Ranch Irrigation Survey, last conducted in 2008, and field a Census of Aquaculture, last done in 2005.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
159.0	179.0	166.2	159.6	4.5%	-7.2%	0.4%

DEPARTMENT OF COMMERCE

Rebecca Blank will end her tenure as Acting Secretary of Commerce at the end of June to take up the Chancellorship of the University of Wisconsin-Madison in July. President Obama has announced his intention to nominate Penny Pritzker, chairman of the board of TransUnion and Pritzker Realty as well as chair and co-founder of Vi, The Parking Spot, and Artemis Real Estate Partners, as the next Secretary. Pritzker has also served on the President's Economic Recovery Advisory Board. The FY 2014 request for the Department's discretionary funding is \$8.6 billion. The FY 2012 comparable figure was \$7.8 billion. There has been no further news about a once-proposed restructuring of the Department.

Census Bureau

census.gov

Tom Mesenbourg remains the Acting Director of the Bureau following the departure of Bob Groves in July. The Bureau continues under intense pressure from Congress, the Government Accountability Office, and its own Inspector General to reduce the costs associated with the 2020 Census. The Bureau has also faced heightened political pressure in light of the House's vote last year to eliminate the American Community Survey (ACS). The Senate refused to accept this in the final appropriation for the Bureau. In early 2013, Rep. Jeff Duncan (R-SC) introduced a bill to eliminate all of the Census Bureau's surveys except for the decennial, which would only require responses that were necessary for reapportionment purposes. Rep. Ted Poe (R-TX) and Sen. Rand Paul (R-KY) have introduced legislation again to make the ACS voluntary. Also in recent years, Congress has been moving money from the Bureau's Working Capital Fund (\$18 million in FY 2013) into the regular appropriation.

The President requested \$982.5 million in discretionary spending for the Bureau in FY 2014. This is a 4.3 percent increase over the FY 2013 final number. In FY 2004, the Bush Administration asked for a 20 percent increase for year four of the decade. The Bureau also has \$30 million in Mandatory Appropriations in the Salaries and Expenses line for the Survey of Program Dynamics (\$10 million) and the State Children's Health Insurance Program (\$20 million). (These are not included in the chart below.)

Given the cyclical nature of the Bureau's surveys, the FY 2014 budget includes enhancements for the 2020 Census, but decreases for the Economic Census, the Census of Governments, and the 2010 Census, which is now considered complete. The proposed budget will also strengthen the Research Data Centers. The request also includes funding to continue work on developing and implementing a supplemental poverty measure using data from the Current Population Survey.

The request for the Periodic Censuses and Programs is \$726.4 million. The recommendation of \$486 million for the 2020 Census programs now includes the ACS. The annual ACS cost is about \$250 million. FY2014 will complete the first cycle of funding for the 2020 decennial with its focus on research and testing. The focus of the FY 2014 activities will test new enumeration methods, including using the Internet (now an option on the ACS); new processes to support field operations (with a decreased number of regional offices than in 2010); more cost-effective IT systems; and address and spatial frame-related methods to supplement research in the geographic support program. By the end of FY 2014, the Bureau expects to make some fundamental decisions on the conduct of the 2020 count.

Due to budget constraints, the Bureau plans to cancel the 2014 Boundary and Annexation Survey and reduce partnership activities and Master Address File (MAF) analysis. The consequences of these decisions for the 2020 Census and ACS are unclear.

The Salaries and Expenses (S&E) Account would receive \$256 million in discretionary funds in FY 2014. The enacted FY2012 S&E funding level was \$253.3 million. In this account, the Bureau proposes a \$7

million reduction to \$50.7 million for the Survey of Income and Program Participation (SIPP) based on administrative savings and the completion of a field test of the improvements initiated in 2008.

	Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
Salaries and Expenses	253.3	259.2	238.2	256.0	-6.0%	-8.1%	1.1%
Periodic Censuses and Programs	689.0	711.3	620.3	726.4	-10.0%	-12.8%	5.4%
Census Totals	942.3	970.4	887.0	982.5	-5.9%	-8.6%	4.3%

Bureau of Economic Analysis (BEA)

bea.gov

The Economic and Statistics Administration (ESA) is the umbrella organization for the Census Bureau, the BEA, and a small policy shop. It is led by Department's Undersecretary for Economic Affairs Mark Doms. The appropriation line for ESA excludes the Census Bureau, but includes its other two responsibilities. The FY 2014 request for ESA is \$104 million.

Steve Landefeld continues to lead the BEA. Its FY 2014 request is \$100.2 million, a \$9.5 million boost from FY 2012. The BEA's mission is to promote a better understanding of the U.S. economy by providing timely, relevant, and accurate economic accounts data, including the Gross Domestic Product (GDP). BEA statistics influence critical decisions made by policymakers, business leaders, households, and individuals that affect interest and exchange rates, tax and budget projections, business investment plans, and the allocation of over \$300 billion in federal funds to states and local communities. In addition, BEA continues to improve and expand the National Income and Product Accounts (NIPAs) to keep pace with the constantly changing nature of the U.S. economy. BEA prepares national, regional, industry, and international economic accounts that present essential information on such issues as regional economic development, inter-industry relationships, and the nation's position in the world economy.

As it has proposed in previous years, BEA hopes to use its requested increase to develop a new survey of foreign direct investment in the U.S. Other improvements that would come with the increased funds comprise: adding state-level data on fixed assets, property, and manufacturing employment; and reducing reporting thresholds to include more newly emerging businesses. As an offset, BEA proposes to eliminate the "Advance GDP by Industry" program. BEA claims that the quarterly GDP by industry is a sufficient, more detailed replacement for the "Advance" data.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
92.5	96.5	89.8	100.2	-2.9%	-6.9%	8.3%

DEPARTMENT OF EDUCATION

Arne Duncan continues as the Secretary of Education into President Obama's second term. With another year gone without the reauthorization of the Elementary and Secondary Education Act, the Administration has tried to use its executive power to change No Child Left Behind. Using programs like Race to the Top and new state-based accountability systems, the Department continues to emphasize the importance of improving student achievement at the K-12 level. At the same time, the reauthorization of the Higher Education Act now looms, and the Department's new strategy for international education, with its emphasis on Global Competence for All, has de-emphasized the Title VI programs enacted as part of the National Defense Education Act in 1958.

The Administration and the Department, utilizing years of social and behavioral research findings, will invest heavily in early learning programs in the FY 2014 budget. Preschool for All and programs for those with special needs are also part of the Department's plans for FY 2014. In addition, the proposed budget includes a Career Readiness for All program, which includes redesigning high school education to expand opportunities for students to gain college and career experiences during those years.

Finally, the Administration has proposed consolidating all of its Science, Technology, Engineering and Math (STEM) programs in three agencies. The Department would get all the K-12 STEM programs, including the transformation of the Mathematics and Science Partnership program into the Effective Teaching and Learning for STEM program. The focus would remain on partnerships between local education authorities and institutions of higher education to help states improve their STEM teaching and learning.

The proposed funding level for the Department's discretionary programs (excluding Pell Grants) is \$48.4 billion for FY 2014. This is \$3.1 billion above the FY 2012 enacted level.

Institute of Education Sciences (IES)

ies.ed.gov

The IES, led by John Easton, is the federal government's principal agency for conducting research on education. Its four Centers, the National Center for Education Research (NCER), the National Center for Education Statistics (NCES), the National Center for Education Evaluation and Regional Assistance (NCEE/RA), and the National Center for Special Education Research (NCSER), comprise the central operational structure for the agency.

The proposed budget requests an overall increase to fund the IES - from \$593.7 million in FY 2012 to \$671.1 million for FY 2014. State and local school improvement requirements such as the development of common core standards and assessments have called attention to the need for a more robust research platform to support education innovation.

The Education Research, Development, and Dissemination account provides for National Research and Development Centers (NRDCs), as well as the What Works Clearinghouse, the Education Resources Information Center, and special research competitions. These research activities would receive \$202.3 million in FY 2014, increased from \$189.8 million in FY 2012. The increased funding would support expanded research on both early childhood and adult learning and would introduce a research program designed to stimulate partnerships designed to improve practice.

The IES authorization mandates at least eight NRDCs. Currently funded centers conduct research on rural education; cognition and science instruction; instructional technology; technology for science education; data driven reform; assessment, standards and accountability; English language learners; early childhood education; and teacher effectiveness in math. A new center is planned that will focus on the transmission and use of research to improve practice.

The National Center for Education Statistics (NCES) remains the primary data source for education systems and policymakers across the nation and has established large longitudinal databases on vital issues regarding students, schools, and school personnel. It also supports U.S. participation in international studies of education achievement. The NCES budget would increase from \$108.7 million to \$122.7 million under the Administration's proposal. The increase would pay for a special pilot administration that would provide state-level results on the International Program for Student Assessment.

The National Assessment of Educational Progress (NAEP), which measures and reports on the status and trends of student learning over time, was level-funded in FY 2012, but would receive a \$6 million

reduction in FY 2014. The explanation for the reduction is simply that the reduced amount will be sufficient.

The Department again asks for a significant increase for Statewide Data Systems to enable State educational agencies to design, develop, and implement longitudinal data systems on student learning, teacher performance, and college- and career-readiness. The huge proposed increase would provide \$36 million for new grants on early childhood linkages and \$10 million for postsecondary data initiatives designed to improve information on students as they progress from high school to college and the workforce.

While the President’s budget proposes to eliminate 20 federal education programs, none are in the area of research and development. Additionally, the budget includes \$25 million for an ARPA-Ed program to explore new approaches to education research.

	Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
Research and Dissemination	189.8	202.3	187.8	202.3	-1.1%	-7.2%	6.6%
Regional Education Labs	57.4	57.4	53.3	57.4	-7.1%	-7.1%	0.0%
Statistics (NCES)	108.7	114.7	100.9	122.7	-7.2%	-12.0%	12.9%
Assessment (incl. NAGB)	138.3	132.2	128.4	132.3	-7.2%	-2.9%	-4.3%
StateWide Data Systems	38.1	53.1	35.4	85.0	-7.1%	-33.3%	123.1%
Special Education Studies and Evaluations	11.4	11.4	10.6	11.4	-7.0%	-7.0%	0.0%

International and Foreign Language Education (IFLE)

ed.gov/about/offices/list/ope/ieqps/index.html

The IFLE programs were once funded at \$125.9 million in FY 2010. The following year, they lost 40 percent of their funding. This year the Administration has proposed an increase, but not a restoration. The domestic programs of Title VI and the overseas Fulbright-Hays fellowship comprise these programs. They support a series of programs that provide language training, particularly in less commonly taught languages; research and curriculum development; area studies; and opportunities for American scholars to study abroad. The Department asserts that the increase will help raise the global competency of all U.S. students, a goal of the new strategy for this area of learning.

	Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
Domestic Programs	66.6	68.3	63.1	73.5	-5.3%	-7.6%	10.4%
Overseas	7.5	7.5	7.1	7.4	-5.3%	-5.3%	-1.3%
Total	74.0	75.7	70.2	80.9	-5.1%	-7.3%	9.3%

Fund for the Improvement of Postsecondary Education (FIPSE)

ed.gov/about/offices/list/ope/fipse/index.html

The old FIPSE, with its comprehensive competitive grants programs and international competitions is gone according to the Administration’s proposal. Once again, the Department seeks to transform the agency with its “First in the World” initiative. These awards, based on what the Department is calling “an evidence-based grant competition,” would apply the lessons of the Investing in Innovation program for K-12 to the challenges of college level attainment and productivity. The new program would also provide “venture capital” to encourage innovative approaches to improving college completion, research support for identifying successful strategies, and resources to scale and disseminate proven

strategies. Congress has not been impressed with previous Administration attempts at a First in the World program.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
3.5	70.0	3.3	257.6	-5.7%	-95.3%	7260.0%

Graduate Assistance in Areas of National Need (GAANN)

ed.gov/programs/gaann/index.html

This program provides fellowships to postsecondary institutions to support graduate students with superior ability and high financial need studying in areas of national need as defined by the Secretary. In the last competition in FY 2012 those areas included: Area Studies; Biological Sciences/Life Sciences; Chemistry; Computer and Information Sciences; Engineering; Foreign Languages and Literatures; Mathematics; Nursing; Physics; and Educational Evaluation, Research, and Statistics. The FY 2014 request would support approximately 683 fellowships. It would also provide funding for awards under the old Javits program, which funded graduate students in the social sciences, arts, and humanities and was absorbed into the GAANN program in 2012.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
30.9	30.9	30.0	30.9	-2.9%	-2.9%	0.0%

DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

The largest domestic agency, representing almost one-quarter of federal expenditures, the Department of Health and Human Services (HHS), led by Secretary Kathleen Sebelius, includes more than 300 programs covering a wide spectrum of activities, including health and social science research. HHS plays a major role in implementing the Affordable Care Act (ACA). Most of HHS' funding goes to mandatory programs such as Medicare and Medicaid. The FY 2014 discretionary budget request for HHS is \$80.1 billion.

Office of the Assistant Secretary for Health (OASH)

hhs.gov/ash

OASH serves as the Secretary's primary advisor on matters involving the nation's public health and oversees the U.S. Public Health Service (PHS) for the Secretary. OASH is led by Howard K. Koh. The Office of Public Health and Science (OPHS) is under the direction of the OASH. OPHS performs both a policy and program role. OASH is charged with leadership in development of policy recommendations on population-based public health and science and coordination of public health issues and initiatives. The Office of Minority Health, Office of Population Affairs (OPA)/Adolescent Family Life (AFL) and the Office of Women's Health are among the 13 public health offices located within OPHS. Over the next four years, OASH intends to concentrate resources and efforts on achieving three goals: (1) creating better systems of prevention, (2) eliminating health disparities and achieving health equity, and (3) enhancing the public health infrastructure. The FY 2014 budget request for OASH is \$18.1 million, an increase of \$4.6 million above the FY 2012 actual funding level. However, \$4.3 million is provided to OASH via the Public Health Service (PHS) Set-Aside. Authorized by Section 241 of the U.S. Public Health Service Act, the PHS set-aside plays a role in the improvement of programs and services of PHS through the collection of information on program performance. Studies supported by these evaluation set-aside funds provide valuable information on how programs are working.

In March 2012, OASH released the Surgeon General's Report, *Preventing Tobacco Use among Youth and Young Adults*. The report details the scope, health consequences and influences that lead to youth tobacco use and proven strategies that prevent its use. The Office also leads implementation of HHS' *Ending the Tobacco Epidemic, A Tobacco Control Strategic Action Plan*, and serves as the chair of the HHS Tobacco Control Working Group.

Office of Minority Health (OMH): The mission of OMH is to improve and protect the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities. Established in 1986, it advises the Secretary and the OPHS on public health program activities affecting non-Caucasian Americans. The Administration requests \$41 million for OMH in FY 2014, \$15.2 million below the FY 2012 actual funding level. OMH will lead, coordinate, and collaborate on minority health activities in HHS and place less emphasis on program development and grant-making. The Office intends to use the funding to continue its health promotion, service demonstration, and educational efforts to prevent disease and reduce and ultimately eliminate disparities in racial and ethnic minority populations. The Office works collaboratively across the Department to better align its strategic priorities and policy initiatives, including the HHS Action Plan to Reduce Racial and Ethnic Health Disparities, National Partnership for Action to End Health Disparities, and National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care.

Office of Adolescent Health (OAH): OAH is responsible for coordinating activities of the Department with respect to adolescent health, including coordinating program design and support, evaluation, trend monitoring and analysis, research projects, and training of healthcare professionals. The Office is charged with carrying out demonstration projects to improve adolescent health as well as implementing and disseminating information on adolescent health. OAH coordinates with other HHS agencies to reduce the health risk exposure and risk behaviors among adolescents, placing particular emphasis on the most vulnerable populations (i.e., those in low socio-economic areas and areas where adolescents are likely to be exposed to emotional and behavioral stress). OAH leads the HHS Adolescent Health work group, which brings together representatives from across the Department to strategically plan programs. Additionally, OAH manages the **Pregnancy Assistance Fund**, a program of competitive grants to States and Tribes to support pregnant and parenting teens and women, as authorized by the Affordable Care Act (ACA). A total of \$25 million was available in FY 2010 to support pregnant and parenting teens and women in States and Tribes across the country. The FY 2014 request of \$25 million is the same as the FY 2012 actual funding level. OAH will also support the *Secretary's Strategic Initiative to Promote Early Childhood Health and Development and to Put Children and Youth on the Path for Successful Futures*. Additionally, the funds will support the OASH's priority goals of creating better systems of prevention and eliminating health disparities and achieving health equity. Funding for **Abstinence Education** was appropriated in 2012, but not requested by HHS. HHS is not requesting any funds for this program in FY 2014. The FY 2014 President's request for OAH is \$1 million, \$100,000 below the FY 2012 funding level. OAH intends to reduce operational costs to maintain the current level of services and programs.

Office of Research Integrity (ORI): ORI's mission is to promote integrity in the research programs of the Public Health Service (PHS), both intramural and extramural, including responding to allegations of research misconduct. In recent years, ORI has placed greater emphasis on education, research, evaluation, and prevention activities. In response to these changes, ORI adopted an action plan that would: 1) establish a research program to study the factors influencing research integrity; 2) support an education program on the responsible conduct of research; and 3) foster ongoing collaborations with ORI's teaching and research partners, including academic and scientific societies, and numerous individual institutions. The FY 2014 budget request for ORI is \$9 million, the same as the FY 2012 funding level.

Office on Women's Health (OWH): Established in 1991, the OWH's mission is to provide leadership to promote health equity for women and girls through gender-specific approaches, with the vision of

ensuring that "all women and girls are healthier and have a better sense of well-being." The OWH achieves its mission and vision through the development of innovative programs, by educating health professionals, and motivating behavior change in consumers through the dissemination of health information. Under OWH's strategic plan, the office funds evidence-based interventions to address gaps in women's health areas that are not addressed at the national level by any other public or private entity. These interventions focus on disparities in women's health, in which minority status, disabilities, geography, family history, low socioeconomic status (SES), chronic conditions, and infectious diseases are contributing risk factors. The FY 2014 budget request for OWH is \$29.1 million, \$4.6 million below the FY 2012 funding level.

Prevention and Public Health Fund (PPHF): The Affordable Care Act established a mandatory appropriation for prevention and public health activities. In FY 2010, \$500 million was appropriated with levels increasing each year to \$2 billion in FY 2015 and remain at \$2 billion in the out years. In FY 2014, the budget request is \$1 billion. The purpose of PPHF is to "expand and sustain national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs."

In FY 2014, intended PPHF activities include public health infrastructure and training, community and State prevention activities, clinical prevention including behavioral health screening and integration with primary health, and critical areas in prevention data analysis, tobacco and obesity prevention, and health care surveillance and tracking. This funding will support the following agencies and offices:

\$104.8 million for the Teen Pregnancy Prevention (TPP) program, a discretionary grant program to support evidence-based and innovative approaches to teen pregnancy prevention. TPP is under the Office of Adolescent Health (OAH) and is a key component of the Secretary's Key Inter-Agency Collaboration to *Reduce Teen an Unintended Pregnancy*.

Assistant Secretary for Planning and Evaluation (ASPE)

aspe.hhs.gov

ASPE serves as the principal policy advisor to the Secretary of HHS on issues related to health, disability, aging, human services, and science. Donald Moulds is ASPE's Acting Assistant Secretary. ASPE conducts research and evaluation studies; provides critical policy analysis, development, and advice; provides policy planning, coordination, and management; conducts research, evaluation, and data collection; and estimates the costs and benefits of policies and programs under consideration by HHS or Congress. ASPE has a long history of leading special initiatives on behalf of the Secretary (e.g., health care and welfare reform), and provides direction for HHS-wide strategic, evaluation, legislative, and policy planning.

ASPE's four policy offices are: Health Policy, Science and Data Policy, Human Services Policy, and Disability and Long Term Care Policy. The FY 2014 budget request for ASPE is \$56.3 million, including \$12.5 million for Health Reform activities. This funding level will allow ASPE to continue a variety of research and evaluation; data collection; and cost, benefit, and impact assessment activities across the spectrum of HHS programs. The FY 2014 proposal is a \$2.3 million increase over FY 2012 levels. The additional funds will be used to study the impact of health insurance coverage and benefit expansions among beneficiaries of HHS direct service programs. The request also includes \$300,000 in additional funding for the Strong Cities, Strong Communities Initiative (SC2), which fosters partnerships between localities and federal agencies to spark economic development in communities that have faced significant long-term economic challenges.

ASPE maintains a grants program to support academically-based research centers and has a long history of supporting research and evaluation of important and emerging social policy issues associated with income dynamics, poverty, individual and family functioning, marriage and family structure, transitions from welfare to work, child wellbeing, and special populations. Federal support for the poverty center

program, with both national and regional foci, has been continuous since 1968. ASPE instituted support for a national center on family and marriage research in FY 2007.

ASPE's grants for academic research institutes range from \$700,000 to \$800,000 per year. All of the centers develop and mentor social science researchers whose work focuses on these issues. The poverty center program conducts a broad range of research to describe and analyze national, regional and state environments (e.g., economics, demographics) and policies affecting the poor, particularly families with children who are poor or at risk of being poor. It also focuses on expanding knowledge about the causes, consequences and effects of poverty in local geographic areas, especially in states or regional areas of high concentrations of poverty, and on improving understanding of how family structure and function affect the health and well-being of children, adults, families and communities.

In FY 2014 ASPE evaluation studies will identify key strategies to reduce the growth of healthcare costs while promoting high-value, effective care. Priority projects will produce the measures, data, tools, and evidence that healthcare providers, insurers, purchasers, and policymakers need to improve the value and affordability of health care and to reduce disparities in costs and quality between population groups and regions.

Priority projects to accomplish ASPE's goal to advance scientific knowledge and innovation include research and analysis to support regulatory risk assessment and management, the translation of the fruits of biomedical research into everyday health and health care practice, the development and adoption of innovation in health care, and food, drug and medical product safety and availability.

To advance the health, safety, and well-being of individuals, ASPE will pursue prioritize projects that focus on studying the ways to enhance the economic security, stability and well-being of individuals, families, and communities; evaluating methods to improve the coordination of physical and behavioral health services; fostering innovative approaches to delivering integrated care; conducting research to promote healthy development, early learning, school readiness, and comprehensive services for young children; and examining potential strategies to improve the safety and well-being of children involved with the child welfare system. Priority projects will also include research, data development, and analysis to examine residential care alternatives for the aged, caregiver support, evidence-based clinical and community-based preventive services, mental health and substance abuse programs, and disparities in health. ASPE also intends to support research and evaluation of initiatives such as HIV/AIDS prevention and treatment, tobacco prevention and control, obesity prevention, and reducing health disparities.

In FY 2014, ASPE will coordinate HHS data collection and analysis activities; ensure effective long-range planning for surveys and other collection and analysis activities; and identify opportunities for transparency, data sharing, and dissemination through electronic posting of datasets on healthdata.gov and other means.

To accomplish its goal of strengthening the national health and human services infrastructure and workforce, ASPE's priority projects include policy research and evaluation related to the direct care workforce; the recruitment and retention of a qualified, stable, and geographically well-distributed healthcare workforce; and improving the effectiveness and efficiency of the health system through adoption of health information technology.

As HHS is responsible for the implementation of many of the provisions of the Affordable Care Act (ACA), ASPE plans to undertake a variety of policy development, research, analysis, evaluation, and data development activities in support of ACA implementation in FY 2014.

Agency for Health Care Research and Quality (AHRQ)

ahrq.gov

AHRQ funds research initiatives that examine the health care system in order to improve the quality, safety, efficiency, and effectiveness of health care in America. It conducts and supports health services research, both within AHRQ as well as in leading academic institutions, hospitals, physicians' offices, health care systems, and many other settings across the country. Carolyn Clancy is the AHRQ Administrator, though she plans to step down in the summer of 2013.

The President's FY 2014 program level request for AHRQ is \$433.7 million, an increase of \$28.6 million and 7.1 percent above the FY 2012 funding level. AHRQ receives its funding from two sources: Public Health Service (PHS) Evaluation Funds and the Patient Centered Outcomes Research Trust Fund (PCORTF). The FY 2014 proposal calls for \$334.7 million from PHS Evaluation Funds, \$35.4 million below FY 2012 levels, and a \$100 million transfer from the PCORTF, an increase of \$76 million from FY 2012. Funding from the PCORTF is mandatory funding appropriated to establish grants to train researchers, to disseminate research findings of the Patient-Centered Outcomes Research Institute (PCORI) and other government-funded research, to assist with the incorporation of research findings, and to establish a process of receiving feedback on disseminated information. Unlike previous years, AHRQ would not receive any money from the Prevention and Public Health Fund (PPHF) for FY 2014 (in FY 2012, the transfer amounted to \$12 million).

Because AHRQ is primarily funded via PHS Evaluation Funds (92 percent of its total budget in FY 2013), which are intra-agency transfers and therefore not subject to sequestration, it did not take the same hit that most other agencies did in FY 2013. Due to scheduled increases in funding from the PCORTF, AHRQ's overall program level actually grew in FY 2013 by 6.9 percent.

AHRQ supports research across six portfolios: Patient-Centered Health Research/Effective Health Care, Prevention/Care Management, Value, Health Information Technology, Patient Safety, and Research Innovation (formerly called Crosscutting Activities Related to Quality, Effectiveness and Efficiency Research). The Research Innovation portfolio is comprised of projects that support all of the other research portfolios. These activities include data collection, measurement, dissemination and translation, and other health services research.

Patient-Centered Health Research (PCHR) is designed to inform health-care decisions by providing evidence on the effectiveness, benefits, and risks of different treatment outcomes. The FY 2014 request calls for \$100 million for PCHR, funded entirely through the Patient Centered Outcomes Research Trust Fund (PCORTF). This represents an increase of \$59.4 million (\$115 percent) over FY 2012 levels. In accordance with the Affordable Care Act, funding from the PCORTF must be used to disseminate research findings from the Patient-Centered Outcomes Research Institute (PCORI) and other government-funding comparative clinical effectiveness research and to build research and data capacity for comparative clinical effectiveness research. To accomplish this AHRQ plans to conduct activities across the following three categories: Training and Career Development; Training, Dissemination and Translational Research Activities; and Data Methods.

Due to the restrictions of the PCORTF funds and because no additional funds are allocated to PCHR activities in the FY 2014 request (\$16.6 million were appropriated in PHS Evaluation funds in FY 2012), PCHR will not carry out research in the following areas for FY 2014: Horizon Scanning, Evidence Synthesis, Evidence Gap Identification, Evidence Generation, and Stakeholder Engagement.

AHRQ's **Prevention/Care Management** program aims to improve the delivery of primary care services through the support of health services and behavioral research and translation of evidence into effective primary care practice. Through the program, AHRQ fosters the generation of new knowledge about prevention and chronic conditions with a focus on the care of complex patients with multiple chronic conditions. The FY 2014 budget request for Prevention/Care Management Research is \$20.7 million, a \$7.2 million decrease from FY 2012. No funds are allocated from the Prevention and Public Health Fund (PPHF), unlike in past years.

The portfolio's Research Grants to Improve Primary Care and Clinical Outcomes activity would receive a total of \$4.8 million, losing \$4.5 million in grant funding from the PPHF, which supported three Centers of Excellence in Clinical Preventive Services. The FY 2014 request also eliminates all new research grant funds to support rapid cycle research related to prevention and chronic care. The request provides \$11.3 million in funds to support the U.S. Preventive Services Task Force (USPTF), the same amount as in FY 2012. The FY 2014 request also provides \$4.4 million for implementation activities to improve primary care (down \$2.5 million from FY 2014).

The goal of AHRQ's **Value Research** portfolio is to produce the measures, data, tools, evidence and strategies that consumers, providers, and policymakers need to improve the value, affordability, and transparency of health care. The FY 2014 budget request provides \$3.3 million for Value Research, a decrease of \$478,000. Priorities for FY 2014 include improvements to the MONAHRQ (a tool that enables communities to build their own web sites for public reporting and quality improvement), measurements and data, and continued dissemination of AHRQ evidence and tools via the Chartered Value Exchange (CVE) Learning Network.

AHRQ's **Health Information Technology (IT)** portfolio aims to demonstrate how health IT can improve the quality of health care. The Administration's FY 2014 request calls for \$25.6 million, the same level as FY 2012. The request provides an additional \$5.7 million over FY 2012 for research grants on utilizing health IT to improve quality (\$20 million total). Due to an increased focus on research grants, AHRQ intends to spend less on dissemination efforts (\$3.5 million total) by capitalizing on dissemination platforms created by coordinated efforts across HHS, including planned investments through the Office of the National Coordinator for Health IT and the development of a single, HHS-wide health IT-focused website. Similarly, AHRQ will no longer develop new tools and resources. The \$2.1 million allocated to this activity will be used to maintain existing tools.

AHRQ's **Patient Safety** Portfolio supports health services research in patient safety risks and harms, patient safety organizations, patient safety and medical liability reform, and health-care-associated infections. The FY 2014 budget request for Patient Safety Research is \$62.6 million, 4.5 percent below the FY 2012 funding level. Of this sum, AHRQ intends to direct \$34 million to research with a focus on prevention of healthcare-associated infections (HAIs), equal to the funding level in FY 2012. It also plans to provide additional support (\$7 million) to continue the operation of the Patient Safety Organizations program and \$21.6 million to the Patient Safety Risk and Harms program. This includes \$6.8 million in new research grant support and \$5.8 million in continuing grant support.

AHRQ's **Research Innovation** area supports investigator-initiated and targeted research that focuses on health services research in the areas of quality, effectiveness and efficiency. The FY 2014 budget request for this program is \$88.9 million, \$19.4 million below the FY 2012 level. The decrease will primarily come from grants (a decrease of \$14.6 million), though \$8.9 million is reserved for new research grants. The remainder of the cut will come from Measurement and Data Collection (\$148,000 less than FY 2012), Dissemination and Translation (\$2.4 less than FY 2012), and Other Health Services Research Activities (\$2.3 less than FY 2012). The request calls for \$750,000 to support implementation of the National Quality Strategy across HHS and to support the Interagency Working Group on Health Care Quality, and \$750,000 for new evaluation activities within Research Innovations (to be determined based on cross-portfolio evaluation needs).

In addition to its research portfolios, AHRQ supports the **Medical Expenditure Panel Survey (MEPS)**, the only national source of comprehensive annual data on the how Americans use and pay for medical care. It collects data on access, use, expenses, insurance coverage, and quality. The FY 2014 budget request for MEPS is \$63.8 million, an increase of \$4.5 million above the FY 2102 level. The additional funds will allow the MEPS Household Component to maintain its sample size; without it, the sample size would need to be reduced by over 8,000 individuals. The remaining MEPS components—the Medical Provider Component and the Insurance Components—will retain their FY 2012 levels of funding.

	Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
Patient-Centered Health Research	46.6	72.4	67.5	100.0	44.8%	-6.8%	114.6%
Prevention/Care Management	27.9	27.9	25.7	20.7	-7.9%	-7.9%	-25.8%
Value	3.7	3.6	3.7	3.3	0.0%	2.8%	-10.8%
Health Information Technology	25.6	25.6	25.6	25.6	0.0%	0.0%	0.0%
Patient Safety	65.6	62.6	67.6	62.6	3.0%	8.0%	-4.6%
Research Innovations	108.3	88.9	113.8	88.9	5.1%	28.0%	-17.9%
Medical Expenditure Panel Surveys	59.3	59.3	60.7	63.8	2.4%	2.4%	7.6%
<i>Public Health Services Evaluation Funds</i>	369.1	333.4	369.1	333.7	0.0%	10.7%	-9.6%
<i>Prevention and Public Health Fund</i>	12.0	12.0	6.5	0.0	-45.8%	-45.8%	-100.0%
<i>Patient Centered Outcomes Research Trust Fund</i>	24.0	62.4	57.5	100.0	139.6%	-7.9%	316.7%
Total AHRQ Program Level	405.1	408.8	433.1	433.7	6.9%	5.9%	7.1%

Centers for Disease Control and Prevention (CDC)

cdc.gov

The mission of the Centers for Disease Control and Prevention (CDC) is to promote health and quality of life by preventing and controlling disease, injury, and disability. The CDC monitors health, detects and investigates health problems, conducts research to enhance prevention, develops and advocates sound public health policies, promotes healthy behaviors, implements disease prevention strategies, and maintains national health statistics. Headquartered in Atlanta, the CDC is comprised of 18 institutes, centers and offices. Thomas Frieden, former New York City Health Commissioner, directs the CDC.

The FY 2014 President's budget request includes a total funding level of \$11.3 billion in discretionary and mandatory budget authority, Public Health Service (PHS) Evaluation funds, transfers from the Public Health and Social Services Emergency Fund (PHSSEF), and allocations from Prevention and Public Health Fund (PPHF). The overall amount is \$64 million above the FY 2012 level. The CDC's total budget authority request (presented in the chart below) is for \$5.2 billion, a 7.8 percent decrease from the FY 2012 enacted level.

For FY 2014, the CDC has established a Working Capital Fund (WCF), which Congress authorized in FY 2012. The WCF is a good governance measure that enables the CDC to provide services to its programs on a fee-for-service basis. These services include facilities, IT, management analysis and support, financial management and oversight, procurement and assistance, travel, human resources, and general support services. The aim of the WCF is to promote accountability, efficiency and transparency. Money from the WCF will be allocated to each program based on FY 2011 consumption data (to be updated when FY 2012 data is available); those funds have been incorporated into the Administration's total requests for CDC programs. The CDC has also released comparably-adjusted budget numbers for FY 2012 to reflect the planned allocation of the WCF.

The CDC's request eliminates the \$79.5 million Health Services Block Grant program. It also reduces the allocation for Public Health Preparedness and Response by \$47.5 million, based on WCF-adjusted FY 2012 levels.

HIV/AIDS, Viral Hepatitis, Sexually Transmitted Infections (STI), and Tuberculosis (TB) Prevention: In this area, the agency works in collaboration with its partners at the community, state, national and international levels applying well-integrated, multidisciplinary programs of research, surveillance, risk

factor and disease intervention and evaluation. These efforts are guided by three overarching priorities: reducing health disparities; encouraging program collaboration and service integration; and maximizing global synergies. The FY 2014 budget is \$1.2 billion, including \$53 million for the WCF, an increase of \$14 million above the WCF-adjusted FY 2012 level.

The request includes an increase of \$13.5 million above the WCF-adjusted FY 2012 level for Domestic HIV/AIDS Prevention and Research, for a total of \$836.1 million. This increase provides additional funding to achieve the goals of the National HIV/AIDS Prevention Strategy: reducing the number of new HIV infections, increasing access to care for HIV-positive individuals, and reducing HIV-related health disparities. New initiatives in the Administration's budget proposal include a \$10 million increase to improve the timeliness of HIV surveillance and \$3 million in PHS Evaluation transfers to assess and improve HIV school health programs. The request reallocates \$40 million in existing funds to support a new Community High-Impact Prevention (CHIP) initiative, which will focus on sustainable, high-impact HIV testing and screening programs, linkage to and engagement in care, scalable and effective interventions, and public health strategies for HIV-infected and high-risk populations.

Also included in this budget is \$31.4 million for Viral Hepatitis, \$161.7 million for Sexually Transmitted Infections (STIs), and \$147.7 million for Tuberculosis.

Chronic Disease Prevention and Health Promotion: The CDC's budget request for Chronic Disease Prevention and Health Promotion is \$1 billion, including \$415.9 million from the PPHF and \$43.9 million for the WCF. The proposal would eliminate the \$53.9 million Racial and Ethnic Approaches to Community Health (REACH) program. Previous budgets have proposed combining the requests for Heart Disease and Stroke; Arthritis and Other Conditions; Nutrition, Physical Activity, and Obesity Prevention; Health Promotion; and School Health into one Coordinated Chronic Disease Prevention and Health Promotion Program. However, the FY 2014 request stipulates that these areas remain separate, though coordination among the various areas will be encouraged.

The request increases funding for Tobacco Prevention and Control by \$13.8 million over WCF-adjusted FY 2012, for a total of \$212.3 million. The additional funds will be used to increase educational efforts, expand the national public awareness campaign to raise awareness about the health effects of tobacco use and prompt smokers to quit, and to increase the capacity of the tobacco cessation quitline. The Cancer Prevention and Control request (\$329.7) reflects the elimination of \$38 million for breast, cervical, and colorectal cancer screenings that are now covered by health reform. The proposal eliminates \$80 million in funding for Community Transformation Grants.

CDC's request also includes funding for several initiatives via the PPHF. The new Million Hearts initiative, which aims to prevent one million heart attacks and strokes by 2017, receives \$5 million to promote medication management through counseling and pharmacy support. In addition, the Administration allocates \$4 million for Let's Move/Health Weight Task Force Activities and \$2.5 for Hospitals Promoting Breastfeeding. The Community Transformation Grants program and the Tobacco Campaign and Quitlines are also funded in part by the PPHF.

Environmental Health: The CDC's Environmental Health programs aim to prevent illness, disabilities, and premature death caused by environmental exposure, with a particular focus on the health of vulnerable populations, such as children, the elderly, and people with disabilities. The FY 2014 budget request calls for \$155.1 million for Environmental Health, a \$3.1 million drop from WCF-adjusted FY 2012.

The Administration's request allocates \$71.1 million for Environmental Health Activities. This includes funding from the PPHF for the Environmental Health Tracking Network, which would receive \$6 million less than in FY 2012. At the reduced funding level, CDC would discontinue studies on the environmental causes of disease in order to focus on providing states with tools and methods to respond to community environmental concerns.

The Healthy Homes/Childhood Lead Poisoning Prevention program would see its budget nearly double under the FY 2014 request (a total of \$5 million). The additional funds would enable the CDC to provide state and local health departments with scientific and software expertise in using the Health Homes and Lead Poisoning Surveillance System (HHLPPS), which facilitates data collection on lead poisoning and other health hazards in homes.

Injury Prevention and Control: The National Center for Injury Prevention and Control collects and disseminates key public health data, identifies risk factors and injury prevention strategies, and translates research findings into effective community programs in order to prevent and mitigate the consequences of a wide range of intentional and unintentional injuries. For FY 2014, the Administration requests \$181.6 million for this program, a 24.1 percent increase from WCF-adjusted FY 2012.

The CDC allocates a total of \$114 million for intentional injury prevention, an increase of \$15.2 million from WCF-adjusted FY 2012. This includes an additional \$5 million in PHS Evaluation funds for the Rape Prevention and Education program, which will be used to evaluate interventions and strategies designed to prevent sexual violence. Following the shootings in Newtown, the President announced under an Executive Order, the CDC can resume its support for research on gun violence, which had been stymied by Congress. CDC will invest \$10 million to conduct research on the causes and prevention of gun violence, including the relationship between video games, media images, and violence. This is part of the President's anti-gun violence initiative, *Now Is the Time*. The CDC will develop its gun violence prevention research agenda in 2013. The CDC expects to make 10 to 15 grants and cooperative agreements available through a competitive peer review process.

The FY 2014 request provides an additional \$20 million to the National Violent Death Reporting System (NVDRS), for a total of \$23.6 million (more than 6.5 times the WCF-adjusted FY 2012 level). NVDRS pools information from state and local medical examiners, coroners, law enforcement, crime labs, and vital statistics in order to help states better understand the circumstances surrounding violent death. NVDRS currently covers only 18 states. The additional funds will expand NVDRS into a nationally representative system in support of the President's *Now Is the Time* initiative.

Health Statistics: The National Center for Health Statistics (NCHS) is the nation's principal health statistics agency, providing the data to identify and address health issues. The Administration's FY 2014 request for Health Statistics is \$181.5 million, \$22.4 above the WCF-adjusted FY 2012 level. Because NCHS is primarily funded through intra-agency PHS Evaluation transfers, it did not take a hit from sequestration and was flat funded in FY 2013.

The National Health Care Survey (NHCS), which replaced the National Hospital Discharge Survey in 2011, provides information about the organizations and providers that supply health care, the services rendered, and the patients they serve. In FY 2014, NHCS will expand the information it collects on the characteristics of hospitals and will rely more on administrative data for information on inpatient surveys. NHCS will also release the first data from the National Study of Long-Term Care Providers.

The National Health Interview Survey (NHIS) is the nation's largest household interview survey. It provides extensive data on a broad range of health topics and serves as the core of HHS' data collection. NCHS plans to launch a web-based follow-back system for previous NHIS participants to track changes in their health behaviors resulting from the Affordable Care Act. NCHS will also begin pilot testing to allow for the collection of biomeasures (weight, height, blood pressure).

The National Health and Nutrition Examination Survey (NHANES) is the only national source of objectively measured health data capable of providing accurate estimates of both diagnosed and undiagnosed medical conditions in the population. The 2013-2014 NHANES will increase focus on tooth fluorosis and exposure to fluoride in children. It will also provide the first national survey-derived measurement of current HPV infection in males.

The National Vital Statics System (NVSS) provides the most complete and continuous data available to public health officials at the national, state, and local levels, as well as the private sector. In FY 2014, NCHS will phase in full implementation of electronic death records (targeting 15-17 states).

Occupational Safety and Health: The mission of the National Institute for Occupational Safety and Health (NIOSH) is to generate and transfer new knowledge into workplace practice to prevent work-related injury, illness, and death. For FY 2014, CDC is requesting \$271.9 million in discretionary funding for NIOSH, a 16.4 percent drop from WCF-adjusted FY 2012.

Citing a limited-resource environment, the budget proposes the elimination of one of the 10 current occupational sector research programs, Agriculture, Forestry and Fishing, which would save \$25.7 million. In addition, the request eliminates funding for the Education and Research Centers, which received \$28.8 million in FY 2012, though CDC will continue to provide non-monetary support (scientific and programmatic expertise) to these centers.

Global Health: CDC's Global Health program works with partners to build strong national programs and sustainable public health systems that can respond effectively to the global HIV/AIDS epidemic and to other diseases that threaten the health and prosperity of the global community at large. The FY 2014 request for Global Health totals \$393 million. The request includes an additional \$15.1 million above the WCF-adjusted FY 2012 level for a final push to eradicate the polio virus by the end of 2014.

	Actual FY 12	WCF- Adjusted FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (Ad) FY 12	(P) FY 14/ (A) FY 12
HIV, Viral Hepatitis, STI, and TB Prevention	1110.0	1163	1145.7	1052.5	1176.9	-5.2%	-8.1%	1.2%	6.0%
Chronic Disease Prevention, Health Promotion	1167.4	1211.4	1144.7	972.7	1036.1	-16.7%	-15.0%	-14.5%	-11.2%
Environmental Health	140.0	158.2	132.7	123.4	155.1	-11.9%	-7.0%	-2.0%	10.8%
Injury Prevention and Control	137.7	146.3	137.8	130.5	181.6	-5.2%	-5.3%	24.1%	31.9%
Health Statistics	138.7	159.1	161.8	138.7	181.5	0.0%	-14.3%	14.1%	30.9%
Occupational Safety and Health	292.6	325.3	249.4	283.1	271.9	-3.2%	13.5%	-16.4%	-7.1%
Global Health	347.6	376.6	362.9	329.5	393.0	-5.2%	-9.2%	4.4%	13.1%
Public Health Preparedness and Response	1329.5	1381.8	1275.1	1231.9	1334.3	-7.3%	-3.4%	-3.4%	0.4%
Preventive Health & Health Services Block Grant	79.5	79.5	0.0	75.4	0.0	-5.2%	100.0%	n/a	-100.0%
Total CDC									
Budget Authority	5655.7	n/a	4991.5	5444.6	5216.5	-3.7%	9.1%	n/a	-7.8%

National Institutes of Health (NIH)

nih.gov

The NIH's mission is science in pursuit of fundamental knowledge about the nature and behavior of living systems, and the application of that knowledge to extend healthy life and reduce the burdens of illness and disability. The research supported by the agency extends from basic research that explores the fundamental workings of biological systems and behavior, to studies that examine disease and

treatments in clinical settings, to prevention and population-based analyses of health status and needs. The agency is led by Francis Collins, the NIH's 16th director.

The mission of NIH is pursued by 27 Institutes and Centers (ICs) and offices, which support and conduct research through a far-reaching extramural research community and an intramural research program. The extramural community is composed of non-Federal scientists at universities, medical centers, hospitals, and research institutions throughout the country and abroad. More than 300,000 scientists and research personnel affiliated with more than 3,100 organizations make up the extramural community. NIH funds are primarily awarded through a two-tiered independent review system designed to ensure that the best proposals are funded. Approximately, ten percent of NIH's budget supports a core program of basic and clinical research activities administered and staffed by NIH physicians and scientists.

In FY 2014, the President's budget request for NIH includes a total program level of \$31.331 billion, \$471 million and 1.5 percent above the FY 2012 funding level. The FY 2014 budget request organizes the NIH's challenges and priorities around four themes: (1) Today's Basic Science for Tomorrow's Breakthroughs, (2) Translational Science, (3) Recruiting and Retaining Diverse Scientific Talent and Creativity, and (4) Restoring American Competitiveness. The NIH will also contribute \$40 million to the President's BRAIN initiative.

The scientific challenges and priorities highlighted under Theme 1 include unlocking the mysteries of the brain, single cell biology, epigenomics and big data.

The scientific challenges and priorities noted in the theme of Translational Science include: enhancing the National Center for Advancing Translational Sciences (NCATS), empowering a national clinical research network, and developing new models for scientific and technological collaboration. The *National Clinical Research Network* (NCRN) would bring together millions of patients who agree to participate in a broad range of clinical research studies, including observational and interventional trials, requiring the participation and collaboration of patients, researchers, health care delivery organizations, electronic health records (EHR) providers, payers, and government agencies. The NCRN would also work on innovating the conduct of clinical research via the development of novel study methods and trial designs, including the use of personal electronic health devices for follow-up; low-cost clinical trials; hybrid approaches that integrate randomized controlled trial and observational study research designs; and common data elements and standardized clinical vocabularies. Examples of the type of studies that the NCRN would be expected to conduct includes: better management of multiple chronic conditions; better treatment of chronic pain; and enhancing predictive validity of health measures for minority groups. NIH plans to initiate several pilot efforts to augment and complement Network activities: creating a biorepository; increasing patient participation; addressing big data; and increasing outreach to underserved populations.

The challenges and priorities associated with the Recruiting and Retaining Diverse Scientific Talent and Creativity include: enhancing diversity in the biomedical research workforce, assessing the overall biomedical workforce, and encouraging innovation. In FY 2014, the agency's efforts to enhance workforce diversity includes support for an initiative designed to provide greater opportunities for junior faculty from a broader range of institutions to participate in peer review panels. NIH intends to implement the *Building Infrastructure Leading to Diversity* (BUILD) program which is being designed to provide relatively under-resourced institutions with the opportunity to focus resources on educating its students to move into graduate programs for biomedical research. The program will consist of a consortium of approximately ten institutions across the country that will enroll approximately 600 students nationwide. The program will provide mentoring in research for two summers (during college) and up to two years (post-graduation), tuition scholarships and stipends for up to two years of undergraduate studies and additional loan repayment once in graduate school; salary offset and other infrastructure support for key faculty responsible for undergraduate research training; resources for highly effective mentors to train new mentors; and support for an "innovation space" to enable organizations to develop novel approaches for increased diversity in PhD programs.

The new Diversity Initiative will also: create a single, nation-wide consortium, the *National Research Mentoring Network (NRMN)*, to connect students postdoctoral fellows, and faculty to experienced mentors, develop standards for good mentorship, and provide training to individuals interested in becoming better mentors; establish a BUILD and NRMN Coordinating and Evaluation Center to link all of the program participants; establish an Advisory Committee to the Director (ACD) Working Group on Diversity, composed of scientists who themselves are diverse and charged with advising the NIH Director and the directors of the institutes and centers on effective programs that address disparities in research awards; recruit a Chief Officer for Scientific Workforce Diversity, and make changes to the hiring process for tenure-track investigators to include more underrepresented candidates in the pool of candidates; conduct studies related to the review and funding of grants to understand potential bias, and test various bias and diversity awareness training programs for NIH Staff to determine the most effective approaches; and develop better means of tracking all trainees and enhance data collection capabilities with respect to data on Hispanic sub-populations, individuals with disabilities, socioeconomic status, education.

Regarding the overall biomedical workforce, in FY 2014, NIH plans to implement its response to the recommendations of the ACD which includes: establishing a grant program to encourage innovative training approaches, providing more information about various career pathways; improving graduate student and postdoctoral training by putting individual development plans in place for all extramural students and postdoctoral fellows, working to reduce the length of graduate training, and providing pre-doctoral fellowships from all institutes and centers covering all areas of science; increasing postdoctoral stipends and considering policies for benefits; increasing support for awards that encourage independence; Pathway to Independence awards and Early Independence awards; developing a simple and comprehensive tracking system for trainees; revising training grant review processes so that study sections consider a range of career choices and take into account the outcomes of all graduate students and postdoctoral fellows in relevant programs; initiating a discussion with the community to assess the number of NIH trainees and the support of salaries; and creating a functional unit at NIH to continue to assess the biomedical workforce.

In the area of innovation, NIH encourages it through programs such as the *NIH Director's Pioneer Award* initiative, the *NIH Director's New Innovator Award* initiative, the *Transformative Research Award* initiative, and the *NIH Director's Early Independence Award* initiative (See Common Fund). In addition to these NIH-wide programs, the NIH Institutes and Centers have developed their own programs for fostering innovation in science specific to their respective mission.

The National Children's Study: The unique longitudinal birth cohort observational study also known as the *National Children's Study (NCS)* is highlighted in the FY 2014 budget. The NCS is designed to study the effects of genetics and the environment—broadly defined to include factors such as air, water, diet, family dynamics, community, and cultural influences—on the growth, development, and health of children across the United States. The NIH is implementing the NCS in two phases: a pilot study or (the Vanguard Study) and the Main Study. In FY 2014, the Vanguard Study will continue and activities for the Main Study will begin. As the pilot for the Main Study, the Vanguard Study will continue to anticipate each phase of the Main Study, in an effort to provide reliable field data to inform Main Study methods, operations, and costs.

The President's FY 2014 budget request for the National Children's Study (NCS) is \$165 million, a reduction of \$28.1 million and 14.6 percent below the FY 2012 funding level. The Vanguard Study has been streamlined down from more than forty contractors to four, producing cost savings in the collection of data, according to NIH. The FY 2014 budget request will allow the NCS to begin collecting data for the Main Study, enrolling participants at multiple points of entry along the continuum, from pre-conception to birth. NIH is evaluating alternative sampling approaches that will reduce costs by building on existing infrastructure, and streamlining administrative components. Recruitment would occur through health care providers, utilizing hospitals and birthing centers as locations to enroll a birth stratum and community prenatal care providers and clinics to enroll a prenatal stratum. For both

the Vanguard Study and the Main Study the budget will support community outreach and communications efforts, bio-specimen and environmental collections, information management systems, and study logistics.

Office of the Director (OD)

nih.gov/icd/od

The Office of the Director (OD) centrally coordinates extramural and intramural research activities; science policy and related social, ethical, and legal issues; health information, dissemination and education functions; legislative activities; oversight of the agency's stewardship of public funds; and technology transfer and intellectual property protection policies for NIH. The FY 2014 budget request for the OD is \$1.473 billion, an increase of \$16.2 million. For OD Operations the budget request is \$128.3 million, a \$4.9 million and four percent increase above the FY 2012 actual funding level.

The FY 2014 budget request eliminates the NIH Science Education Partnership Awards (SEPA) and the Office of Science Education (OSE). In an effort to increase coordination of the Federal Science, Technology, Engineering, and Mathematics (STEM) education, improve outcomes, and train and generate more STEM teachers and graduates, the FY 2014 President's budget request proposes a major reorganization of government-wide STEM programs. Accordingly, NIH plans to consolidate the budgets for the programmatic portions for SEPA and OSE outside of the agency. Any remaining budget will be reallocated within the OD. SEPA goals included: (1) increase the pipeline of future scientists and clinicians, especially from minority, underserved, and rural kindergarten to grade 12 students; and (2) to engage and educate the general public on health-related advances made possible by NIH-funded research. The SEPA portfolio included 48 K-12 STEM and 11 science museum projects. The Program also emphasized the development of a diverse workforce pipeline for rural and underserved populations with 21 SEPA projects in 16 of the 23 Institutional Development Award (IDeA) states and Puerto Rico.

The Director's Discretionary Fund (DDF) is designed to allow the NIH Director to respond quickly to new and emerging high-priority research opportunities and health priorities. In FY 2011, funds were used to support trans-NIH initiatives, including the Institute of Medicine Chimpanzee Study, the National Alzheimer's Project Act, Improving Data on International Collaborations and the Human Frontier Science Program. The FY 2014 President's Budget request for DDF is \$10 million, a \$100,000 increase above the FY 2012 actual funding level.

	Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
Division of Program Coordination, Planning and Strategic Initiatives	8.1	8.1	n/a	8.2	n/a	n/a	1.1%
Director's Discretionary Fund	9.9	9.9	n/a	10.0	n/a	n/a	1.0%
Common Fund	544.9	544.9	513.5	572.9	-5.8%	-5.8%	5.1%
Office of AIDS Research	63.8	63.8	n/a	64.4	n/a	n/a	0.9%
OBSSR	27.0	27.0	n/a	27.3	n/a	n/a	0.9%
Office of Research on Women's Health	42.3	42.3	n/a	42.7	n/a	n/a	0.9%
National Children's Study	193.1	165.0	n/a	165.0	n/a	n/a	-14.6%
OD Operations	123.2	123.1	n/a	128.3	n/a	n/a	4.1%

Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI)

dpcpsi.nih.gov

Created by the NIH Reform Act of 2006, DPCPSI fulfills the Act's requirement to consolidate under one administrative home many aspects of trans-NIH program planning and implementation as well as other cross-cutting NIH-wide functions. The Office's mandate includes identifying and reporting on research that represents areas of emerging scientific opportunities, rising public health challenges, or

knowledge gaps that would benefit from conducting or supporting additional research that involves collaboration between two or more institutes and centers or would benefit from strategic coordination and planning. James M. Anderson is DPCPSI's director.

DPCPSI also serves as a resource for portfolio analysis and coordinates program evaluation and performance management activities across the agency. The Division includes major programmatic offices that coordinate research and activities: the **Office of Strategic Coordination**, the **Office of AIDS Research**, the **Office of Research on Women's Health**, the **Office of Behavioral and Social Sciences Research**, the **Office of Disease Prevention**, and the **Office of Research Infrastructure Programs**.

DPCPSI coordinates and oversees the planning, implementation, and evaluation of the series of trans-NIH programs supported by the NIH Common Fund. A primary function of DPCPSI is the encouragement and facilitation of collaboration in order to assist in ensuring coordination and planning of research between and among the NIH ICs.

The FY 2014 budget request for DPCPSI is \$8.2 million, 0.9 percent above the FY 2012 actual funding level. In FY 2014, DPCPSI plans to continue to coordinate a wide range of trans-NIH research opportunities through the Common Fund and its Program offices for research on HIV/AIDS, Women's Health, Disease Prevention, Behavioral and Social Sciences, and Infrastructure Resources.

Office of AIDS Research (OAR)

nih.gov/od/oar

The Office of AIDS Research has the overall responsibility of planning and coordinating the NIH AIDS research programs sponsored by the 27 NIH ICs. As mandated by law, each year's priorities are determined through a collaborative process involving the ICs and non-government experts from academia and industry. Jack Whitescarver is the director of OAR.

In July 2010, the Administration released the first comprehensive National HIV/AIDS Strategy for the United States (NHAS). NHAS focuses on reducing the number of new HIV infections; increasing access to care for people living with HIV and improving disease outcomes; reducing HIV-related health disparities; and achieving a more coordinated national response. OAR, which has the authority to direct and coordinate resources for HIV/AIDS research across the NIH, has a critical role in ensuring that the NIH funding for domestic HIV/AIDS research focuses on projects that support the goals of NHAS.

The FY 2014 President's budget request for OAR is \$64.4 million, an increase 0.9 percent above the FY 2012 actual funding level. The OAR FY 2014 budget request for the trans-NIH AIDS research program is \$3.122 billion, an increase of \$46.9 million and 1.5 percent above the FY 2012 actual funding level. This sum includes the total trans-NIH support for intramural and extramural research for basic, clinical, behavioral, social science, and translational research on HIV/AIDS and the wide spectrum of AIDS-associated malignancies, opportunistic infections, co-infections, and clinical complications, as well as research management support, research centers, and training.

NIH supports research to better understand the risk behaviors and social contexts that lead to HIV infection and disease progression, how to change those behavioral and social contexts, and how to maintain protective behaviors once they are adopted. Studies are developing and evaluating interventions directly targeted to substance abuse and sexual behaviors associated with HIV transmission. Research is ongoing to gain a better understanding of social and environmental factors associated with infection and disease outcomes, including stigma, housing, employment, health care access, and interpersonal networks. An important area of research is on care settings and behaviors of providers which is suggesting ways to improve strategies to test HIV-infected persons, link them to care, promote adherence to antiretroviral therapy, and reduce stigma affecting care. It is recognized that comprehensive approaches that integrate biomedical and behavioral science perspectives are necessary to develop the needed range of preventive and therapeutic strategies. The FY 2014 budget

request for **Behavioral and Social Science** is \$430.2 million, an increase of \$10.1 million and 2.4 percent above the FY 2012 actual funding level. In FY 2014, NIH intends to continue to fund research to reduce HIV-related risk behaviors and to better understand social factors contributing to HIV transmission, with an emphasis on racial and ethnic communities most affected by HIV. It also plans to direct resources toward several new prevention initiatives addressing the challenges of integrating behavioral and social science methods with biomedical, prevention strategies, community-based approaches to engaging and retaining persons in care, as well as the impact of improved care on reducing HIV transmission. NIH also intends to support initiatives to better understand the multiple factors related to adherence, utilizing novel ways to ensure that patients take their medications and use prevention strategies appropriately. Genetic and genomic factors related to behavioral issues in prevention and disease progression will continue to receive attention from NIH in 2014.

HIV/AIDS natural history and epidemiologic research is critical to the monitoring of epidemic trends, to the evaluation of prevention modalities, the characterization of the clinical manifestations of HIV disease and related co-morbidities, and the measurement of the effects of treatment regimens at the population level. As the epidemic evolves there is a critical need for epidemiologic studies in domestic and international settings. The NIH-supported studies in this area have delineated the significant health disparities that are critical factors in the epidemic. The FY 2014 budget request for **Natural History and Epidemiology** AIDS research is \$247.4 million, a reduction of \$10.5 million and 4.1 percent below the FY 2012 actual funding level. In FY 2014, the NIH plans to continue to support high-priority epidemiology studies of groups and populations affected by HIV and at high risk of infection, including individuals over fifty years of age, men who have sex with men (MSM)—especially MSM of color—women, and adolescents. The agency also plans to increase support for critical studies of the specific role of race and gender, the effects of increased HIV testing and linkage to care on HIV spread, the impact of therapy in changing the spectrum of HIV disease, and the preventable causes of death. In addition, support for research of HIV in aging populations, and for implementation science, including how to implement strategies to scale up cost-effective interventions, is planned in FY 2014.

The FY 2014 budget request for **HIV/AIDS Training Infrastructure and Capacity Building** is \$272.1 million, a decrease of \$8.7 million and 3.1 percent below the FY 2012 actual funding level. The agency plans to support training programs for U.S. and international researchers to build the critical capacity to conduct AIDS research both in racial and ethnic communities in the United States and in developing countries. It also intends to provide support for the NIH AIDS Research Loan Repayment Program and the Intramural AIDS Research Fellowship program designed to ensure an adequate number of trained AIDS researchers at NIH.

Effective **Information Dissemination** approaches are an integral component of HIV prevention and treatment efforts especially as related to adherence to prescribed treatments, the advent of new and complex antiretroviral treatment regimens, and the need to translate behavioral and social prevention approaches into practice. The NIH is supporting initiatives to enhance dissemination of research findings; develop and distribute state-of-the-art treatment and prevention guidelines; and enhance recruitment and retention of participants in clinical studies. The FY 2014 budget request for Information Dissemination is \$52.2 million, a reduction of \$2.3 million and 4.2 percent below the FY 2012 actual funding level. NIH plans to invest resources in clinical trials-related information dissemination to ensure recruitment of an adequate number of participants, particularly from populations at risk, including women and racial and ethnic minority populations in the United States.

Office of Behavioral and Social Sciences Research (OBSSR)

obssr.od.nih.gov

OBSSR recognizes the critical role behavioral and social factors play in health, including prevention. OBSSR serves as the focal point for coordination and development of NIH policies, goals, and objectives in the behavioral and social sciences at NIH. OBSSR serves as a liaison between the NIH intramural and extramural communities, other federal agencies, academic and scientific societies, national voluntary health agencies, the biomedical research community, the media, and the general public on matters

pertaining to behavioral and social sciences research. Robert M. Kaplan became OBSSR's fourth Director in February 2011.

OBSSR's vision is to bring together the biomedical, behavioral, and social science communities to work more collaboratively to solve pressing health challenges. The Office's plans include facilitating (a) the next generation of basic behavioral and social sciences research, (b) trans-disciplinary "team science" that integrates biomedical, behavioral, and social-ecological perspectives, (c) research that looks at how individual, group, and societal factors interact, and (d) the translation, implementation, dissemination, and maintenance of best practices and proven strategies that reduce the burden of chronic disease and eliminate inequities in health and healthcare. The FY 2014 budget request for OBSSR is \$27.3 million, an increase of \$0.25 million and 0.9 percent above the FY 2012 actual funding level.

In FY 2014, the OBSSR intends to continue to support the NIH Basic Behavioral and Social Science Opportunity Network (OppNet), a trans-NIH initiative to expand NIH's funding of basic behavioral and social sciences research. OppNet's mission is to pursue opportunities for strengthening basic behavioral and social science research at NIH while innovating beyond existing investments. All NIH ICs that fund extramural research collectively manage OppNet. Twenty-four ICs and five program coordination offices within the Office of the Director integrate existing NIH efforts, target research challenges best met collectively and collaborate on new research initiatives in complementary scientific areas. Stakeholders also provided input and scientific perspectives through a Request for Information in January-February 2010 and a public conference in October 2010. As of September 2012, OppNet has provided \$43.5 million to support 135 extramural research projects. In October 2011, NIH director Francis Collins presented OppNet with a NIH Director's Honor Award. OppNet is co-chaired by National Institute of Aging director Richard Hodes and National Institute of General Medical Sciences acting director Judith Greenberg.

Current OppNet funding opportunities include support for two funding opportunity announcements: (1) A FOA for short-term mentored career enhancement awards in the basic behavioral and social sciences: Cross-training at the intersection of animal models and human investigation (K18: RFA-DA-14-002). OppNet intends to commit \$1 million in FY 2014 to support an estimated ten awards. (2) A FOA for revision applications for basic social and behavioral research on the social, cultural, biological, and psychological mechanisms of stigma (R01: RFA-MD-13-005). It will support projects that focus on stigma processes and mechanisms from the perspective of stigmatized individuals or groups and/or of individuals or groups holding stigmatizing beliefs. OppNet intends to fund approximately 6-7 awards, corresponding to a total of approximately \$1.0 million in FY 2014.

In FY 2014, the OBSSR also plans to support two new initiatives: 1) Shared Medical Decision Making which focuses on the development and use of tools to optimize joint medical decision making by patients and health care providers, and 2) basic research on (a) the exposome (the totality of all exposures of an individual over the life course and across geographical space) to identify and measure behavioral and social environmental exposures across the life course, including the development of applications for mobile devices and sensor technologies to do so, and (b) analytic methods to infer measuring about the contributions of interactions among environmental exposures and biological factors to disease risk and resilience.

The Shared Medical Decision Making initiative responds to the complex process of determining the best evidence-based treatment for individual patients. It attempts to respond to such scenarios as where medical literature does not clearly identify a dominant treatment alternative and treatment choice, the greater role in treatment selection by patients, and the clinical consent process and the fact that it rarely elicits patient preferences. The OBSSR intends to partner with NIH Institutes and Centers to launch the initiative to support research on the effects of shared decision making on healthcare costs, patient satisfaction, and patient outcomes as well as the feasibility of implementing shared decision-making in clinical practice.

Responding to the National Academy of Sciences (NAS) report, *Exposure Science in the 21st Century: A Vision and a Strategy*, OBSSR plans to address the report's recommendation that basic research on the exposome is needed to understand how environmental exposures interact with individual characteristics, such as genetics, physiology, and epigenetics, to influence health. In FY 2014, OBSSR plans to partner with interested NIH institutes and centers to support a funding opportunity announcement (FOA), *Understanding the Exposome through Basic Behavioral and Social Science*. The FOA will respond to the lack of reliable, validated tools to measure the interactions between individual behaviors and the population-level social environmental exposures in real time and across the life course. The initiative also reacts to the lack of understanding of how behavioral and social exposures interact with biological variables over time to influence health.

The Office plans to continue to fund multi-year programs, including research to reduce or eliminate health disparities, a program to enhance behavioral and social sciences content of medical school curricula, research to develop and translate basic behavioral and social sciences research into effective health behavior interventions, research on social networks and health, research on medial adherence, and application of systems science methodologies to the behavioral and social sciences and health. OBSSR intends to maintain its support for research that applies systems approaches to health disparities through the Network on Inequality, Complexity, and Health. The Office also plans to offer its annual summer training institutes on: systems science methodology and health, randomized clinical trials involving behavioral interventions, dissemination and implementation research in health, mobile health, and research methods in the social and behavioral sciences.

Office of Disease Prevention (ODP)

prevention.nih.gov

The mission of ODP is to foster, coordinate, and assess research in prevention as a cost-effective means to improve public health in the nation and the world. The Office collaborates with other federal agencies, academic institutions, the private sector, nongovernmental organizations, and international organizations to formulate research initiatives and policies designed to promote public health. Barnett Kramer is ODP's director.

ODP takes the lead at NIH in developing Healthy People 2020. It is the lead NIH office that works with the Office of the Secretary on the development of the National Prevention Strategy within the Affordable Care Act. In that capacity, ODP advises the Office of the Secretary on the science base of clinical and community-based preventive interventions.

ODP also leads the NIH Prevention Research Coordinating Committee (PRCC) which serves as a venue for exchanging information related to scientific advances in disease prevention, examining the impact of new policies on research, planning new or discussing ongoing initiatives, and highlighting program accomplishments.

ODP has worked to identify important emerging areas of research that could be pursued through focused efforts. In December 2012, the Office hosted a meeting to examine the major psychological, behavioral, social, and environmental barriers to the adoption of existing physical activity guidelines. Participants examined what is known about evidence-based interventions and the achievement of long-term behavior change in diverse populations.

The FY 2014 budget request for ODP is \$6.1 million, \$0.056 million and 0.9 percent above the FY 2012 actual funding level. In FY 2014, ODP plans to continue to stimulate disease prevention research across the NIH and to coordinate and collaborate on related activities with other federal agencies and the private sector. ODP, like the other Offices within DPCPSI does not have research grant authority or funds, but will work through the PRCC and participating in other disease prevention and health promotion activities associated with the U.S. Preventative Services Task Force, the Community Preventive Services Task Force, Healthy People 2020, and the National Prevention Strategy. In

addition, ODP plans to partner with NIH ICs and other agencies to develop consensus in areas of importance to patients, health care providers, and researchers.

Office of Research on Women's Health (ORWH)

od.nih.gov/orwh

ORWH serves as the focal point for women's health research at NIH. ORWH collaborates through the NIH ICs as well as the scientific and advocacy community to implement a research agenda on women's health and provide funding and/or co-funding. Janine Clayton was appointed the Director of ORWH in 2012, succeeding long-time ORWH director Vivian Pinn who retired.

In 2010, ORWH undertook a strategic planning process designed to determine future priorities for women's health and sex differences research and for career development initiatives for the coming decade. The resulting report, *Moving into the Future with New Dimensions and Strategies: a Vision for 2020 for Women's Health Research*, provides recommendations for advancing women's health research, based on progress and newer methodological advances. The Plan outlines six goals to maximize impact of ORWH effort and support: 1) increase sex differences research in basic science, 2) incorporate sex/gender differences in new technologies, devices, and therapeutics, 3) actualize personalized prevention, diagnostics, and therapeutics for girls and women, 4) create strategic partnerships, domestically and globally, 5) fully utilize new communication and social networking technologies, and 6) increase diversity in the research workforce. The FY 2014 budget request for ORWH is \$42.7 million, \$392,000 and 0.9 percent above the FY 2012 actual funding level.

The Office, through a research grant program, intends to encourage investigators to apply emerging technologies to sex differences research. It also plans to support a new round of awards of the ORWH-sponsored Specialized Centers of Research (SCOR) on Sex Differences. The Centers explore research from the basic level to translation into clinical practice. ORWH intends for the Centers to focus on developing more accessible, accurate and personalized prevention, diagnostics, and therapeutics that are sex and gender appropriate. The Office expects the centers to accelerate the application of research results to the clinical care of diverse populations.

ORWH also plans to maximize the domestic and global impact of women's health research via collaborative alliances. The Office plans to continue the development of strategic global initiatives in women's health and gender research to address issues such as the effect of environmental factors on women's health in the context of the lifespan, reproduction, and aging in the global community.

Through the Expanding on the Building Interdisciplinary Research Careers in Women's Health (BIRCWH) program, ORWH aims to implement interdisciplinary research career development opportunities to address the organizational, institutional, and systemic factors that impeded the careers of women and men scientists across career stages.

Common Fund/Office of Strategic Coordination (OSC)

dpcpsi.nih.gov/osc

The NIH Common Fund (CF) was codified into law by Congress through the NIH Reform Act of 2006 to support cross-cutting, trans-NIH programs that require participation by at least two NIH Institutes or Centers (ICs) or would otherwise benefit from strategic planning and coordination. The requirements for the Common Fund encourage collaboration across the ICs while providing the NIH with flexibility to determine priorities for CF support. To date, the CF has been used to support a series of short term, exceptionally high-impact trans-NIH programs. The Common Fund is coordinated by the Office of Strategic Coordination, which works with trans-NIH teams for each of the more than 25 Common Fund programs.

FY 2014 marks the ten-year anniversary of the Common Fund, a notable milestone given that the programs funded via the Common Fund are intended to achieve high impact goals within a ten-year

timeframe. At the completion of each program, the tools, technologies, and data produced by the program are taken up and used by the community at large, and/or the infrastructure that the Common Fund has built transitions to other sources of support for maintenance. An exception to the ten-year limit is the **High-Risk, High-Reward** program, which includes the *Pioneer*, *New Innovator*, *Transformative Research*, and *Early Independence* awards. Individual investigators within the High-Risk High Reward program are funded for no longer than five years; however, the program as a whole supports new cohorts of investigators each year.

Common Fund programs that were funded in prior years, but are not included in the Common Fund FY 2014 budget request include *Bioinformatics and Computational Biology*; *Bridging Interventional Development Gaps* (BRIDGs); *Building Blocks, Biological Pathways, and Networks*; *Molecular Libraries and Imaging*; *Patient-Reported Outcomes Measurement Information System* (PROMIS); and *Structural Biology*. Funds freed as the completed programs areas move to other sources of support or as tools are taken up by the investigator community will be made available in FY 2014 for new initiatives.

Strategic planning for the FY 2014 Common Fund programs began in May 2012. Ideas developed via a brainstorming session and two public meetings will be developed during FY 2013 as possible new program areas for the Common Fund in FY 2014. The FY 2012 budget request for the Common Fund is \$572.9 million, \$28.0 million and 5.1 percent above the FY 2012 actual funding level.

The Common Fund currently supports more than 25 programs. The NIH describes the majority of the programs as comprising of a “series of integrated initiatives that collectively address a set of goals that aim to transform the way research is conducted, the way that health and disease are understood, and/or the way that diseases are diagnosed or treated.” The FY 2014 request for the Common Fund will enable the initiation of new programs along with the expansion of existing programs, including providing an \$8.2 million increase to the *NIH’s Director’s Early Independence Awards*.

The Common Fund *Epigenomics* Program is intended to provide core data, tools, and technologies to the biomedical research community so that researchers can explore mechanisms by which epigenetic modifications regulate the human genome. The FY 2014 President’s budget request is \$10.5 million, a reduction of \$11.5 million, and 52.4 percent below the FY 2012 actual funding level. The decrease in proposed funding for the program reflects the planned completion of the Reference Epigenome Mapping Centers, as well as the completion of an initiative on the Epigenomics of Human Health and Disease. Funds requested in FY 2014 will be used for data coordination and management, technology development, and to explore the emerging scientific opportunities in the area of epigenomic pharmacology.

Responding to the needs expressed by the ACD Working Group on Data and Informatics, the NIH is undertaking several initiatives to address the challenges and opportunities associated with big data. The Common Fund is supporting the Big Data to Knowledge (BD2K) program. The FY 2014 President’s budget request is \$40.9 million for the new BD2K program from the Common Fund. Support for BD2K will be used to develop new methods, approaches, and resources for analysis of big data, as well as training in disciplines relevant for large-scale data analysis to increase the number of researchers with this much-needed expertise.

The Common Fund’s *Science of Behavior Change* program recognizes that human behaviors contribute enormously to health and disease, and most people are aware that over-eating, smoking, drug and alcohol abuse, failing to exercise, etc. represent unhealthy behaviors. The program further recognizes that it can be very difficult to change one’s behavior and/or to motivate behavior change. Consequently, the program is intended to improve our understanding of human behavior change across a broad range of health-related behaviors. This goal is accomplished by supporting basic research to improve the understanding of human motivation and the maintenance of behavior change across multiple diseases and conditions and then using this knowledge to develop more effective behavioral interventions. The FY 2014 President’s budget request for the *Science of Behavior Change* program is

\$3.7 million, a reduction of \$1.8 million and 32.7 percent below the FY 2012 actual funding level. The reduction in funding reflects the planned completion of several awards at the end of FY 2013.

Other Common Fund programs supported under this theme include: the *Single Cell Analysis* program, the *Extracellular RNA Communication* program, the *Human Microbiome Project* (HMP), the *Metabolomics* program, the *Knockout Mouse Phenotyping* program, and the *Nanomedicine* program, the *Protein Capture* program.

The *GenotypeTissue Expression (GTEx)* project is designed to provide data on how human DNA variation correlates with variation in gene activity levels. Initiated in FY 2010 as a two-year pilot program and its resulting success, the *GTEx* program underwent an expansion in FY 2013. Support in FY 2014 is intended to continue to build a comprehensive data and sample resource of genetic variation and gene expression profiles in multiple tissues. The FY 2014 budget request also provides support for the development of new statistical methods, creation of a database of genetic and clinical data generated by the program and obtained from other sources, and a tissue repository intended to stimulate new studies to identify genetic contributions to health and disease. The project is also exploring ethical, legal, and social implications raised by the research, which can inform other genomics programs. The FY 2014 President's budget request is \$35.6 million and an increase of \$13.1 million and 58.5 percent above the FY 2012 actual funding level. The proposed increase in funding reflects the expansion of this program from a feasibility phase to a full-scale program.

The *Gulf Long Term Follow-Up (GuLF) of Workers Study* launched in FY 2010 with Common Fund support includes a prospective study of clean-up workers and toxicological studies. The NIH efforts for *GuLF* are coordinated and complemented with response efforts of other agencies and institutions working in the Gulf region. FY 2014 will be the final year of Common Fund support for program because it will be move to National Institute of Environmental Health Sciences for long term follow up. The FY 2014 President's budget request is \$2.5 million, an increase of \$2.0 million and 49.5 percent above the FY 2012 level. The increase in funding reflects support for a contract to study the health effects of clean-up workers and increased recruitment of participants.

The NIH Common Fund *Health Care Systems (HCS) Research Collaboratory* program is designed to strengthen the national capacity to implement cost-effective large-scale research studies that engage health care delivery organizations as research partners. The aim of the program is to provide a framework of implementation methods and best practices that will enable the participation of many health care systems in clinical research. Recent input from the scientific community has identified the management of chronic diseases in clinical trials as a critical roadblock to progress in this field. Although having two or more comorbid conditions is often an exclusion criterion for clinical trials, many patients who will ultimately be prescribed medications studied in these trials have multiple chronic conditions. There is uncertainty about how these co-morbid conditions could affect drug efficacy and toxicity, and a lack of information about co-morbidities in the context of chronic diseases and their treatments. Therefore, within the *HCS Research Collaboratory* program, the NIH is exploring a potential new initiative to develop novel models of clinical trials that consider the approaches, data collection methods, and analysis tools needed to provide information on the biological and clinical consequences of therapeutic intervention on patients with multiple chronic conditions. The FY 2014 President's budget request is \$13.4 million, an increase of \$5.8 million and 77.1 percent above the FY 2012 actual funding level. The increase in funding is intended to support the expansion of the pragmatic clinical trials demonstration projects, as well as a planned new initiative to develop novel models of clinical trials that adequately address the issue of patients with multiple chronic conditions.

The Common Fund's *Health Economics* program aims to support basic and applied research designed to understand how innovations in treatments, diagnosis, and preventive strategies can be most effectively implemented in a health care setting. Research supported by this program is designed to identify factors determining optimal adoption of highly effective health technologies, innovations, and discoveries, so that past and future investments by NIH may have greater public health impact. The program seeks to analyze factors that are likely to affect the adoption of personalized medicine

approaches, including research to understand individual characteristics and preferences of patients and their families, as well as factors influencing health care provider decisions. Understanding these responses will inform the development of future treatments, diagnostic, and preventive strategies to ensure that innovations are implementable in a real world environment.

The *Health Economics* program also aims to build research capacity in health economics so that future NIH-supported research can be informed by economic analysis of factors that influence health and the uptake and adoption of NIH-supported innovations. In FY 2011, a series of developmental research projects were initiated and designed to add to the understanding of the behavioral responses to various innovations in health care, including diagnosis, treatment, and prevention. Studies are investigating whether implementation of these innovations is practical and affordable, and will identify reasons why various NIH-supported innovations are or are not being implemented in practice. The FY 2014 President's budget request is \$10.9 million, an increase of \$2.1 million and 24.5 percent above the FY 2012 actual funding level. The increase in funding reflects support for a contract to enable the development of a database to gather the most relevant state-level variables that contribute to uptake and use of NIH-supported medical strategies. In addition, NIH intends to support research on the determinants and consequences of personalization in health care and prevention, as well as research designed to explore the diffusion of health technologies to improve the process leading from scientific advances to health benefits.

Other programs include: the *Library of Integrated Network-Based Cellular Signatures (LINCS)* program, *NIH Center for Regenerative Medicine (NCRM)*, *Re-engineering the Clinical Research Enterprise*, the *Regulatory Science* program an inter-agency partnership with the Food and Drug Administration (FDA), and the *Undiagnosed Diseases Program*.

The Common Fund will also support the new *Increasing the Diversity of the NIH-Funded Workforce* and *Strengthening the Biomedical Research Workforce* programs which were launched in FY 2013 as components of a broad, high priority, trans-NIH effort to enhance the diversity of the NIH-supported biomedical workforce.

NIH established the *Increasing the Diversity of the NIH-Funded Workforce Program* to unify and strengthen institutions and faculty that are dedicated to the recruitment and retention of diverse scientists. This program, launched and piloted through the NIH Common Fund, is intended to build off of the many existing programs that currently support students, faculty, and institutions. There is also a plan to create an integrated consortium of institutions and organizations working together to establish a community of diverse scientists, strengthening ties between mentors and mentees at all career stages, building networks, and ensuring that underrepresented scientists and relatively under-resourced institutions that support them are not marginalized. The FY 2014 President's budget request for this new initiative is \$32.3 million.

The Common Fund launched a new program in FY 2013 called *Strengthening the Biomedical Research Workforce* to expand the training opportunities for early career scientists. The program supports the *NIH Director's Workforce Innovation Award to Enhance Biomedical Research Training*, also known as the *Broadening Experiences in Scientific Training (BEST)* awards. The five-year awards provide support for institutions to develop innovative approaches to complement traditional research training in biomedical sciences. Institutions are encouraged to partner with industry or other entities to provide a wealth of diverse training opportunities for their trainees, and the awardees will form a network to share experiences and determine best practices. It is anticipated that novel training approaches will be rigorously analyzed to assess impact, and proven approaches will be widely disseminated throughout the community. The first awards will be issued in FY 2013, and additional awards are anticipated in FY 2014. The FY 2014 President's budget request for the program is \$6.9 million.

The Common Fund *Global Health Program* supports two initiatives designed to expand research capacity in Africa, largely through infrastructure development and the support of training and career development. The initiatives support both communicable and noncommunicable diseases and

conditions. The *Medical Education Partnership Initiative* (MEPI) was funded beginning in FY 2010 in partnership with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). MEPI is developing and strengthening models of medical education, and building research and clinical capacity in countries of Sub-Saharan Africa. Unlike the PEPFAR investments which have an AIDS focus, the Common Fund investments train healthcare providers and researchers in non-AIDS areas of research. The *Human Heredity and Health in Africa (H3Africa)* initiative was funded through planning activities beginning in FY 2010 and involves collaboration with the Wellcome Trust to build genomic research capacity in Africa. NIH issued the first awards in FY 2012 to support career development and training; infrastructure improvement, specifically bioinformatics and biorepository capacity; and to support researchers studying the genetic and environmental contributions to health and disease. The Global Health program is expanding in FY 2014 to provide additional support if the pilots are successful for the scale-up of the biorepositories funded through the H3Africa initiative. The FY 2014 budget request is \$10.7 million, an increase of \$1.7 million and 19.1 percent above the FY 2012 actual funding level. In FY 2014 studies on the ethical, legal, and societal issues of genomics research within the H3Africa program will be supported by the initiative.

The Common Fund also supports initiatives that foster innovation, risk-taking, and transformative research in any area of health research chosen by the investigators: the *NIH Director's Pioneer Award* initiative, the *NIH Director's New Innovator Award* initiative, the *Transformative Research Award* initiative, and the *NIH Director's Early Independence Award* initiative. The *Pioneer Award* supports outstanding individual investigators at any career stage who have demonstrated exceptional creativity and who propose highly innovative research projects that have the potential for far-reaching impact. The *New Innovator Award* supports exceptional new investigators who propose highly innovative projects with the potential for high impact, but who may lack the preliminary data required to advance in the traditional NIH peer review system. The *Transformative Research Award* initiative provides unique opportunities for unconventional research projects that involve more risk than traditional NIH research projects or that require unusually large budgets to support potentially high pay-off questions. The *Early Independence Awards* provide a mechanism for exceptional early career scientists to move rapidly into independent research positions by omitting the traditional post-doctoral training period. Responding to recommendations from the ACD concerning the Biomedical Workforce, the NIH expects to increase the number of these awards each year, with the number of awards to be determined by the number of outstanding candidates.

The FY 2014 President's budget request to *High-Risk High-Reward* research is \$210.2 million, a net increase of \$1.6 million and 0.8 percent above the FY 2012 actual funding level. NIH intends to use the requested funds to support new cohorts of scientists through the High-Risk High-Reward initiatives. The increase in funding is expected to support an expansion of the *Early Independence Awards*, as recommended by the Advisory Committee to the Director on Biomedical Workforce.

The NIH Common Fund is structured to foster collaboration, coordination, evaluation, and strategic planning activities across the NIH which is supported via Common Fund Strategic Planning and Evaluation Funds. In FY 2014 NIH plans to use the Strategic Planning and Evaluation Funds to identify research areas that address key roadblocks in biomedical research or that represent emerging scientific areas ripe for Common Fund investment, to form the basis of potential new Common Fund programs that will begin in FY 2015 or FY 2016. Additionally, the agency plans to use the Funds to evaluate programs that are coming to an end or are in a pilot phase that is ending. The FY 2014 President's budget request for the Strategic Planning and Evaluation Funds is \$2.6 million, an increase of \$1.1 million and 71.6 percent above the FY 2012 actual funding level.

Office of Science Education (OSE)

science.education.nih.gov

The NIH Office of Science Education (OSE) developed programs, instructional materials, and career resources for science teachers, their students (kindergarten through college), and the public. Its activities were undertaken in conjunction with the NIH ICs and external organizations. The Office also

advised the NIH leadership on education policy issues, coordinates related activities with NIH extramural and intramural offices, and represented NIH in Federal science, technology, engineering and mathematics (STEM) education initiatives. The FY 2014 President's budget request for OSE has been zeroed out. In an effort to increase coordination of the Federal Science, Technology, Engineering, and Mathematics (STEM) education, improve outcomes, and train and generate more STEM teachers and graduates, the FY 2014 budget request proposes a major reorganization of government-wide STEM programs. Accordingly, the budget for the programmatic portions of OSE will be consolidated outside of NIH. Any remaining budget will be reallocated within the OD.

John E. Fogarty International Center for Advanced Study in the Health Sciences (FIC) fic.nih.gov

The Fogarty Center's core mission is to use science to reduce the deepening global disparities in health. Roger Glass is the director of Fogarty.

Research supported by FIC ranges from the genetic basis of disease to strategies to prevent transmission of HIV. The efforts are often multidisciplinary, embracing behavioral, clinical, epidemiological, and biomedical research. FIC-supported research and research training programs encompass a wide range of diseases and needs, including HIV/AIDS, malaria, TB and other infectious diseases; non-communicable diseases such as brain disorders, cancer, autism, and tobacco-related illness; and critical areas that foster a research environment, including ethics and informatics for health research. Fogarty also supports the training of U.S. investigators to conduct global health research and actively engages in international scientific collaborations. The FY 2014 President's budget request for FIC is \$72.9 million, an increase of \$3.4 million and 4.8 percent above the FY 2012 funding level.

Non-communicable diseases, such as heart disease, stroke, cancer, and diabetes are the leading causes of worldwide mortality, accounting for 60 percent of all deaths and representing a serious threat to economic development. Fogarty addresses this challenge through its expanded program on Chronic, Non-Communicable Diseases and Disorders across the Lifespan, which supports training of in-country scientists to conduct research on these diseases. The program will focus on the fields related to cancer, cerebrovascular disease including stroke, lung disease including chronic obstructive pulmonary disease (COPD), environmental factors including indoor air pollution, and obesity and lifestyle factors related to these conditions.

The FY 2014 budget request for FIC's **Research Capacity Strengthening** program is \$37.4 million, an increase of \$1.1 million and 3.1 percent above the FY 2012 funding level. Fogarty's strategic plan for FY 2013-FY 2017 has as its first goal mobilizing the scientific community to address the growing epidemic of chronic, non-communicable diseases related to increased longevity and changing lifestyles in the developing world. With the merging of several FIC AIDS programs into one called the *HIV AIDS Research Training Program*, FIC intends to increase funding by \$1 million and support grants that focus on building or strengthening HIV-related capacity in a particular scientific or critical research infrastructure area at Lower and Middle Income Countries' (LMIC) institutions. FIC will also continue to support its **Bioethics** program.

Fogarty will continue to invest in research and training partnerships between talented U.S. and LMIC scientists. Well-trained LMIC researchers bring an understanding of the unique biological, epidemiological, social, and cultural contexts of their communities, thereby contributing this knowledge to research on locally relevant challenges that often have broader, global implications. FIC intends to provide further investment in its **Global Health Research and Research Training eCapacity Initiative Program** designed to support innovative research education programs to teach researchers at LMIC institutions the knowledge and skills necessary to incorporate **Information and Communication Technology (ICT)** into global health research and research training. The FY 2014 President's budget request for the program is \$8.1 million, an increase of \$1.7 million and 25.8 percent above the FY 2012 funding level. FIC intends to expand the number of overseas research experiences available for young

U.S. scientists in order to encourage them to adopt careers in global health. It also plans to continue its research training partnerships between U.S. and foreign institutions and strive to enhance research opportunities for foreign scientists when they return home.

Fogarty's **Framework Programs for Global Health** provides competitive grants to universities in the U.S. and LMICs to develop multidisciplinary curricula in global health and stimulate the participation of faculty and students from a wide range of disciplines in global health education and research.

Fogarty supports research partnerships between U.S. and LMIC scientists in several high-priority areas through its **International Collaborative Research** program. The FY 2014 budget request for this collaboration is \$12.4 million, an increase of \$403,000 and 3.4 percent above the FY 2012 funding level. The program encourages implementation science to address the "know-do" gap, and would expand research training opportunities for U.S. and foreign scientists. It would also foster a sustainable research environment in LMICs, and build strategic partnerships to further global health.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
69.5	69.8	65.6	72.9	-5.6%	-6.0%	4.8%

National Cancer Institute (NCI)

nci.nih.gov

The NCI leads and coordinates the nation's response to the burden of cancer. Former NIH Director Harold Varmus leads the NCI.

The Institute focuses on research on all aspects of cancer including prevention, detection, diagnosis, treatment, survivorship, and causes. NCI's extramural research focuses on understanding the mechanisms of cancer, understanding the causes of cancer, improving early detection and diagnosis, developing effective and efficient treatments, supporting Cancer Centers, Specialized Centers and Specialized Programs of Research Excellence (SPOREs), and supporting research workforce development. The 2014 President's budget request for the NCI is \$5.125 billion, an increase of \$63.2 million and percent above the FY 2012 actual funding level. NCI's budget request includes funds to support trans-NIH initiatives such as the Basic Behavioral and Social Sciences Opportunity Network (OppNet).

Since 1997, NCI's **Division of Cancer Control and Population Sciences (DCCPS)**, has supported research intended to reduce the risk, incidence, and deaths from cancer as well as enhance the quality of life for cancer survivors. The Division supports an integrated program of genetic, epidemiologic, behavioral, social, applied, and surveillance cancer research. It also plays a central role within the federal government as a source of expertise and evidence on issues such as the quality of cancer care, the economic burden of cancer, geographic information systems, statistical methods, communication science, tobacco control, and the science of implementation. DCCPS provides grants for research, particularly in the behavioral sciences, to identify improved methods for changing personal lifestyles and to promote informed decisions about health-related behaviors. DCCPS has made a special effort to recruit experts in disciplines such as communication, anthropology, outcomes research, psychometrics, medical genetics, health psychology, economics, social work, policy analysis, geography, and family medicine—all disciplines that have been historically underrepresented at NCI. The overarching philosophy of science that guides the division's planning and priority setting is the belief that scientific progress in the 21st century will depend on the transdisciplinary integration of research methods, models, and levels of analysis. Robert Croyle heads the Division.

NCI supports research focused on **Understanding the Causes of Cancer**. The Institute notes that the likelihood of developing cancer is determined by a complex interplay of environmental, behavioral, and genetic factors. Its past investment in population cohorts has laid the groundwork for additional studies

to identify these factors and a variety of population-based and laboratory research has helped to define the nature of these interactions. Research supported via NCI's *Cohort Consortium*, a large-scale, international collaboration of cohorts that include more than four million people, is evaluating the role of genetic susceptibility, environmental exposures (including nutrition) and gene-environment interactions for a range of cancer types. The FY 2014 budget request is \$1.301 billion, an increase of \$14.9 million and 1.2 percent above the FY 2012 actual funding level.

NCI **Cancer Prevention and Control Research** focuses on understanding and modifying behaviors that affect risk, mitigating the influence of genetic and environmental risks, and interrupting cancer development through early intervention. Cancer control research seeks to better understand the factors that influence cancer outcomes, quality of care, quality of life, and cancer-related disparities. While smoking rates have declined over the past several decades, the Institute sees tobacco cessation as a tremendous opportunity for cancer prevention. NCI's *State and Community Tobacco Control Policy and Media Research* initiative is designed to instigate the effectiveness of the state and community tobacco control policy and media interventions. Focus areas include secondhand smoke policies, tax and pricing policies, tobacco industry marketing and promotion, mass media countermeasures, and community and social norms. The FY 2014 President's budget request for Cancer Prevention and Control is \$190 million, an increase of \$2.3 million and 1.3 percent above the FY 2012 actual funding level.

The **Health Maintenance Organization (HMO) Cancer Research Network (CRN)** consists of a system of 14 HMOs nationwide. It supports research in the areas of cancer prevention, early detection, treatment, long-term care, and surveillance research. Studies of lifestyle change include research into energy balance as a way to control cancer incidence. The **Surveillance, Epidemiology and End Results (SEER)** database provides data on cancer trends. It regularly samples nearly 26 percent of the U.S. population and has information on 5.7 million cancer cases. The SEER-Medicare database combines two large population-based sources of data that provide detailed information about Medicare beneficiaries with cancer. The database is a unique population-based source for an array of epidemiological and health services research, including patterns of care, utilization of cancer tests, and efficacy of cancer treatment. The Institute's **National Outreach Network (NON)** is a multidisciplinary program that bridges NCI-supported outreach and community education efforts with cancer health disparities research and training programs.

NCI funds research that examines, among other factors, cognitive and affective processes underlying decision making, basic decision-making processes involved in the initiation and long-term maintenance of healthy lifestyle behaviors, and health-related numeracy—how people use, process, and attach meaning to health-related numeric information. NCI experts and extramural scientists work together to examine cognitive, affective, and social processes involved in communication and risk perception. Accordingly, the Institute supports centers that conduct transdisciplinary cancer communication research aimed at directly contributing to improved health outcomes and quality of life for individuals.

NCI supports **Cancer Centers** which were established to actualize the benefit of research conducted by interdisciplinary partnerships, information sharing, and close links to health care delivery systems. The programs are increasingly reaching out to community oncology practices and minority and underserved patient populations. There are 67 NCI-designated Cancer Centers which conduct basic, translational, and population research. The Institute recently established the **Center for Global Health (CGH)** to coordinate and prioritize the Institute's research and training efforts that have the potential to directly influence global cancer health, primarily in poorer countries. The Center fulfills a humanitarian role while at the same time expands the population base and sociocultural context for cancer research beyond the U.S. It is expected that this expanded base will yield insights into cancer that would not otherwise be attainable. The FY 2014 budget request for the Cancer Center Program is \$601.9 million, an increase of \$7.5 million and 1.3 percent above the FY 2012 actual funding level.

Through its **Research Workforce Development** program, NCI invests in early-stage investigators and for established investigators who have proven their ability to conduct robust science and who provide

mentoring for the next generation of researchers. The Institute is committed to attracting and supporting scientists from populations underrepresented in biomedical research through efforts such as those conducted through the **NCI Center to Reduce Cancer Health Disparities**. The **Partnerships to Advance Cancer Health Equity** (formerly known as the Minority Institution Cancer Center Partnership) is a program that links institutions serving racial/ethnic and/or underserved communities with cancer health disparities and NCI-Designated Cancer Centers to train scientists from diverse backgrounds in cancer research. There are currently 13 established partnerships and an additional six pairs of institutions have received funding to explore the feasibility of creating partnerships. NCI's *Continuing Umbrella of Research* excellence program aims to increase the cadre of underrepresented investigators engaging in cancer research by identifying and providing opportunities for promising candidates from high school through junior investigator levels. In addition, NCI supports fellowships, research career development awards, and training/education programs at universities and institutions across the country. The FY 2014 budget request for the program is \$174.7 million, an increase of \$2.2 million and 1.3 percent above the FY 2012 actual funding level.

NCI in collaboration with the NIH Office of Behavioral and Social Sciences Research (OBSSR) convened a one-day workshop in May 2012 to identify promising lines of inquiry for future research in the area of *Shared Medical Decision-making*. The meeting also examined ways to improve communications between healthcare providers and their patients. The Institute has also collaborated with the Agency for Healthcare Research and Quality (AHRQ) to facilitate the systematic measurement of patient-clinician communication. That collaboration has resulted in a comprehensive set of survey items that are available to researchers to evaluate cancer patients' perceptions of the quality of communication with their clinicians. Since 2009, NCI has been working with AHRQ on an ongoing project to develop and test a cancer version of the Consumer Assessment of Healthcare Providers and Systems survey (CAHOS), considered the national goal standard for measuring quality of care from the patient's perspective. Similarly, the Institute has been working with Memorial Sloan Kettering Cancer Control Center to develop and test an electronic patient-reported system for monitoring and reporting adverse symptoms that cancer patients may experience during treatment. The aim is to assist communication and decision-making between cancer patients and clinicians to minimize patient suffering from adverse events. NCI is also funding a five-year study at the University of Michigan to evaluate multiple factors likely to influence the treatment decision-making process for women diagnosed with early-stage breast cancer who are at risk for receiving aggressive treatments. The study is designed to develop and evaluate educational tools for both physicians and patients to aid shared treatment decision making.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
5067.4	5068.9	4779.4	5125.9	-5.7%	-5.7%	1.2%

National Center for Advancing Translational Sciences (NCATS)

ncats.nih.gov

The National Center for Advancing Translational Sciences (NCATS) was established in FY 2012. Its mission is to catalyze the generation of innovative methods and technologies that enhance the development, testing, and implementation of diagnostics and therapeutics across a wide range of human disease and conditions. Research projects focus on addressing scientific and technical challenges to reduce, remove, or bypass significant bottlenecks across the continuum of translation. NCATS encourages results, both positive and negative, to be shared in an open collaborative environment. Christopher P. Austin was appointed director of NCATS in September 2012.

NCATS, according to the NIH, has become the hub of innovation for translational sciences. It has launched several major research initiatives and guides the evolution of the national network of clinical and translational research institutions. Through its *Clinical and Translational Science Awards* (CTSA), NCATS supports institutions across the country in their efforts to improve the quality, validity, generalizability, and efficiency of clinical and translational research.

The Center’s highest priority is to advance the discipline of translational research. The NCATS FY 2014 budget will support infrastructure and resources for clinical and translational science efforts nationwide as well as innovative research projects addressing scientific and technical challenges to reduce, remove, or bypass significant bottlenecks across the continuum of translation. NCATS intends to continue its collaborations with the NIH Common Fund, and several projects will be transferred into NCATS from the Office of the Director. Programs funded by NCATS are aligned within five areas: 1) clinical and translational science activities, 2) rare diseases research and therapeutics, 3) reengineering translational sciences, 4) Cures Acceleration Network activities, and 5) translational research resources. The FY 2014 President’s budget request for NCATS is \$665 million, an increase of \$91.4 million above the FY 2012 funding level.

Reengineering the clinical research enterprise is a priority of both NCATS and the Clinical and Translational Sciences Awards (CTSA) program. The FY 2014 budget request for the CTSA program is \$462.5 million, an increase of \$1.1 million and 0.2 percent above the FY 2012 actual funding level.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
574.8	639.0	542.2	665.7	-5.7%	-15.2%	15.8%

National Center for Complementary and Alternative Medicine (NCCAM)

nccam.nih.gov

The National Center for Complementary and Alternative Medicine (NCCAM) is dedicated to exploring complementary and alternative healing practices in the context of rigorous science, training Complementary and Alternative Medicine (CAM) researchers, and disseminating authoritative information. Josephine Briggs is NCCAM’s director.

To fulfill its mission, NCCAM collaborates with multiple ICs as well as other Federal agencies, including the Centers for Disease Control and Prevention (CDC) and the Agency for Healthcare Research and Quality (AHRQ). The FY 2014 budget request for NCCAM is \$129 million, an increase of \$1.2 million above the FY 2012 actual funding level. NCCAM’s budget request includes funds to support several trans-NIH initiatives such as the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

A major focus for NCCAM is research related to chronic pain, a public health problem that affects 100 million Americans and costs at least \$653 billion per year in treatments and lost productivity according to the 2011 Institute of Medicine report, *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. Research exploring non-pharmacological approaches for treating chronic pain is a top priority for NCCAM. In FY 2014, NCCAM intends to continue to support basic, translational, and clinical research to understand whether such interventions add value to existing approaches and to identify the biological mechanism by which they exert beneficial effects.

NCCAM’s extramural research funds multidisciplinary clinical investigations into various CAM modalities. This research ranges from small pilot studies to large-scale clinical trials and epidemiological studies supported through solicited research initiatives, collaborations between NIH ICs and the CDC, and investigator-initiated research. NCCAM intends to explore the use of outcomes and effectiveness research in developing practice-based evidence on how CAM approaches could aid in better symptom management. The FY 2014 budget request for extramural clinical research is \$52.5 million and 1.2 percent above the FY 2012 funding level.

Researchers from many different biomedical and behavioral disciplines are investigating the basic biological, physiological, and clinical effects and safety of CAM interventions. The Center is developing a training program that will fund partnerships between research intensive institutions and institutions focused on rigorous clinical research and training of practitioners in complementary modalities. The NCCAM FY 2014 budget request for extramural research training and capacity building is \$10.2 million and 1.4 percent above the FY 2012 funding level.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
127.9	127.9	120.7	129.0	-5.6%	-5.6%	0.9%

National Eye Institute (NEI)

nei.nih.gov

NEI's mission is to conduct and support research, training, health information dissemination, and other programs with respect to blinding eye diseases, visual disorders, mechanisms of visual function, preservation of sight, and the special health problems and requirements of the blind. Paul Sieving is the director of NEI.

The FY 2014 budget request for NEI is \$699.2 million, a decrease of \$2.2 million and 0.3 percent below the FY 2012 actual funding level. NEI's budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
702.0	693.0	662.2	699.2	-5.7%	-4.5%	-0.4%

National Heart, Lung and Blood Institute (NHLBI)

www.nhlbi.nih.gov

The National Heart, Lung, and Blood Institute (NHLBI) provides leadership for research in diseases of the heart, blood vessels, lung, and blood; blood resources; and sleep disorders. Gary Gibbons was appointed NHLBI director in August 2012.

NHLBI plans and directs research in the development and evaluation of interventions and devices related to prevention, treatment, and rehabilitation of patients suffering from such diseases and disorders. The Institute also conducts educational activities, including development and dissemination of materials for health professionals and the public in the above areas, strongly emphasizing prevention. The FY 2014 budget request for NHLBI is \$3.098 billion, an increase of \$25.2 million and 0.8 percent above the FY 2012 funding level. NHLBI's budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

NHLBI's Division of Prevention and Population Sciences (DPPS) supports and provides leadership for population- and clinic-based research on the causes, prevention, and clinical care of cardiovascular, lung, and blood diseases. Research supported by the DPPS includes a broad array of epidemiological studies including: studies to describe disease and risk factor patterns in populations and to identify risk factors for disease; clinical trials of interventions to prevent disease; studies of genetic, behavioral, sociocultural, and environmental influences on disease risk and outcomes; and studies of the application of prevention and treatment strategies to determine how to improve clinical care and public health. The Division also supports training and career development for these areas of research.

NHLBI supports substantial research on the effects of psychosocial factors on cardiovascular disease (CVD) incidence and outcomes. This includes support for research examining the influence of social support provided within interpersonal relationships, families, neighborhoods, and broader social networks on CVD risk factors such as adverse diets, sedentary behavior, and obesity and on recovery and quality of life in patients who have heart attacks or heart failure. NHLBI-supported projects on social support and cardiovascular health include:

- Studies to test the impact of enhanced family provided support on 1) patient outcomes after placement of an implantable cardioverter defibrillator, 2) care quality and delivery for heart failure patients, or 3) re-hospitalizations following a heart attack;
- Examination of the role of social support within communities and neighborhoods in adolescents, lowering the risk of metabolic syndrome in black families, or preventing development of visceral fat in perimenopausal women;
- Social networking studies using mobile phones and web-based technology to facilitate weight control and other health promoting behaviors in young adults.

DPPS' Clinical Applications and Prevention Branch supports, designs, and conducts research and supports training on behavioral, environmental, clinical, and healthcare approaches to reduce occurrence and consequences of cardiovascular diseases. Prevention research examines effects of interventions to slow or halt risk factor or disease development or progression; interventions use high-risk individual and population approaches, including medications, behavioral strategies, and environmental change. CAPB supports research that examines lifestyle, nutrition and exercise, psychological and sociocultural factors, and environmental and genetic influences relevant to prevention. Clinical application research examines approaches to improve healthcare delivery and patient outcomes. Research supported include clinical and community trials and selected observational studies.

Home of the *Framingham Heart Study* since 1948, NHLBI has also supported other large cohort studies designed to understand cardiovascular disease risk factors and suggest approaches for prevention. These newer studies focus on minority populations, the *Jackson Heart Study* (JHS) and the *Coronary Artery Risk Development in Young Adults Study* (African Americans); the *Hispanic Community Health Study - Study of Latinos* (Hispanic Americans); and the *Multi-Ethnic Study of Atherosclerosis* (Asian Americans). The JHS was initiated in 1998 to characterize cardiovascular disease and the factors that influence its development and manifestations in African Americans with the ultimate goal of identifying preventive approaches that could be particularly effective in this population. NHLBI has solicited proposals to renew the JHS contracts through 2018, as well as applications for new grants to expand analysis of JHS data.

NHLBI is also collaborating with the National Cancer Institute to support *Centers for Population Health and Health Disparities*. These Centers in Maryland, Illinois, and North Carolina are studying more than 30,000 African Americans in trans-disciplinary investigations of the social, behavioral, biological, and genetic determinants of disease.

The Institute's initiative, *Programs to Increase Diversity among Individuals Engaged in Health-Related Research* (PRIDE), promotes scientific career development of young faculty from diverse backgrounds via opportunities for focused mentorship and extensive networking.

NHLBI through its *National Center on Sleep Disorders Research* (NCSDR) coordinates sleep research and training throughout NIH as outlined in the NIH Sleep Research Plan. The Institute collaborates with other NIH institutes and centers to implement the plan through targeted solicitations and support for an array of ancillary studies and pilot clinical trials. Ongoing collaborations include a study of the influence poor sleep on the health of elderly community-dwelling men conducted within the National Institute on Aging and National Institute for Arthritis and Musculoskeletal and Skin Diseases (NIAMS)-funded study of osteoporotic fracture risk (Parallel research in elderly women is being supported by NIAMS); a study of sleep and sleep apnea conducted within a National Institute for Diabetes and Digestive and Kidney Diseases (NIDDK)-funded clinical trial of weight loss to reduce risk of cardiovascular disease in obese patients with diabetes; and a study of sleep and sleep apnea within a National Institute of Child Health and Human Development-funded study of maternal cardiovascular disease risk during pregnancy.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
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3076.1 3076.1 2901.3 3098.5 -5.7% -5.7% 0.7%

National Human Genome Research Institute (NHGRI)

nhgri.nih.gov

The National Human Genome Research Institute (NHGRI) was established in 1989 to head the NIH's efforts in the Human Genome Project (HGP). Eric Green is the director of NHGRI.

NHGRI recognizes that for "individualized preventive medicine" to make a profound contribution to human health, it needs to address the accompanying ethical, legal, and social implications (ELSI)." Furthermore, it acknowledges the responsibility to address the broader implication of newfound abilities to decipher genetic information, Congress mandated the Institute to commit up to five percent of its annual extramural research budget for ELSI activities. The FY 2014 request for NHGRI is \$517.3 million, an increase of \$5.1 million and one percent above the FY 2012 actual funding level. The request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

In February 2011, NHGRI published a new strategic vision for genomics research. The Institute recently reorganized its Extramural Research Program to align with this new vision, establishing divisions of Genome Sciences, Genomic Medicine, Genomics and Society, and Extramural Operations.

Genomics and Society: Since its inception, NHGRI has funded research to examine the ethical, social, and legal implications (ELSI) of genomic advances and the increasing availability of genomic information. In July 2011, a new set of research priorities for the Institute's (ELSI) Research program were issued that focus on four areas: 1) genomes to research, 2) genomes to health, 3) genomes to society, and 4) ethical, legal, regulatory, and public policy issues. The Institute also funds the *Centers of Excellence in ELSI Research* (CEERs).

The FY 2014 budget request for Genomics and Society is \$29.1 million, an increase of \$11,000 and 0.4 percent more than the FY 2012 actual funding level. This amount represents more than the five percent of the total NHGRI budget NHGRI is mandated to spend in this area of research. In FY 2014, NHGRI proposes to continue explore issues that arise in the design and conduct of genomics research, particularly those related to the clinical application of genomics. Questions of particular concern to the Institute include those related to informed consent for genomics research, privacy issues arising from the use of large-scale research databases, when and how to return individual genomic results to research participants, and whether and how to provide information about unanticipated health-related genomic findings to participants.

Other research supported by NHGRI will examine how advances in genomic technologies are influencing healthcare delivery and affecting the population's health. Research that examines more fundamental questions, such as how we conceptualize and understand the health-disease continuum and individual responsibility for health and behaviors, is also considered vital for the development of effective regulations and public policies.

NHGRI's Intramural Social and Behavioral Research Branch (SBRB) conducts leading-edge research at the intersection of genomics and society. SBRB is focused in four conceptual domains: 1) testing the effectiveness of strategies for communicating information about genetic risks, 2) developing and evaluating behavioral interventions relevant to genomics, 3) using genomic discoveries in clinical practice, and 4) understanding the social, ethical and policy implication of genomics.

Recognizing that an appropriately trained workforce and public will be essential for the beneficial realization of genomic advances, NHGRI plans to foster and support education and training activities aimed at various core audiences: the next generation of genomics and genomic medicine researchers, healthcare providers, and the general public (through the incorporation of genomics into primary and secondary education, as well as lifelong learning outreach). To stimulate the development of programs

that meet these needs and responds to the high-priority areas identified by a working group of the National Advisory Council for Human Genome Research, the Institute plans to support training programs in the areas of statistics, bioinformatics, translation of basic genomics into clinical practice, and development and exploration of new genomic technologies for early detection of disease. These areas of expertise are needed to take advantage of the very large datasets generated by both basic and clinical genomic studies. These areas were also identified as lacking in the workforce. The FY 2014 President’s budget request for **Education and Training** is \$28.5 million, an increase of \$7 million and 32.8 percent above the FY 2012 actual level. In FY 2014, NHGRI also intends to increase its support for training in the areas of bioinformatics, data science, and genomic medicine.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
512.8	511.4	483.3	571.3	-5.8%	-5.5%	11.4%

National Institute on Aging (NIA)

nia.nih.gov

The National Institute on Aging (NIA) supports and conducts genetic, biological, clinical, behavioral, social, and economic research related to the aging process, diseases and conditions associated with aging, and other special problems and needs of older Americans. Richard Hodes is NIA’s director.

NIA maintains an ongoing commitment to supporting basic behavioral and social science research in aging. NIA-supported behavioral and social scientists are describing the economic and societal consequences of a rapidly aging population and using insights from the emerging field of behavioral economics to develop and test interventions that promote healthy behaviors among older people. The FY 2014 budget request for NIA is \$1.2 billion, an increase of \$73 million and 6.5 percent above the FY 2012 actual funding level. In FY 2014, the Institute expects to support ongoing initiatives in social neuroscience, behavioral and social consequences of natural and man-made disasters on the elderly, and effects of the economic downturn on older individuals. NIA’s remains an active participant in the trans-NIH Basic Behavioral and Social Sciences Opportunity Network (OppNet). The Institute also participates in the support several initiatives in the NIH Common Fund including the *Interdisciplinary Research Consortium* and the *Supplements for Methodological Innovations—Behavioral and Social Science*.

The Institute is also continuing its efforts to enhance the evidence base for health decisions at both the individual and societal levels. Notably, NIA is emerging as a leader in research comparing the effectiveness of various interventions in diverse populations. The *Lifestyle Interventions and Independence for Elders (LIFE) Study*, a major comparative effectiveness research (CER) study, compares the effects of a moderate-intensity physical activity program to a health education program on prevention of mobility loss in older Americans.

The Institute provides support for social and behavioral science research through its **Behavioral and Social Research Program (BSR)**, led by Richard Suzman. The Individual Behavioral Processes (IBP) Branch and the Population and Social Processes (PSP) Branch make up the BSR, which supports basic social and behavioral research that focuses on how people change with aging, the interrelationships between older people and social institutions, and the societal impact of the changing age composition on the population. A goal of the Institute’s social and behavioral research is to maintain or enhance the health and well-being, including physical and cognitive function, of older individuals throughout the lifespan. Social and behavioral research is also supported by NIA’s program in Neuropsychology and Neuroscience of Aging, as well as the programs of the Gerontology Research Centers and Epidemiology, Demography, and Biometry.

Training the next generation of researchers in aging is high priority for NIA. The institute supports several programs, including its annual Summer Institute on Aging Research which provides junior investigators the opportunity to be mentored in the substance and methodology of aging research by

recognized experts in the field to enhance participants' potential for success as independent investigators. The Beeson Awards, co-supported by NIH, offer three- to-five year faculty development awards to outstanding junior and mid-career faculty who are committed to academic careers in aging-related research, training, and practice.

Regarding international aging issues, NIA supports a number of projects devoted to understanding the implications of population aging at the global level, including an initiative to consolidate and standardize findings from multiple large health surveys from around the world. BSR is also collaborating with the Bureau of Labor Statistics and the National Academies to foster the development of useful measures of subjective well-being for policy and health analyses, including measures suitable for use in large-scale surveys in the United States and abroad. In addition, the Common Fund initiative in *Health Economics* has significant BSR input. Recent initiatives have included studies of Long-Term Care Insurance, comparative effectiveness findings on care delivery, and the economics of prevention.

BSR research areas include the behavioral, psychological, and social changes individuals experience over the adult lifespan; participation of older people in the economy, families and communities; the development of interventions to improve the health and cognition of older adults, and the societal impact of population aging and of trends in labor force participation, including fiscal effects on Medicare and Social Security programs. The FY 2014 budget request for BSR is \$186.2 million, a decrease of \$1.4 million and 0.7 percent below the FY 2012 actual funding level.

BSR coordinates the long-running *Health and Retirement Study* (HRS), the nation's leading source of combined data on health and financial circumstances of Americans over age 50. As the larger Baby Boomer generation moves into retirement, HRS data have greatly informed the understanding of the effects of early-life exposures and later-life health, variables associated with cognitive and functional decline in later life, and trends in retirement, savings and other economic behaviors. NIA collaborates with the Social Security Administration on retirement research, including funding the HRS work on pensions and retirement expectations. David Weir of the University of Michigan heads the HRS. Notably, HRS is a model for similar studies around the world, in England, China, South Korea, Mexico, and Japan. Other studies, the *World Health Organization's Study on Global Health and Ageing and Adult Health* (which includes sites in Asia, Russia, Mexico, and Africa), have adapted methods and/or instruments from the HRS for their own use. NIA has taken the lead in building the necessary infrastructure and harmonizing cross-national data resources to facilitate comparative studies and has funded the initial concept work for HRS-like studies in other countries. Additionally, NIA has supported the development of an online resource that facilitates use and harmonization of data from the HRS and comparable studies around the world. In FY 2012, NIH renewed funding for HRS. The Institute recently began to solicit research applications to use newly-available genetic data in HRS to advance the understanding of how genetic, behavioral, and psychosocial factors affect the health and wealth of older Americans.

In addition, BSR is moving forward to integrate genetics with social and behavioral research. Aside from the HRS activity in this area, a related initiative has promoted research on the effects of gene-social environment on health and behavior in later life. NIA has organized workshops and fostered exchanges on the role of genetic and environmental factors across the life course, improved measurement of economic and psychosocial phenotypes, and phenotype harmonization for behavioral, social, and genetic research.

BSR also supports 14 *Centers on the Demography of Aging* at leading universities and policy organizations around the United States. The Centers are designed to foster research in demography, economics and epidemiology of aging and to promote use of important datasets in the field. Research topics investigated by the Centers include Medicare, Social Security, and the implications of health care reform on the elderly. NIA supports the 13 *Edward R. Roybal Centers for Translation Research of Aging* that are intended to improve the health, well-being, and productivity of older people through the translation of basic behavioral and social science research into practical applications. The Centers currently focus on research areas of social networks and health, extending behavioral economics

approaches to financial decision making about health, older drivers, health and mobility, disease and pain management, decision making and behavioral change, and better data measurement, and forecasting. The Roybal Centers are supported by BSR in partnership with the NIH Office of Behavioral and Social Sciences Research, the Department of Education, the Agency for Healthcare Research and Quality, and the Social Security Administration. Three *Roybal Centers for Translational Research on Aging* focus on behavioral economics.

Other programs supported by NIA include the *Resource Centers for Minority Aging Research* (RCMARs), the *Baltimore Longitudinal Study of Aging* (BLSA), the *Healthy Aging in Neighborhoods of Diversity across the Life Span* (HANDLS), and the *Work, Family, Health Study*, among others. HANDLS is a multidisciplinary, community-based, prospective longitudinal epidemiologic study examining the influence of race and socioeconomic status on the development of age-related health disparities among socioeconomically diverse African Americans and whites living in Baltimore. NIA recently initiated the *Insight into the Determinants of Exceptional Aging and Longevity* (IDEAL) substudy to examine a spectrum of characteristics found in individuals over age 80 who are living free of physical and cognitive disease. The IDEAL study is designed to help uncover mechanisms—including behavioral, lifestyle, and environmental factors—that are important to exceptional aging and how they might translate into actions that promote health and physical function in older adults. The *Work, Family, Health Study*, a collaboration with the NICHD, is a multi-site intervention in the long-term care and telecommunication industries exploring how changes in the work environment can improve the health of workers and their families while benefiting organizations. NIA's *National Health and Aging Trends Study* (NHATS) is a successor to the *National Long-term Care Study*. NHATS is in its first wave of data collection and is designed to provide a greatly improved ability to track and explain trends in disability and the social and economic impact of late-life functional changes for older people, their families, and society.

Comparative Effectiveness Research (CER) is an emerging research area at NIA. The Institute supports an evolving portfolio of specific interventions in subpopulations such as older adults; the best way to define complex outcomes such as quality of life, as well as outcomes assessed over variable time periods; and the challenges of comparing outcomes across differently-based treatment (e.g., behavioral versus drug) and across different health system and care contexts. Supported projects include a CER study that will take advantage of a unique health insurance lottery currently underway in Oregon to evaluate the effects of access to enhanced insurance on health care usage and health outcomes among low income adults.

In its **Neuroscience Program**, NIA supports research aimed at better understanding age-related and pathological changes in the structure and function of the aging nervous system and how these changes affect behavior. The Program also supports research relevant to problems arising from psychiatric and neurological disorders associated with aging. NIA is the lead federal agency for research on Alzheimer's disease (AD). The Institute supports a national network of *Alzheimer's Disease Centers* to translate research advances into improved diagnosis and care of AD patients while pursuing development of effective preventive and treatment interventions for AD, as well as a broad array of initiatives aimed at improving understanding of the disease. The FY 2014 President's budget request for the Neuroscience Program is \$514.3 million, an increase of \$76.9 million and 17.6 percent above the FY 2012 actual funding level. This includes an \$80 million increase for AD research and a decrease of \$3.2 million to other program areas.

The **Institute's Geriatrics and Clinical Gerontology Program** supports research on health, disease, and disability in the aged. Focus areas include age-related physical changes and their relationship to health outcomes, the maintenance of health and the development of disease, and specific age-related risk factors for disease. The program coordinates with the other NIH ICs for its research on diseases and conditions that are common among older people or represent a growing threat. The program coordinates the 13 Claude D. Pepper Older Americans Independence Centers Program, which has the goal of increasing scientific knowledge leading to better ways to maintain or restore independence in

older persons. The FY 2014 budget request for the Geriatrics and Clinical Gerontology Program is \$151.4 million, a decrease of \$1.1 million and 0.7 percent below the FY 2012 Action funding level.

NIA's Intramural Research Program (IRP) conducts research in the areas of basic, behavioral, clinical, epidemiologic, and translational research. The IRP's high priority research endeavors and areas of specific focus in behavioral research includes personality, cognition, and psychophysiology. IRP's high priority areas for epidemiology include frailty, cognition, body composition, disability, and molecular biomarkers of aging. The FY 2014 budget request for the Intramural Research Program is \$118.6 million, a very small decrease below the FY 2012 actual funding level.

NIA also supports research on the global phenomenon of population aging in developing and developed nations through its program on Population Aging and Global Health. NIH-supported investigators have identified potential causes for why the U.S. has lagged behind other high-income countries in life expectancy since 1980. It funded a National Academies' report on international differences in longevity. The Institute is also particularly active in the area of international demographic and economic research, working with other agencies and organizations, including the World Health Organization and the Census Bureau.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
1121.4	1102.7	1039.7	1193.4	-7.3%	-5.7%	6.4%

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

niaaa.nih.gov

NIAAA supports basic and applied research related to the etiology, prevalence, prediction, diagnosis, prognosis, treatment, management, and prevention of alcoholism and other related problems. Kenneth Warren, NIAAA's Deputy Director, is currently serving as the Institute's Acting Director.

NIAAA's research covers a broad spectrum of diseases and disorders, and the Institute employs an extensive menu of methodologies from high tech imaging to optogenetics and from cognitive behavioral studies to medications development. Building on recent progress in the coordination of addiction research with the National Institute on Drug Abuse (NIDA), NIAAA intends to pursue a "functional integration," a collaborative framework designed to enhance and expand activities across all NIH institutes and centers that participate in substance use, abuse, and addiction related research. NIAAA and NIDA have initiated joint advisory council meetings and plan to continue to pool resources and expertise to more effectively capitalize on synergies in addiction research, and address scientific opportunities.

NIAAA-supported research has reframed the understanding of alcohol use and its impact on health, including the recognition that the nature of alcohol-related problems significantly changes over the course of the lifespan. Increased understanding of alcohol dependence has created a paradigm shift in alcohol research. Given that research shows that the majority of individuals who meet diagnostic criteria for alcohol dependence do not access treatment, NIAAA-supported research is evaluating screening and brief intervention in venues other than specialty treatment facilities. The FY 2014 budget request for NIAAA is \$463.8 million, an increase of \$5.2 million and 1.1 percent above the FY 2012 actual funding level. NIAAA's budget request includes funds to support several trans-NIH initiatives such as the Basic Behavioral and Social Sciences Opportunities Network (OppNet). NIAAA also participates in the NIH Science of Behavior Change Common Fund initiative.

In FY 2014, NIAAA proposes to support the training and career development of a diverse pool of scientists to address the unique and common aspects of addiction, integrate biological and behavioral research, exploit new technologies for analyzing complex systems, and analyze vast amounts of data. Recognizing that alcohol is a significant problem for returning veterans, NIAAA intends to participate

with NIDA to accelerate research to reduce the onset and progression of substance use and abuse and associated mental and physical problems in military personnel, veterans, and their families.

To address the pervasive use of alcohol among **young people**, NIAAA developed an empirically based alcohol screener and guide for pediatricians and other clinicians who care for children and adolescents. NIAAA also has a significant research investment targeting this period of life focusing on the effects of alcohol use on the developing body and brain and the interplay of development, genes, environment, and adolescent alcohol use. The FY 2014 budget request is \$66.6 million, an increase of \$775,000 and 1.2 percent above the FY 2012 actual funding level.

NIAAA's support of research on the drinking behaviors of **young adults** includes risk assessment, universal and selective prevention, early intervention, and timely treatment for those who need it. The FY 2014 budget request for research in this area is \$173.3 million, an increase of \$2 million and 1.2 percent above the FY 2012 actual funding level. In FY 2014 NIAAA plans to continue to fund projects in response to a funding opportunity announcement issued in FY 2013 to encourage grant applications that explore whether and how alcohol and other drugs illicit or illicitly-used prescription drugs interact to contribute to unintentional and intentional injuries and poisonings and to prevent and/or reduce such use of alcohol or drugs singly or in combination. The Institute also plans to continue to support research solicited in collaboration with the Veterans Administration, NIDA, and other NIH institutes and centers to reduce the onset and progression of alcohol, tobacco, and other drug use and abuse and associated mental and physical health problems among active-duty or recently separated military troops, veterans, and their families.

The Institute's research focuses for the **midlife/senior population** includes: development of treatment strategies for alcohol dependence (including medications) that are tailored to specific populations and treatment of individuals with co-existing psychiatric and medical disorders. The FY 2014 budget request is \$129.5 million, an increase of \$1.5 million and 1.2 percent above the FY 2012 actual funding level.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
459.1	457.1	433.0	463.8	-5.7%	-5.3%	1.0%

National Institute of Allergy and Infectious Diseases (NIAID)

niaid.nih.gov

NIAID conducts and supports basic and applied research to better understand, treat, and ultimately prevent infectious, immunologic, and allergic diseases. The director of NIAID is Anthony Fauci.

NIAID has long been the leading agency supporting research on the AIDS pandemic, particularly the development of an effective vaccine. The Institute recognizes that ending the pandemic and curbing the spread of the disease will require multi-pronged biomedical and behavioral approaches. As care and treatment initiatives expand in non-industrialized countries, the Institute believes that it is essential to assure that prevention research is an integral part of these efforts. Accordingly, a priority of NIAID is the encouragement of further development and evaluation of behavioral interventions and communication strategies to reduce high-risk behavior associated with HIV transmission.

Another priority for the Institute is development and maintenance of international multi-disciplinary research capacities—including infrastructure, training, and networks—to support research on global and regional priorities that will improve public health in the United States and around the world. The FY 2014 budget request for NIAID is \$4.578 billion, an increase of \$96.4 million and 2.2 percent above the FY 2012 actual funding level. If FY 2014, a critical focus of the NIAID's AIDS research plan is research on therapeutics and vaccine discovery, and renewed emphasis on preventive and behavior science research.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
4486.5	4495.3	4231.5	4578.8	-5.7%	-5.9%	2.1%

National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)

niams.nih.gov

The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) is the lead Federal agency for research into the causes, treatment, and prevention of these diseases. NIAMS' director is Stephen Katz.

Since most of these diseases are chronic, NIAMS is focused on research, prevention and treatment of disorders characterized by a continuing disease process with progressive deterioration. Many of the diseases within the mission of the NIAMS have a disproportionate impact on women and minorities. The FY 2014 budget request for NIAMS is \$540.9 million, and 1.1 percent above the FY 2012 funding level. NIAMS' budget request includes funds to support several trans-NIH initiatives, including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

The Institute supports research that has identified the barriers that keep people who are economically disadvantaged as well as people from diverse ethnic backgrounds from complying with their prescribed medical treatments, including fear of side effects, belief that the medicines are not working, problems with the health system environment, and medication costs. NIAMS believes that this research is important as it addresses the issues of health disparities, identifying the many complex factors that make some populations more vulnerable to diseases within its mission areas.

NIAMS's Arthritis and Rheumatic Diseases program is designed to advance high quality basic, translational, and clinical biomedical and biopsychosocial research to treat and prevent arthritis and other rheumatic diseases. The Institute is committed to pursuing new opportunities designed to identify risk factors for these disorders, to enhance disease prediction, and advance prevention strategies. The FY 2014 budget request for this program is \$116.9 million, an increase of \$1.5 million and 1.3 percent above the FY 2012 actual funding level. In FY 2014 NIAMS will continue to fund the *Center of Research Translations* that it began funding in FY 2013 to support studies into clinical and societal factors that contribute to an increased prevalence of gout. The program will also build on a January 2013 roundtable discussion regarding partnerships to advance therapies for rheumatic diseases. The roundtable was convened with representatives from the research community, the U.S. Food and Drug Administration, and industry to discuss strategies for scientific collaborations that will lead to better, safer, and more efficient clinical studies.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
535.1	535.6	504.9	541.0	-5.7%	-5.7%	1.1%

National Institute of Biomedical Imaging and Bioengineering (NIBIB)

nibib.nih.gov

NIBIB is devoted to merging the physical and biological sciences to develop new technologies that improve health. NIBIB's director is Roderic Pettigrew.

The Institute's goal is to accelerate the pace of discovery and speed the development of biomedical technologies that prevent illnesses or treat them when they do strike. Unlike many other NIH institutes, the NIBIB's mission is not limited to a single disease or group of illnesses; rather it spans the entire spectrum. The FY 2014 budget request for NIBIB is \$338.9 million, an increase of \$1.2 million and 0.3 percent above the FY 2012 funding level. NIBIB's budget request includes funds to support

several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

NIBIB emphasizes that health information technology research requires an interdisciplinary approaches to enable the integration of clinical, diagnostic, and treatment data with the patient’s medical history in a comprehensive electronic health record designed to improve clinical decision-making. The Institute is spear-heading research into new technologies to address issues such as interoperability of data systems, compatibility of computer software across medical institutions, security of data during transmission, Health Insurance Portability and Accounting Act (HIPAA) compliance, and availability of affordable data systems for patient care providers.

NBIB’s **Health Informatics Technology (HIT)** program support activities to further research in health information technology, bioinformatics, mobile Health, clinical depression support, image processing, data integration and health. HIT is examining ways to harness “big data” by using an informatics approach. This includes supporting studies that include big datasets of longitudinal information that link medical imaging data, genomic data, and environmental and phenotypic data. The studies are creating a virtual data “space” in which investigators can look for clues to better understand disease and disease progression. The FY 2014 President’s budget request for the HIT program is \$32.2 million, a \$215,000 decrease and 0.7 percent below the FY 2012 level.

In FY 2014 HIT intends to focus on mobile health, clinical decision support, and big data. NIBIB plans to support Technologies for Healthy Independent Living, an initiative to develop smart home technologies and mobile health that can complete health assessments for aging adults in their homes and detect health care changes that may lead to early interventions, improved quality of life, and decreased health care utilization. In addition, in collaboration with other NIH institutes, NBIB intends to initiate new funding opportunity announcements in the areas of healthy independent living and connected health. HIT plans to give priority to new investigators.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
338.0	336.9	318.8	338.9	-5.7%	-5.4%	0.3%

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)
nichd.nih.gov

NICHD remains a major source of funding for social and behavioral sciences research, including research on the dynamics of human behavior at both the individual and population level. NICHD’s director is Alan Guttmacher.

The Institute’s broad mission includes investigations of infant mortality, prevention of birth defects, learning disabilities, demographic and behavioral factors. Research supported by the NICHD increasingly crosses disciplinary boundaries to link psychological and behavioral processes in cognitive, social, and personality development with underlying biological processes, and to understand how social and economic factors affect developmental outcomes. The FY 2014 budget request for NICHD is \$1.34 billion, an increase of \$20.4 million above the FY 2012 funding level. NICHD’s budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

NICHD has made significant investments in trans-disciplinary science that addresses the biological, behavioral, and social factors that affect children’s development. This includes research focusing on the effects of poverty on child development, the effectiveness of early childhood programs or interventions in promoting school readiness, and tools to measure important early childhood competencies. NICHD also has a longstanding interest in the study of normal language and reading development, learning disabilities, and disorders that adversely affect the development of listening,

speaking, reading, writing, and mathematics abilities. The Institute also provides strong support for demographic research, investing in the collection and dissemination of population data.

The Institute recognizes the importance of longitudinal population studies and has supported a myriad of such research and training projects. It notes that in the past year, numerous studies revealed major scientific findings that significantly inform the understanding of human population and health, demographic change, and behavioral and social science. Examples of such studies include the *National Longitudinal Study of Adolescent Health*, the *National Longitudinal Survey of Youth*, the *Child Development Supplement of the Panel Study of Income Dynamics*, and the *Fragile Families and Child Well-Being Study*. A longitudinal study of preschoolers' language-based bedtime routines, such as singing, reading, and storytelling found lasting positive benefits for children's sleep duration and cognitive development.

Based on the Institute's recent reorganization, the Demographic and Behavioral Sciences Branch has been renamed the **Population Dynamics Branch**. NICHD's program in **demography and behavior** supports research and research training in population dynamics to increase understanding of population structure and change in such areas as fertility, family demography and functioning, urbanization, and migration, and their implications for health. The program's longitudinal population studies yield data that are widely used by the scientific community to enhance understanding of how parental education influences children's health, and how various aspects of work affect family well-being. The demography and behavior program seeks to better understand how social and community risk factors may influence family formation, functioning, and stability, and child health and behavior. The program also supports research on a wide range of cognitive and behavioral developmental topics, including those that seek to understand the trajectories of typical cognitive, affective, and social development to research on language, attention, reasoning, problem-solving, and other aspects of learning. The demography and behavior program also targets research on the neurobiological and genetic bases of behavioral development and learning, risk-taking behaviors, and learning disabilities. It also seeks to understand the impact of violence against women and of child abuse on the health and development of children and youth.

The FY 2014 budget request for NICHD's demography and behavior program is \$306.1 million, an increase of \$4.8 million and a 1.6 percent above the FY 2012 level. In FY 2014, the program intends to continue to provide resources to ensure that population-based data are properly archived and made easily accessible to researchers nationwide and worldwide. The program also plans to maintain collaborations with the Centers for Disease Control and Prevention and other federal agencies to support the *National Survey of Family Growth*, a national representative survey on family life, marriage and divorce, pregnancy, infertility, use of contraception, and men's and women's health.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
1320.2	1320.6	1245.1	1339.4	-5.7%	-5.7%	1.5%

National Institute on Deafness and Other Communication Disorders (NIDCD)

nidcd.nih.gov

The National Institute on Deafness and Other Communication Disorders' (NIDCD) mission is to support and conduct research and research training in the normal processes and the disorders of human communication, including hearing, balance, smell, taste, voice, speech, and language. James Battey is NIDCD's director.

The FY 2014 budget request for NIDCD is \$422.9 million, an increase of \$7.4 million and 1.8 percent increase above the FY 2012 actual funding level. NIDCD's budget request includes funds to support several trans-NIH initiatives, including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
415.9	417.3	392.2	422.9	-5.7%	-6.0%	1.7%

National Institute of Dental and Craniofacial Research (NIDCR)

nidcr.nih.gov

The National Institute of Dental and Craniofacial Research’s (NIDCR) mission is to support the Nation’s ongoing efforts to improve oral, dental, and craniofacial health. Martha Somerman is NIDCR’s director.

The Institute is beginning to fund research that will contribute to the understanding of the complex interplay of factors that contribute to dental caries, including research that explores a wide range of factors that include genetics, family contextual factors, psychosocial determinants, diet, neighborhood settings and environmental factors, and their interactions. NIDCR’s Health Disparities Research Program supports the full spectrum of research to identify practical, sustainable approaches to oral health. The FY 2014 budget request for NIDCR is \$411.5 million, an increase of \$1.6 million and 0.4 percent above the FY 2012 actual funding level. NIDCR’s budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

In addition to the intervention studies, NIDCR supports the key foundational research required before intervention development begins, including those studying the psychosocial needs of infants and families with oral disease or associated conditions—early childhood caries, craniofacial anomalies, very low birth weight and early respiratory problems, and family dietary patterns and early obesity. NIDCR also supports research on the social determinants of oral health and disease among infants and their mothers, including studies of childhood oral health in households in which interpersonal violence exists, or parents have varying degrees of oral health knowledge, or in communities in which there is limited access to quality oral health care.

In its 2009-2013 Strategic Plan, the Institute stresses its commitment to the support of basic and applied research in the behavioral and social sciences. It now recognizes that many opportunities for improving oral health lie in achieving behavioral changes. Its **Behavioral and Social Sciences Research** program supports basic research to understand both the mechanisms of behavior change and the influence of behavioral and social factors on oral health. Clinical research aims to develop effective and sustainable interventions that target relevant behavioral and social factors. Of particular interest to NIDCR is early intervention for the prevention of childhood cavities. The Institute supports a number of projects targeting at-risk children and their caregivers and chronic pain. NIDCR-supported behavioral research found that providers’ decisions on treating chronic pain tend to be influenced by factors related to individual characteristics, such as gender and race/ethnicity that are not relevant to the underlying impact of the condition itself. The results are leading to new ways of training providers, helping to focus treatments on more clinically-relevant individual characteristics, rather than on the patient’s demographic profile. Additionally, NIDCR has implemented a number of initiatives to support research and training designed to better understand the mechanisms of behavior change. The Institute also led the establishment of a mechanism-focused funding opportunity announcement as part of the Common Fund’s Science of Behavior Change. NIDCR also commissioned an online expert workshop series on the critically important role of measurement in behavioral research, and subsequently issued a funding opportunity announcement designed to improve the use of measurements for studying mechanisms of behavioral change.

The FY 2014 budget request for the **Behavioral and Social Sciences Research program** is \$15.4 million, an increase of \$71,000 and 0.5 percent above the FY 2012 actual funding level. In FY 2014 NIDCR intends give priority to highly meritorious new research and ongoing initiatives. In 2014, NIDCR is committing to support the training of mid- and senior-level investigators to build new oral health and craniofacial research skills and knowledge. Specifically, the Institute is piloting a Career Enhancement Award that will target mid- and senior-level investigators who wish to expand their knowledge of genetic or behavioral/social sciences research.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
410.3	408.2	387.0	411.5	-5.7%	-5.2%	0.3%

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)

niddk.nih.gov

The mission of NIDDK is to support research to combat diseases that are mostly common, chronic, have severe health consequences, and are costly to individuals and their families. They include: diabetes and other endocrine and metabolic diseases, liver and other digestive diseases, nutritional disorders, obesity, kidney and urologic diseases, and hematologic diseases. The Institute also supports diseases that are less widespread, such as cystic fibrosis and other genetic diseases. Griffin Rodgers, who spoke at the 2012 COSSA Colloquium, is NIDDK's director.

The FY 2014 budget request for NIDDK is \$1.962 billion, an increase of \$18.1 million above the FY 2012 actual funding level. NIDDK's budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

NIDDK co-chairs the **NIH Obesity Research Task Force** and supports a multidimensional research portfolio on obesity. The Institute also supports research that impacts health care reform efforts by identifying cost-effective ways to translate findings from diabetes and obesity intervention studies to real-world clinical practice and community settings. An example of this research is the Institute's *Action for Health Diabetes* (Look AHEAD), an ongoing intervention study that builds on past research and is testing a lifestyle intervention to help prevent common, costly, and often deadly cardiovascular complications in people with type 2 diabetes. NIDDK also supports comparative effectiveness research, ranging from identifying the best procedures for treating obesity and type 2 diabetes with bariatric surgery, to comparing strategies for engaging providers and patients in efforts to delay or prevent type 2 diabetes in women with gestational diabetes.

The NIDDK's **Diabetes, Endocrinology, and Metabolic Diseases program** is designed to increase the understanding of diabetes and other diseases and disorders of the endocrine system and metabolism, and to develop and test potential prevention and treatment strategies. NIDDK's landmark *Diabetes Prevention Program* (DPP) showed that lifestyle changes to achieve modest weight loss can reduce the incidence of type 2 diabetes by over half over a three-year period. The intervention helps stave off diabetes for at least ten years and substantially improves quality of life for those who receive it. NIDDK is building on this success. The Institute is investing in translational research to further amplify the cost-effectiveness and increase the accessibility of behavioral interventions to prevent diabetes. The encouraging results from these NIDDK-supported translational efforts have led the Centers for Disease Control and Prevention to create a program to train and certify a workforce of lay lifestyle interventionists to deliver a group form of the DPP lifestyle intervention. The *Diabetes Prevention Program Outcomes Study* reported that not only does the lifestyle intervention continue to be effective in lowering rates of type 2 diabetes for ten years; it reduces health care costs to the point that its net cost at 10 years is very low. The FY 2014 budget request for this program is \$638.7 million, an increase of \$7.3 million and one percent above the FY 2012 actual funding level. In FY 2014 NIDDK intends to continue to fund translational research and support health information dissemination activities to bring scientific discoveries in diabetes and obesity to real-world medical practice and other community settings. The Institute will also continue an initiative designed to encourage collaborative, multidisciplinary research teams to work on complex biomedical problems in diabetes, endocrinology, and metabolic diseases.

NIDDK's **Digestive Diseases and Nutrition program** is designed to increase understanding of digestive diseases, nutrition, and obesity, and to develop and test strategies for disease prevention and treatment. The FY 2014 budget request for the Program is \$495.6 million, an increase of \$5.7 million and one percent above the FY 2012 actual funding level. In FY 2014, NIDDK plans to support major

ongoing observational studies to assess the health risks and benefits of weight-loss surgery in extremely obese adults and adolescents, as well as the *Look AHEAD* study, noted earlier.

	Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
Not Including Funds for Type 1 Diabetes	1795.3	1942.1	1693.3	1811.8	-5.7%	-12.8%	0.9%
Type 1 Diabetes	150.0	150.0	142.4	150.0	-5.1%	-5.1%	0.0%

National Institute on Drug Abuse (NIDA)

nida.nih.gov

The National Institute on Drug Abuse (NIDA) is the lead Federal agency and predominant source of funding for research on drug abuse and addiction. Nora Volkow is NIDA's director.

NIDA seeks to explore the scientific basis for the development of effective biomedical, behavioral, and psychosocial approaches to the prevention and treatment of drug abuse. The Institute is also charged with supporting research on the relationship between drug use and AIDS, tuberculosis, as well as other medical problems. The FY 2014 budget request for NIDA is \$1.071 billion, an increase of \$20.2 million and 1.9 percent above the FY 2012 funding level.

NIDA participates in a variety of activities supported through the NIH Common Fund, including OppNet—the Basic Behavioral and Social Sciences Opportunity Network; and the Neuroscience Blueprint. The Institute has the lead role on an OppNet-supported Request for Applications, the Effects of the Social Environment on Health, which will fund research to investigate structural, behavioral, sociocultural, environmental, cognitive, emotional, and/or biological mechanisms by which the social environment affects health outcomes; and the NIH Blueprint-supported Institutional Training Grants on Computational Neuroscience and Neuroimaging— Integrating First Principles and Applications. NIDA also has the lead road for the Common Fund-supported *Epigenomics Program* and the Institute collaborates and provides support for the *HIV Prevention Trials Network (HPTN)*, funded by the Division of AIDS within the National Institute of Allergy and Infectious Diseases. HPTN focuses on the use of anti-retroviral treatment (ART) for HIV prevention and treatment, as well as treatment and prevention of sexually transmitted infections and substance abuse (particularly injection drug use) to reduce HIV transmission and acquisition. The Institute has taken the lead, working with 20 institutes and centers and the Office of the Director, in supporting Centers of Excellence in Pain Education (CoEPEs). In May 2012, 12 CoEPEs were awarded to develop pain management curriculum resources for medical, dental, nursing, and pharmacy schools to advance the assessment, diagnosis, and safe treatment of pain, which will include a focus on minimizing risks of addiction to and diversion of opioid pain medications.

The Institute's **Epidemiology, Services, and Prevention Research** program area supports integrated approaches to understand and address the interactions between individuals and environments that contribute to drug abuse-related problems. Large surveys and surveillance networks that monitor drug-related issues exemplify programs supported by this NIDA Division. NIDA intends to continue to support epidemiological studies to understand the scope and underlying reasons for prescription drug abuse to inform prevention efforts and help tailor and evaluate evidence-based interventions (proven effective for other drugs of abuse) to prescription drug abuse. The Division oversees partnering initiatives, including the first large-scale NIH-U.S. Food and Drug Administration (FDA) collaboration on tobacco regulatory research since Congress granted FDA the authority to regulate tobacco products. The Population Assessment of Tobacco and Health (PATH) Study is a national, longitudinal cohort study. It will follow an estimated 59,000 youth and adults ages 12 to 18 to assess susceptibility to tobacco use, risk perceptions, use patterns, and resultant health impacts. Data collection is scheduled to begin in fall 2013, with plans for four or more annual data collection waves. It is expected that outcomes will inform current and future regulatory options for the FDA to protect public health, including setting tobacco product standards and communicating the risks of tobacco use to the general public. The FY

2014 budget request for the program is \$264.4 million, an increase of \$8.8 million and 3.5 percent above the FY 2012 actual funding level.

NIDA's National Drug Abuse Treatment Clinical Trials Network (CTN) is comprised of 13 research nodes and more than 240 individual community treatment programs in 38 states, plus the District of Columbia and Puerto Rico. The CTN works to develop treatment protocols for drug abuse and addiction and related conditions, such as testing the real-world effectiveness of promising medication and behavioral treatment approaches with diverse patient populations and community treatment providers. It also serves as a research and training platform to help NIDA respond to emerging public health threats. The CTN is at the final stage of completing a multisite study to evaluate e-delivery of evidence-based psychosocial treatment for substance use disorders, a study of evaluating the impact of screening and brief intervention in emergency departments on substance use and substance-related outcomes, and a trial evaluating the impact of adding smoking-cessation to standard treatment for stimulant addiction among patients who smoke. The FY 2014 budget request for the CTN program is \$49.6 million, an increase of \$3,000 and 0.6 percent above the FY 2012 actual funding level.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
1052.3	1054.0	992.6	1071.6	-5.7%	-5.8%	1.8%

National Institute of Environmental Health Sciences (NIEHS)

niehs.nih.gov

NIEHS rearticulated its mission in the Institute's 2012-2017 strategic plan, *Advancing Science, Improving Health: A Plan for Environmental Health Research*, which is to discover how the environment affects people in order to promote healthier lives. NIEHS wants to "provide global leadership for innovative research that improves public health by preventing disease and disability." The Institute emphasizes that it is this focus on public health and prevention that distinguishes NIEHS. According to NIEHS, "Diseases and disorders are caused by a combination of three factors: genetics, age, and environment. Of these, the only one at present that can be changed or avoided is exposure to hazardous agents in the environment." To this end, this strategic plan renews and reemphasizes the NIEHS commitment to the tandem goals of understanding those exposures in the environment that contribute to the development of disease and impair health, and developing interventions to avoid or eliminate them. Linda S. Birnbaum is NIEHS' director.

The Institute has identified a need for research into the influence of poverty and environmental pollution into human health needs. For years, the environment was considered to have a minor role in the etiology of human illness. With the expansion of the definition of "environment" to include diet and nutrition, behavior, and other social and cultural factors, the relationship is now worthy of study. The FY 2014 budget request for NIEHS is \$691.3 million, an increase of \$7.1 million above the FY 2012 actual funding level. NIEHS' budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet). The Institute has begun a 15-month process of Strategic Planning for the next five years.

The NIEHS mission and vision will be carried out through six core themes: (1) Fundamental Research, (2) Exposure Research, (3) Translational Science, (4) Global Health and Health Disparities, (5) Training and Education, and (6) Communications and Engagement. The themes represent the continuum of actions the Institute believes are required to protect and improve the public's environmental health, and as such, each offers distinct scientific and prevention opportunities. Crosscutting these themes are the issues of Collaborative and Integrative Approaches and Knowledge Management.

The developmental origins of health and disease (DOHAD) are the concept that diseases in adulthood are influenced not only by genetic and lifestyle factors, but also by environmental factors acting in early life, including prenatally and indirectly on DNA function. NIEHS has been a leader in supporting DOHAD research. The Institute is initiating new research efforts that will uncover the interactions

between environmental agents and epigenetic processes. Noting that early life exposures are increasingly linked to development of chronic non-communicable diseases (NCDs), in May 2012, the Institute convened a meeting that brought international DOHAD researchers together with global public health experts battling NCDs to broaden the discussion of primary prevention to include developmental origins of health and disease. The Institute highlights research that shows certain populations are particularly vulnerable to both environmental exposures and unhealthy behaviors that can combine to increase their risk for NCDs. Accordingly, NIEHS continues to lead efforts to address this issue through the Partnerships for Environmental Public Health Program.

NIEHS supports research to understand the role of physical and social influences on the environmental impact of toxic pollutants, including the involvement of community-based organizations in educating vulnerable or susceptible populations, children, adults from poor socioeconomic status and minorities. The Institute also supports several epidemiological studies to understand, among other things, community-based approaches to study the potential benefits of preventive interventions, such as the use of air filters and air conditioners in childhood asthma, and the influence of modifiable social and physical factors in susceptible populations.

The Institute is also a leader in supporting research focusing on understanding, predicting, and preventing adverse health impacts resulting from changes in the Earth’s climate. It leads an Interagency Working Group on Climate Change and Health which includes representatives from NIH, the CDC, EPA, the National Oceanic and Atmospheric Administration, NASA, and the U.S. Department of Agriculture, among other Federal agencies. The Working Group is compiling a report with recommendations for basic and applied research needs on the human health effects of climate change for use by all Federal agencies with a human/environmental health mission.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
684.9	684.0	646.0	691.3	-5.7%	-5.6%	0.9%

National Institute of General Medical Sciences (NIGMS)

nigms.org

The fundamental biomedical and behavioral research supported by the National Institute of General Medical Sciences (NIGMS) canvasses a wide spectrum, ranging from experiments with organisms, cells, genes, and molecules to studies of systems biology that examine the behavior of interconnected networks. NIGMS Deputy Director Judith Greenberg is the Institute’s Acting Director. Jon R. Lorsch was selected as new director of the NIGMS in March 2013 and is expected to start this summer.

NIGMS supports basic behavioral and social sciences research and training through its centers and divisions: Bioinformatics and Computational Biology; Genetics and Developmental Biology; Minority Opportunities in Research; and Pharmacology, Physiology and Biological Chemistry. NIGMS-supported basic behavioral and social sciences research activities include: 1) basic behavioral research in model organisms, 2) computational modeling of human populations including social and behavioral factors, 3) studies of the efficacy of interventions in promoting research careers, 4) support of a range of behavioral and social sciences research at minority-serving institutions, and 5) predoctoral training at the interface between behavioral and biomedical sciences. The Institute continues to explore the potential for new directions in its funding of basic behavioral and social sciences research. The FY 2014 budget request for NIGMS is \$2.401 billion, a decrease of \$24.5 million and one percent below FY 2012 actual funding level. NIGMS’s budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

In addition to its role in OppNet, NIGMS continues to develop additional research areas in basic behavioral research, particularly on modeling approaches such as those used in the NIGMS-funded Models of Infectious Disease Agent Study (MIDAS) program. This program develops computational models for conducting virtual experiments to test how emerging pathogens might spread in the

presence and absence of interventions. Behavioral and social scientists collaborate with computer scientists to test the understanding of the impact of a range of social and other interventions on the behavior of populations. Using data from real populations and geographical locations, interdisciplinary MIDAS researcher teams have created computer simulations that help predict a range of public health outcomes for epidemics of flu and other diseases in the U.S., Mexico, and India.

NIGMS' Division of Biomedical Technology, Bioinformatics and Computational Biology (BBCB) supports research that draws expertise from mathematics, statistics, computer science, engineering, and physics to solve problems in biomedicine. In FY 2014, BBCB plans to support research on modeling social behavior. The budget request the BBCB program is \$239.4 million, an increase of \$2.7 million and 1.1 percent above the FY 2012 actual funding level. In FY 2014, BBCB plans to give priority to major initiatives including MIDAS.

A cornerstone of the Institute's mission is its support of Research Training for the next generation of biomedical and behavioral researchers. **NIGMS' Division of Training, Workforce Development, and Diversity (TWD)** oversees and coordinates the Institute's policies and efforts related to research training, and it is the focal point facilitating the development of a diverse and inclusive biomedical research workforce. A major activity within the TWD is the training of Ph.D. and M.D.-Ph.D. students as well as postdoctoral fellows through advanced and specialized training in basic, translational, and clinical research.

TWD also supports the **Institutional Development Award program (IDeA)** designed to broaden the geographic distribution of NIH funding for biomedical and behavioral research. IDeA grants support faculty development and research infrastructure enhancements at those institutions. Other TWD programs support institutions serving a substantial number of students from groups underrepresented in the biomedical sciences. New in FY 2013 and FY 2014 is an IDeA initiative that grows infrastructure and capacity to conduct clinical and translational research on diseases that affect medically underserved populations and/or diseases prevalent in IDeA states. Additionally, a high priority TWD activity will be to provide funds to selective institutions that already recruit and admit highly competitive students from underrepresented groups to ensure that more of the those students attain PhD degrees. The FY 2014 budget request for TWD program is \$593.5 million, a decrease of \$43.7 million and 6.9 percent below the FY 2012 actual funding level. The budget includes \$225.4 million for IDeA in FY 2014 which is \$50.5 million below the FY 2012 level. In FY 2014, TWD plans to support activities that promote diversity in the biomedical research workforce, in particular the Post-baccalaureate Research Education Program and the Initiative for Maximizing Student Development.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
2427.7	2378.8	2291.3	2401.0	-5.6%	-3.7%	-1.1%

National Institute of Mental Health (NIMH)

nimh.nih.gov

The mission of NIMH is to reduce the public health burden of mental and behavioral disorders through research on mind, brain, and behavior. NIMH is led by director Tom Insel.

To fulfill its mission, the Institute: conducts research on mental disorders and the underlying basic science of brain and behavior; and collects, analyzes, and disseminates information on the causes, occurrence, and treatment of mental illnesses. The FY 2014 budget request for NIMH is \$1.465 billion, a decrease of \$11.7 million and 0.8 percent below the FY 2012 actual funding level. NIMH's budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

NIMH's **Division of Neuroscience and Basic Behavioral Science** provides support for research in the areas of basic neuroscience, genetics, basic behavioral science, research training, resource

development, technology development, drug discovery, and research dissemination. The Division supports such projects as the investigation to understand the genetics of brain development. The effort includes collecting behavioral and genetics data on 10,000 children, teens and young adults. The data will allow more comprehensive research to study links between brain development, genetics, and behavior. The FY 2014 budget request for the Division is \$455.1 million, an increase of \$6.7 million and 1.5 percent above the FY 2012 actual funding level. Of this funding level, NIMH intends to contribute \$7.5 million for the **BRAIN (Brain Research through Application of Innovation Neurotechnologies) Initiative**. NIMH is collaborating on the initiative with the National Institute of Neurological Disorders and Stroke, the Defense Advanced Research Project Agency, the National Science Foundation, and the White House Office of Science and Technology Policy. The objective of the initiative is to increase the capacity to record from brain areas by three orders of magnitude over the next five years. It is expected that the mathematical and statistical tools developed in the initiative will be useful in other massive data applications ranging from health data to genomics.

The **Division of Developmental Translational Research** stimulates and promotes an integrated program of reach across basic behavioral and psychological processes, environmental processes, brain development, genetics, developmental psychopathology, and therapeutic interventions. The FY 2014 budget request for the Developmental Translational Research is \$154.6 million, an increase of \$2.3 million and 1.5 percent above the FY 2012 actual funding level. In FY 2013 and FY 2014, the Division intends to support an initiative to stimulate the broader research community to fully use NIMH-funded resources that collect genomic and other biomarker data and materials in order to help characterize the relationship between genes and their expression over the course of development. Investigators will be encouraged to study the trajectories of risk for serious mental disorders caused by the combined and interactive influences of genetics, brain maturation, neurocognitive function, and environment.

The **Division of Adult Translational Research and Treatment Development** plans, supports, and administers programs of research, research training, and resource development aimed at understanding the biological, psychological, and functional changes that are involved in the causes and course of mental illness, and hastening the translation of scientific advances into innovations in clinical care for adults. The Division supports research studies of the risk factors for major psychiatric disorders; clinical neuroscience; and psychosocial, pharmacological, and somatic treatment development. The FY 2014 budget request for the program is \$244.8 million, an increase of \$3.6 million and 1.5 percent above the FY 2012 actual funding level.

The **Division of Services and Intervention Research** supports research to evaluate the effectiveness of pharmacological, psychosocial, rehabilitative, and combination interventions on mental and behavioral disorders. The Division supports mental health services research, including services organization and delivery, interventions to improve the quality and outcomes of care, and research on the dissemination and implementation of evidence-based interventions into service settings. The FY 2014 budget request for Services and Intervention Research program is \$153.8 million, an increase of \$3.3 million and 1.5 percent above the FY 2012 actual funding level. Included in this total is \$2.9 million for the **Reducing Mortality among People with Serious Mental Illness (SMI)**. In FY 2013, the Institute anticipates funding several planning grants to support the evaluation of innovative health services models that aim to reduce the prevalence and magnitude of modifiable health risk factors related to shortened lifespan in people with SMI. At the conclusion of the one-year grant period, it is expected that grantees should be positioned to conduct comprehensive empirical trials of their models' effectiveness. In FY 2014, NIMH expects to fund research project grants to conduct trials that answer one or more of the following questions: (1) How can effective strategies to reduce health risk factors be adapted for people with SMI? (2) How can capacity to deliver needed health care be significantly improved to reach the largest number of people with SMI? (3) What strategies can best improve the implementation of effective health interventions for people with SMI? NIMH further expects that the results of these studies will inform system-level approaches for achieving large-scale delivery of integrated medical care to people with SMI.

The Institute plans also to provide \$3 million to support a program designed to serve the mental health needs of service members. Recognizing that this is not only a military problem but also a national crisis, the **Army Study to Assess Risk and Resilience in Service Members (Army STARRS)** was launched in FY 2009. Army STARRS is a five-year collaborative partnership between the Department of the Army, NIMH, and several academic institutions that seeks to identify factors that both protect soldiers' mental health and those that put a soldier's mental health at risk. The ultimate goal of Army STARRS is to provide empirical evidence to help the Army develop targeted prevention and treatment strategies. The Institute emphasizes the array of paths that lead to post-traumatic stress disorder and suicide are as diverse as the individuals affected. Army STARRS has shown that no single approach will yield the answers needed to solve these difficult problems. It also points to the recent White House Executive Order (EO) which mandates Federal agencies to expand and integrate research on mental health and suicide prevention strategies. The EO provides a platform that is expected to lead to more robust partnerships, capitalizing on the resources of multiple Federal departments and agencies, as well as the intellectual power of academic institutions.

NIMH's **Division of AIDS Research** supports research and research training to develop and disseminate behavioral interventions that prevent HIV/AIDS transmission, clarify the biological, psychological and functional mental health effects of HIV/AIDS infection, and alleviate those effects among affected individuals. Recent research advances in prevention using combined biomedical and behavioral approaches indicate the possible achievement of significant decreases in HIV incidence. However, the variable results from different trial designs and target populations continue to illustrate that the gap to achieving consistent success is strongly behavioral. Expanding collaborations across the NIH institutes and centers and other Federal agencies is considered integral to the implementation of combination approaches in order to leverage resources and broaden the impact of this research. Accordingly, the Institute is participating in a number of initiatives to foster targeted and collaborative research.

The Division is supporting two new funding opportunity announcements (FOAs) to advance community level approaches to reduce HIV infection in highly impacted communities and to foster multidisciplinary studies on HIV/AIDS in the context of aging and/or older adults. The FY 2014 request for the Division is \$152.1 million, a decrease of \$27.1 million and 15.1 percent below the FY 2012 actual funding level. The reduction reflects the shift in NIMH resources to the NIAID AIDS program "to accommodate the expansion of integrated scientific approaches necessary to reach the goals of an 'AIDS-free generation.'" The Institute notes that "future complex combination studies are necessary to accelerate progress to new levels of effectiveness, and such studies will be facilitated by an integrated funding stream."

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
1478.9	1479.2	1394.8	1465.8	-5.7%	-5.7%	-0.9%

National Institute on Minority Health and Health Disparities (NIMHD)

nimhd.nih.gov

Authorized by the Affordable Care Act of 2010, the former National Center on Minority Health and Health Disparities (NCMHD) is now the National Institute on Minority Health and Health Disparities (NIMHD). John Ruffin is the NIMHD's director.

NIMHD's mission is to conduct and support research, training, information dissemination, and other programs aimed at reducing the disproportionately high incidence and prevalence of disease, burden of illness, and mortality in racial and ethnic minorities and other groups such as the urban and rural poor. NIMHD emphasizes that increased research focus is necessary to study the interplay of prevailing and emerging social and economic determinants that perpetuate health disparities, and the potential of a restructured healthcare system for improving the health of underserved populations. The Institute also stresses that the elimination of health disparities requires a transdisciplinary framework that fosters an integrated approach across multiple disciplines, including biology, genetics, environmental science,

and the behavioral and social sciences, including economics. It further stresses that such an approach is necessary because of the interplay between the biological and social factors causing health disparities. The FY 2014 budget request for NIMHD is \$279.4 million, an increase of \$3.3 million and 1.2 percent above the FY 2012 funding level. NIMHD's budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

Over the past decade, health disparities have become a recognized scientific field of study. There is increased focus on non-biological factors such as socioeconomic, politics, discrimination, culture, and environment that research suggests has a significant correlation to disparities in health experienced by racial/ethnic minority, rural, and low-income populations. NIMHD notes that the field of health disparities has evolved from documenting and investigating differences in health status and risk factors among affected populations, to addressing health disparities using traditional and nontraditional research approaches such as community participation, novel interventions, and cross collaborations.

NIMHD is supporting research designed to add to the knowledge base pertaining to the **social determinants of health**. This includes supporting a NIMHD Center of Excellence project entitled "Why Does Place Matter?" designed to illuminate the influence of place of residence (as indicated by ZIP code) on individual health status and health behaviors. A series of community health reports resulting from the research findings revealed that the social, economic and environmental conditions of low-income and non-white neighborhoods in some U.S. counties can project who is sick, healthy, and will live longer. The Institute recognizes that the results of these reports have policy and practice implications as it relates to the systems and structures that contribute to health disparities. NIMHD plans to build upon its portfolio in this area to strengthen its infrastructure to integrate and promote science, practice, and policy actions around health disparities. The Institute emphasizes that public and private-sector policies and practices also influence minority health and health disparities as the revealed in the results from Place Matters research. It emphasizes that health disparities policy based on scientific evidence can inform the development and implementation of a framework that guides which policies help and which exacerbate health disparities; explore implementation strategies; and determine the impact of implemented policies, programs, laws and legislation through evaluation.

The NIMHD intends to continue to co-lead the **Federal Collaboration on Health Disparities Research (FCHDR)** with the Department of Health and Human Services' (HHS) Office of Minority Health. NIMHD and its Federal partners plan to: lead efforts to enhance the coordination of health disparities activities among the membership of the federal executive departments, explore new or improved solutions to address health disparities with emphasis on the social determinants of health, and support other federal agencies in developing and/or implementing their health disparities research agenda. The effort will build on and expand existing partnerships with other NIH Institutes and Centers, and other HHS agencies to support health disparities.

Through its **Global Health Research Initiative**, NIMHD plans to expand its support for global partnerships between U.S. institutions and academic institutions in low-income and middle-income countries (LMIC) that can share and boost best practice models in research and training to address health disparities. The research will commence in the Caribbean because of the similarities with some U.S. health disparity groups by virtue of their ancestry, health practices, lifestyles, geography, and health challenges.

NIMHD's **Basic, Social, and Behavioral Research** program supports basic biomedical and social/behavioral research on minority health and health disparities and the translation and dissemination of scientific information to improve clinical practice, to enhance the evidence base for health care decisions, and to improve the health behaviors of health disparity populations. The FY 2014 President's budget request is \$55.9 million, an increase of \$289,000 and 0.5 percent above the FY 2012 actual funding level. In FY 2014, NIMHD intends to continue its support for investigator-initiated health disparities research projects and collaborations designed to expand the NIMHD health disparity research agenda.

The Institute’s **Transdisciplinary & Translational Research** program supports research to enhance the science to develop interventions that may lead to disease prevention and treatment for health disparity populations. To do this, NIMHD supports two centers, the NIMHD Centers of Excellence (COE) program and the NIMHD Transdisciplinary Collaborative Centers (TCCs) for Health Disparities Research. The TCC program supports collaborative research to address health disparities at the regional level. TCCs awarded in FY 2012 are addressing social determinants of health in American Indian Tribal Communities in South Dakota, North Dakota, and Minnesota; pathways to obesity and other chronic conditions among African Americans in six Mid-South states; and the impact of policies related to maternal and child health, insurance coverage, and healthcare quality on health disparities in eight Southern states. The FY 2014 President’s budget request for the program is \$97.2 million, an increase of \$18.3 million and 23.2 percent above the FY 2012 actual level. In FY 2014, NIMHD intends to increase the TCCs for Health Disparities Research and provide continued support for the COEs.

The Institute’s **Research Capacity-Building and Infrastructure** program is designed to strengthen the infrastructure of academic institutions and to increase the number of researchers interested in minority health and health and health disparities research. NIMHD also provides support to institutions for student training and faculty development, conferences on health disparities; and the creation of endowed chair programs. The FY 2014 budget request for the program is \$85million, a reduction of \$14.6 million and 14.7 percent below the FY 2012 actual funding level. In FY 2014, NIMHD intends to continue supporting the Research Endowment and Research Centers in Minority Institutions (RCMI) and the Building Research Infrastructure and Capacity Programs, as well as other programs like them.

As part of the Institute’s **Intramural Research Program**, NIMHD supports the Disparities Research Education Advancing our Mission (DREAM) program. The program currently supports eight fellows and is a collaborative initiative with other ICs that serves as an entry into the IRP for highly qualified health disparities researchers. The researchers spend two years as fellows in the IRP and then return to their extramural academic institutions with three years of research funding support. NIMHD is promoting cross-cutting research and supporting fellows in five ICS: Cancer, Mental Health, the NIH Clinical Center, Child Health and Human Development, and Human Genome. The IRP recently developed a five-year strategic plan. The IRP plans to foster multidisciplinary research via an integration of scientists from different disciplines in cluster-like organizational structures to address three diseases prevalent in underserved populations: cardiovascular diseases, diabetes, and cancer. The research will address the research from the perspective of assessing health disparities. A systems biology that includes molecular biology, genomic science, bioinformatics, and the social and behavioral sciences will be used. The FY 2014 request is \$7 million, an increase of \$3.2 million and 83.4 percent above the FY 2012 actual funding level.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
276.2	279.4	260.5	283.3	-5.7%	-6.8%	2.6%

National Institute of Neurological Disorders and Stroke (NINDS)

ninds.nih.gov

The National Institute of Neurological Disorders and Stroke (NINDS) supports research on the causes, prevention, diagnosis, and treatment of neurological disorders and strokes. It also funds basic research in related scientific areas to reduce the burden of neurological disease. Story Landis is NINDS’ director.

NINDS supports a broad portfolio of basic behavioral research, which includes studies on a variety of cognitive and behavioral processes. Examples include exploring the neural bases of language and cognitive development, understanding the neural substrates of decision making, and examining the cellular and molecular mechanisms of learning and memory. The Institute also sponsors a wide range of training grants, fellowships, and career development awards in all areas of the neurological sciences, including basic behavioral and social science research. The FY 2014 budget request for NINDS is \$1.642

billion, an increase of \$19.2 million and 1.3 percent above the FY 2012 actual funding level. NINDS' budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

NINDS supports a number of activities to ameliorate the long-term effects of stroke on the quality of life of its survivors and their families. The Institute is funding a study to address psychosocial impact of stroke on family caregivers. The aim of the project is to understand how stroke affects depression, physical health, health care access and use, and quality of life in primary caregivers identified from the **Reasons Geographic and Racial Differences in Stroke (REGARDS)** study. The project is designed to assess how depression, quality of life, and stressfulness experienced by the caregiver can impact the physical and emotional recovery of the stroke survivor.

Through its various offices NINDS supports infrastructure for clinical research and clinical trials, training and career development, research resources, diversity in the research workforce, and research on minority health and health disparities that serves these activities throughout NINDS extramural programs. The Office of Clinical Research (OCR) supports increased efficiency and effectiveness of NINDS clinical research programs, which include early phase clinical trials through large, multi-site phase III trials, as well as large epidemiological studies and other clinical research. NINDS is working with the research community to develop common data elements that will enable comparison and sharing of clinical data across studies. Following the advice of strategic planning panels on health disparities and on workforce diversity, the Institute has integrated health disparities research within OCR. Similarly, NINDS diversity activities have been integrated with all its training programs through a renamed Office of Training, Career Development, and Workforce Diversity. The Institute continues to support infrastructure programs through the Office of Special Programs in Diversity. In FY 2013, the Office of Special Programs in Diversity is funding a continuation of the Specialized Neuroscience Research Program, incorporating recommendations from the NINDS Workforce Diversity Strategic Planning Advisory Panel.

The FY 2014 budget request for the estimate for its **Infrastructure, Training Programs, and Resources** program is \$206.9 million, an increase of \$2.8 million above the FY 2012 actual funding level.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
1624.8	1624.7	1532.5	1642.6	-5.7%	-5.7%	1.1%

National Institute of Nursing Research (NINR)

ninr.nih.gov

NINR supports basic and clinical research designed to establish a scientific basis for the care of individuals across the life span, research on the reduction of risks for disease and disability, and the promotion of healthy lifestyles. Patricia Grady is the NINR's director.

A dominant theme of NINR's research portfolio is the linkage between biological and behavioral research. The science supported by NINR seeks to advance a patient management paradigm that is increasingly person-centered rather than disease-oriented, that focuses on preventing the development of chronic illness rather than treating it, and that features the person as an active participant in their health. As the lead NIH Institute for end-of-life research, NINR supports studies that explore key end-of-life areas such as clinician/family member communication, decision-making, and issues of pediatric end-of-life and palliative care. The FY 2014 budget request for NINR is \$146.2 million, an increase of \$1.7 million above the FY 2012 funding level. NINR's budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

In FY 2014, NINR plans to maintain its focus on designing and testing interventions for preventive care, health promotion, and self-management of chronic illness, to translate evidence-based research

findings into clinical and community health practices, and to facilitate the transition of new models of health care. NINR also intends to continue to emphasize research that develops new clinical and behavioral interventions, and translates them into general practice.

NINR's **Symptom Management** program supports basic, clinical, and translational research to: enhance the individual's role in managing disease; reduce the burden of debilitating symptoms; and improve health outcomes for individuals and their caregivers. NINR supports research initiatives designed to advance quality of life and symptom management across the life span and to involve individuals more fully as active participants in their own health. Research projects supported by the Institute include studies to explore nutritional and psychosocial care to improve quality of life for chronic heart failure patients; and a nurse delivered cell-phone counseling intervention to increase adherence to HIV medications in individuals living in urban and rural areas. NINR recently solicited applications for Centers of Excellence in symptom science and is supporting five new research centers exploring pain, sleep disturbance, and the effects of chronic illness on neurocognitive functioning. The FY 2014 budget request for the program is \$42.6 million, a \$600,000 increase and 1.4 percent above the FY 2012 actual funding level. In FY 2014, NINR intends to continue to address the many challenges and opportunities that exist in the area of self-management and caregiving.

The Institute's **Health Promotion and Disease Prevention (HPDP)** program fund studies on the key biological, behavioral, and social factors that promote health and healthy behaviors and prevent the development of disease. This activity also supports scientific discoveries of health predictors and prevention strategies across conditions, diseases, and settings, often focusing on minority and/or underserved communities. With the goal of decreasing the burden of acute and chronic illness while reducing health care costs, NINR's research efforts involve: understanding the multiple causes of illness; assessing the social and physical behaviors that lead to healthy lifestyle choices; and designing personalized, evidence-based interventions that are culturally appropriate. The Institute highlights a research project that compares two evidence-based parent training programs for urban, African American families with children at risk for behavioral problems; a study comparing the effects of nurse care coordination intervention to traditional home health care on cost, hospitalization, and health care utilization in older adults; and a study that examines hospital-acquired infections and cost-effective means to prevent them. The FY 2014 budget request for the Program is \$42.9 million, an increase of \$602,000 and 1.4 percent above the FY 2012 actual funding level.

The Institute's **Investing in Innovation** program provides the foundation for innovative strategies and advances in technology that address a variety of health care challenges and deliver real-time personalized information to individuals, families, and communities. The program encourages novel approaches to identify effective methodologies and strategies to link underserved populations with available health resources, provide health equity, and help resolve health disparities. The FY 2014 budget request for the program is \$9.1 million, an increase of 1.4 percent above the FY 2012 actual funding level. This level of funding will allow NINR to cover current commitments and fund additional awards in this emerging area of research.

NINR's **End-of-Life** research program applies interdisciplinary biological, behavioral, and social science strategies to advance understanding the challenges of a life threatening illness with respect to the needs of the individual and their caregivers. Specific research topics and activities include: improving awareness and relief of pain, suffering, and distressing symptoms through effective palliative care; understanding and facilitating decision-making by patients, caregivers, and providers, including through the use of advance directives; promoting wellness and self-management of symptoms through meaningful health activities; and developing new investigators in this area of science. As the lead NIH Institute on issues related to end-of-life research, NINR has used the themes from the research summit, *The Science of Compassion: Future Directions in End-of-Life and Palliative Care*, as a guide for planning future activities in this area. The FY 2014 budget request for the End-of-Life program is \$15.9 million, an increase of \$223,000 and 1.4 percent above the FY 2012 actual funding level. In FY 2014, NINR intends to expand end-of-life research efforts to build upon continuing accomplishments in the

program area. The proposed level of funding will allow the Institute to support existing commitments and fund additional awards.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
144.6	144.2	136.4	146.2	-5.7%	-5.4%	1.1%

National Library of Medicine (NLM)

nlm.nih.gov

NLM is the world’s largest library of the health sciences and has extensive Web-based information resources for the scientific community, health professionals, and the general public. Donald Lindberg is NLM’s director.

Begun in 1836, NLM applies its resources broadly to the advancement of medicine. The Library collects materials in all areas of biomedicine and health care, as well as works on biomedical aspects of technology, the humanities, and the physical, life, and social sciences. The NLM’s budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet). The FY 2014 budget request for NLM is \$382.3 million, an increase of \$17.4 million and 4.8 percent above the FY 2012 actual funding level.

NLM’s extramural programs focus on three priority areas: (1) biomedical information research to develop and test sophisticated computational approaches for acquiring, integrating, managing, mining, and presenting biomedical data, information and knowledge; (2) development of the research workforce; and (3) early support for novel biomedical knowledge resources. In FY 2014, NLM intends to offer grants in four categories: training/career support, research project grants, information resource and scholarship grants, and small business grants.

In the past, NLM’s **Informatics Research** grants have supported research and development in computational intelligence in medicine, clinical decision support, protection of privacy in electronic medical records, secondary use of routine clinical data for research purposes, regional health data integration, health applications of advanced telecommunications networks, automated bio-surveillance, and information management in disasters. Informatics research is fundamental to the sophisticated systems in which research and health data are stored, managed and displayed. NLM grant programs support both basic and applied research; both large and small projects, ranging from major research resources to small business innovation research; and investigator-initiated projects as well as focused requests for applications in target areas important to NLM’s mission. A unique NLM resource grant program supports scholars doing research in the history of medicine and biomedical science. NLM plans to fund 27 new research and SBIR/STTR projects in FY 2013, three new career transition awards, and up to three new awards for knowledge resource or scholarly works projects. The FY budget request for the program is \$33.1 million, an increase of \$389,000 and 1.4 percent above the FY 2012 actual funding level. NLM intends to collaborate with the National Science Foundation (NSF) in its Big Data research initiative, and through engagement in multi-institutes and centers’ initiatives on health literacy, genome and environment, and consumer use of health information. The Institute also plans to continue to accept investigator-initiated grants through NIH parent-grant announcements as well as applications submitted to its own funding announcements. In FY 2014, NLM intends to award 22 new research project grants and continue to support early stage and new investigators on research project grant (RPG) awards at success rates comparable to those of established investigators submitting new applications.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
337.3	372.7	318.1	382.3	-5.7%	-14.6%	13.3%

DEPARTMENT OF HOMELAND SECURITY (DHS)

According to DHS Secretary Janet Napolitano, "After 10 years of effort, DHS has transformed 22 agencies from across the Federal Government into a single integrated Department, building a strengthened homeland security enterprise and a more secure America better equipped to confront the range of threats we face... The Department's FY 2014 budget request preserves core frontline priorities while making critical investments to grow the economy and secure the homeland." DHS' mission remains, "To lead the unified national effort to secure America. We will prevent and deter terrorist attacks and protect against and respond to threats and hazards to the nation. We will ensure safe and secure borders, welcome lawful immigrants and visitors, and promote the free-flow of commerce." DHS requests \$60 billion in FY 2014, about the same as enacted for FY 2012 (this includes mandatory spending, fees, and trust funds.)

Science and Technology Directorate

dhs.gov/st-directorate

The mission of DHS' Science and Technology Directorate is to develop state-of-the-art technologies and solutions to improve homeland security. In its FY 2014 request, the Administration is trying again to bring back funding for the Science and Technology Directorate's Research, Development, and Innovation (RD&I) programs, which Congress cut by \$160 million in FY 2012. The extra \$201 million proposed in the budget would be used to resume work in areas such as Land and Maritime Border Security, Chemical, Biological and Explosive (CB&E) Defense Research, Disaster Resilience, Cyber Security, and Counter Terrorist R&D.

The Human Factors/Behavioral Science division led by Christopher Turner, develops and applies the social, behavioral, and physical sciences to improve identification and analysis of threats, to enhance societal resilience, and to integrate human capabilities into the development of technology. Its objectives are: enhance the analytical capability of the Department to understand terrorist motivation, intent, and behavior; improve screening by providing a science-based capability to identify *unknown* threats indicated by deceptive and suspicious behavior; improve screening by providing a science-based capability to identify *known* threats through accurate, timely, and easy-to-use biometric identification and credentialing tools; enhance safety, effectiveness, and usability of technology by systematically incorporating user and public input; and enhance preparedness and mitigate impacts of catastrophic events by delivering capabilities that incorporate social, psychological and economic aspects of societal resilience.

The Research, Development, and Innovation request includes \$10.5 million for a Hostile Behavior Predict and Detect program to prevent terrorism and additional funding under the Explosives Threat Assessment Program for a project to develop actionable indicators to identify individuals and groups moving towards extremist violence. The FY 2014 proposal provides an additional \$24 million to cyber security programs, including a project to study the economic incentives surrounding cyber security. The Administration also proposes to more than double funding for the Natural Disaster Resiliency program, which includes a project that promotes effective community risk communication and a Quantitative Psychosocial Impacts Index project, which will conduct national survey experiments to understand how the public uses social media in emergencies and offer evidence-based recommendations for how officials could improve disaster-related communications.

The Office of University Programs supports critical homeland security-related research and education at U.S. colleges and universities to address high-priority, DHS-related issues and to enhance homeland security capabilities over the long term. The FY 2014 proposal consolidates the Office's Education Programs (\$3 million) under the National Science Foundation's STEM programs as part of a broader

Administration initiative to consolidate STEM programs within the Department of Education, NSF, and the Smithsonian Institution.

The two remaining areas within University Programs are the Centers of Excellence and Minority Serving Institutions. There are currently 12 Centers of Excellence including the National Consortium for the Study of Terrorism and Responses to Terrorism (START), led by the University of Maryland, which informs decisions on how to disrupt terrorists and terrorist groups through empirically-grounded research on the human element of the terrorist threat; the Center for Risk and Economic Analysis of Terrorism Events (CREATE), led by the University of Southern California, which develops advanced tools to evaluate the risks, costs and consequences of terrorism; and the National Center for the Study of Preparedness and Catastrophic Event Response (PACER), led by Johns Hopkins University, which researches effective strategies for preparing for and responding to disasters. The FY 2014 request includes a \$2.5 million cut to the Centers of Excellence. Minority Serving Institutions (MSI) programs support institutions that reach underrepresented populations in conducting research and guiding students into homeland security-related careers. These programs include the Scientific Leadership Award program and the Summer Research Team program.

	Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
Research, Development, and Innovation	265.8	478.0	250.0	467.0	-5.9%	-47.7%	75.7%
University Programs	36.6	40.0	34.4	31.0	-6.0%	-14.0%	-15.3%

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)

Shaune Donovan remains Secretary of HUD. In FY 2014, HUD hopes to “build ladders to opportunity” with its \$47.6 billion proposed budget, even though the total represents a net decrease of \$3.2 billion from the 2012 enacted level. In testifying to Congress, Donovan said: “This budget furthers the Department’s mission of supporting home ownership, access to affordable housing free from discrimination, and community development.” The Department, Donovan also remarked, is interested in building “more evidence of what works.” Therefore HUD is offering state and local public housing authorities program flexibility in exchange for designing and rigorously evaluating innovative programs and policies. The FY 2014 proposed budget is also structured around the five goals identified in HUD’s 2014-15 strategic plan: 1) Strengthen the Nation’s Housing Market to Bolster the Economy and Protect Consumers, 2) Meet the Need for Quality, Affordable Rental Homes, 3) Utilize Housing as a Platform for Improving Quality of Life, 4) Build Inclusive Sustainable Communities Free from Discrimination, and 5) Transform the Way HUD Does Business. One of the ways goal number five will be met, according to Donovan, is monthly HUDStat meetings to assess progress and troubleshoot problems. HUD also proposes to continue its recent Transformation Initiative (TI), which allows the Secretary to transfer up to \$80 million for technical assistance and capacity building, program demonstrations, and research and evaluation.

Office of Policy Development and Research (PD&R)

huduser.org

With Raphael Bostic back at the University of Southern California, Erika Poethig is the Acting Assistant Secretary for Policy Development and Research. PD&R provides fundamental support for the mission of the Department and the policy agenda of the Secretary. PD&R performs policy analysis, research, surveys, studies, and evaluations, both short- and long-term, to assist Congress, the Secretary, and other HUD principal staff to make informed decisions on HUD policies, programs, budget, and legislative proposals. In addition, PD&R provides data and information to support program operations.

The FY 2014 request will fully fund PD&R's housing surveys, including the American Housing Survey (AHS), proposed for \$34.3 million. The funding would enable HUD to maintain the goal of a biennial sample size of 184,750 housing units for the combined national and metropolitan samples. This funding request will also allow HUD to develop and implement improvements to the 2015 AHS, including drawing a new sample for the first time since 1985.

The proposed funds would also support the Survey of New Home Sales and Housing Completions, the Survey of Market Absorption of New Multifamily Units, the Survey of New Manufactured (Mobile) Housing Placements, and the Rental Housing Finance Survey.

Most of the rest of PD&R's request funds dissemination activities accomplished through its website (see above) and *Evidence Matters*, a quarterly publication highlighting policy-relevant research on major housing and community development topics for a wide audience of policymakers, researchers, advocates, and industry members, including issues on homelessness, rental housing, mixed-income communities, preservation of affordable rental housing, and sustainability.

PDR&R also receives funds from the TI initiative to undertake larger-scale studies and demonstrations that span several years.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
46.0	52.0	43.7	50.0	-5.0%	-16.0%	8.7%

DEPARTMENT OF JUSTICE (DOJ)

Eric Holder continues his tenure as the Attorney General of the United States and leader of the Department of Justice (DOJ). The Department's budget proposal for FY 2014 includes \$28 billion in discretionary budget authority. The FY 2014 proposal suggests a continuing commitment to support research and data collection to provide evidence-based policies. The budget proposal includes a number of set-asides for research and evaluation in the programs of the Violence Against Women Act and the Office of Juvenile Justice and Delinquency Prevention. In addition, the congressionally-approved two percent set-aside of Office of Justice Programs funds for research, evaluation and statistics is proposed for augmentation in the FY 2014 budget proposal, by a set-aside of up to two percent of the Crime Victims fund in order to support crime victim-related research, statistics, and data collection activities. In FY 2014, this set-aside, according to DOJ, is expected to provide funding to support, among other things, evaluation of adult drug court programs and statistical data collection and analysis on a variety of topics, including \$2 million for a Gun Safety Technology Initiative.

The Department is also proposing a \$9 million Forensic Sciences initiative. Of that total, \$5 million of DOJ funds are proposed for transfer to the National Science Foundation to establish Forensic Science Research Centers. The National Institute for Standards and Technology (NIST) would receive \$3 million of the \$9 million. The other \$1 million would support the Forensic Science Advisory Committee, chaired by the Attorney General and the NIST Director.

The Department is also proposing a significant increase to \$50 million from the current \$6 million for the National Criminal History Improvement Program (NCHIP) in order to upgrade its database including more emphasis on mental health records. In addition, the DOJ requests \$85 million to establish a Justice Reinvestment program to support state and local policymakers' efforts to design state-specific, data-driven policies that deter prison and jail expenditures and apply those savings to develop strategies that can make communities safer and stronger. Finally, DOJ asks for \$10 million to scale up a successful court-based program initiated in 2004 called the Hawaii's Opportunity Probation with Enforcement (HOPE) program. The Department hopes to take the program nationwide to identify probationers with a high risk for re-offending, focusing on reducing drug use, new crimes, and

incarceration, and using HOPE’s technique of swift and sure punishment, drug testing, and treatment as a deterrent.

The Office of Justice Programs, which houses DOJ’s research and statistics agencies, has a new Assistant Attorney General. President Obama nominated Karol Mason in February and she was confirmed by the Senate on April 25. Mason is a DOJ veteran having served as Deputy Associate Attorney General and also has experience in the private sector with the law firm Alston and Bird.

Bureau of Justice Statistics (BJS)

bjs.gov

With former director James Lynch’s departure at the end of 2012, William Sabol is BJS’ current Acting Director. BJS’ national data collections play an important role in providing statistical evidence needed for criminal justice policy decision makers. In particular, these programs provide the critical data infrastructure supporting the Administration’s commitment to focus on data-driven, evidence- and information-based, “smart on crime” approaches. BJS continues its redesign and revitalization of the National Crime Victimization Survey (NCVS) which has allowed reinstatement of the sample size and interviewer training and the development of sub-national estimates. It will also allow BSJ to fulfill the goal of finding better ways for measuring rape and sexual assault. BJS also hopes to embark on NCS-X: the National Crime Statistics Exchange. The first phase of this program is to facilitate the development of a nationally representative sample of U.S. law enforcement agencies that provide detailed information on crime incidents in their communities. It is anticipated that these data will be extracted from local management information systems and assembled at the national level using existing state and national data collection infrastructures.

BJS will attempt to upgrade its collection of criminal court processing information to take advantage of the capabilities of modern court management information systems. It has also undertaken efforts to assess the feasibility of building a system of administrative records on white collar crime and an establishment survey of victim services agencies.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
48.0	60.0	44.8	52.9	-6.7%	-25.3%	10.2%

National Institute of Justice (NIJ)

nij.gov

John Laub’s departure at the end of 2012 leaves his former deputy Greg Ridgeway as the NIJ Acting Director. NIJ has recently emphasized the notion of “Translational Criminology,” the translation of scientific discoveries into policy and practice to help prevent, manage, and control crime. It includes: addressing the gaps between scientific discovery and program delivery, finding evidence that something works and figuring out how to implement the evidence in real world practice settings, and knowing what conditions facilitate or inhibit field use of research evidence. NIJ has also tried to develop an innovative, integrated, cutting-edge research agenda by bringing together the three seemingly disparate sciences the agency supports—the social, forensic, and physical sciences.

NIJ expects to maintain its focus on explaining the significant increases in the rate of incarceration and the soaring crime rate during the 1980s, which was followed by equally large declines during the 1990s and continuing into the new century. The Institute has co-funded, with the MacArthur Foundation, the creation of a panel at the National Academy of Sciences (NAS) to study the causes and consequences of high rates of incarceration and a series of roundtables to synthesize the research on crime.

The core funding for NIJ is decreased by a \$5 million transfer of its funds to NIST. On the other hand, NIJ’s budget is enhanced by a proposed \$3 million transfer from the Office of Violence Against Women and a proposed \$3 million for the evaluation clearinghouse known as crimesolutions.gov. Although DOJ once again in FY 2014 does not ask for it, Congress in the past two years has provided \$4 million to NIJ for research on domestic radicalization. Given the recent Boston Marathon terror attack, this is certain to return. NIJ also receives some funding from the DNA Initiative funds for “related research and development.”

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
40.0	48.0	40.1	44.5	0.2%	-16.5%	11.3%

DEPARTMENT OF LABOR (DOL)

With Hilda Solis leaving at the end of the first term, the President has nominated Thomas Perez, former Assistant Attorney General for Civil Rights, as the new Secretary of Labor. Perez is expected to face a tough confirmation battle. The Department’s FY 2014 request is \$12.1 billion in discretionary budget authority. This would, according to the Department, fully support the vision of *good jobs for everyone* as described in detail in the DOL Strategic Plan. The proposed budget focuses on three themes: Investing in a Competitive Workforce, Protecting American Workers, and Providing Income and Retirement Security.

In FY 2014, the Department also requests continued use of a set-aside funding mechanism to finance evaluations for employment and training programs. The set-aside approach intends to ensure that sufficient funding is available to carry out comprehensive and rigorous research and evaluations and to promote greater stability of funding of these efforts across all training and employment programs, including the Training and Employment Services, Office of Job Corps, State Unemployment Insurance and the Employment Service. Specifically, the Department is requesting that up to one percent of the amounts appropriated for these programs are made available to support this effort.

Bureau of Labor Statistics (BLS)

bls.gov

Almost a year after her nomination, the Senate confirmed Erica Groshen as the Commissioner of Labor Statistics on the second day of 2013. BLS’ strategic goal is to “produce timely and accurate data on the economic conditions of workers and their families.” Its outcome goal is to “provide sound and impartial information on labor market activity, working conditions, and price changes in the economy for decision making, including support for the formulation of economic and social policy affecting virtually all Americans.”

BLS has five activities: Labor Force Statistics, Prices and Cost of Living, Compensation and Working Conditions, Productivity and Technology, and Executive Direction and Staff Services. The FY 2014 proposal reflects the constraints of budgets by focusing on protecting core programs, requesting the elimination of others, and adjusting some to keep them alive.

The FY 2014 request reflects decisions to eliminate the mass layoff statistics program, a measurement of green jobs initiative, and the international labor comparisons program (which Congress has rejected the past two years). BLS has continued to support the National Longitudinal Surveys (NLS), but funding constraints have forced it to elongate the fielding schedule of the 1997 NLS Youth cohort. The elongation to biennial fielding began in FY 2012.

Again in FY 2014, the request seeks to add an annual supplement to the Current Population Survey to capture data on contingent work and alternative work arrangements in even years, and on other topics in odd years. It would also modify the Consumer Expenditure survey to support the Census Bureau in its development of a supplemental statistical poverty measures.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
609.1	618.2	565.3	613.8	-7.2%	-8.6%	0.8%

DEPARTMENT OF STATE

Secretary of State John Kerry called the State Department’s FY 2014 request “a strategic investment in our core mission of advancing America’s national security and economic interests,” stating, “We owe it to the American people to do our part to help solve the fiscal problems that threaten not only our future economic health but also our standing in the global order... In the end, this budget strikes the balance between fiscal discipline and sustaining and advancing America’s global leadership.” The Department is asking for \$10.5 billion, an 18 percent increase over FY 2012 enacted.

Education and Cultural Exchanges

exchanges.state.gov/us

According to the Department, exchange programs give U.S. citizens broad exposure to the world and help foreign students better understand the United States. Scholarship programs and cultural exchanges such as the Fulbright Program advance U.S. national interests by preparing the next generation of leaders to work together to tackle global challenges. The Department requests \$562.7 million for FY 2014 for educational and cultural exchange programs to “continue to foster mutual understanding through people-to-people exchanges that communicate U.S. values and develop future leaders with a global perspective.” These programs, which are administered by the Bureau of Education and Cultural Affairs, involve almost 50,000 U.S. and foreign exchange participants in over 180 countries.

The request does not include funding for Overseas Contingency Operations (formerly known as the Global War on Terror), which amounted to \$15.6 million above the \$583.2 million enacted in FY 2012.

One mission of the exchange programs is to reach underserved populations, including religious and ethnic minorities, women and girls, people living in isolated areas and the economically disadvantaged. The programs will also support the President’s “Asia Rebalancing” initiative and fund exchange activities with key strategic partners, including Iraq, Afghanistan, and Pakistan.

The FY 2014 request folds the \$18.6 million Regional Graduate Fellowship program into the Fulbright program, bringing the Fulbright budget to \$232.5 million.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
598.8	587.0	568.9	562.7	-5.0%	-3.1%	-6.0%

DEPARTMENT OF TRANSPORTATION (DOT)

With the departure of Ray LaHood, on May 1 President Obama nominated Charlotte Mayor Anthony Cox as the next Secretary of Transportation. The overall budget request for DOT is \$77 billion. In

addition, the Administration seeks a \$50 billion fund for immediate transportation investments as part of an infrastructure stimulus. In July 2012, Congress passed and the President signed the Moving Ahead for Progress in the 21st Century Act or MAP-21, a two year reauthorization of the basic transportation law that provides funding for highways, roads, transit, bike paths, and walkways.

Once again the budget proposes to elevate the role research plays in transportation decision-making by moving the Research and Innovative Technology Administration (RITA) into a new Office of the Assistant Secretary for Research and Technology within the Office of the Secretary. RITA coordinates the Department’s multimodal research and education programs, advances the deployment of cross-modal technologies into the transportation system, supplies comprehensive transportation statistics research and analysis, and supports education and training in transportation and transportation-related fields.

Bureau of Transportation Statistics (BTS)

bts.gov

The BTS, led by Patricia Hu, was established as a statistical agency in 1992 to administer data collection, analysis, and reporting, and to ensure the most cost-effective use of transportation monitoring resources. BTS brings a greater degree of coordination, comparability, and quality standards to transportation data and helps close important data gaps. As part of RITA, BTS will be housed in the new Assistant Secretary’s Office. BTS receives its funding from the Surface Transportation authorization. In FY 2013 BTS had hoped to receive \$38 million under new legislation. For FY 2014, the President’s Budget only assumes \$26 million.

BTS collects and disseminates information on safety data analysis, passenger travel statistics, freight statistics, transportation economics, geospatial information systems, international transportation data, data quality and performance metrics, and houses the National Transportation Library.

For 2014, BTS will continue product dissemination for the Commodity Flow survey, expand work on performance measures for the new transportation legislation MAP-21, identify opportunities to integrate and improve safety data across transportation modes, and develop estimates of the value of transportation infrastructure and facilities.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
25.2	38.0	24.7	26.0	-2.0%	-35.0%	3.2%

INDEPENDENT AGENCIES

National Archives and Records Administration (NARA)

archives.gov

The National Archives was established in 1934 by President Franklin Roosevelt to manage the Government’s archives and records, and operate the presidential libraries. David Ferriero, former director of the New York Public Libraries, became the nation’s 10th Archivist in November 2009.

NARA preserves textual records, maps, charts, architectural drawings, photographs, machine-readable data sets, films and videotapes. In addition, NARA is managing the rapidly growing number of electronic Government records.

According to Ferriero, NARA’s FY 2014 budget request is “a responsible plan that supports critical agency priorities while continuing to reduce our overall spending levels. NARA’s budget request reflects difficult decisions that are necessary to maintain our vital mission and continue services to the public in an austere budget environment.” The request is \$385.8 million, slightly below the FY 2012 enacted level.

The request for the National Historical Publications and Records Commission (NHPRC) grants program is \$3 million, a 40 percent reduction from FY 2012 funded levels.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
391.5	386.8	371.9	385.8	-5.0%	-3.9%	-1.5%

National Endowment for the Humanities (NEH)

neh.gov

The National Endowment for the Humanities is an independent federal agency created by Congress in 1965. As one of the largest funders of humanities programs in the United States, NEH provides critical support for research, education, preservation, and public programs in the humanities through grants to educational institutions, non-profit organizations, and individual scholars.

The President’s request of \$154.5 million represents 5.8% increase over the FY 2012 appropriated budget of \$146 million. Like last year’s proposal, the FY 2014 request includes \$9 million for the Bridging Cultures initiative, an increase of \$5.5 million over the enacted FY 2012 level. The initiative is designed to “promote understanding and mutual respect for people with diverse histories, cultures, and perspectives within the United States and abroad.”

The Administration’s budget again seeks to eliminate the \$3 million We the People program, a favorite of the Bush Administration, which was designed to encourage and enhance the teaching, study, and understanding of American history, culture, and democratic principles.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
146.0	154.2	136.5	154.5	-6.5%	-11.5%	5.8%

National Science Foundation (NSF)

nsf.gov

With Subra Suresh’s departure in late March, Cora Marrett is now serving as NSF Acting Director for the second time. She has served as Deputy Director and Assistant Director for the Social, Behavioral and Economic Sciences (SBE) and the Education and Human Resources (EHR) directorates.

A significant action taken in the FY 2013 appropriations process was to restrict funding for the political science program. An amendment by Sen. Tom Coburn (R-OK) was added to NSF’s funding bill that requires the Director to certify that projects in political science “promote national security and the economic interests of the United States.” As of this writing, NSF is still determining how to interpret this clause and which political science projects might not meet these criteria.

NSF did fare better than many agencies in the overall funding level for FY 2013 as it received an increase over FY 2012 before the imposition of across-the-board cuts. The total funding wound up at \$6.884 billion, a 2.1 percent decrease from FY 2012. The Research and Related Activities Account finished the FY 2013 process with \$5.577 billion, down 3.1 percent from FY 2012.

For FY 2014, the President has requested \$7.626 billion, a \$592.7 million increase over the FY 2012 enacted level and a \$742 million boost over FY 2013. For the Research and Related Activities Account, the FY 2014 request is \$6.212 billion. This is a \$523.3 million increase over FY 2012 and \$635 million over FY 2013.

NSF will support \$20 million of research in FY 2014 connected to the BRAIN initiative. Other significant initiatives with enhanced funding include cyberinfrastructure, advanced manufacturing and robotics, the innovation corps, and research at the interface of biology, mathematics, and the physical sciences.

With the Administration’s proposal to consolidate STEM programs, NSF will now have responsibility for these initiatives at both the undergraduate and graduate levels of education. Included here is a new National Graduate Fellowship program funded in both the International and Integrative Activities and the Education and Human Resources accounts.

During 2013, Congress will focus its attention on the reauthorization of the America COMPETES legislation that includes the NSF. Already statements from the House Majority Leader Rep. Eric Cantor (R-VA) and House Science, Space and Technology Committee Chairman Rep. Lamar Smith (R-TX) have concerned the science and technology community with seeming attempts to challenge NSF’s merit review system and its role in supporting ALL the sciences, including SBE sciences.

During Suresh’s tenure, NSF changed its structure by moving a number of programs out of the Office of the Director. The Office of Polar Programs has been moved into the Geoscience Directorate, making it the largest directorate at NSF. The Office of Cyberinfrastructure is now in the Computer and Information Sciences and Engineering Directorate. The Office of International Science and Engineering, once in the SBE directorate, has now been combined with the Office of Integrative Activities. (These shifts are reflected in the budget numbers below for the directorates.)

	Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
Biological Sciences	712.3	733.9	n/a	760.6	n/a	n/a	6.8%
Computer, Information, Science, and Engineering	937.2	928.0	n/a	950.3	n/a	n/a	1.4%
Engineering	826.2	876.3	n/a	911.1	n/a	n/a	10.3%
Geosciences	1321.4	1356.1	n/a	1393.9	n/a	n/a	5.5%
Mathematics and Physical Sciences	1321.4	1345.2	n/a	1386.1	n/a	n/a	4.9%
Social, Behavioral, and Economic Sciences	254.2	259.6	n/a	272.3	n/a	n/a	7.1%
International and Integrative Activities	398.6	532.7	n/a	536.6	n/a	n/a	34.6%
Total NSF	7033.1	7373.1	6884.0	7626.0	-2.1%	-6.6%	8.4%

Social, Behavioral and Economic Sciences (SBE)

Myron Gutmann will finish up his tenure as Assistant Director for the SBE directorate at the end of August 2013. A search for his successor continues. The directorate has come under attack again by the House Republican leadership and the Chairman of the House Science, Space and Technology Subcommittee. The scope of its political science program has been restricted.

In the meantime, the directorate continues to fund research on disaster response, public health improvement, optimizing vital resources, national defense, human sustainability, the legal system, and the brain, as well as providing crucial data for the nation. The funding rate for the directorate as a whole sits around 15-16 percent, with the average grant award at \$120,052 for FY 2012.

For FY 2014, SBE will maintain its participation in cross-directorate programs such as Science, Engineering, and Education for Sustainability (SEES), the Comprehensive National Cybersecurity Initiative, Big Data, and the Innovation Corps. SBE will continue its ongoing strategic transformation through support for interdisciplinary research and training through the NSF-wide INSPIRE program and SBE's own "SBE 2020," based on the report *Rebuilding the Mosaic*. It will also play a role in the BRAIN initiative through its investments in cognitive science and neuroscience. In addition, SBE will provide enhanced resources to the National Center for Science and Engineering Statistics (NCSES).

The Social and Economic Sciences (SES) division is led by Jeryl Mumpower. SES priorities outside of support for basic research in the core disciplines in its jurisdiction include: interdisciplinary research under SBE 2020; participation in international partnerships such as the European Open Research Area program; a Big Data emphasis area to "create new opportunities for SBE researchers in the context of the 21st Century networked society;" enhanced funding for SEES activities through SBE-specific emphases on understanding energy use and decision making, coastal communities, vulnerability and resilience, water sustainability and climate, and Hazards, Sustainability Research networks; and the science of broadening participation.

The Behavioral and Cognitive Sciences (BCS) division is led by Mark Weiss. The division will increase support for the cognitive science and neuroscience program to help understand the brain. Like SES, BCS will support projects in interdisciplinary research, international partnerships, and SEES activities.

BCS will, along with the SBE Office of Multidisciplinary Activities (SMA) and NSF's Office of International and Integrative Activities, continue to support the Science of Learning Centers. The funding remains on a downward path in preparation for the termination of NSF support for these Centers at the end of FY 2014 (Cohort 1) and FY 2015 (Cohort 2). A Subcommittee of the SBE Advisory Committee (SBEAC) recently held two workshops to consider SBE's continued investment in the Science of Learning. A discussion of the results of the workshops is on the agenda for the SBEAC meeting on May 20 and 21, 2013.

Enhanced funding for the NCSES led by John Gawalt is part of SBE's plans for FY 2014. The increase will support the first survey in 15 years of research and development activity by non-profit organizations other than universities. NCSES will also develop and test effective data collection strategies for the Microbusiness Innovation Science and Technology Survey, which will focus on the smallest employers. With increased resources, NCSES will also continue to expand the scope of administrative records as sources to augment its surveys.

The SMA supports the directorate's I-Corps investment as well as some SEES activities and with the CISE directorate will devote resources to the Secure and Trustworthy Cyberspace initiative. This investment will support research at the intersection of the economic and computer sciences to explore market forces that incentivize good behavior to protect cyberspace. SBE proposes to diminish its support for the Science of Science and Innovation program, although SMA will still use \$5.1 million for the program.

	Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
Computer, Information, Science, and Engineering	92.5	95.4	n/a	97.4	n/a	n/a	5.3%
Division of Social and Economic Sciences	97.3	100.3	n/a	102.5	n/a	n/a	5.3%
National Center for Science and Engineering Statistics	36.2	34.8	n/a	41.8	n/a	n/a	15.5%
SBE Office of Multidisciplinary Activities	28.2	29.1	n/a	30.7	n/a	n/a	8.9%

Education and Human Resources Directorate (EHR)

Joan Ferrini-Mundy is the Assistant Director for EHR. A major player in STEM education, EHR gains even more responsibility with the Administration’s proposed consolidation of those efforts. In recent years the Directorate has become significantly more supportive of research and evaluation of STEM programs. In addition, EHR has also enhanced its willingness (where Congress has not restricted it) to include the SBE sciences as part of STEM.

For FY 2014, EHR expects to concentrate its investment in three categories: learning and learning environments, broadening participation in STEM, and the STEM professional workforce. The first area seeks to develop understanding of the cognitive, affective, and non-cognitive foundations of STEM learning. The second is a cross-Foundation initiative to “capitalize on the nation’s diversity in order to increase the scientific workforce...particularly from those groups that have been traditionally underrepresented.” The third area reinforces the second.

In addition, the focus of the STEM initiatives includes an emphasis on using, amassing, and improving evidence in education research and development, a priority to transform undergraduate education, and a commitment to use graduate education to strengthen the STEM workforce.

The numbers below are affected by another year of shifting programs from one division to another. The Division of Graduate Education receives both the Project and Program evaluation program and the Cybercorps Scholarship for Service program.

EHR will continue to run what will become the National Graduate Research Fellowship program, which will also receive funding from the International Science and Integrative Activities office. The total dollars requested for the program is \$325 million. NSF expects to award 2,700 new fellowships under this proposal.

The Division of Research on Learning in Formal and Informal Settings will continue to support research, development, and the scale-up of evidence-based approaches to mathematics learning. In the Division of Graduate Education, the budget proposal would transform the Integrative Graduate Education and Traineeship (IGERT) program into a NSF Research Traineeship program focusing on areas of national need. The Division of Undergraduate Education would emphasize support for the Administration’s goal of generating 100,000 new effective STEM teachers and one million STEM graduates. It would focus on STEM learning environments. The Division of Human Resources and Development will maintain its core programs that invest in Historically Black Colleges and Universities, Hispanic Serving Institutions, and Tribal Colleges and Universities.

	Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
Research on Learning in Formal and Informal Settings	273.2	309.5	n/a	277.9	n/a	n/a	1.7%
Undergraduate Education	190.5	246.7	n/a	227.0	n/a	n/a	19.2%
Graduate Education	237.4	184.8	n/a	245.2	n/a	n/a	3.3%
Human Resource Development	129.4	134.6	n/a	130.3	n/a	n/a	0.7%
EHR TOTAL	830.5	875.6	n/a	880.3	n/a	n/a	6.0%

United States Institute of Peace (USIP)

usip.gov

The United States Institute of Peace, where former Georgia Congressman Jim Marshall is the new president, is an independent and federally-funded institution established by Congress. The Institute’s goals are to help prevent and resolve violent international conflicts, promote post-conflict stability and democratic transformations, and increase peacebuilding capacity, tools, and intellectual capital worldwide. The Institute does this by empowering others with knowledge, skills, and resources, as well as by its direct involvement in peacebuilding efforts around the globe.

USIP thinks, acts, teaches, and trains, providing a unique combination of nonpartisan research, innovative programs, and hands-on support. USIP provides on-the-ground operational support in zones of conflict. Specific work performed by the Institute includes building leadership capacity through training and workshops; facilitating dialogue among parties in conflict; identifying and disseminating best practices in conflict management; sponsoring leadership summits and strategic conferences; promoting the rule of law; developing educational and teacher training materials; helping build civil society institutions; sponsoring a wide range of countrywide working groups (e.g., Afghanistan, Haiti, Iraq, Korea, Sudan); and educating the public through informative events, radio, and other outreach activities.

USIP also performs cutting edge research on the dynamics of conflict and analysis relevant to policymakers and practitioners. The Institute also identifies best practices and develops innovative programs focused on the prevention, management, and resolution of violent conflict, and the stabilization and transformation of societies emerging from conflict. It continues to support the Jennings Randolph Senior Fellowship program and the Jennings Randolph Peace Scholar Dissertation program.

The administration has proposed an increase to \$35.7 million for FY 2014.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
30.6	37.4	n/a	35.7	n/a	n/a	16.7%

Woodrow Wilson International Center for Scholars

wwics.si.edu

The Woodrow Wilson Center, now led by former California Congresswoman Jane Harman, facilitates scholarship in the social sciences and humanities and communicates that scholarship to a wide audience within and beyond Washington, D.C. This is accomplished through a resident body of fellowship awardees, conferences, publication, and dialogue.

The Administration has requested a slight decrease for the Center for FY 2014.

Actual FY 12	Proposed FY 13	Current FY 13	Proposed FY 14	(A) FY 12/ (C) FY 13	(C) FY 13/ (P) FY 13	(P) FY 14/ (A) FY 12
11.0	10.5	n/a	10.5	n/a	n/a	-4.5%