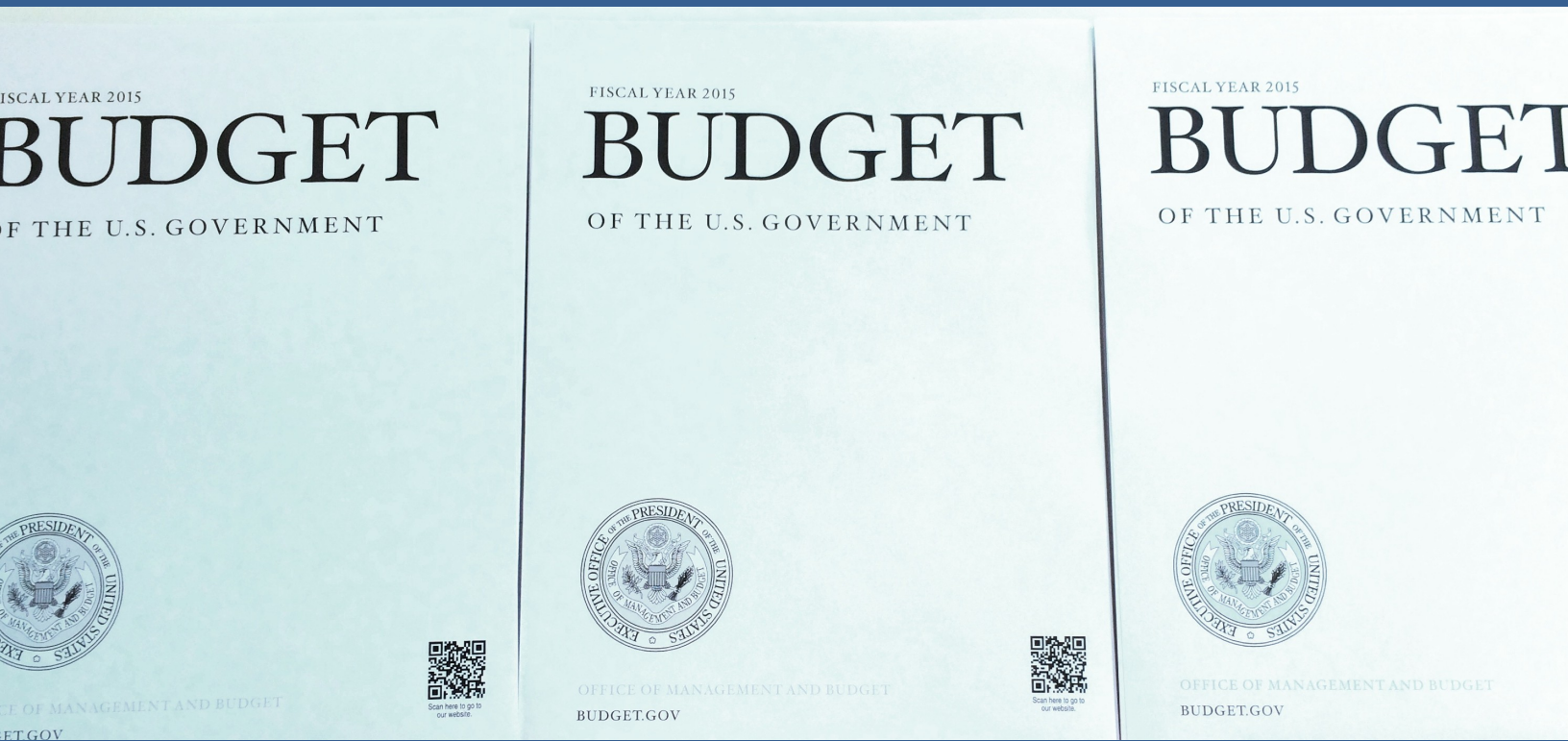


President's FY 2015 Budget Request For Social and Behavioral Science



WASHINGTON UPDATE Special Edition



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Introduction

President's FY 2015 Budget Request for Social and Behavioral Science

On March 4, the Obama Administration rolled out details of its fiscal year (FY) 2015 budget request to Congress. The proposal totals \$3.901 trillion, including \$1.014 trillion in discretionary spending, keeping within the budget caps negotiated by Congress in late 2013. Total federal R&D funding would reach \$135.4 billion in FY 2015, \$1.7 billion or 1.2 percent more than FY 2014, and would include \$65.9 billion for non-defense R&D, an increase of \$477 million or 0.7 percent.

In general, the President's budget request seeks increases for most federal science programs and agencies of relevance, although the level of increase varies. The Administration attributes the small increases—in some cases very small—to the Congressionally-set spending caps.

Snapshot of the President's FY 2015 Budget Request		
	FY 2015 Request	Change from FY 2014
National Institutes of Health (HHS)	\$30.36 billion	+0.7%
National Science Foundation	\$7.26 billion	+1.2%
Census Bureau (DOC)	\$1.2 billion	+28.2%
Institute of Education Sciences (ED)	\$637.2 million	+10.4%
Bureau of Labor Statistics (DOL)	\$610.1 million	+3.0%
Education and Cultural Exchanges (State)	\$577.9 million	+1.6%
Agency for Healthcare Research and Quality (HHS)	\$439.7 million	-5.2%
National Agricultural Statistical Service (USDA)	\$179.0 million	+10.9%
National Endowment for the Humanities	\$146 million	0%
Bureau of Economic Analysis (DOC)	\$107.2 million	+12.0%
Bureau of Justice Statistics (DOJ)	\$55.4 million	+23.1%
National Institute of Justice (DOJ)	\$47.5 million	+18.8%

Alongside the FY 2015 budget request, the President also released a proposal that would provide an additional \$56 billion in discretionary spending above the spending caps. The President's "Opportunity, Growth, and Security Initiative" is intended to supplement the requested levels and would provide \$5.3 billion in additional R&D funding to agencies such as the National Institutes of Health, National Science Foundation, Department of Defense, U.S. Department of Agriculture, Department of Energy, National Institute of Standards and Technology, among others. According to the Administration, while the funding proposals included in the Opportunity, Growth, and Security Initiative exceed the spending caps for FY 2015, the additional investments would be fully paid for through a set of targeted spending cuts and increased revenue created by closing certain tax breaks. Despite the Administration's efforts to "pay" for the additional funding, the House and Senate are unlikely to have an appetite in the current political environment to appropriate spending above the caps agreed to last December. In fact, appropriations committee chairs have indicated their intentions to write their bills according to the levels in the budget agreement, signaling that the President is unlikely to receive the additional \$56 billion.

The release of the President's budget request marks the official start of the FY 2015 appropriations process. Congressional appropriations and oversight committees have begun their budget hearings in earnest over the last few weeks. Appropriations chairs have set an ambitious timeline for the 12 annual appropriations bills, with committee markups potentially occurring in May and floor consideration over the summer in an effort to move the process as far along as possible before the November midterm elections. Some of the more non-controversial bills could see markups in April.

Tough Road Ahead

The debilitating partisanship and political brinksmanship that has paralyzed the Congress throughout the first term and now into the second term of the Obama Administration continue to plague Congress's ability to find common ground and enact legislation. In addition, the country remains in a state of budget austerity, which could make voting for major increases in the FY 2015 appropriations bills unpalatable for many in Congress.

Further complicating the process this year is the upcoming November midterm elections. With the Senate within reach of a Republican takeover, few lawmakers will have an appetite for actions that could alienate their constituents or political base. A possible bright spot is the budget compromise brokered at the end of 2013 which set discretionary spending caps for FY 2015. This could potentially save House and Senate appropriations committees negotiating time should committee leaders agree to stick with those top-line funding levels for FY 2015, as opposed to seeking additional cuts as the House proposed last year, or additional funding, which was the President's and Senate's approach for FY 2014. Either way, compromise on the FY 2015 appropriations bills is expected to be just as challenging as it has been throughout the Obama presidency.

Challenges specific to funding for the social and behavioral sciences also remain. While the community achieved a win in the FY 2014 omnibus appropriations bill with the removal of the so-called "Coburn amendment," which in FY 2013 significantly limited the Political Science program at NSF, efforts of a select few in Congress to de-value social and behavioral science persist. Tactics such as publicly holding up individual research grants for ridicule based on their "silly sounding titles" continue as a strategy to assert that social and behavioral science spending is wasteful. Thankfully, there are Members of Congress who have actively refuted such claims and defended the value of this research as it relates to issues of national importance.

Outside of the appropriations process, authorizing committees have begun considering legislation that, if enacted, would significantly impact federal agencies and programs important to social and behavioral science. For instance, on March 13, the House Science, Space and Technology Subcommittee on Research and Technology approved the *Frontiers in Research, Science and Technology Act* (H.R. 4186), or FIRST Act, which serves as reauthorization of the National Science Foundation (NSF). If enacted, the bill would have a major impact on NSF's budget as well as its merit review award process. Introduced by Subcommittee Chairman Larry Bucshon (R-IN) and full Science Committee Chairman Lamar Smith (R-TX), the bill would authorize NSF at \$7.28 billion in FY 2015, which is only 1.5 percent more than the FY 2014 enacted level. For comparison, the *America COMPETES Reauthorization Act of 2010* authorized NSF at \$7.4 billion for FY 2011, \$7.8 billion for FY 2012, and \$8.3 billion for FY 2013. Even more alarming for the social and behavioral science community is that the FIRST Act would break with current practice and provide specific authorizations for NSF's individual science directorates, including a cut of more than 22 percent to the Social, Behavioral and Economic Sciences (SBE) Directorate.

Attacks are not limited to NSF. Congressman Ted Poe's (R-TX) legislation, H.R. 1078, which seeks to make the American Community Survey at the Census Bureau voluntary, could be marked up by the House Oversight and Government Reform Committee sometime this spring. Similar legislation, S.530, was introduced last year in the Senate by Senator Rand Paul (R-KY). We could see further efforts to defund or limit this and other federal surveys throughout the FY 2015 appropriations process.

Further, House Budget Committee Chairman Paul Ryan (R-WI) recently released his FY 2015 Budget Resolution; in it, he seeks to eliminate all funding for the National Endowment for the Humanities, further illustrating efforts by some in Congress to pick winners and losers among federal agencies and research programs.

While these actions are disappointing, the news is not all bad. We are fortunate to continue to have vocal House and Senate supporters of federal funding for social and behavioral science who have not shied away from taking on the critics and defending our science.

Read on for complete details of the President's FY 2015 budget request for federal agencies and programs important to social and behavioral science.

how to interpret budget figures in this issue

COSSA's budget issue provides figures for Fiscal Year 2015 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.

Enacted 2013	Proposed 2014	Enacted 2014	Proposed 2015	E 2013/ E 2014	E 2014/ P 2014	P 2015/ E 2014
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Column 1 provides actual spending figures enacted for FY 2013. Column 2 shows requested funding in President Obama's FY 2014 budget request. Column 3 provides current FY 2014 funding as enacted by Congress. Column 4 displays the Administration's new funding recommendation for FY 2015. Column 5 shows the percentage change from enacted FY 2013 spending to enacted FY 2014 spending. Column 6 compares proposed FY 2014 funding with the enacted FY 2014 funding, thereby reflecting congressional modifications to the Administration's budget. Finally, column 7 compares enacted funding for FY 2014 with the recently proposed FY 2015.

Department of Agriculture

The FY 2015 proposed discretionary budget for US Department of Agriculture (USDA) is \$23 billion, about \$1 billion below the FY 2014 enacted level. A large portion of the USDA budget consists of mandatory spending on things like farm subsidies and nutrition assistance programs.

Opportunity, Growth, and Security Initiative

The President's supplementary Opportunity, Growth, and Security Initiative would provide USDA with an additional \$356.2 million. Within that amount, \$80 million would go to the National Institute of Food and Agriculture (NIFA). The Agriculture and Food Research Initiative (AFRI) would receive \$40 million for additional competitive grants related to climate change, water resources and drought mitigation, and food security. Another \$20 million would support competitive funding for grants pertaining to food security, water and climate change, nutrition, and obesity under the Hatch Act and Evens-Allen programs. The remaining USDA funds would be allocated to the Agricultural Research Service and the Forest Service.

USDA's FY 2015 budget request to Congress can be found at:

http://www.obpa.usda.gov/FY15explan_notes.html.

National Institute of Food and Agriculture

The National Institute of Food and Agriculture 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 discretionary budget for FY 2015 is \$1.341 billion, a 4.6 percent increase from FY 2014. 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, which supports investigator-initiated research with strong potential to contribute to breakthroughs in agricultural science. The Administration is proposing a slight increase for AFRI in FY 2015, to \$325 million.

Major initiatives in FY 2015 would include: (1) climate research that will seek to understand and predict movement and proliferation of invasive species and diseases affecting crops and livestock; (2) water resources research to prepare for challenges to irrigating agriculture, including developing alternatives to irrigation and understanding the impacts of climate change and population growth; (3) research, education, and extension efforts for food security; (4) nutrition and obesity prevention research, education, and extension efforts focusing on high-risk populations; (5) an integrated food safety research program; (6) a sustainable bioenergy program; and (7) a 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.

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 2015 funds this program at the FY 2014 level.

	Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
Hatch Act	218.6	236.3	243.7	243.7	11.5%	3.1%	0.0%
Agricultural Food and Research Initiative	275.6	383.4	316.4	325.0	14.8%	-17.5%	2.7%
NIFA Total	1147.0	1293.0	1282.0	1341.0	11.8%	-0.9%	4.6%

Economic Research Service

The USDA's Economic Research Service (ERS) 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 seeks 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.

In FY 2015, 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 a \$1 million increase to the FY 2014 initiative *Research Innovations to Improve Policy Effectiveness* (for a total of \$3.5 million). The initiative uses behavioral economics insights and statistical analysis of administrative data to improve policies in areas including child nutrition, environmental markets, and social and farm safety net programs.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
71.0	78.5	78.1	83.4	9.9%	-0.6%	6.9%

National Agricultural Statistical Service

The mission of the National Agricultural Statistical Service (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 consistency for all users of agricultural statistics. In addition to other projects, the agency conducts the quinquennial U.S. Census of Agriculture, which will next be conducted in 2017. The budget request includes \$48 million to begin planning and design for the next Census. In FY 2015, NASS will release the results of a Farm and Ranch Irrigation

Survey, Census of Aquaculture, Organic Production Survey, and Current Industrial Reports, which were funded during FY 2014.

The request for NASS would provide funding to restore selected surveys that had been reduced for budgetary reasons, as well as utilize geospatial information to improve survey efficiency. The budget proposal also includes \$2 million for surveys that will address the declining honey bee population, \$3.5 million to conduct a Census of Horticulture, and \$2.5 million for a survey on Tenure, Ownership, and Transition of Agricultural Land (TOTAL), which was last conducted in 1999.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
181.0	159.6	161.4	179.0	-10.9%	1.1%	10.9%

Department of Commerce

The President's budget request includes a total of \$8.8 billion in discretionary budget authority for the Department of Commerce (DOC), which is about 7 percent over the FY 2014 level. Reflecting DOC's broad and diverse jurisdiction, investments for FY 2015 are sought in areas such as "export promotion and enforcement activities, development of weather satellites, and research and development to support long-term economic growth."

The Economics and Statistics Administration (ESA), which houses the Census Bureau and the Bureau of Economic Analysis, would receive a total of \$111 million in FY 2015, an increase of nearly \$10 million or 12 percent.

Opportunity, Growth, and Security Initiative

In addition to the requested amounts for DOC agencies and programs in FY 2015, part of the President's special initiative seeks to create up to 45 manufacturing innovation institutions across the country; invest in additional research at the National Institute of Standards and Technology (NIST) on topics including advanced manufacturing, forensics, cybersecurity, and disaster resilience; provide additional support to the National Oceanic and Atmospheric Administration (NOAA) for weather and ocean research; and fund research grants to better understand the impacts of climate change on key sectors, such as fisheries. It also proposes a new \$1 billion Climate Resilience Fund, which would provide additional investment in research.

Census Bureau

Though housed within the Economics and Statistics Administration, the Census Bureau receives a separate appropriation. The President's request includes a total of \$1.2 billion in domestic discretionary spending for the Census Bureau, which is \$266 million or 28.2 percent above FY 2014. The Periodic Censuses and Programs line would see an increase of 39 percent. Pressure to reduce cost of the 2020 Decennial Census continues, as does political efforts related to specific surveys, such efforts to eliminate the American Community Survey (ACS). While a proposal to cancel the ACS was rejected in FY 2014,

there remain legislative efforts by some in Congress, including Rep. Ted Poe (R-TX) and Sen. Rand Paul (R-KY), to make ACS voluntary. The budget request includes a total of \$245.8 million for ACS, an increase of \$11.4 million, which would allow the program to “restore field data collection costs associated with a one-month break in data collection at the beginning of FY 2014, as well as funds necessary to conduct research on content, quality, efficiency, and reducing respondent burden and intrusiveness.”

The 2020 Decennial Census line would receive a total of \$689 million under the request. FY 2015 represents the final year for early research, planning, development and testing for the 2020 Census, as well as the first year for funding operations and infrastructure investment. According to the request, “[b]y the end of fiscal year 2015, preliminary design decisions for the 2020 Census will be made.”

The request proposes an increase of \$3.1 million for the Economic Census, which is conducted every five years. FY 2015 is the last year of the six-year FY 2012 Economic Census funding cycle; funding will focus on analysis, release, and dissemination of the 2012 products. In addition, planning for the 2017 Economic Census will begin.

The Census of Governments would see a small decrease of \$500,000 in FY 2015, which is the first year of the 2017 cycle. Funding will be used in FY 2015 to develop the 2017 Census of Governments project plan, conduct workshops and conferences, and other planning activities.

The Census request also includes a proposal to allow the bureau to enter into cooperative agreements with states, academic institutions, and private and non-governmental entities to engage with experts in technical areas (such as satellite imagery, advanced computational programming, and data analytics), social science, or econometrics. Such arrangements would allow the Census Bureau to fill current gaps in knowledge.

	Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
Salaries and Expenses	256.3	256.0	252.0	248.0	-1.7%	-1.6%	-1.6%
Periodic Censuses and Programs	650.0	726.4	693.0	963.4	6.6%	-4.6%	39.0%
Census Total	906.2	982.5	945.0	1211.4	4.3%	-3.8%	28.2%

The Census’s FY 2015 budget request to Congress can be found at:

<http://osec.doc.gov/bmi/budget/FY15CJ/CensusFY2015CJFinal508Compliant.pdf>.

Bureau of Economic Analysis

The request includes a total of \$107.2 million for the Bureau of Economic Analysis (BEA), a 12 percent increase over FY 2014. The proposal includes \$1.9 million for a new “Big Data for Small Business” initiative. This would entail “developing a Small Business Satellite Account including a new Small Business GDP to track the overall growth and health of America’s small business sector.” The program is intended to address the fact that there is currently limited public data relating to small businesses.

Approximately \$8 million of the BEA increase would go toward costs associated with the relocation of BEA headquarters or reconfiguration of its current space. An additional \$8 million will be requested for this purpose in FY 2016.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
89.8	100.2	95.8	107.2	6.7%	-4.4%	12.0%

BEA's FY 2015 budget request to Congress can be found at:

<http://www.osec.doc.gov/bmi/budget/FY15CJ/ESAFY2015CJFinal508Compliant.pdf>.

National Oceanic and Atmospheric Administration

The budget request includes a total of \$5.5 billion for the National Oceanic and Atmospheric Administration (NOAA), a 3.2 percent increase over FY 2014. While NOAA is first and foremost a mission agency and not a basic science grant-making agency, like the National Science Foundation, NOAA relies on science from its internal laboratories and the extramural research community to inform its many services and activities. In particular, NOAA has been looking in recent years at ways to better utilize social and behavioral science. NOAA released a five-year research and development plan in 2013. In it, the agency makes several references to greater utilization of social science. According to the R&D report:

“NOAA seeks to enhance and expand its integration of social sciences within NOAA’s natural sciences to fully understand the services ecosystems provide to society and how people value them; determine how to best engage the public; to help define more specific social and cultural objectives for communities; increase the social and economic returns of NOAA’s research investment; and provide guidance for tailoring technology development and implementation for its most effective use.”

Further, the report states that over the next five years, NOAA seeks to “[d]evelop a satellite account, with the Bureau of Economic Analysis, that links NOAA’s products and serves to elements of the coastal and ocean economy,” among other goals.

While the FY 2015 NOAA budget request is not as explicit as to the R&D plan regarding its intentions for enhanced social science research, the proposal seeks to make investments in areas for which social science should have a role. For example, an increase of \$5 million is requested in the National Office Service (NOS) to “build capacity for response and resilience to extreme events.” Among the activities of this initiative would be “social science and risk communication,” “tools and decision support,” and “planning and training for resilient coastal development.” In addition, the request includes a \$5 million increase to NOS to establish competitive grants “to promote resilience and address shared risks of weather events and climate hazards on coastal communities and economies.”

	Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
Office of Oceanic and Atmospheric Research	369.4	472.4	426.8	462.2	15.5%	-9.7%	8.3%
NOAA Total	4747.8	5447.7	5322.5	5496.7	12.1%	-2.3%	3.3%

NOAA's FY 2015 budget request to Congress can be found at:

<http://www.corporateservices.noaa.gov/~nbo/>.

Department of Education

For FY 2015, the Administration continues to place an emphasis on early education and ensuring access to high quality preschool for disadvantaged populations through supporting state and local efforts. Research and the National Assessment of Educational Progress (NAEP) have demonstrated high levels of success for past investments in these areas. As part of President Obama's proposed "Preschool for All" program, the budget would provide \$1.3 billion in 2015 and \$75 billion over 10 years in mandatory funding for the program. Additionally, \$500 million would be provided for competitively awarded Preschool Development Grants for states to implement high quality preschool programs.

In accordance with the President's proposal to create a new higher education program evaluation system, the Administration has requested \$52 million in new funding to support these activities. This request would support the "collection and analysis of performance data and the evaluation of Higher Education Act programs" and assist in the "development and refinement" of a new college ratings system.

The Administration's proposal would also expand Pell Grant eligibility to more non-traditional students who are enrolled in career pathway programs, allowing them to gain the knowledge necessary to quickly move into the workforce. The Pell Grant program would strengthen academic progress requirements encouraging the recipients to complete their studies on time.

Finally, the Administration has proposed \$170 million in new funding for a STEM Innovation proposal that would largely go to competitive awards encouraging partnerships with institutions of higher education, nonprofit organizations and businesses. The Administration's goal is to support more effective STEM teachers and effectively prepare students for postsecondary education and careers in STEM fields.

The proposed funding level for the Department's discretionary programs (excluding Pell Grants) is \$45.8 billion for FY 2015, \$1.3 billion above FY 2014 enacted levels. Pell Grants would remain funded at the FY 2014 level of \$22.8 billion.

Opportunity, Growth, and Security Initiative

The President's Opportunity, Growth, and Security Initiative, if appropriated, would develop a new college ratings system allowing students to find the best academic and financial fit for their higher education needs. The funds would also go towards a new "Pay as You Earn" repayment option for students who borrowed money for higher education.

The Department of Education's FY 2015 budget request to Congress can be found at:
<http://www2.ed.gov/about/overview/budget/budget15/index.html>.

Institute of Education Sciences

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

The President's budget request includes \$637.2 million for IES in FY 2015, an increase of \$60.2 million over the FY 2014 appropriation. The bulk of the new funding would go towards new research and development grants in early learning and elementary, secondary, and postsecondary education. The Statewide Longitudinal Data Systems program would receive an additional \$35.5 million in order to issue new grants and support the expansion of systems that improve the productivity of our education system.

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 \$190.3 million in FY 2015, increased from \$179.7 million in FY 2014. The increase would allow additional awards across research areas in support of improving education outcomes for all students. The funding would also support a Virtual Learning Library and the development of "big data" training programs.

The National Center for Education Statistics provides general statistics and longitudinal research on education and informs the IES research agenda. The FY 2015 request would provide an increase of \$19.7 million to \$122.7 million. The additional funds would support a pilot Program for International Student Assessment study, allowing states to benchmark their students against international standards. It would also provide an additional \$8 million to collect administrative National Postsecondary Student Aid Survey data every two years, informing higher education policy.

The National Assessment of Educational Progress, the only longitudinal, nationally representative assessment of educational progress of American students, would receive \$132.3 million in FY 2015, a decrease of 5.6 percent from the 2014 enacted level of \$140.2 million. Scheduled assessments for 2015 include reading, math and science.

The Statewide Longitudinal Data Systems program would receive the largest increase in FY 2015, up over 100 percent from the FY 2014 level of \$34.5 million to \$70 million. The increase would go towards

\$57 million in new grants targeted at early childhood data, “promoting better use of data in analysis and policymaking, and integrating data on school-level finances, teacher and leader effectiveness, and academic achievement.”

	Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
Research and Dissemination	187.8	202.3	179.9	190.3	-4.2%	-11.1%	5.8%
Regional Education Labs	53.3	57.4	54.4	54.4	2.1%	-5.2%	0.0%
Statistics (NCES)	100.9	122.7	103.1	122.7	2.2%	-16.0%	19.0%
Assessment (incl. NAGB)	128.4	132.3	140.2	132.3	9.2%	6.0%	-5.6%
StateWide Data Systems	35.4	85.0	34.5	70.0	-2.5%	-59.4%	102.9%
Special Education Studies and Evaluations	10.6	11.4	10.8	13.4	1.9%	-5.3%	24.1%

International Education and Foreign Language Studies

The International Education and Foreign Language Studies (IEFLS) programs, once funded at \$125.9 million in FY 2010, continue to see requests for gradual increases of funding. The administration has proposed a 6.1 percent increase to \$69.1 million for the domestic programs. The overseas program would remain level at \$7.1 million. The domestic programs include Title VI, and the overseas programs are comprised of the Fulbright-Hays fellowship. The proposed increase would go towards new grants for American students learning “critical” foreign languages, specifically in the Asia-Pacific and Sub-Saharan Africa regions. The Title VI funding supports comprehensive language and area study centers within the U.S. and provides opportunities for American students to study abroad.

	Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
Domestic Programs	63.1	73.5	65.1	69.1	3.2%	-11.4%	6.1%
Overseas	7.1	7.4	7.1	7.1	0.0%	-4.1%	0.0%
IEFLS Total	70.2	80.9	72.2	76.2	2.8%	-10.8%	5.5%

Fund for the Improvement of Postsecondary Education

The Administration continues its transformation of the Fund for the Improvement of Postsecondary Education (FIPSE) through the “First in the World” program, initially created and funded in FY 2014. The First in the World program “provides funding for institutions of higher education to develop and test innovative strategies and practices that improve college completion rates and make college more affordable, particularly for low-income students.” The Administration has requested \$175 million for 2015: \$100 million for First in the World awards and \$75 million for the newly-created College Success Grants for Minority-Serving Institutions.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
3.3	257.6	79.4	175.0	2306.1%	-69.2%	120.4%

Graduate Assistance in Areas of National Need

This program provides fellowships to postsecondary institutions to support graduate students with superior ability and high financial need studying in areas of national need. The FY 2015 request for \$29.3 million, which is level with the FY 2014 enacted amount, would support approximately 579 fellowships.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
30.0	30.9	29.3	29.3	-2.3%	-5.2%	0.0%

Department of Health and Human Services

The largest domestic agency representing almost one-quarter of federal expenditures, the Department of Health and Human Services (HHS) includes more than 300 programs covering a wide spectrum of activities, including health and social science research. HHS plays a central role in implementing the Affordable Care Act (ACA). Most of HHS' funding goes to mandatory programs such as Medicare and Medicaid. The FY 2015 discretionary budget request for HHS is \$77.1 billion, \$1.3 billion below the FY 2014 level.

HHS' FY 2015 budget request to Congress can be found at: <http://www.hhs.gov/budget/fy2015/fy-2015-budget-in-brief.pdf>

Office of the Assistant Secretary for Health

The Office of the Assistant Secretary for Health (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. 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 12 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 2015 total budget request for OASH is \$173.78 million. Within that sum, the request includes \$17.9 million for the immediate Office of the Assistant Secretary for Health, an increase of \$5.8 million above the FY 2014 funding level.

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 FY 2015 budget request for OMH is \$36 million, \$20 million below the FY 2014 actual funding level. In FY 2015, OMH plans to lead, coordinate, and collaborate on minority health activities in HHS. The Office also 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. In FY 2015, OMH also intends to fund targeted new grants designed to reduce health disparities and increase awareness of minority health issues to the most at-risk populations.

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). The FY 2015 budget request for OAH is \$1.5 million, the same funding level as in FY 2014. In FY 2015, OAH intends to support the implementation of a national health agenda on adolescent health, *Adolescent Health: Think, Act, Grow (TAG)* to provide a framework for youth-serving professionals and organizations to support young people during their second decade of life when many opportunities for prevention and healthy development are missed.

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 2015 budget request for ORI is \$8.6 million, the same as the FY 2014 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 2015 budget request for OWH is \$29.5 million, \$4.6 million below the FY 2014 funding level. In FY 2015, OWH intends to continue to fund current grants and cooperative agreements for women's health and the evaluation of these programs. It will also continue its support for the Violence Against Women Initiatives, including a new grant to support education and training for healthcare providers designed to promote the assessment and prevention of intimate partner violence in health care settings. OWH plans to also provide funding for new grants in support of the Secretary's strategic initiative to reduce disparities among women in underserved communities and disproportionately affected by gender-related health disparities.

Prevention and Public Health Fund (PPHF): The *Affordable Care Act* established a mandatory appropriation for prevention and public health activities. The purpose of the 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 2015, PPHF activities will 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.

OAH administers the Teen Pregnancy Prevention (TPP) discretionary grant program to support evidence-based and innovative approaches to teen pregnancy prevention. TPP supports a total of 102 grant projects for a five-year project period (FY 2010 – FY 2014) in 39 states and the District of Columbia. The FY 2015 budget request for the TPP program is \$104.8 million through the Prevention and Public Health Fund (PPHF) and \$3.8 million above the FY 2014 funding level. In FY 2015, TPP intends to fund a new cohort of competitively selective TPP grantees. The funding level will also support the competitive grant review process and provide support for the grantees. Additionally, of the funds requested in the PPHF, it is anticipated that not more than 10 percent will be used for operational expenses. Of the remaining funds, OAH intends to award 75 percent of the funds to support grants to replicate evidence-based program models identified by HHS through an independent systematic review of the existing research, and 25 percent to test new and innovative approaches to teen pregnancy prevention.

Assistant Secretary for Planning and Evaluation

The Assistant Secretary for Planning and Evaluation (ASPE) advises the Secretary on issues related to health, disability, aging, human services, and science policy. ASPE performs research and evaluation, provides policy analysis and advice, coordinates research and data collection across HHS, and conducts cost-benefit analysis of policies and programs. ASPE is comprised of four policy offices: (1) Health Policy, (2) Science and Data Policy, (3) Human Services Policy, and (4) Disability, Aging, and Long-Term Care Policy.

The Administration requests \$53.7 million for ASPE for FY 2015, roughly what was appropriated in FY 2014. Included in the request is \$12.5 million to continue studies related to implementation of the ACA.

For FY 2015, ASPE's activities are divided into five goals: (1) strengthen health care; (2) advance scientific knowledge and innovation; (3) advance the health, safety and well-being of our people; (4) increase efficiency, transparency, and accountability of HHS programs; and (5) strengthen national health and human services infrastructure and workforce.

Projects aimed at strengthening health care will focus on ACA implementation and impacts, improving quality of health care and nursing homes, payment and delivery systems, dual Medicare/Medicaid eligibility, Medicaid modernization, prevention, and public health infrastructure and financing.

Activities under ASPE's goal of advancing scientific knowledge and innovation will include studies related to regulatory risk assessment and management, translating biomedical research findings into everyday practice, innovation in health care, and food, drug, and medical product safety.

Toward its goal of advancing health, safety, and well-being, ASPE plans to research ways to enhance economic security for vulnerable individuals, better coordinate physical and behavioral health services, integrate health care and long-term services, promote health and school readiness in young children, and protect the safety and well-being of children in the child-welfare system.

Projects under its goal of increasing HHS programs' efficiency, transparency, and accountability will include research into performance measurement, reducing improper payments, understanding disability, and improving Medicare quality.

Finally, to achieve its goal of strengthening the national health and human services infrastructure and workforce, ASPE plans to undertake policy research and evaluation related to the direct care workforce, recruitment and retention of a successful health workforce, and using health information technology to improve the effectiveness and efficiency of the health system.

The office will maintain its grants program, which supports research and evaluation of social policy issues associated with income dynamics, poverty, transitions from welfare to work, child well-being, and special populations. Centers receiving these grants develop and mentor social science researchers who work on these issues. The awards range from \$800,000 to \$1.3 million.

To facilitate ACA implementation in FY 2015, ASPE plans to undertake a variety of policy development, research, analysis, evaluation, and data development activities.

Agency for Healthcare Research and Quality

The Agency for Healthcare Research and Quality (AHRQ) funds research that examines 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. Richard Kronick was appointed the agency's new Administrator in 2013. He has led a re-envisioning of AHRQ's mission statement that emphasizes its status as an evidence-producing agency. The FY 2015 request proposes to realign AHRQ's priorities in keeping with the new mission: (1) improve

health care quality; (2) make health care safer; (3) increase accessibility; and (4) improve health care affordability, efficiency, and cost transparency.

The FY 2015 budget request for AHRQ totals \$439.7 million, a 5 percent decrease from FY 2014. AHRQ's funding comes from two sources: Public Health Service (PHS) Evaluation funds and mandatory transfers from the Patient Centered Outcomes Research Trust Fund (PCORTF). Under the FY 2015 request, the agency would receive about three-quarters (\$334.1 million) of its funding from PHS Evaluation funds and the remainder (\$105.6 million) in PCORTF transfers. The money from the PCORTF must be used 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. The budget request also proposes to eliminate funding AHRQ had previously received via the Prevention and Public Health Fund (which totaled \$7 million in FY 2014).

The agency's request for FY 2015 proposes to consolidate its research under three portfolios: Patient Safety, Health Information Technology, and Health Services Research, Data, and Dissemination (formerly Research Innovations). The proposal would eliminate or redistribute three research portfolios: Prevention/Care Management, Patient-Centered Health Research, and Value.

AHRQ's **Patient Safety** portfolio supports health services research in Patient Safety Risks and Harms, Patient Safety Organizations, and Health-Care-Associated Infections (HAIs). The FY 2015 budget request for Patient Safety Research is \$72.6 million, about \$1 million more than in FY 2014. The request would maintain level funding for HAI Prevention (\$34 million) and Patient Safety Organization (\$7 million). The Patient Safety Risks and Harms category would receive a slight increase to \$31.6 million. The proposal would devote \$15 million to a new initiative under the Patient Safety Risk and Harms activity, *Extending Safety to Patients in All Settings*, which would focus on applying existing knowledge and generating new evidence to reduce health care errors in environments beyond the hospital.

The **Health Services Research, Data, and Dissemination** portfolio will fund research focused on access, costs, and results of using health care with the goal of identifying effective ways to "organize, manage, finance, and deliver high quality health care, reduce medical errors, and improve patient safety." The FY 2015 request for this area would be a 16 percent decrease from FY 2014. The budget would provide for \$46.09 million in health services research grants (\$40 million of which would be allocated to investigator initiated grants). The request would decrease funding for health services contract/interagency agreement research by \$7.1 million, which would reduce support for activities including rapid cycle research, evaluation, data management, and events management. The request would allocate \$17.1 million to measurement and data collection activities, a slight increase from FY 2014, which would allow the MONARCH program (software that allows organizations to generate health care reporting websites) to move from the defunct Value portfolio. Lastly, the budget proposal would devote \$12.6 million, \$5.6 million less than in FY 2014, to dissemination and translation activities. The reduction in funding is a result of internal reprioritization of activities within the portfolio.

The Administration's request for **Health Information Technology (IT)** totals \$23.5, down 20 percent from FY 2014. The portfolio aims to demonstrate how health IT can improve the quality of health care. The budget request would devote \$20 million to research grants on utilizing health IT to improve quality (\$4 million less than FY 2014), and proposes to allocate 85 percent of the portfolio funding to research grants. The budget would maintain FY 2014 funding levels for synthesizing and disseminating evidence on meaningful use of health IT (\$3.5 million). These efforts will utilize AHRQ's National Resource Center

and Evidence Based Practice Center. The proposal would eliminate funding for developing resources and tools for policy makers and healthcare stakeholders (\$2.1 million in FY 2014).

Although AHRQ proposes to eliminate its **Prevention/Care Management** portfolio, the budget request provides \$11.3 million in PHS Evaluation funds to provide ongoing support to the U.S. Preventive Services Task Force (USPSTF), which was housed under this portfolio. AHRQ is congressionally mandated to provide this support to the USPSTF, which will take the form of investments in “systematic evidence reviews and decision analysis studies; public engagement; transparency; communication; dissemination including website development; and logistics support.” Future budget requests would categorize these activities as Ongoing Scientifics, Administrative, and Dissemination Support of the USPSTF.

AHRQ no longer funds activities under its **Patient-Centered Health Research** portfolio beyond those activities funded by mandatory PCORTF transfers, which would total \$105.6 million in FY 2015. These activities focus on building research capacity and translation and dissemination of comparative clinical effectiveness research.

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 2015 budget request for MEPS would maintain its FY 2014 level of \$63.8 million. The funding would allow MEPS to maintain its Household, Medical Provider, and Insurance components.

	Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
Patient Safety	66.6	62.6	71.6	72.6	7.5%	14.4%	1.4%
Health Services Research, Data, and Dissemination (<i>formerly Research Innovations</i>)	111.1	88.9	111.1	93.2	0.0%	24.9%	-16.1%
Health Information Technology	25.6	25.6	29.6	23.5	15.5%	15.5%	-20.7%
Patient-Centered Health Research	10.0	100.0	0.0	0.0	-100.0%	-100.0%	n/a
Prevention/Care Management	25.7	20.7	22.9	11.3	-10.9%	10.6%	-50.7%
Value	3.7	3.3	3.3	0.0	-12.1%	-1.5%	-100.0%
Medical Expenditure Panel Surveys	60.7	63.8	63.8	63.8	5.1%	0.0%	0.0%
<i>Public Health Services Evaluation Funds</i>	365.4	333.7	364.0	334.1	-0.4%	9.1%	-8.2%
<i>Prevention and Public Health Fund</i>	6.5	0.0	7.0	0.0	7.7%	n/a	-100.0%
<i>Patient Centered Outcomes Research Trust Fund</i>	57.7	100.0	92.8	105.6	60.8%	-7.2%	13.8%
Total AHRQ Program Level	429.5	433.7	463.8	439.7	8.0%	6.9%	-5.2%

AHRQ's FY 2015 budget request to Congress can be found at:
<http://www.ahrq.gov/about/mission/budget/2015/index.html>.

Centers for Disease Control and Prevention

The FY 2015 budget request for the Centers for Disease Control and Prevention (CDC) includes a total funding level of \$11.1 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 \$311 million above the FY 2014 level. The CDC's total budget authority request (presented in the chart below) is for \$5.4 billion, 7 percent below the FY 2014 enacted level.

The CDC is in the process of realigning funding for business support (facilities, IT, procurement, travel, etc.) into a Working Capital Fund so that such services are paid for by individual centers, rather than centrally by CDC. Previous-year budget figures have been adjusted to reflect this change.

Like last year's budget, the FY 2015 request would eliminate the Preventive Health and Health Services Block Grant program, which received \$160 million in FY 2014. The allocation for Public Health Preparedness and Response would be reduced by nearly 4 percent.

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 2015 budget request totals \$1.1 billion, an increase of \$7.4 million from FY 2014, and includes \$3 million in PHS Evaluation funds.

The additional funds would be spent on Domestic HIV/AIDS Prevention and Research, which would receive a total of \$796.2 million. Of that amount, \$4.3 million would be used to "improve CDC's HIV surveillance timeliness, quality and efficiency as well as support projects that identify and share best practices for HIV testing, earlier diagnostic identification of HIV, and other HIV prevention activities." The budget renews a request from last year's proposal to use \$3 million in PHS Evaluation transfers to assess and improve CDC's school-based HIV prevention programs. The request would also reallocate \$8 million in existing funds to assist grantees in seeking reimbursement for covered services.

The request would maintain FY 2014 funding levels for Viral Hepatitis (\$31.4 million), Sexually Transmitted Infections (\$157.7 million), and Tuberculosis (\$142.6 million).

Chronic Disease Prevention and Health Promotion: The CDC's budget request for Chronic Disease Prevention and Health Promotion is \$1.1 billion, down \$110 million from FY 2014. The total includes \$469.7 million from the PPHF.

The FY 2015 request maintains FY 2014 funding levels for most of the activities under this category (including Tobacco Prevention and Control; Nutrition, Physical Activity, and Obesity; School Health; Heart Disease and Stroke; and Diabetes). One notable exception is the request for Cancer Prevention and Control, which would eliminate \$43 million in funding for cancer screenings that are now covered by health insurance. The CDC proposes a new \$10 million initiative under the PPHF for a demonstration project that will focus on increasing population-level screening rates for recommended cancer screenings.

The request would eliminate the \$51 million Racial and Ethnic Approaches to Community Health (REACH) program in favor of the \$80 million Partnerships to Improve Community Health program, created in FY 2014. The request also reflects the FY 2014 elimination of the Community Transformation Grants program (which had been funded by the PPHF).

CDC's request also includes funding for several other initiatives via the PPHF. It continues funding for the Million Hearts initiative (\$4 million), which aims to prevent one million heart attacks and strokes by 2017; the Healthy Weight Task Force/Early Child Care Collaboratives (\$4 million); and Hospitals Promoting Breastfeeding (\$2.5 million).

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 2015 budget request calls for \$168.8 million for Environmental Health, \$11 million less than in FY 2014.

Most of the CDC's environmental health activities would maintain their FY 2014 funding under this request. The \$11 million reduction would be applied to the Environmental and Health Outcome Tracking Network, a web-based system for tracking environmental hazards and related health problems. Unlike in previous years, the Network would be funded entirely via the PPHF.

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 2015 request for Health Statistics is \$155.4 million, level with FY 2014 funding. In the past, NCHS was funded entirely through the PHS Evaluation tap, but for FY 2014, Congress elected to split its funding mechanisms 45/55 between budget authority and PHS Evaluation transfers. The FY 2015 request would fund NCHS entirely in budget authority, which, unlike PHS Evaluation funds, is subject to various taps and transfers, giving NCHS a de facto cut of about \$3.5 to 4 million.

In FY 2014, Congress eliminated funding to NCHS via the PPHF. The FY 2015 request proposes to restore this source of funding, in the amount of \$26.4 million (supplementary to the funding levels discussed above). Within that amount \$5 million would be used to phase in and expand electronic death record systems in up to eight states. Another \$5 million would be dedicated to public health systems research that would seek to identify the economic and budgetary impacts of public health interventions and health care delivery systems. The remaining \$16.4 million would go to enhancements to the National Health Interview Survey and the National Ambulatory Medical Care Survey to better track the impact of the ACA on the healthcare system and health outcomes.

The National Health Care Surveys (NHCS) provide information about the organizations and providers that supply health care, the services rendered, and the patients they serve. In FY 2015, NHCS will explore collecting health care data from electronic health records for the National Ambulatory Medical Care Survey (NAMCS). NHCS will also release the second wave of 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. In 2015, NCHS will release data from the first ever Native Hawaiian and Pacific Islander NHIS. CDC had expanded the sample size of NHIS from 35,000 to 42,000 to improve precision, but because funding

from the PPHF was eliminated in FY 2014, the sample size in 2015 will return to 35,000. The return of PPHF funding for FY 2015 would reinstate the larger sample size in 2016.

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. In FY 2015, data from the 2013-2014 NHANES will be available, including an assessment of tooth fluorosis and exposure to fluoride in children. It will also provide the first 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.

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 2015, the Administration requests \$194.3 million for this program, a 28.8 percent increase from FY 2014.

The request allocates a total of \$107.8 million for Intentional Injury Prevention, an increase of \$15.6 million from FY 2014. This includes an additional \$5.6 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. The budget would invest \$10 million to conduct research on the causes and prevention of gun violence as part of the President's anti-gun violence initiative, *Now Is the Time*.

The FY 2015 request would provide an additional \$12.2 million to the National Violent Death Reporting System (NVDRS), for a total of \$23.6 million. 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. In support of the *Now Is the Time* initiative, the additional funding would allow NVDRS to expand to cover all 50 states and Washington, DC (from its current coverage of 18 states), assist in dissemination, and link NVDRS data with other sources.

The request for Injury Prevention Activities is \$44.7 million, \$15.6 million over the FY 2014 level. The additional funds will be used to expand CDC's Core Violence and Injury Prevention Program to states experiencing a high burden of prescription drug overdose deaths.

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 2015, CDC is requesting \$280.6 million in discretionary funding for NIOSH, a 15.7 percent drop from FY 2014.

Like last year's request, the FY 2015 budget would eliminate funding for one of the 10 current occupational sector research programs, Agriculture, Forestry and Fishing (\$24 million), due to limited resources. In addition, the request again eliminates funding for the Education and Research Centers, which received \$27.5 million in FY 2014, 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 detect epidemic threats earlier, responds more effectively, and prevent avoidable catastrophes. The FY 2015 request for Global Health

totals \$464.3 million. The request includes an additional \$10 million in support of the Global Polio Eradication Initiative. It also calls for an increase of \$45 million to Global Health Security activities, the goals of which would be prevention of avoidable catastrophes, early threat detection, and effective response. Part of the funding for these new activities would come from the elimination of \$7.5 million that had been used to assist other countries in setting up national public health institutes.

	Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
HIV, Viral Hepatitis, STI, and TB Prevention	1095.4	1176.9	1120.6	1127.9	2.3%	-4.8%	0.7%
Chronic Disease Prevention, Health Promotion	1002.6	1036.1	1188.0	1078.0	18.5%	14.7%	-9.3%
Environmental Health	142.4	155.1	179.9	168.8	26.3%	16.0%	-6.2%
Health Statistics	153.8	181.5	155.4	155.4	1.0%	-14.4%	0.0%
Injury Prevention and Control	138.9	181.6	150.8	194.3	8.6%	-17.0%	28.8%
Occupational Safety and Health	323.1	271.9	332.9	280.6	3.0%	22.4%	-15.7%
Global Health	362.8	393.0	416.8	464.3	14.9%	6.1%	11.4%
Public Health Preparedness and Response	1278.9	1334.3	1371.2	1317.4	7.2%	2.8%	-3.9%
Preventive Health & Health Services Block Grant	75.4	0.0	160.0	0.0	112.2%	n/a	-100.0%
Total CDC Budget Authority	5430.4	5216.5	5807.1	5399.7	6.9%	11.3%	-7.0%

CDC's FY 2015 budget request to Congress can be found at:

<http://www.cdc.gov/fmo/topic/Budget%20Information/index.html>

National Institutes of Health

The mission of the National Institutes of Health (NIH) 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.

NIH's mission 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.

In FY 2015, the President's budget request for NIH includes a total program level of \$30.362 billion, \$211 million above the FY 2014 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) Precision Medicine; (3) Big Opportunities in Big Data; and (4) Nurturing Talent and Innovation.

The FY 2015 budget request includes \$100 million for the **Brain Research through Advancing Innovative Neurotechnologies (BRAIN) initiative**, an increase of \$60 million above the FY 2014 funding level, to increase activities in year two. The BRAIN initiative is designed "to accelerate the development and

application of next generation tools to construct dynamic pictures of the brain that reveal how millions of brain cells and complex neural circuits interact in real time to produce the extraordinarily complex array of human behaviors."

The NIH defines precision medicine as "the tailoring of treatments to the individual characteristics of each patient." Understanding the characteristics that make an individual more susceptible to a disease or disorder or identifying predictive markers for response to a particular treatment will also improve screening and allow for better implementation of interventions in healthcare and community settings. Preventing suicide in the military falls within the precision medicine theme. The Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) is the largest study of suicide and mental health among military personnel ever undertaken. It is a collaboration between the Army, the National Institute of Mental Health, and several academic partners. The program is in its fifth year and is designed to identify, as rapidly as possible, risk and protective factors that will help the Army develop effective strategies to reduce rising suicide rates, and to address associated mental health problems among soldiers. The research is also expected to help inform the understanding of suicide in the overall population.

In 2012, NIH established the **Big Data to Knowledge (BD2K) initiative**, designed to accelerate the pace of discovery through the use of biomedical Big Data. The goal of BD2K is to enable a quantum leap in the ability of the biomedical research enterprise to maximize the value of the growing volume and complexity of biomedical data by the end of this decade. It is led by Philip Bourne, NIH's new Associate Director for Data Science. BD2K will support four programmatic efforts:

1. Facilitation of broad use and sharing of large, complex biomedical data sets through the development of policies, resources, and standards;
2. Development and dissemination of new analytical methods and software;
3. Enhanced training of data scientists, computer engineers, and bioinformaticians; and
4. Establishment of Centers of Excellence to develop generalizable approaches that address important problems in biomedical analytics, computational biology, and medical informatics.

NIH has committed \$24 million annually over four years for the Big Data to Knowledge Centers of Excellence, a BD2K initiative. BD2K has issued requests for information for public input on developing a biomedical Data Catalogue that would enable researchers to easily find, share, and cite biomedical research data, and to gather public input on the training and education needs to support the BD2K initiative. The information will be used for a number of workshops in the BD2K programmatic areas of interest. The workshops will be available to the public via webcast. In FY 2015, NIH plans to invest \$88 million in BD2K, which is nearly double the FY 2014 funding level.

Opportunity, Growth, and Security Initiative

The President's Opportunity, Growth, and Security Initiative would provide the National Institutes of Health with an additional \$970 million, increasing its budget to \$31.3 billion. Funds for the initiative would be used to increase the number of new grants funded by the agency by 650. It would also provide additional resources for the agency's signature activities including the BRAIN initiative, improve the sharing and analysis of complex biomedical data sets, expand research on Alzheimer's disease and vaccine development, accelerate partnership efforts to identify and develop new therapeutic drug targets, along with other innovative projects.

NIH's FY 2015 budget request to Congress can be found at <http://officeofbudget.od.nih.gov/br.html>.

Office of the Director

The Office of the Director (OD) centrally coordinates NIH 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 2015 budget request for the OD is \$1.451 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 2014 actual funding level.

The **National Children's Study (NCS)** is funded through the NIH Office of the Director and led by the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development in collaboration with a consortium of federal partners, including the Centers for Disease Control and Prevention, and the Environmental Protection Agency. The NCS consists of a pilot study—the Vanguard Study—and a Main Study for which the field work is anticipated to begin in FY 2015. Congress directed the agency to fund an Institute of Medicine Study to review the proposed methodologies for the Main Study. That review is currently underway with a preliminary report targeted for July/August 2014. The NCS is authorized to initiate acquisitions for Main Study activities 60 days following release of the IOM review. The FY 2015 budget request for NCS is \$165 million, the same funding level as in FY 2014. In FY 2015, the OD intends to support continuation of the Vanguard Study and initiation of the Main Study. The FY 2015 budget request is based on the current proposed design which would enroll participants at multiple points of entry from pre-conception to birth. Recruitment would occur through health providers, utilizing hospitals and birthing centers as locations to enroll a birth stratum of newborn children, and community prenatal care providers and clinics to enroll a prenatal stratum of pregnant women. According to the NIH congressional justification, if the IOM report supports the current proposed Main Study design, or suggests only modest refinements, both FY 2015 and budget projections for the next several years would be consistent with the current President's budget request.

The NIH **Science Education Partnership Award (SEPA)** program supports the agency's mission to enhance health, lengthen life, and reduce illness and disability, as well as supporting the early pipeline component of workforce development. It is located in the NIH Office of Research Infrastructure Programs (ORIP). It provides support for research and research infrastructure needs, including supporting science education programs to attract young people into biomedical and behavioral science careers and to enhance science literacy in both children and adults. The SEPA K-12 STEM projects provide resources for research-related career opportunities for students and professional development opportunities for teachers in minority, underserved, and rural communities. In FY 2015, the SEPA program will be coordinated with the Department of Education to ensure that program activities and commercialized products are aligned with ongoing P-12 reform efforts, and refocused to emphasize biomedical education research interventions. The agency plans for the SEPA projects to continue to be required to conduct rigorous evaluation to measure effectiveness. SEPA programs are encouraged to collaborate with Institutional Development Awards (IDeA) program where graduating SEPA students fill the undergraduate pipeline at IDeA institutions. The FY 2015 budget request for ORIP, including the SEPA Program, is \$294.2 million, the same as the FY 2014 funding level.

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 2013, funds were used to support trans-NIH initiatives, including the Environment Science Rapid Research Response, Early Psychosis Prediction, Pathophysiology, Prevention, and Recombinant DNA. The FY 2015 request for DDF is \$10 million, the same as the FY 2014 funding level. In FY 2015, the agency plans to use the DDF to fund projects to help uncover new knowledge that prevents, detects, diagnoses, and treats disease and disability.

	Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
Division of Program Coordination, Planning and Strategic Initiatives	118.7	8.2	11.1	11.1	-90.6%	35.5%	0.0%
Director's Discretionary Fund	9.9	10.0	10.0	10.0	1.0%	0.0%	0.0%
Common Fund	513.5	572.9	533.0	583.0	3.8%	-7.0%	9.4%
Office of AIDS Research	60.7	64.4	61.6	61.9	1.5%	-4.3%	0.5%
OBSSR	25.7	27.3	26.1	26.1	1.6%	-4.2%	0.0%
Office of Research on Women's Health	40.3	42.7	40.9	40.9	1.5%	-4.2%	0.0%
National Children's Study	131.3	165.0	165.0	165.0	25.7%	0.0%	0.0%
OD Operations	118.7	128.3	125.0	125.8	5.3%	-2.6%	0.6%

Division of Program Coordination, Planning, and Strategic Initiatives

Created by the *NIH Reform Act of 2006*, the Division of Program Coordination, Planning, and Strategic Initiatives (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.

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.

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.

The FY 2015 budget request for DPCPSI is \$11.1 million, the same funding level as in FY 2014. In FY 2015, DPCPSI plans to continue to coordinate 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. Additionally, in FY 2015 DPCPSI intends to increase its

portfolio analysis efforts, including identifying, developing, and applying new tools designed to expand and improve agency-wide efforts in portfolio analysis along with training in the use of the tools used for portfolio analysis. The Office also plans to increase its collaboration with other federal agencies and the private sector.

Office of AIDS Research

The Office of AIDS Research (OAR) has the overall responsibility of planning and coordinating the 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. Accordingly, the FY 2015 budget request is informed by the strategic plan, *FY 2015 Trans-NIH Plan for HIV-Related Research*.

The FY 2015 budget addresses the key scientific priorities for NIH AIDS research responding to the goals set by the National HIV/AIDS Strategy for the United States (NHAS) as well as the President's Executive Order on the HIV Care Continuum. 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.

These priorities are also aligned with the themes highlighted in the NIH FY 2015 budget. A key priority is basic research on HIV designed to underpin further development of vaccines, microbicides, and other prevention strategies. Research on behavioral issues, such as the role of stigma and adherence to treatment or prevention strategies, are also highlighted as key priorities, along with research on co-morbidities and disease progression.

The FY 2015 budget request for OAR is \$61.9 million, the same as the FY 2014 funding level. The OAR FY 2015 budget request for the trans-NIH AIDS research program is \$3 billion, an increase of \$19.9 million and 0.7 percent above the FY 2014 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 2015 budget request for **Behavioral and Social Science** is \$418.5 million, an increase of \$5.2 million and 1.3 percent above the FY 2014 actual funding level. In FY 2015, NIH intends to "shift its investments within the area of behavioral and social sciences to keep pace with the increasing integration of biomedical and behavioral perspectives, the success of antiretroviral medications in both prevention and treatment, and the key role of adherence to this success." The agency intends to give attention to improving the implementation of therapies in specific populations and social contexts. Research addressing social variables, such as stigma, and structural variables to improve access to prevention and treatment resources will be supported. Additionally, the agency intends to place a strong emphasis on basic science to understand risk factors from both a social and biomedical perspective. It also plans to support initiatives designed to better understand the multiple factors related to adherence, including using novel ways to ensure that "patients take their medications and use prevention strategies appropriately."

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 2015 budget request for **Natural History and Epidemiology AIDS research** is \$219.5 million, a reduction of \$6 million and 2.7 percent below the FY 2014 funding level. The reduced funding in this area is intended to allow OAR to shift these funds to key priorities within prevention research and research towards a cure. In FY 2015 the agency, however, plans to use existing networks and research cohorts to support high-priority epidemiology studies of populations most at risk, including individuals over fifty years of age, men who have sex with men (MSM)—especially MSM of color—women, and adolescents. OAR also intends to emphasize population studies on the long-term effects of HIV disease and its treatment along with studies of non-communicable disease co-morbidities that have become more commonly diagnosed in HIV-infected people under HIV treatment. The plan for epidemiologic research supported in FY 2015 include the development of novel trans-disciplinary methods to examine the prevention, testing, and treatment cascade by the integration of data from electronic health records, observational studies, clinical trials and simulation, mathematical modeling, and molecular epidemiology.

The FY 2015 budget request for HIV/AIDS **Training Infrastructure and Capacity Building** is \$267 million, a decrease of \$2.8 million and one percent below the FY 2014 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 2015 budget request for **Information Dissemination** is \$39.5 million, an increase of \$0.523 million and 1.3 percent above the FY 2014 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. OAR also intends to provide funds to ensure that clinical trial information and federal guidelines regarding the use of antiretroviral therapy, along with guidelines for the management of HIV complications for adults and children, are updated regularly and disseminated widely to healthcare providers and patients.

Office of Behavioral and Social Sciences Research

The Office of Behavioral and Social Sciences Research (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, OBSSR's Director, has announced plans to step down in spring 2014.

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 strategic goals include: (1) fostering the next generation of data and analysis methods; (2) strengthening the role of behavioral and social science in an evolving health care system; and (3) training the next generation of behavioral and social scientists. The FY 2015 budget request for OBSSR is \$26.1 million, the same funding level as that of FY 2014. In FY 2015, "along with voluntary contributions from NIH and Centers," OBSSR intends to continue to support the NIH **Basic Behavioral and Social Science Opportunity Network (OppNet)**. OppNet is a trans-NIH initiative, initiated by NIH director in November 2009 to expand the NIH portfolio in basic scientific inquiry that explains the mechanisms and processes that influence individual and group health-related behaviors. This reflects a change in management and funding of OppNet. Previously, all NIH Institutes and Centers collectively funded and managed OppNet, including 24 ICs and five program coordination offices within the NIH Office of the Director. This integration of existing NIH efforts targeted research challenges best met collectively and facilitated collaboration on new research initiatives in complementary scientific areas. OppNet is co-chaired by National Institute on Aging director Richard Hodes and National Institute of General Medical Sciences director Jon Lorsch.

In FY 2015, OBSSR intends to support two initiatives. The first, Technology to Improve Medication Adherence Measurement and Intervention Research, is designed to support research projects that systematically assess medication adherence using technologies, especially in the area of multiple medications. The Office, via a funding opportunity announcement, intends to support efforts to identify new areas for changing adherence behavior including, but not limited to, ways to enhance medication literacy, patient-doctor communication, and reduction of adherence barriers.

The second initiative aligns with the agency's goal of strengthening the biomedical workforce. In collaboration with the White House Office of Science and Technology Policy, OBSSR intends to launch a new initiative on training the next generation of behavioral and social scientists. Specifically, OBSSR plans to: (1) join the National Institute of General Medical Sciences Scientific Workforce Analysis and Modeling initiatives to commission the development of behavioral and social science research workforce-specific models designed to better understand the nature of the current behavioral and social sciences research workforce, training pipeline, and their dynamics; (2) using the models develop as a

result of the above analysis, the Office intends to probe the intended and unintended consequences of a variety of potential efforts to improve the fitness of the behavioral and social science research workforce; and (3) develop funding opportunity announcements, training initiatives or other interventions to facilitate achieving the desired size, composition, and characteristics of the behavioral and social science research workforce informed by model results.

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; dissemination and implementation science; and application of systems science methodologies to address complex research questions at the nexus between the behavioral and social sciences 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, and mobile health technologies.

Office of Disease Prevention (ODP)

The mission of the Office of Disease Prevention (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.

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.

The Office provides scientific leadership and oversight for the continued implementation of the NIH-FDA Tobacco Regulatory Science Program which addresses priority areas of the Family Smoking Prevention and Tobacco Control Act, including the manufacture, distribution, and marketing of tobacco products.

In FY 2014, ODP released its first strategic plan for FY 2014-2018, which outlines its priorities and highlights the areas that it will focus on over the next five years. The plan contains six priorities: (1) Systematically monitor NIH investments in prevention research and assess the progress and results of that research; (2) Identify prevention research areas for investment or expanded effort by the NIH; (3) Promote the use of the best available methods in prevention research and support the development of better methods; (4) Promote collaborative prevention research projects and facilitate coordination of such projects across the NIH and with other public and private entities; (5) Identify and promote the use of evidence-based interventions and promote the conduct of implementation and dissemination research in prevention; and (6) Increase the visibility of prevention research at NIH and across the country.

ODP also launched new efforts aimed at enhancing coordination between NIH and the US Preventive Services Task Force (USPSTF). It is the primary liaison with the USPSTF and provides input on draft research plans, evidence reports, and clinical practice recommendations. ODP also works with the NIH Office of Portfolio Analysis to develop new tools to better characterize the prevention research portfolio and improve planning and reporting.

The FY 2015 budget request for ODP is \$5.9 million, the same funding level as in FY 2014. In FY 2015, ODP plans to continue to stimulate disease prevention research across 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 participate in other disease prevention and health promotion activities associated with the USPSTF, the Community Preventive Services Task Force, Healthy People 2020, and the National Prevention Strategy. In addition, ODP plans to collaborate with multiple partners, NIH ICs, and other agencies to promote the dissemination of evidence-based disease prevention strategies and interventions with the potential to impact public health.

Office of Research on Women's Health

The Office of Research on Women's Health (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.

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 2015 budget request for ORWH is \$40.9 million, the same funding level as in FY 2014.

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 impede the careers of women and men scientists across career stages.

Common Fund/Office of Strategic Coordination

The NIH Common Fund (CF) was passed 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 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 (OSC), which works with trans-NIH teams for each of the more than 25 Common Fund programs.

FY 2014 marked 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.

The FY 2015 budget request for the Common Fund is \$583 million, \$50 million and 9.4 percent above the enacted FY 2014 funding level. The NIH describes the majority of the 25 programs supported by the Common Fund 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."

In FY 2015, the Common Fund, in conjunction with the NIH institutes and centers, plans to support the Big Data to Knowledge (BD2K) program. The program is designed to facilitate broad use of biomedical big data, develop and disseminate analysis methods and software, enhance training in the science of big data, and establish a network of collaborating centers of excellence. BD2K is expected to undergo further expansion in FY 2015, including the creation of a data catalogue, frameworks for the development of community-based standards, software development, and establishment of NIH-initiated Centers of Excellence for biomedical big data. The FY 2015 budget request for the BD2K program is \$49.8 million, an increase of \$31 million and 166.1 percent above the FY 2014 funding level.

The Common Fund's Enhancing the Diversity of the NIH-Funded Workforce program is designed to develop and test innovative approaches to biomedical research training and mentoring. The program responds to the recognition that current efforts in this area over the past two decades have not resulted in significant change at a population level; individuals from racial and ethnic minorities, from economically disadvantaged backgrounds, and those with disabilities remain under-represented in biomedical and behavioral research. The agency further recognizes that although these individuals enter

college and express an interest in science at the same rate as majority students, they do not persist in science training at the same rate. The Common Fund will provide funds to scale up social science research that has tested interventions on a small scale that could alter current trends to test these ideas and other innovative approaches on a large scale to determine what works and for whom. The program consists of three integrated initiatives: (1) a National Research Mentoring Network (NRMN) intended to develop and implement novel mentoring strategies nationwide; (2) the Building Infrastructure Leading to Diversity (BUILD) initiative designed to develop novel training approaches, including the support of training infrastructure and faculty support; and (3) the Coordination and Evaluation Center (CEC), intended to develop methods of evaluating the new approaches. In FY 2015, NIH plans to incorporate additional trainees in the BUILD initiative. The FY 2015 budget request for the Enhancing the Diversity of the NIH-Funded Workforce program is \$39.4 million, an increase of \$6.9 million and 21.3 percent above the FY 2014 funding level. The increase is intended to be used to support the additional trainees within the BUILD initiative.

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 2015 President's budget request is \$7 million, a reduction of \$6.1 million and 46.6 percent below the FY 2014 funding level. The decrease in proposed funding for the program reflects the planned completion of the Technology Development in Epigenetics initiative and the Epigenomics Mapping Centers.

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 program's first phase of support ends in FY 2014. It is under consideration for a second phase beginning in FY 2015.

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, the GTEx program underwent an expansion in FY 2013. Support in FY 2015 is intended to continue to build a comprehensive data and sample resource of genetic variation and gene expression profiles in multiple tissues. The project is also exploring ethical, legal, and social implications raised by the research, which can inform other genomics programs. The FY 2015 President's budget request is \$9.6 million and a decrease of \$42 million and 1.4 percent below the 2014 funding level. The proposed reduction reflects the planned reduction in tissue procurement activities.

The Gulf Long Term Follow-Up (GuLF) of Workers Study, which 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. The Study is in its final year of Common Fund support and is scheduled to be moved to National Institute of Environmental Health Sciences for long term follow-up. It is, however, under consideration for a second phase of funding in FY 2015.

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 co-morbid 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. A Coordinating Center serves as the central resource for the development of guidelines and best practices for the effective conduct of research studies in partnership with health care systems. The FY 2015 President's budget request is \$12.5 million, an increase of \$223,000 and 1.8 percent above the FY 2014 actual funding level. The funding level reflects a planned decrease in support for the coordinating center and increase in support for expansion of successful pragmatic clinical trials for multiple chronic conditions from the planning phase to an implementation phase.

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 program is expanding in FY 2014 to accommodate a second group of institutions; support for these awards will continue in FY 2015. The FY 2015 budget request for the Strengthening the Biomedical Research Workforce program is \$6.8 million, the same as in FY 2014. The funding level reflects continued support for two cohorts of BEST awardees.

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 2015 NIH intends to implement a strategic planning process to identify areas of scientific opportunity that are ripe for short-term, catalytic support from the Common Fund. Additionally, the agency plans to use the Funds to evaluate the outputs and outcomes of both ongoing and mature programs. The FY 2015 President's budget request for the Strategic Planning and Evaluation Funds is \$2.6 million, a decrease of \$2.8 million and 51.8 percent below the FY 2014 level.

The FY 2015 budget request for the Common Fund includes \$106.9 million available for new initiatives. The new initiatives will be selected through the strategic planning activities to determine what opportunities exist for the Common Fund to have a significant impact. New potential program areas for Common Fund support in FY 2015 include the areas of Citizen Science and/or Mechanisms Underlying Benefits from Physical Activity. The Citizen Science initiative would assess infrastructural and

computational needs associated with direct engagement with the public in data collection, donation, and analysis, and investigate the ethical, legal, and social implications of biomedical research using citizen science methods.

John E. Fogarty International Center for Advanced Study in the Health Sciences

The core mission of the John E. Fogarty International Center for Advanced Study in the Health Sciences (FIC) is to use science to reduce the deepening global disparities in health.

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 2015 President's budget request for FIC is \$67.6 million, an increase of \$292,000 and 0.4 percent above the FY 2014 funding level. This sum includes funding to support trans-NIH initiatives, such as Big Data to Knowledge (BD2K).

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 \$33 million, an increase of \$351,000 and 1.1 percent above the FY 2014 funding level. The first goal of Fogarty's strategic plan for FY 2013-FY 2017 is 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 \$2 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 plans to also continue to support its Bioethics program.

Fogarty intends to 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.

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. The FY 2015 budget request for the Framework program is \$3.6 million, an increase of \$600,000 above the FY 2014 funding level.

Fogarty supports research partnerships between U.S. and LMIC scientists in several high-priority areas through its International Collaborative Research program. The FY 2015 budget request for this collaboration is \$7.7 million, a decrease of \$1.3 million and 16.9 percent below the FY 2014 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. Two of FIC's programs are scheduled to sunset by FY 2015. It is intended that the savings from these programs will fund new or growing programs related to research capacity or sustainable development. The FY 2015 budget request for this program is \$11.8 million, an increase of \$1.3 million and 10.7 percent above the FY 2014 funding level. In FY 2015, FIC intends to expand the number of overseas research experiences available for young U.S. scientists in order to encourage adoption of careers in global health. FIC also plans to continue its research training partnerships between U.S. and foreign institutions. The Center intends to fund eCapacity training with a focus on building capacity at LMIC institutions.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
65.6	72.9	67.5	67.8	2.9%	-7.4%	0.4%

National Cancer Institute

The National Cancer Institute (NCI) leads and coordinates the nation's response to the burden of cancer. 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 2015 President's budget request for the NCI is \$4.931 billion, an increase of \$7.9 million and 0.2 percent above the FY 2014 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. It 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.

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. Through the National Collaborative on Childhood Obesity Research (NCCOR), NCI is partnering with four NIH institutes, the Centers for Disease Control and Prevention (CDC), the Robert Wood Johnson Foundation, and the Department of Agriculture, to increase the surveillance of childhood obesity; identify, design, and evaluate practical and sustainable interventions; and support coordination and collaboration to halt and reverse childhood obesity. The FY 2015 budget request is \$1.249 billion, an increase of \$4.6 million and 0.4 percent above the FY 2014 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 tobacco use, the leading cause of preventable death and disease worldwide, has been slowly declining in most high-income countries, including the US, it is increasing in many low- and middle-income countries. NCI, with the Fogarty International Center and others, launched the International Tobacco and Health Research and Capacity Building Program to support transdisciplinary research and capacity-building projects that address the burden of tobacco consumption in low- and middle-income nations. The Program supports observational, intervention, and policy research of local importance. It also builds capacity in these regions for epidemiological and behavioral research, prevention, treatment, communications, health services, and policy research. The FY 2015 President's budget request for Cancer Prevention and Control is \$182 million, an increase of \$0.67 million and 0.4 percent above the FY 2014 actual funding level.

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 68 NCI-designated Cancer Centers which conduct basic, translational, and population research. Additionally, NCI supports more than 100 centers that also conduct basic and clinical science research. The FY 2015 budget request for the Cancer Center Program is \$577 million, an increase of \$2 million and 0.4 percent above the FY 2014 actual funding level.

Through its Research Workforce Development program, NCI invests in early-stage investigators and 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 Experiences 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 Institute's Division of Cancer Prevention supports the unique postdoctoral Cancer Fellowship Program (CPFP) where trainees earn MPH degrees at accredited universities the first year, followed by mentored research with NCI investigators. The FY 2015 budget request for the program is \$167.5 million, an increase of \$0.6 million and 0.4 percent above the FY 2014 actual funding level.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
4779.4	5125.9	4922.8	4930.7	3.0%	-4.0%	0.2%

National Center for Advancing Translational Sciences

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.

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. NCATS is continuing to evolve the CTSA program to meet the needs of clinical and translational investigators and the communities they serve. This evolution will be guided by the 2013 Institute of Medicine report that reviewed the CTSA program and recommended that NCATS take an active role in the program's governance and direction, including formalizing the evaluation processes of the program, advancing innovation in education and

training programs, and ensuring community engagement in all phases of research. The FY 2015 President's budget request for CTSA program is \$471.7 million, a decrease of \$3 million or 0.6 below the FY 2014 funding level.

NCATS has been implementing changes in the CTSA program in response to community input. Further modifications of the programs are planned in FY 2015 based on the IOM report. The report included seven recommendations: (1) Strengthen NCATS leadership of the CTSA program; (2) Reconfigure and streamline the CTSA Consortium; (3) Build on the strengths of individual CTSA across the spectrum of clinical and translational research; (4) Formalize and standardize evaluation processes for individual CTSA and the CTSA program; (5) Advance innovation in education and training programs; (6) Ensure community engagement in all phases of research; and (7) Strengthen clinical and translational research relevant to child health.

The FY 2014 President's budget request for NCATS is \$657 million, an increase of \$25 million above the FY 2014 funding level.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
542.2	665.7	632.4	657.5	16.6%	-5.0%	4.0%

National Center for Complementary and Alternative Medicine

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.

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 2015 budget request for NCCAM is \$124.5 million, an increase of \$384,000 above the FY 2014 actual funding level.

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 2015 budget request for extramural clinical research is \$53.2 million, 0.5 percent above the FY 2014 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 Interdisciplinary Complementary and Integrative Health Clinical Research Training Award funds partnerships between research intensive institutions and institutions focused on rigorous clinical research and training of practitioners in complementary modalities. The NCCAM FY 2015 budget request for

extramural research training and capacity building is \$8.4 million and 1.1 percent above the FY 2014 funding level.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
120.7	129.0	124.1	124.5	2.8%	-3.8%	0.3%

National Eye Institute

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.

The FY 2015 budget request for NEI is \$675.2 million, an increase of \$919,000 and 0.1 percent above the FY 2014 actual funding level.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
662.2	699.2	674.2	675.2	1.8%	-3.6%	0.1%

National Heart, Lung and Blood Institute

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.

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 \$2.988 billion, an increase of \$4.9 million above the FY 2014 funding level.

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; and
- 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 (CAPB) 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 includes 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 a 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.

NHLBI also supports research on mind-body interventions to reduce psychological risk factors in patients with cardiovascular disease. This support extends to a phase III randomized controlled trial examining the effects of a personalized mindfulness-based intervention on reducing inflammation, a significant predictor of future cardiovascular disease, via reductions in traditional risk factors, selected psychosocial attributes, and stress-reactivity. The outcome of treatment may include reducing risk for coronary heart disease, hypertension, and Type II diabetes. The Institute has supported preliminary (phase II) trials of mind-body interventions such as meditation for the prevention of cardiovascular disease. To identify promising candidate interventions and evaluate the infrastructure needed to advance clinical science in this area, NHLBI intends to continue consulting with other NIH Institutes and Centers to identify gaps in and opportunities for research examining the effect of mind-body interventions on cardiovascular risk factors and to consider future research on the topic. Meanwhile, the Institute welcomes meritorious investigator-initiated projects for pilot studies and clinical trials of mind-body interventions to prevent cardiovascular disease.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
2901.3	3098.5	2982.7	2987.7	2.8%	-3.7%	0.2%

National Human Genome Research Institute

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

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 2015 request for NHGRI is \$498.5 million, an increase of \$1.3 million and 0.3 percent above the FY 2014 actual funding level.

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 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 \$51.1 million, an increase of \$0.266 million and 0.5 percent more than the FY 2014 actual funding level. In FY 2015, 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. In FY 2015, NHGRI plans to continue to support the ELSI program (extramurally) and the Institute's intramural Social and Behavioral Branch to study, analyze, and anticipate social, behavioral, ethical, and legal issues that may result from the use of new DNA sequencing technologies and the genomic information those technologies generate.

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 on 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 2015 President's budget request for Education and Training is \$22.2 million, an increase of \$147,000 and 0.7 percent above the FY 2014 actual level. In FY 2015, NHGRI intends to continue its support for training the next generation of genomic researchers, as well as programs aimed at bringing genomics to healthcare professionals and the general public. The Institute also plans to increase its support for training in the areas of bioinformatics, data science, and genomic medicine.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
483.3	571.3	497.1	498.5	2.9%	-13.0%	0.3%

National Institute on Aging

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.

NIA maintains an ongoing commitment to supporting basic behavioral and social science research in aging. NIA-supported behavioral and social scientists describe the economic and societal consequences of a rapidly aging population and use insights from the emerging field of behavioral economics to develop and test interventions that promote healthy behaviors among older people. The FY 2015 budget request for NIA is \$1.2 billion, an increase of \$1.5 million and 0.1 percent above the FY 2014 funding level. In FY 2015, the Institute expects to support ongoing initiatives in social neuroscience, studies of the reversibility in later life of the effects of adverse early life exposures, and studies of the effects of the economic downturn on the health and well-being of older individuals.

NIA remains an active participant in the trans-NIH Science of Behavior Change initiative and the Basic Behavioral and Social Science Opportunity Network (OppNet). The Institute has also established an initiative to uncover the cause of why the U.S. has lagged behind almost all other industrialized countries in health and longevity at older ages. NIA-supported research findings have proven relevant to public policy. An example is the Oregon Health Insurance Experiment that utilized the statewide lottery from a waiting list for Medicaid to examine the effects of the program. The study used a randomized controlled design and found that Medicaid coverage for uninsured low-income adults increased access to care, improved self-reported health, reduced rates of depression, and reduced bad debt and financial strain but did not yield measurable improvements in physical health outcomes in the first two years of coverage.

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 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 is partnering with the Patient-Centered Outcomes Research Institute on an intervention study to prevent injurious falls, a key cause of disability in older individuals.

The Institute provides support for social and behavioral science research through its **Behavioral and Social Research Program (BSR)**: Understanding and Addressing the Behavioral, Emotional, and Social Dynamics of Aging. The Individual Behavioral Processes Branch and the Population and Social Processes 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. The FY 2015 budget request for BSR is \$182.6 million, an increase of \$504,000 and 0.3 percent above the FY 2014 enacted funding level.

Training the next generation of researchers in aging is a 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. Recognizing the need to promote diversity in the research workforce, in FY 2012, the Institute established the Advancing Diversity in Aging Research through Undergraduate Education (ADAR) Program. ADAR supports creative and innovative undergraduate-level research education programs to diversify the workforce in aging. The Institute anticipates funding additional programs in this area, dependent on the resources available and the receipt of compelling applications.

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.

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. Notably, HRS is a model for similar studies around the world, in England, China, South Korea, Mexico, and Japan. Other studies, such as 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 has solicited 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 2015 President's budget request for the Neuroscience Program is \$510.3 million, an increase of \$1.4 million and 0.3 percent above the FY 2014 actual funding level.

The Institute's **Geriatrics and Clinical Gerontology Program**: Reducing Disease and Disability among Older People 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 ongoing collaboration with the National Institute of Allergy and Infectious Diseases, a second example of this collaboration, addresses the increasing incidence of HIV/AIDS among older Americans. The FY 2015 budget request for the Geriatrics and Clinical Gerontology Program is \$137.8 million, an increase of \$380,000 and 0.3 percent above the FY 2014 funding level. In FY 2015, NIA along with other NIH institutes and centers will support the recently established initiative to advance the science of palliative care among older patients.

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 include personality, cognition, and psychophysiology. IRP's high priority areas for epidemiology include frailty, cognition, body composition, disability, and molecular biomarkers of aging. The FY 2015 budget request for the Intramural Research Program is \$119.8, an increase of \$1.2 million and 1 percent above the FY 2014 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.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
1039.7	1193.4	1169.4	1170.9	12.5%	-2.0%	0.1%

National Institute on Alcohol Abuse and Alcoholism

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) supports basic and applied research related to the etiology, prevalence, prediction, diagnosis, prognosis, treatment, management, and prevention of alcoholism and other related problems. George Koob, an internationally-recognized expert on alcohol and stress, and the neurobiology of alcohol and drug addiction, became NIAAA's director in January 2014.

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. 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 2015 budget request is \$446 million, an increase of \$0.606 million or 0.1 percent above the FY 2014 funding level.

Building on recent progress in the coordination of addiction research with the National Institute on Drug Abuse (NIDA), NIAAA is participating in the collaborative framework designed to enhance and expand activities across all NIH institutes and centers that participate in substance use, abuse, and addiction related research. The mission of the partnership, *Collaborative Research on Addiction at NIH* (CRAN), is to provide a strong collaborative framework to enable NIAAA, NIDA, and the National Cancer Institute (NCI) to integrate resources and expertise to advance substance use, abuse, and addiction research and public health outcomes. 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. CRAN's activities include: issuing funding opportunity announcements to facilitate collaborative research on substance use, abuse, addiction, and related health consequences; convening an annual joint council meeting comprising NIAAA and NIDA council members, with representation from NCI; and providing researchers and other stakeholders with web-based information on funding opportunity announcements, news and events, and significant research accomplishments. The partnership also includes an integrated NIAAA/NIDA addictions clinical research program, under the leadership of a single Clinical Director; Collaborative Genetic/Genomics clinical studies; Optogenetics and Transgenic Technology Core (OTTC); and training and career development opportunities for fellows and students. To date CRAN has issued two funding announcements to augment existing grants.

To address the pervasive use of alcohol among youth/adolescents, NIAAA supports multisite longitudinal studies of youth ages 12-21 to assess the vulnerability of the adolescent brain to alcohol exposure. 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 2015 budget request is \$61.6 million, an increase of \$154,000 and 0.3 percent above the FY 2014 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 2015 budget request for research in this area is \$165.9 million, an increase of \$1.32 million and 0.7 percent above the FY 2014 actual funding level.

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 2015 budget request is \$123.7 million, an increase of \$308,000 and 0.3 percent above the FY 2014 actual funding level.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
433.0	463.8	445.4	446.0	2.9%	-4.0%	0.1%

National Institute of Allergy and Infectious Diseases

The National Institute of Allergy and Infectious Diseases (NIAID) conducts and supports basic and applied research to better understand, treat, and ultimately prevent infectious, immunologic, and allergic diseases.

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 2015 budget request for NIAID is \$4.423 billion, an increase of \$30.7 million and 0.7 percent above the FY 2014 level. In FY 2015, 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.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
4231.5	4578.8	4392.7	4423.4	3.8%	-4.1%	0.7%

National Institute of Arthritis and Musculoskeletal and Skin Diseases

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.

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 2015 budget request for NIAMS is \$520.2 million, an increase of \$851,000 and 0.2 percent above the FY 2014 funding level.

The Institute supports research that has identifies 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 2015 budget request for this program is \$104.2 million, an increase of \$320,000 and 0.3 percent above the FY 2014 funding level.

The Institute also supports clinical research that helps patients and their healthcare providers make better-informed decisions regarding lower-back pain. For the past decade, NIAMS has supported research monitoring the health of people who have lower-back pain and has developed a database of outcomes and a calculator to show potential patients results for physical activity, pain, and overall health after surgical or non-surgical treatment for lower-back pain. The goal is to translate the findings into clinical practice via refining the calculator through integrating individual patient data characteristics, longer-term outcomes data, information about complications following surgery or the need to have a second procedure, as well as results from other research.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
504.9	541.0	519.3	520.2	2.9%	-4.0%	0.2%

National Institute of Biomedical Imaging and Bioengineering

NIBIB is devoted to merging the physical and biological sciences to develop new technologies that improve health. 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 2015 budget request for NIBIB is \$328.5 million, an increase of \$2.2 million and 1.5 percent above the FY 2014 funding level.

NIBIB emphasizes that health information technology research requires an interdisciplinary approach 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 spearheading 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.

In FY 2015, NIBIB intends to contribute to developing a component of the NIH-wide Big Data to Knowledge (BD2K) Initiative, the Centers of Excellence for Big Data Computing in Biomedical Sciences. The Centers will form a BD2K Center Consortium to establish a data ecosystem in which methods and tools will be developed and shared to mine diverse data for new biomedical knowledge that will improve health.

NIBIB's **Health Informatics Technology (HIT)** program supports activities to further research in health information technology, bioinformatics, mobile health, clinical depression support, image processing, and data integration and health. HIT is examining ways to harness "big data" by using an informatics approach. This includes supporting studies that utilize 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 2015 budget request for the HIT program is \$32 million, a \$54,000 decrease and 0.2 percent below the FY 2014 level.

In FY 2015, NIBIB intends to continue to support the growing HIT field with an initiative to solve critical challenges to health and health care using multidisciplinary approaches that include social and economic science, engineering, clinical practice, and computational and information science. The Institute supports the "Smart and Connected Health" initiative, a jointly-funded program with the National Science Foundation. Projects supported by the initiative included the development of tools for effective use of electronic health data by patient care teams, computational approaches that model biological processes, predict patient behavior, and accelerate optimization of treatments, and developing intelligent systems that help health care professionals respond appropriately to patient information coming from medical devices. The initiative responds to the President's Council of Advisors on Science and Technology, the National Research Council, and the Institute of Medicine's calls for transformative health care research. In FY 2015, HIT plans to focus on mobile health, clinical decision support, and big data. NIBIB also intends to initiate new funding opportunity announcements in the areas of healthy independent living and connected health, with priority to new investigators.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
318.8	338.9	326.4	328.5	2.4%	-3.7%	0.6%

Eunice Kennedy Shriver National Institute of Child Health and Human Development

The *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (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.

The Institute's broad mission includes investigations of infant mortality, prevention of birth defects, intellectual disability, pediatric/adolescent development, demographic and behavioral factors, and rehabilitation research. Research supported by 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 2015 budget request for NICHD is \$1.34 billion, an increase of \$20.4 million above the FY 2014 funding level.

For the past two years, NICHD has begun to implement its "Scientific Vision: The Next Decade." The agency intends to expand its efforts into what it describes as promising areas highlighted in the plan, in addition to continuing to fund investigator-initiated research that is "central to its mission." The agency recently announced that it will co-fund new research to understand how genomics, newborn screening technologies, and the collection and use of related data influence parental decision-making and physician behavior.

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's **Pediatric Health** program includes research on HIV and associated infections, nutrition science, and pediatric trauma and critical illness. Another program area includes domestic and international research on the epidemiology, diagnosis, clinical manifestations, disease process, transmission, and prevention of HIV infection and its effects in pregnant women, children, and adolescents. The FY 2015 budget request for the program is \$266.6 million, an increase of \$0.138 million and 0.1 percent above the FY 2014 actual funding level. In FY 2015, the program will consolidate research studies detailing the complex physiological, behavioral, and psychosocial factors that affect child health outcomes in trauma, injury, and acute care in the recently created Pediatric Trauma and Critical Illness Branch.

NICHD's Intellectual and Developmental Disabilities (IDD) program supports basic, clinical, and translational research on common and rare disorders such as Down syndrome, Fragile X syndrome, Rett syndrome, and autism spectrum disorder. The program also attempts to understand the complex processes through which these disorders influence cognitive, emotional, social, and physical development through the lifespan. The program recognizes that detecting IDD and beginning proven therapies as early as possible increases the likelihood of better outcomes for children. This research encompasses newborn screening studies along with research on better ways to diagnose, treat, and manage IDD starting at the earliest age possible. The FY 2015 budget request for the program is \$112.2 million, an increase of \$58,000 and 0.1 percent above the FY 2014 funding level. In FY 2015, the program plans to continue to maintain ongoing investigations into the cause, potential treatments, and prevention strategies for autism spectrum disorders and other forms of IDD.

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.

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 program also supports a wide range of longitudinal population studies, including the National Longitudinal Study of Adolescent Health (Add Health) which continues to generate data widely used by the scientific community to assess the lasting impacts of adolescents' beliefs and behaviors about their health. The program further supports research that seeks to understand the broader social and behavioral factors that contribute to the spread of sexually transmitted infections and other health problems. It encompasses research in a wide range of behavioral and developmental areas relevant to the psychological, psychobiological, language, behavioral, educational development, and health of children. This support extends to research that seeks to understand typical cognitive, affective, and social development. The demography and behavior program's basic and applied behavioral research focuses on how neurobiological, genetic, and environmental factors work together to shape behavioral development and learning. Research, including intervention research, supported by the program have focused on identifying how these factors contribute to a wide range of problems, for instance, those involving language acquisition and reading skills, math and science learning, attention, reading, problem-solving, and risk-taking behaviors. The research is designed to recognize the important role of peer relationships, social networks, and new media, as well as parental and school influences. The FY 2015 budget request for the Demography and Behavior program is \$276.9 million, an increase of \$144,000 and 0.1 percent above the FY 2014 funding level. In FY 2015, the program intends to continue to support a major research infrastructure program for the demographic and populations sciences aimed at increasing the pace and impact of this research along with encouraging collaborations focused on emerging research topics and nurturing the careers of young scientists. It also intends to continue to support research on the neurological processes underlying how children learn, designed to enhance and improve interventions that can inform educational practice and how to improve the health and well-being of children and their families.

Through the National Center for Medical Rehabilitation Research (NCMRR), NICHD's rehabilitation program, the Institute supports research and research training to enhance the health, productivity, independence, and quality of life of people with disabilities. The program supports a broad range of research. The FY 2015 budget request for the program is \$66.9 million, an increase of \$35,000 and 0.1 percent above the FY 2014 funding level. In FY 2015, as part of a new collaborative initiative, the Center plans to work with the NIH institutes and centers to support the development of home monitoring devices and other technologies that will allow individuals with disabling or chronic conditions to live independently at home, thus enhancing their functionality and quality of life.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
1245.1	1339.4	1280.8	1283.5	2.9%	-4.4%	0.2%

National Institute on Deafness and Other Communication Disorders

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. In October 2013, NIDCD celebrated its 25th anniversary.

The Institute places great emphasis on training and career development of scientists. Stressing the lack of appropriate research mentors available nationwide for developing clinicians, notably otolaryngologists, speech-language pathologists, and audiologists, into clinician-scientists, the NIDCD has launched a pilot program that established national mentoring networks to leverage senior scientific mentors and other mentoring resources to nurture clinically trained individuals at a junior career stage.

The FY 2015 budget request for NIDCD is \$403.9 million, an increase of \$440,000 and 0.1 percent above the FY 2014 level. In FY 2015, NIDCD intends to continue emphasizing faculty, postdoctoral, and student training in its three program areas: hearing and balance; taste and smell; and voice, speech, and language sciences. The Institute includes funds in its R & D Contracts to support trans-NIH initiatives such as the Basic Behavioral and Social Sciences Opportunity Network (OppNet).

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
392.2	422.9	403.5	403.9	2.9%	-4.6%	0.1%

National Institute of Dental and Craniofacial Research

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. 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 factors including 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 2015 budget request for NIDCR is \$397 million, roughly the same as the FY 2014 actual funding level.

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.

The Institute stresses its commitment to the support of basic and applied research in the behavioral and social sciences and 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 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. To expand the pipeline of researchers with expertise and experience in the mechanisms, theory, and research methods of oral health behavior, NIDCR is supporting mid- to late-stage investigators with protected time to gain the requisite knowledge and skills in this area.

The FY 2015 budget request for the **Behavioral and Social Sciences Research program** is \$11 million, an increase of \$5,000 and 0.5 percent above the FY 2014 funding level. In FY 2015, NIDCR intends give priority to highly meritorious new research and ongoing initiatives. NIDCR also intends to build on its investments in clinical trial planning grants, supporting meritorious clinical trials that identify behavioral interventions to improve oral health across a range of underserved communities. The institute also intends to continue its investment in developing research tools to understand how behavioral interventions work and will support research incorporating those tools. In addition, NIDCR plans to leverage trans-NIH initiatives, such as the Common Fund Science of Behavior Change, to inform behavioral interventions for dental, oral, and craniofacial research programs.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
387.0	411.5	397.1	397.1	2.6%	-3.5%	0.0%

National Institute of Diabetes and Digestive and Kidney Diseases

The mission of the National Institute of Diabetes and Digestive Kidney Diseases (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.

The FY 2015 budget request for NIDDK is \$1.893 billion, an increase of \$12.3 million above the FY 2014 funding level.

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 Institute also funds the Nutrition Obesity Research Centers (NORCs) which provide resources and services to advance and facilitate research at their local institutes and by the broader research community.

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 also reduces health care costs to the point that its net cost at 10 years is very low. The follow-up data are being used to examine the effect of lifestyle changes on the development of micro- and macro-vascular complications of type 2 diabetes. The FY 2015 budget request for this program is \$614.7 million, an increase of \$1.4 million and 0.2 percent above the FY 2014 actual funding level. In FY 2015, NIDDK intends to continue major diabetes clinical trials and encourage and support development of new investigator-initiated clinical studies. The institute also plans 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.

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 2015 budget request for the program is \$464.8 million, an increase of \$1.1 million and 0.2 percent above the FY 2014 actual funding level. In FY 2015, 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.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
1693.3	1811.8	1741.9	1743.3	2.9%	-3.9%	0.1%

National Institute on Drug Abuse

The National Institute on Drug Abuse (NIDA) is the lead Federal agency and predominant source of funding for research on drug abuse and addiction. 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 2015 budget request for NIDA is \$1.023 billion, an increase of \$7.5 million and 0.7 percent above the FY 2012 funding level.

NIDA participates in a variety of activities supported through the NIH Common Fund, including 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 role 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-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 began in the fall of 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 \$253.8 million, an increase of \$1.8 million and 0.7 percent above the FY 2015 actual funding level.

The Institute supports innovative research on drug addiction and related health problems including pain and HIV/AIDS. NIDA is developing a new award, AVENIR, which blends the NIH Pioneer Award and the New Innovator award mechanisms and is designed to attract young investigators into HIV/drug abuse public health research.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
992.6	1071.6	1015.8	1023.3	2.3%	-5.2%	0.7%

National Institute of Environmental Health Sciences

The mission of the National Institute of Environmental Health Sciences (NIEHS) is to discover how the environment affects people in order to promote healthier lives. The Institute rearticulated its mission in its 2012-2017 strategic plan, *Advancing Science, Improving Health: A Plan for Environmental Health Research*: “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.

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 2015 budget request for NIEHS is \$66.1 million, an increase of \$556,000 and 0.1 percent above the FY 2014 actual funding level.

The NIEHS mission and vision is 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.

NIEHS' **Translational Research and Special Population program** includes a wide set of research activities designed to encourage the integration of clinical, population, and community-based research to translate findings into improved public health practice and disease prevention. The program's activities include research support targeted at understanding environmental risks to special populations (i.e., the elderly, children, and the underserved) in an effort to develop interventions and solutions to real-world problems. The Children's Environmental Health and Disease Prevention Research Centers program, a

collaboration with the Environmental Protection Agency, is focused on understanding the effects of environmental exposures on children's health. Its goal is to translate the research into treatment and intervention strategies. The FY 2015 budget request for the program is \$110.2 million, an increase of \$0.820 million and 0.7 percent above the FY 2014 funding level.

The Developmental Origins of Health and Disease (DOHAD) concept describes how 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 initiated research efforts designed to 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 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.

NIEH's **Training and Education program** is designed to attract students and scientists into the environmental health science field in an effort to ensure a cadre of professionals to conduct the interdisciplinary research necessary to solve critical environmental health problems. The program includes efforts providing opportunities for laboratory-based training at the high school and undergraduate levels; providing institutional training grants and individual fellowships at the graduate level; and providing grants for young investigators at the faculty level. In April 2014 the Institute will begin accepting the Ruth L. Kirschstein National Research Service Awards (NRSAs) F31 pre-doctoral fellowship, which enables students to apply for up to five years of support leading to their PhD or equivalent research degree. The FY 2015 budget request for the program is \$41.3 million, an increase of \$390,000 and one percent above the FY 2014 funding level.

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 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.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
646.0	691.3	664.5	665.1	2.9%	-3.9%	0.1%

National Institute of General Medical Sciences

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 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) pre-doctoral 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 2015 budget request for NIGMS is \$2.369 billion, an increase of \$7 million above the FY 2014 funding level.

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. The FY 2015 budget request the BBCB program is \$239.8 million, an increase of \$983,000 and 0.4 percent above the FY 2014 funding level. In FY 2015, BBCB plans to give priority to major initiatives including MIDAS and the Biomedical Technology Research Centers. In FY 2015, BBCB intends to fund investigator-initiated approaches designed to enable maximal usability of biomedical data and information.

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 PhD and MD-PhD students as well as postdoctoral fellows through advanced and specialized training in basic, translational, and clinical research. The Institute is developing strategies designed to allow universities to conduct real-world

experiments intended to optimize graduate and post-graduate research training that recognizes the broad needs of modern society for well-trained scientists. The Institute plans to increase its focus on improving the methods for measuring the outcomes of the federal investment in research training.

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. NIGMS IDeA program for Clinical and Translational Research is designed to enhance geographic diversity in federal research funding. Other TWD programs support institutions serving a substantial number of students from groups underrepresented in the biomedical sciences.

In FY 2015 and FY 2016 TWD plans to continue its support for specialized programs in biomedical and behavioral sciences that recruit and train students from diverse backgrounds. The FY 2015 budget request for TWD programs is \$621.1 million, an increase of \$2.5 million or 0.4 percent above the FY 2014 actual funding level. The budget includes \$273.3 million for IDeA in FY 2015, which is the same level as in FY 2014. In FY 2015, TWD plans to support activities that promote diversity in the biomedical research workforce, in particular the Post-baccalaureate Research Education Program and the Minority Access to Research Careers Program.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
2291.3	2401.0	2361.9	2368.9	3.1%	-1.6%	0.3%

National Institute of Mental Health

The mission of the National Institute of Mental Health (NIMH) is to reduce the public health burden of mental and behavioral disorders through research on mind, brain, and behavior. 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 \$1.444 billion, an increase of \$23.25 million and 1.6 percent above the FY 2014 funding level

The Brain Research through Advancing Innovative Neurotechnologies (BRAIN) initiative includes \$40 million in funding from NIH in FY 2014, with the National Institute of Neurological Disorders and Stroke, the Defense Advanced Research Projects Agency, the National Science Foundation, and the White House Office of Science and Technology Policy. NIMH is contributing \$12.85 million to the Initiative in FY 2014 and plans to provide \$38 million in FY 2015.

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 part of 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 2015 budget request for the Division is \$496.2 million, an increase of \$20.38 million and 4.3 percent above the FY 2014 funding level.

The **Division of Developmental Translational Research (DDTR)** stimulates and promotes an integrated program of reach across basic behavioral and psychological processes, environmental processes, brain development, genetics, developmental psychopathology, and therapeutic interventions. Another focus of the division is eating disorders. DDTR leads the NIMH's Biobehavioral Research Awards for Innovative New Scientists (BRAINS) initiative which supports research proposed by early stage investigators with the potential for significantly advancing the understanding of the causes, functional mechanisms, and treatment of mental disorders. The FY 2015 budget request for the Developmental Translational Research is \$163.1 million, an increase of \$1.2 million and 0.8 percent above the FY 2014 actual funding level.

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 2015 budget request for the program is \$230.63 million, an increase of \$1.73 million and 0.8 percent above the FY 2014 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 2015 budget request for Services and Intervention Research program is \$139.0 million, an increase of \$1 million and 0.7 percent above the FY 2014 funding level.

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 FY 2015 request for the Division is \$145.9 million, a decrease of \$110,000 and 0.1 percent below the FY 2014 funding level.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
1394.8	1465.8	1416.8	1440.1	1.6%	-3.3%	1.6%

National Institute on Minority Health and Health Disparities

As authorized by the Affordable Care Act of 2010, the former National Center on Minority Health and Health Disparities is now the National Institute on Minority Health and Health Disparities (NIMHD). John Ruffin, NIMHD's director for more than 24 years, retired in March 2014. Yvonne T. Maddox, the Deputy Director of the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), began serving as Acting Director of NIMHD, effective April 1, 2014.

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 2015 budget request for NIMHD is \$267.9 million, the same as the FY 2014 funding level.

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 factors, 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's priorities for minority health and health disparities programs include examining the causes of health disparities; integrating science, practice and policy approaches; providing platforms for academic institutions to conduct research and train a diverse workforce; building community research capacity; investigating national and global patterns of health disparities; and advancing the translation and dissemination of research results.

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 2015 President's budget request is \$58.5 million, an increase of \$491,000 and one percent above the FY 2014 actual funding level. In FY 2015, 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 and 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 types of centers, the NIMHD Centers of Excellence (COE) program and the NIMHD Transdisciplinary Collaborative Centers (TCC) for Health Disparities Research. NIMHD funded four new TCCs in FY 2013 for a total of seven TCCs—two on the social determinants of

health, three on health policy, and two on men's health. The FY 2015 President's budget request for the program is \$83.08 million, an increase of \$3.3 million and 4.2 percent above the FY 2014 actual level. In FY 2015, NIMHD intends to continue support the TCCs for Health Disparities Research and to increase the 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 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 program provides support for developing core research facilities, building collaborations with research intensive institutions and supporting junior faculty to help them become independent investigators via programs such as the Research Centers in Minority Institutions (RCMI). RCMI supports the development and augmentation of research capacity and infrastructure for conducting basic biomedical, behavioral, clinical, and translational research at minority institutions that offer doctoral degrees in health sciences. The FY 2015 budget request for the Research Capacity-Building and Infrastructure program is \$ 84.9, a reduction of \$878,000 and 1.02 percent below the FY 2014 actual funding level. In FY 2015, 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.

NIMHD's **Science Education and Training Program**, a priority area for the Institute, is designed to enhance the diversity of the biomedical workforce and train researchers to conduct minority health and health disparities research. The Science Education Initiatives supports educational, mentoring, and/or career development programs for individuals from populations where health disparities persist that are underrepresented in the biomedical, clinical, behavioral, and social sciences. The programs include the Minority Health and Health Disparities International Research Training (MHIRT) program, the Clinical Research Education and Career Development (CRECD) in Minority Institutions program, the Disparities Research Education Advancing our Mission (DREAM) career transition award, the Extramural Loan-Repayment Program for Individuals from Disadvantage Backgrounds (LRP-IDB), and the Extramural Loan-Repayment Program for Health Disparities Research (LRP-HDR). CRECD awards provide mentored research opportunities to diversify the cohort of clinical and translational researchers on diseases that disproportionately impact minority populations. The DREAM Career Transition Award supports mentored research experience beginning with intramural and leading to extramural research activities. Research topics include topics such as adolescent dating violence, the link between depression and diabetes, and the impact of physician shortages in primary care. The FY 2015 budget request for the Science Education and Training Program is \$19.5 million, a reduction of \$2.3 million and 10.7 percent below the FY 2014 funding level. The reduction is the result of the delay in release in the DREAM program funding opportunity along with a reduction in the Loan Repayment program. In FY 2015, NIMHD intends to continue its support for the Loan Repayment program, MHIRT, and the Science Education Initiatives.

The Institute's **Intramural Research program** supports integrative and multidisciplinary research with a focus on the basic, clinical and translation, and social and behavioral sciences. The approach is designed to accelerate research progress in the determinants of disease prevention; diagnosis and identification of effective diagnostic tools; and treatment efficacy and appropriateness, resulting in a cost effective approach toward health disparities. The IRP is currently focused on three diseases: cardiovascular diseases, diabetes, and cancer in rural and social economically disadvantaged populations. As part of the NIMHD IRP DREAM program, 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 FY 2015 request is \$6.8 million, an increase of \$68,000 and 1.01 percent above the FY 2014 actual funding level. In FY 2015 will continue to support investigators. The proposed funding level will support nine investigators.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
260.5	283.3	267.9	267.9	2.8%	-5.4%	0.0%

National Institute of Neurological Disorders and Stroke

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.

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 2015 budget request for NINDS is \$1.608 billion, an increase of \$22.7 million and 1.4 percent above the FY 2014 level.

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 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 2015 budget request for the **Infrastructure, Training Programs, and Resources program** is \$195.9 million, an increase of \$3.4 million and 1.7 percent above the FY 2014 actual funding level.

NINDS Systems and Cognitive Neuroscience Program supports research on how the brain carries out complex functions, on counteracting the disruptive effects of neurological disorders, and on promoting recovery. The Institute leads NIH pain research, which is coordinated through the NIH Office of Pain Policy and NIH Pain Consortium. NIH and NINDS also lead the Interagency Pain Research Coordinating Committee (IPRCC), which coordinates the wider federal and private sector communities. The FY 2015 budget request for the Systems and Cognitive Neuroscience Program is \$221.2 million, an increase of \$3.8 million and 1.7 percent above the FY 2014 funding level.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
1532.5	1642.6	1585.8	1608.5	3.5%	-3.5%	1.4%

National Institute of Nursing Research

The National Institute of Nursing Research (NINR) supports basic and clinical research designed to establish a scientific basis for the care of individuals across the lifespan, research on the reduction of risks for disease and disability, and the promotion of healthy lifestyles.

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 2015 budget request for NINR is \$140.5 million, an increase of \$2.128 million above the FY 2014 funding level.

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 lifespan and to involve individuals more fully as active participants in their own health. Recent studies funded by the Institute in this area include a personalized, cognitive-behavioral intervention for patients with advanced cancer to manage a cluster of symptoms, including pain, fatigue, and sleep disturbance. NINR also supports Centers of Excellence in symptom science that brings together interdisciplinary teams of researchers to leverage expertise and resources with the goal to advance research on symptoms. The topics currently being supported by the Centers include sleep-related symptoms and understanding emotional distress and cognitive symptoms in chronic illness. The FY 2015 budget request for the program is \$41.1 million, a \$92,000 increase and 0.2 percent above the FY 2014 actual funding level. In FY 2015, NINR intends to continue to address the

many challenges and opportunities that exist in the area of self-management, symptom management, and caregiving.

The Institute's **Health Promotion and Disease Prevention** (HPDP) program funds 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. NINR-supported research under the program seeks to understand the physical, social, behavioral, and environmental causes of illness, assess behaviors that lead to healthy lifestyle choices, and develop evidence-based interventions to promote wellness. The program emphasized the need for the development of culturally-appropriate interventions. The FY 2015 budget request for the Program is \$41.5 million, an increase of \$92,000 and 0.2 percent above the FY 2014 actual funding level. In FY 2015, NINR intends to continue address the challenges and opportunities in this area.

The Institute's **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. NINR also supports innovative research to advance the field of personalized medicine. The FY 2015 budget request for the program is \$7.6 million, an increase of \$17,000 and 0.2 percent above the FY 2014 actual funding level. In FY 2015, NINR plans to continue supporting research on the use and development of novel technologies that address current and future clinical care and patient management needs, and their incorporation into practice. This level of funding will allow NINR to cover current commitments and fund additional awards in this emerging area of research.

NINR's **Palliative and 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. NINR is the lead NIH institute for end-of-life research. 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. NINR also supports a palliative care research cooperative with the objective to develop an enhanced evidence base for palliative care interventions by bringing together experienced, multidisciplinary investigators from multiple institutions. The goal is to facilitate innovative, clinically relevant palliative care research to inform practice along with health policy. The Institute notes that there are multiple challenges and opportunities for further research, including addressing the changing demographics of individuals with advanced illness, understanding the needs of individuals with complex and multiple chronic conditions, and the need for research focusing on the unique challenges faced by pediatric populations. The FY 2015 budget request for the Palliative and End-of-Life program is \$15.7 million, an increase of \$34,000 and 0.2 percent above the FY 2014 actual funding level. In FY 2015, 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.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
136.4	146.2	140.3	140.5	2.9%	-4.0%	0.1%

National Library of Medicine

The National Library of Medicine (NLM) is the world's largest library of the health sciences and maintains extensive web-based information resources for the scientific community, health professionals, and the general public.

Founded 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 FY 2015 budget request for NLM is \$372.8 million, an increase of \$5.6 million above the FY 2014 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 2015, NLM intends to offer grants in four categories: training/career support; research project grants; information resource and scholarship grants; and small business grants.

NLM is engaged in all phases of the NIH Big Data to Knowledge (BD2K) initiative. In FY 2015, NLM plans to continue to contribute to the development of effective mechanisms for identifying and facilitating data access initiatives with those of other science agencies.

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 supports two resource grant programs that are not offered by any other federal agency. One of the programs supports deployment of knowledge resources to reduce health disparities. The program made three new awards in FY 2013, including projects on graphics for health education materials designed for underrepresented populations, using web portals for diabetes self-management, and bringing NLM resources to a federal qualified health center. The second resource grant program supports scholars doing research in the history and philosophy of medicine, biomedical science, and bioethics. The FY 2015 budget request for the program is \$24.6 million, an increase of \$645,000 and 2.7 percent above the FY 2014 funding level.

NLM has 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 advance telecommunications networks, automated bio-surveillance, and information management in disasters. The projects advance the science of biomedical informatics, which is the intersection of computer, information, and engineering sciences with medicine, public health, and biological/behavioral sciences.

NLM research grants complement the BD2K initiative. NLM funded a new grant in FY 2013 from the joint NSF/NIH Big Data research initiative; NLM's grant is focused on finding causal inferences in large-scale observational clinical data sets. The FY 2015 budget request is \$24.3 million, a decrease of \$268,000 and 1.1 percent below the FY 2014 funding level. In FY 2015, NLM intends to strengthen its research project grants portfolio in conjunction with the pan-NIH BD2K initiative. NLM intends to award up to 16 new research project grants including two research transition awards.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
318.1	382.3	367.2	372.9	15.4%	-3.9%	1.6%

Department of Homeland Security

The Department of Homeland Security (DHS) requests \$60.9 billion in FY 2015, about the same as enacted for FY 2014 (this includes mandatory spending, fees, and trust funds.) Jeh Johnson, formerly General Counsel for the Department of Defense, was confirmed as Homeland Security Secretary in December 2013, replacing Janet Napolitano.

DHS's FY 2015 budget request to Congress can be found at: <http://www.dhs.gov/dhs-budget>

Science and Technology Directorate

The mission of DHS' Science and Technology Directorate is to develop state-of-the-art technologies and solutions to improve homeland security. The FY 2015 request calls for \$941.7 million for the Directorate, \$433.8 of which would go to its Research, Development, and Innovation (RD&I) programs, and \$31 million to University Programs.

The Human Factors/Behavioral Science division 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 to: 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 RD&I request includes \$9.2 million under the portfolio's Hostile Behavior Predict and Detect thrust, which includes projects focused on Actionable Indicators and Countermeasures, Hostile Intent Detection and Surveillance, Insider Threat Detection (this proposal would revive a FY 2010 initiative), and Risk-Based Resource Deployment Decision-aid. Other projects that would be funded by the request include an Integrated Terrorism Risk Assessment and a Community Resilience and Communications program.

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 two areas within University Programs are the Centers of Excellence (COE) and Minority Serving Institutions. The FY 2015 request for University programs proposes a 22 percent reduction to \$31 million. The cut, which would only affect the COEs, would “reduce operational support to current COEs and will impact the number of future competitions for COEs.” The Directorate would re-compete COEs at a lower funding level and decrease the number of research opportunities available per year. Minority Serving Institutions (MSI) programs support institutions that reach underrepresented populations in conducting research and guiding students into homeland security-related careers. These programs, which include the Scientific Leadership Award program and the Summer Research Team program, would maintain their FY 2014 funding levels.

	Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
Research, Development, and Innovation	425.3	467.0	462.0	433.8	8.6%	-1.1%	-6.1%
University Programs	38.3	31.0	39.7	31.0	3.6%	28.1%	-22.0%

Department of Housing and Urban Development

The Administration’s FY 2015 request for the Department of Housing and Urban Development (HUD) totals \$46.7 billion in gross discretionary funding, 2.6 percent above the FY 2014 level. The proposed budget is structured around four key principles: (1) Driving economic growth by increasing access to credit and strengthening the Federal Housing Administration; (2) Providing opportunity by restoring and increasing assistance to vulnerable families; (3) Creating growth and opportunity through key initiatives; and (4) Ensuring fiscal responsibility and increasing efficiency. HUD also proposes to continue its Transformation Initiative, which allows the Secretary to transfer up to \$80 million for technical assistance and capacity building, program demonstrations, and research and evaluation.

HUD’s FY 2015 budget request to Congress can be found at:

http://portal.hud.gov/hudportal/HUD?src=/program_offices/cfo/budget.

Office of Policy Development and Research

The Office of Policy Development & 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 2015 budget would allocate \$41.5 million to support PD&R’s housing market surveys, \$3.8 million above the level enacted for FY 2014. This level would fully fund the office’s housing surveys, including the including the American Housing Survey (AHS), which would receive \$34.1 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 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.

PD&R also receives funds from the Transformation Initiative to undertake larger-scale studies and demonstrations that span several years.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
43.6	50.0	46.0	50.0	5.5%	-8.0%	8.7%

Department of Justice

The Department of Justice's (DOJ) budget proposal for FY 2015 includes \$27.4 billion in discretionary budget authority, 0.4 percent above the FY 2014 enacted level. The largest increase is slated for the Attorney General's *Smart on Crime* initiative, with funding totaling \$173 million. This initiative promotes fundamental reforms to the criminal justice system, and the request sets aside an additional \$2 million to "develop new multidisciplinary program evaluation and policy analysis capability."

The Office of Justice Programs (OJP), which includes the National Institute of Justice (NIJ) and the Bureau of Justice Statistics (BJS), would receive \$11.8 million less than FY 2014 enacted levels, to a new total of \$2.3 billion, a decrease of 0.5 percent. Within OJP, the Evaluation Clearinghouse would see an increase of \$2 million to a new total of \$3 million in FY 2015. This would expand OJP's CrimeSolutions.gov website, which "consolidates rigorous research into a central, reliable and credible resource to inform practitioners and policy makers."

The FY 2015 request also proposes a discretionary funding set-aside of up to 3 percent from OJP programs to augment Research, Evaluation, and Statistics. This set-aside would provide funding for evaluation of adult drug court programs, as well as statistical data collection and analysis on other programs, and provide \$2 million for a Gun Safety Technology initiative.

Also included in the request is \$6 million for a Forensic Science initiative, an increase of \$2 million above the FY 2014 level. Included in the initiative is \$3 million for the National Institute of Standards and Technology to measure science and standards in support of forensic science. The Department also requests \$44 million for a new Problem-Solving Justice program, which would consolidate the Drug Court and Mentally Ill Offender programs. This new program would use science and research to address offender risks and needs.

The request also includes four new grant-based programs in FY 2015: the Civil Legal Aid program, requested at \$5 million; the Procedural Justice program, requested at \$9 million; the Community Teams to Reduce the Sexual Assault Kits Backlog program, requested at \$35 million; and the Byrne Incentive Grants program, requested at \$15 million. Finally, a significant increase of \$12.5 million was requested for the Community-Based Violence Prevention Initiatives program, raising the new total to \$18 million. These initiatives fund programs that “adopt a comprehensive public health approach that investigates the causes of youth violence.”

Opportunity, Growth, and Security Initiative

For the Office of Justice Programs, the President’s Opportunity, Growth, and Security Initiative, if funded, would provide \$75 million for the new Comprehensive School Safety Program. This program was first appropriated in FY 2014. This program would fund new grants to explore “the root causes of school violence and to develop new technologies, apply evidence-based approaches, and test pilot programs to enhance school safety.”

DOJ’s FY 2015 budget request to Congress can be found at: <http://www.justice.gov/jmd/2015summary/>.

Bureau of Justice Statistics

The Bureau of Justice Statistics’ (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. The Department has requested an increase of \$10.4 million for a total of \$55.4 million in FY 2015, an increase of 23 percent. The National Survey of Public Defenders would receive an additional \$1 million and the National Public Defenders Reporting Program would receive an additional \$1.5 million. The requested funding would also allow BJS to “explore the feasibility of statistical collections in important topical priority areas, including: recidivism and reentry, prosecution and adjudication, criminal justice data improvements and victimization statistics.”

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
44.8	52.9	45.0	55.4	0.4%	-14.9%	23.1%

National Institute of Justice

The President’s request includes an increase of \$7.5 million for the National Institute of Justice (NIJ) in FY 2015 for a new total of \$47.5 million, up 18.8 percent over the FY 2014 enacted levels. Included in this total is \$3 million for social science research on indigent defense. The funding would also support grants and agreements to build research knowledge and translate it into practice and policy to improve the justice system.

NIJ's strategic plan for these funds revolves around "translational research" to transform criminal justice research and policy including these four components, "(1) generating knowledge; (2) building and sustaining the research infrastructure; (3) supporting the adoption of research evidence in practice and policy; and (4) innovative dissemination and communication." These components, which would receive \$1.8 million of the additional funding, will allow NIJ to continue to invest in social, physical and forensic science through connecting research with effective criminal justice policy. The remaining \$2.7 million in enhanced funding will go to civil legal aid research in order to "coordinate and improve research and data collection to provide legal professionals and policy makers with more timely and detailed data."

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
40.1	44.5	40.0	47.5	-0.2%	-10.1%	18.8%

Department of Labor

The President's request includes \$11.8 billion in discretionary budget authority for the Department of Labor (DOL). The department continues to be guided by three overarching principles in FY 2015: (1) Investing in a Competitive Workforce; (2) Protecting American Workers; and (3) Providing Income and Retirement Security. The request targets investments to programs and initiatives addressing the President's recent efforts around income inequality, raising the minimum wage, and paid leave policies.

Opportunity, Growth, and Security Initiative

If appropriated, the President's special initiative would make additional DOL investments in job training and employment services. The initiative proposes \$1.5 billion for a Community College Job-Driven Training Fund, which would provide competitive grants to partnerships of community colleges, employers, training groups, and industry groups for apprenticeships. This is envisioned as a four year initiative, totaling \$6 billion.

In addition, the initiative would spend \$750 million to restore cuts already taken to job training programs and employment services, and \$100 million to establish paid leave programs in states.

Bureau of Labor Statistics

The President's request proposes a budget of \$610.1 million for the Bureau of Labor Statistics (BLS) in FY 2015, which would represent a \$17.9 million or 3 percent increase over FY 2014. Each of BLS's five budget activities would also see increases. The proposed budget for Labor Force Statistics is \$273.7 million, which is 3.1 percent over FY 2014. The increase includes \$1.6 million to add an annual supplement to the Current Population Survey (CPS). The budget for Prices and Cost of Living is \$207.8 million, a 3.6 percent increase. The increase includes \$2.5 million for the Consumer Expenditure Survey "to support the Census Bureau in its development of a supplemental statistical poverty measure using CE data," similar to the FY 2014 request.

Further, the request includes \$83 million (1.9 percent increase) for the Compensation and Working Conditions budget activity, \$10.4 million (2 percent increase) for Productivity and Technology, and \$35.1 million (1.7 percent increase) for Executive Directions and Staffing Services.

The National Longitudinal Surveys (NLS) will continue on a biennial basis. In FY 2015, NLS will release data from round 16 of the 1997 National Longitudinal Survey of Youth (NLSY97) and begin collection of round 17, and will complete data collection for round 26 of the 1979 National Longitudinal Survey of Youth (NLSY79).

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
577.2	613.8	592.2	610.1	2.6%	-3.5%	3.0%

DOL and BLS's FY 2015 budget requests to Congress can be found at: <http://www.dol.gov/dol/budget/>.

Department of State

The Department of State has requested a budget of \$46.2 billion for FY 2015, a decrease of 1.3 percent from the FY 2014 enacted level of \$46.8.

The Department of State's FY 2015 budget request to Congress can be found at:
<http://www.state.gov/s/d/rm/rls/ebs/2015/index.htm>.

Education and Cultural Exchanges Program

According to the Department, the Education and Cultural Exchange Programs “play a critical role towards increased U.S. security and economic development via ‘soft’ public diplomacy approaches.” The Education and Cultural Exchanges Program would receive \$577.9 million under the Department’s request. This is an increase of \$9.3 million, or 1.6 percent, over the FY 2014 enacted level of \$568.5 million. The request does not include any additional funding for Overseas Contingency Operations, which was funded at \$8.6 million in FY 2014.

The programs funded include the J. William Fulbright Educational Exchange Program, which provides U.S. and foreign students opportunities to obtain degrees, teach, and conduct research in foreign and American universities. The Fulbright Program would receive \$313.4 million in FY 2015, a decrease from the FY 2014 level of \$234.7 million. The funded programs also include educational advising and English language programs that develop and train Americans to teach English abroad, with requested funding at \$63 million. Also included in this year’s request are three new initiatives: the Young African Leaders Initiative (\$19 million), which would invest in a new generation of young African leaders; the Young South-East Asian Leaders Initiative (\$10 million), increasing outreach to emerging regional actors in Asia; and a new Special Academic Exchanges Activity, a Fulbright University in Vietnam (\$2.5 million).

A new Exchanges Rapid Response Program, which focuses on “exchange activities that respond rapidly to countries experiencing conflict or crisis, dramatic leadership transition, and significant social transformation,” would receive \$18 million in FY 2015.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
568.9	562.7	568.6	577.9	-0.1%	1.0%	1.6%

Department of Transportation

The President’s budget request includes a total of \$90.9 billion for the Department of Transportation (DOT). This year, the President’s DOT request includes a proposal for a four-year, \$302 billion surface transportation reauthorization bill, which is legislation that provides funding for highways, roads, transit, bike paths, and walkways. The last surface transportation authorization—*Moving Ahead for Progress in the 21st Century Act* (MAP-21)—was enacted in 2012 and expires in September 2014. The proposal is \$87 billion more than the current authorization spending levels in the Highway Trust Fund. Additional details about the proposal can be found in DOT’s Budget Highlights.

The Research and Innovative Technology Administration (RITA) was elevated to the Office of the Assistant Secretary for Research and Technology within the Office of the Secretary in the FY 2014 omnibus appropriations bill, which will allow it to “strengthen research functions across the Department by providing a prominent centralized focus on research and technology.” The Bureau of Transportation Statistics is located within the Office of the Assistant Secretary.

DOT’s FY 2015 budget request to Congress can be found at:
<http://www.dot.gov/mission/budget/fy2015-budget-estimates>.

Bureau of Transportation Statistics

The request includes \$29 million for the Bureau of Transportation Statistics (BTS) within the Office of the Assistant Secretary for Research and Technology. This would represent an increase of \$3 million or 11.5 percent over the FY 2014 enacted level. According to the request, the increase would fill data gaps about passenger travel through the establishment of a Travel Data Initiative. The initiative would “provide timely and comprehensive data regarding long distance intercity highways, aviation, and high-speed rail.” It would reestablish the Omnibus Household Survey, which collects data to better understand citizens’ satisfaction with transportation systems, and the Vehicle Inventory and Use Survey (VIUS) that collects information on physical and operating characteristics of trucks and other vehicle fleets. The last collection of long distance, intercity passenger data was in 1995 with the American Travel Survey; VIUS was last conducted in 2002.

BTS also administers the Airline Transportation Statistics Program through a transfer of funds from the Federal Aviation Administration.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
25.9	26.0	26.0	29.0	0.2%	0.0%	11.5%

Independent Agencies

National Archives and Records Administration

The National Archives and Records Administration (NARA) was established in 1934 by President Franklin Roosevelt to manage the government's archives and records and operate the presidential libraries. It preserves textual records, maps, charts, architectural drawings, photographs, machine-readable data sets, films and videotapes. In addition, NARA manages the rapidly growing number of electronic government records.

The request of \$376.7 million represents a slight (\$10 million) decrease from FY 2014. A little over \$1 million of that decrease would come from the closure of the National Archives in Anchorage, AK and the consolidation of existing facilities in Philadelphia, PA and Washington, DC.

The budget request calls for \$5 million for the National Historical Publications and Records Commission (NHPRC) grants program, an increase of \$500,000 from last year. The additional funding would go to new projects that promote transparency and support digital government strategies in non-federal facilities.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
371.0	385.8	386.6	376.7	4.2%	0.2%	-2.6%

The National Archives' FY 2015 budget request to Congress can be found at:

www.archives.gov/about/plans-reports/performance-budget/2015-performance-budget.pdf

National Endowment for the Humanities

The National Endowment for the Humanities (NEH) 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 budget request would provide NEH with \$146 million for FY 2015, maintaining its FY 2014 funding level. The request reduces administrative costs by nearly \$400,000 and proposes to redistribute the savings across NEH's programs. This would include an additional \$32,000 to Research Programs, which funds the Documenting Endangered Languages program, a partnership with the National Science Foundation. The request continues the *Bridging Cultures* initiative, designed to "promote understanding of diverse histories, cultures, and perspectives within the United States and abroad," and funds an

initiative called *Standing Together: The Humanities and the Experience of War*, which aims to foster better understanding of the experiences of veterans and the impacts of war.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
138.4	154.5	146.0	146.0	5.5%	-5.5%	0.0%

NEH's FY 2015 budget request to Congress can be found at: www.neh.gov/files/neh_request_fy2015.pdf.

United States Institute of Peace

The United States Institute of Peace (USIP) 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. USIP also "works with U.S. government partners and non-governmental organizations to advance U.S. strategic interests while helping to protect the vulnerable from conflicts that devastate lives and livelihoods."

The Administration has requested \$35.3 million for USIP in FY 2015. This is a decrease of \$1.7 million, or 4.6 percent, from the FY 2014 enacted level of \$37 million.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
37.0	35.7	37.0	35.3	0.0%	3.6%	-4.6%

The FY 2015 budget request to Congress for the US Institute of Peace, included in the State Department request, can be found at: <http://www.state.gov/s/d/rm/rls/ebs/2015/index.htm>.

Woodrow Wilson International Center for Scholars

The Woodrow Wilson Center 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 just under \$10 million for the Center in FY 2015. This is a slight decrease from the \$10.5 million enacted in FY 2014.

Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
11.0	10.5	10.5	10.0	-4.5%	0.0%	-4.8%

The Woodrow Wilson Center's FY 2015 budget request to Congress can be found at: http://www.wilsoncenter.org/sites/default/files/FY2015_Budget_Justification.pdf.

National Science Foundation

Dr. France Cordova, President Emerita of Purdue University, was nominated in July 2013 by President Obama to be the next Director of the National Science Foundation (NSF). She was confirmed by the Senate on March 12, 2014 and sworn in on March 31. A renowned astrophysicist, Dr. Cordova served as a member of the National Science Board. She will serve a six year term as NSF Director, replacing Dr. Subra Suresh who left NSF in June 2013 to become president of Carnegie Mellon University. Dr. Cora Marrett, NSF's deputy director, has been serving as NSF acting director since Suresh's departure.

The President's budget request includes \$7.255 billion for NSF, which is \$83 million or 1.2 percent more than the FY 2014 enacted level. Within this amount, NSF's research account—Research and Related Activities—would receive \$5.8 billion, which is a decrease of about 0.03 percent below FY 2014. Accordingly, nearly every directorate would be held roughly flat or see small decreases under the President's proposal, with the exceptions of the Social, Behavioral and Economic Sciences (SBE) directorate—NSF's smallest research directorate—which would receive \$272.2 million in FY 2015, a \$15.35 million or 6 percent increase (more on the SBE budget below).

According to the NSF budget request, the proposal would allow the agency to “align NSF's portfolio with overarching challenges and opportunities facing the Nation,” such as advanced manufacturing, clean energy, robotics, cyberinfrastructure, cybersecurity, and cognitive science and neuroscience. For example, the NSF request includes \$29 million for the agency's contributions to the interagency Brain Research through Advancing Innovation and Neurotechnologies (BRAIN) Initiative, which is more than double the amount appropriated in FY 2014.

Alongside the FY 2015 budget request NSF also released its 2014-2018 [strategic plan](#), *Investing in Science, Engineering and Education for the Nation's Future*. The five-year strategic plan includes three goals: (1) Transform the Frontiers of Science and Engineering; (2) Stimulate Innovation and Address Societal Needs through Research and Education; and (3) Excel as a Federal Science Agency. Additionally, the budget request includes an FY 2015 [Performance Plan](#), which itself contains 10 goals for measuring whether NSF is fulfilling the objectives set out in the strategic plan. Among the 10 goals within the Performance Plan are three Agency Priority Goals: (1) Increase Public Access to NSF Funded Peer-reviewed Publications; (2) Improve the Nation's Capacity in Data Science; and (3) Optimize the Award Process to Level Workload.

Also of note, the request includes a \$40.2 million or 13.5 percent increase for the Agency Operations and Award Management line, which largely accounts for the planned 2016 relocation of NSF headquarters to Alexandria, VA. In addition, the NSF request includes funding to “develop a repository where the public can access articles by NSF-funded researchers,” which is a nod to recent Congressional inquiries about NSF's transparency and award decision-making process.

Opportunity, Growth, and Security Initiative

The FY 2015 budget request for NSF proposes an additional \$552 million as part of the President's Opportunity, Growth, and Security Initiative, which if appropriated, would bring the NSF budget to \$7.8 billion. The additional funds would be utilized for three purposes:

- (1) Allow NSF to make approximately 1,000 additional awards from a pool of highly-rated proposals that would otherwise go unfunded, bringing NSF's success rate from 22 percent to 24 percent.
- (2) Enhance NSF's support for national priority research areas, such as neuroscience, cybersecurity, clean energy, and climate change research.
- (3) Provide support for approximately 3,000 additional graduate students over the next five years through the NSF Research Traineeship program.

	Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
Biological Sciences	679.2	760.6	721.3	708.5	6.2%	-5.2%	-1.8%
Computer and Information Science and Engineering	858.1	950.3	894.0	893.4	4.2%	-5.9%	-0.1%
Engineering	820.2	911.1	851.1	858.2	3.8%	-6.6%	0.8%
Geosciences	1273.8	1393.9	1303.0	1304.4	2.3%	-6.5%	0.1%
Mathematical and Physical Sciences	1249.3	1386.1	1299.8	1295.6	4.0%	-6.2%	-0.3%
Social, Behavioral, and Economic Sciences	242.6	272.3	256.9	272.2	5.9%	-5.7%	6.0%
International and Integrative Activities	434.3	536.6	481.6	473.9	10.9%	-10.3%	-1.6%
NSF Total	6901.9	7626.0	7171.9	7255.0	3.9%	-6.0%	1.2%

NSF's FY 2015 budget request to Congress can be found at:

<http://www.nsf.gov/about/budget/fy2015/index.jsp>.

Directorate for Social, Behavioral and Economic Sciences

On March 12, NSF announced the appointment of Dr. Fay Lomax Cook as the next Assistant Director (AD) of the Directorate for Social, Behavioral and Economic Sciences (SBE). Dr. Cook is a faculty fellow at Northwestern University's Institute for Policy Research and a professor of human development and social policy in the School of Education and Social Policy. She will assume her position in September, replacing Dr. Myron Gutmann, whose term as SBE AD expired in August 2013.

As mentioned, SBE is one of few places in the NSF budget that would receive an increase in FY 2015. The request includes a total of \$272.2 million for the directorate, which is \$15.4 million or 6 percent above the FY 2014 enacted level. Similar to last year's request, the bulk of the increase is slated for SBE's National Center for Science and Engineering Statistics (NCSES), which would see a more than 29 percent increase; SBE's research divisions, Social and Economic Sciences (SES) and Behavioral and Cognitive Sciences (BCS), would receive 1.7 percent and 1.2 percent increases, respectively.

According to the request, SBE will maintain active participation in FY 2015 in NSF’s many foundation-wide programs and initiatives, including Cognitive Science and Neuroscience; Cyberinfrastructure for the 21st Century Science, Engineering and Education (CIF21)/Big Data; Comprehensive National Cybersecurity Initiative (CNCI); Innovation Corps (I-Corps), among others. SBE will also continue to participate in the cross-directorate Science, Engineering and Education for Sustainability (SEES) initiative, though funding will start tapering off as NSF looks to sunset the SEES initiative by FY 2017.

In addition to “maintain[ing] its commitment to existing programs,” the request would allow SES to fund more SBE fellows through the SBE Postdoctoral Research Fellowships-Interdisciplinary Research in the Behavioral and Social Sciences (SPRF-IBSS), thereby “further transform[ing] SBE by increasing interdisciplinary research, training, and integration with other parts of NSF.” SES will also continue its participation in the National Nanotechnology Infrastructure Network.

A major shift will occur in BCS in FY 2015 with the sunseting of the final two Science of Learning Centers and a transition away from centers to an NSF-wide interdisciplinary Science of Learning initiative. Funding for the centers will end in FY 2015, and the request includes \$4 million for BCS’s contribution to the new initiative, which is a partnership with the directorates for Computer and Information Science and Engineering (CISE), Engineering (ENG), and Education and Human Resources (EHR). The goal of the new effort is to create a national, integrated Science of Learning Community. In addition, BCS seeks to expand its support for research in the areas of terrorism, pandemics, youth violence, sustainability, and forensic science in FY 2015.

Within NCSES, the requested increase would be used to “pursue significant targeted improvements in its statistical and analytic programs.” For example, the Survey of Doctorate Recipients (SDR) will collect data and develop estimates relating national employment outcomes for STEM subfields, race and gender. Additionally, NCSES will continue to attempt to address data gaps in SDR related to understanding the “relationship between federal support for graduate education and student outcomes, such as employment.” A total of \$7.5 million is requested to enhance the SDR. A number of other enhancements to NCSES surveys are also planned.

Within the SBE Office of Multidisciplinary Activities (SMA) is a request for \$1 million for the revamped Science of Learning initiative, as well as funding to support the remaining two Science of Learning Centers. In addition, \$1.75 million is requested for information technology to support NSF’s Public Access Initiative.

	Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
Behavioral and Cognitive Sciences	88.9	97.4	93.4	94.5	5.0%	-4.1%	1.2%
Social and Economic Sciences	91.4	102.5	96.1	97.7	5.2%	-6.2%	1.7%
National Center for Science and Engineering Statistics	34.9	41.8	39.3	50.8	12.5%	-6.0%	29.2%
SBE Office of Multidisciplinary Activities	27.4	30.7	28.1	29.3	2.3%	-8.6%	4.3%

Directorate for Education and Human Resources

The NSF budget request includes a total of \$889.75 million of the Education and Human Resources Directorate (EHR), which would represent an increase of \$43.25 million or 5.1 percent over the FY 2014 enacted level. Each of EHR's divisions would see increases in FY 2015.

In FY 2015, EHR will continue to be guided by a strategic framework focusing on: (1) learning and learning environments; (2) broadening participation in STEM; and (3) STEM professional workforce. In addition, NSF will continue as the lead agency, in collaboration with the Institute for Education Sciences within the U.S. Department of Education and the Smithsonian Institution, on the implementation of the interagency Committee on STEM Education (CoSTEM) [Strategic Plan](#).

According to the budget request, EHR's FY 2015 focus will include "the integration of science and engineering disciplinary needs and emerging scientific priorities with expertise on learning; promising innovations in pre-K through 12th grade STEM education that are foundational to attracting and retaining large numbers of diverse students able to succeed in postsecondary STEM majors; and wider availability of technologies for learning and practicing STEM that provide new possibilities for lifelong and career learning." Further, within the Division of Undergraduate Education (DUE), the request includes an increase of 33.7 percent for Improving Undergraduate STEM Education (IUSE), which represents a consolidation of the STEM Talent Expansion Program (STEP), Widening Implementation and Demonstration of Evidenced-based Reforms (WIDER) program, and Transforming Undergraduate Education in STEM (TUES) program. EHR will serve as the IUSE lead, coordinating with the Biological Sciences, Engineering, and Geosciences directorates.

Within the Division of Research on Learning in Formal and Informal Settings (DRL), the Research on Education and Learning (REAL) program will be consolidated into EHR Core Research (ECR) in FY 2015. According to the request, "[t]his will significantly enhance, and more appropriately situate the resources available in all four divisions for foundational STEM education research on learning, learning environments, broadening participation, and STEM professional workforce." The Discovery Research K-12 (DRK-12) program would see a \$10 million or 10.8 percent increase in FY 2015 to provide for new investments in improving STEM achievement for all preK-12 students, particularly those underserved in STEM, focusing on cyberlearning and STEM discipline-specific teaching.

An increase of 11.5 percent is requested for Project and Program Evaluation (PPE) within the Division of Graduate Education (DGE) to "[launch] long-term studies to examine the impact of NSF investment in graduate students." In addition, the Graduate Research Fellowship program would see an increase of \$16.72 million or 11.1 percent in FY 2015, which would allow 2,000 new fellowships to be supported and would increase the stipend from \$32,000 to \$34,000.

Within the Division of Human Resources Development (HRD), efforts will continue around improving STEM education for Hispanic students, with focus on two-year Hispanic-serving institutions.

	Enacted FY 13	Proposed FY 14	Enacted FY 14	Proposed FY 15	(E) FY 13/ (E) FY 14	(E) FY 14/ (P) FY 14	(P) FY 15/ (E) FY 14
Research on Learning in Formal and Informal Settings	215.5	277.9	230.2	241.6	6.9%	-17.2%	4.9%
Undergraduate Education	222.7	227.0	215.1	241.7	-3.4%	-5.3%	12.4%
Graduate Education	257.3	245.2	259.1	263.3	0.7%	5.7%	1.6%
Human Resource Development	139.2	130.3	142.1	143.1	2.1%	9.1%	0.7%
EHR TOTAL	834.6	880.3	846.5	889.8	1.4%	-3.8%	5.1%