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Budget Debate About to Begin

With President Obama's State of the Union Address delivered, Rep. Paul Ryan's (R-WI) response made, the Congressional Budget Office's pronouncement that the FY 2011 deficit is projected at \$1.5 trillion, the 112th Congress' committee assignments almost complete, and the President's FY 2012 budget proposal coming on February 14 (a Valentine's Day present to the nation?), the battle over federal spending has been joined.

In the next few weeks, facing a March 4 expiration of the Continuing Resolution that is currently funding government programs and agencies, Congress and the Administration have to figure out how to allocate funds for the rest of FY 2011. Already, Ryan, Chairman of the House Budget Committee, has deemed that discretionary spending should total only \$1.055 billion. Of this amount, according to Ryan, "non-security discretionary spending is assumed to be \$420 billion to bring this category of spending back to pre-stimulus, pre-bailout 2008 levels for the last seven months of this year." This is a \$58 billion reduction from the President's FY 2011 request and \$44 billion below the FY 2010 level.

Following up on this, House Appropriations Chairman Harold Rogers (R-KY), who has vowed to make the largest spending cuts ever, announced the allocations to the twelve subcommittees. The Commerce, Justice, Science (CJS) panel, chaired by Rep. Frank Wolf (R-VA), which funds the National Science Foundation, the U.S. Census Bureau, the Bureau of Economic Analysis, the National Institute of Justice, and the Bureau of Justice Statistics, needs to cut \$10.2 billion from its FY 2010 funding levels and \$6.424 billion from the President's FY 2011 request for programs under the panel's jurisdiction.

The Labor, Health and Human Services (HHS), and Education Subcommittee, chaired by Denny Rehberg (R-MT), finds its allocation short by \$6.565 billion compared to FY 2010 and by \$13.591 billion compared to the FY 2011 President's request. The Agriculture and Rural Development panel, chaired by Rep. Jack Kingston (R-GA), needs to find a little over \$3 billion in reductions to meet its allocation, while the largest reductions have been given to the Transportation-HUD Subcommittee, chaired by Rep. Tom Latham (R-IA).

The Senate Budget Committee, chaired by Sen. Kent Conrad (D-ND), has not been heard from regarding the new House Majority's proposals. However a bipartisan proposal from Senators Claire McCaskill (D-MO) and Bob Corker (R-TN) is gaining some support. They would shrink the deficit by capping federal spending beginning in FY 2013. Their goal is to reduce spending to 21 percent of GDP by 2022. The Congressional Budget Office has projected federal spending as 24.7 percent of GDP in FY 2011. The McCaskill-Corker plan takes a much more gradual approach than the House Republicans, and heeds many economists' warning not to drastically reduce spending in the midst of a just beginning economic recovery.

Senate Spending Panel Makes Subcommittee Assignments

In the meantime, the Senate Appropriations Committee, chaired by Sen. Daniel Inouye (D-HI) organized itself. For the Democrats, the key leaders remain. Sen. Barbara Mikulski (D-MD) will continue as Chair of the CJS Subcommittee. The panel has a new Ranking Republican, Sen. Kay Bailey Hutchison (R-TX), who replaces Sen. Richard Shelby (R-AL). At the Labor, HHS, and Education Subcommittee Sen. Tom Harkin (D-IA) will keep the leadership reins, while Shelby becomes Ranking Republican.

New Senator Roy Blunt (R-MO) becomes the Ranking Republican at the Agriculture and Rural Development panel, while Sen. Herb Kohl (R-WI) remains chairman. There is a new leader for the Homeland Security panel, Sen. Mary Landrieu (D-LA), while returning Senator Dan Coats (R-IN) is the Ranking Republican.

Also affecting the budget deliberations both for FY 2011 and FY 2012 is the agreed upon moratorium on earmarking or congressionally-directed spending for specific projects. What impact that will have on total spending remains uncertain.

OJP Science Advisory Board Holds Initial Meeting

For both Attorney General Eric Holder and Assistant Attorney General for the Office of Justice Programs (OJP) Laurie Robinson reinventing science at the Department of Justice (DOJ) has been a significant goal. As part of that objective, Robinson established a Science Advisory Board (SAB) and named Carnegie Mellon Professor and former COSSA President Al Blumstein as its chairman (see Update, [November 22, 2010](#) for a complete list of the membership).

On January 28, fresh from successful hip surgery, Blumstein convened the SAB's first meeting indicating the Board faces a "complex set of challenges" because it will be "examining phenomenally complex problems" that beset the criminal justice system.

For Robinson, the SAB represents an opportunity to help OJP:

- 1) Broaden the role of science in program design;
- 2) Strengthen research and statistics within the agency;
- 3) Develop research priorities;
- 4) Institute ways to protect science in a Department dominated by a "lawyer culture;"
- 5) Connect research with practice and policymaking; and
- 6) Institute a better peer review system.

Holder told the Board that it was important to put "science back in the DNA of the Department." The Board, Holder declared, will help foster and improve public safety strategies so that criminal justice decision making will get better and every dollar will count in these constrained budget times. Blumstein and other Board members expressed concern about how to make the commitment to science stick beyond any change in administration or DOJ leadership. Holder suggested that the Board, working with OJP, should "leave a legacy that can't be undone." The Board, he added, needed to encourage the scientific talent within the criminal justice field and "meld it into an arm of criminal justice policy."

Board members will have four year terms and meet twice a year. They expect to develop subcommittees where much of the work will occur, either in-person or through virtual collaboration. There was some discussion as to the structure of the subcommittees. One proposal was to have each focus on one of the OJP components. Another from Tony Fabelo of the Council of State Governments' Justice Center argued for a structure based on strategic themes and operations.

Lynch and Laub Present Their Goals

Bureau of Justice Statistics (BJS) director James Lynch and National Institute of Justice (NIJ) director John Laub briefed the SAB. Lynch discussed his initiatives for BJS. They include:

1. Redesign and Rebuild the National Crime Victimization Survey (NCVS) by enhancing the sample, improving quality control, and developing sub-national data. Within the NCVS, there is also a need to improve rape and sexual assault data and to determine how to measure juvenile crime victimization;
2. Explore operational data for statistical purposes so that BJS can develop better and more accurate statistical systems for crime;
3. Institute information exchanges with police departments, especially since many departments are collecting their own crime data;
4. Improve sentencing and pre-trial data;
5. Enhance data on corrections: How do we better measure the flow into and out of our prison systems? And
6. Expand data on law enforcement management.

To accomplish all these is going to be difficult in the current budgetary climate, Lynch admitted. However, he is delighted that he has received assurances about BJS' independence from any political interference.

Laub told the Board that his first six months at NIJ have focused on the release and implementation of the recommendations in the National Academies' report (see Update, [July 12, 2010](#)). One of the recommendations asked NIJ to develop a "cutting-edge research agenda" more focused than the current, what Laub called "buffet" approach. To do this, Laub asked the Board to help him identify what are the most valuable questions worth examining.

He also is well aware that in an era of limited resources partnerships both within and external to OJP are important. Therefore, Laub has initiated a number of joint efforts with OJP's Bureau of Justice Assistance (BJA) and BJS, reached out to practitioner and stakeholder groups, and met with leaders of other federal science agencies, such as the National Science Foundation, the Institute of Educational Science, and the National Institute on Drug Abuse. He has also set a goal of reconnecting NIJ with the U.S. Congress so that it understands how the agency works and how NIJ spends its appropriation.

Within NIJ, Laub explained to the Board that he sees three distinct scientific endeavors: social science research, technology research, and forensics research. Integrating these through interdisciplinary research activities is another goal for the director.

As for his thinking on an agenda, Laub indicated that he wanted NIJ to:

1. Continue its traditional examination of crime trends;
2. Take a special look at mentally ill offenders;
3. Investigate the issues around procedural justice;
4. Examine the victim-offender overlap;
5. Try to understand offender thinking;
6. Evaluate the technology NIJ research has developed; and
7. Disseminate the results of NIJ research through Translational Criminology and ascertain how practitioners use evidence from research in their decision making.

Laub also committed himself to improving NIJ's peer review process calling it "central to good science." He suggested that standing peer review panels, similar to other science agencies, might help NIJ.

Rick Rosenfeld of the University of Missouri, St. Louis, argued for a joint NIJ/BJS Task Force that would tackle many of the issues raised by both Lynch and Laub and provide rapid response to questions from practitioners and policy makers.

The Board also heard from Jeff Slowikowski, Acting Administrator of the Office of Juvenile Justice and Delinquency Prevention, James Burch, Acting Director of BJA, and Joye Frost, Acting Director of the Office for Victims of Crime, all OJP components.

Other issues raised in a concluding free-wheeling discussion included: the isolation of criminal justice from other fields, Rob Sampson of Harvard wondered where are the political scientists on the SAB; training, staff, and other pipeline topics; determining who is the practice community; a more cohesive agenda for OJP; the role of research entrepreneurs in criminal justice; why do states with similar crime rates have different rates of incarceration, North and South Dakota were given as examples; improve the research infrastructure; and build the knowledge base.

'Energy and Commerce Leaders Probe HHS:' Waxman Questions Approach

In an opening salvo demonstrating the new Republican House majority's intention to use its oversight powers to

question Obama Administration policies, on February 2, the House Energy and Commerce Committee sent two letters to Department of Health and Human Services (HHS) Secretary Kathleen Sebelius. The Committee is seeking information about how HHS "has spent taxpayer dollars provided in the American Recovery and Reinvestment Act (ARRA) and the Patient Protection and Affordable Care Act (PPACA)." The letters were sent by new full Committee Chairman Fred Upton (R-MI), Oversight and Investigations Subcommittee Chairman Cliff Stearns (R-FL), and Health Subcommittee Chairman Joseph Pitts (R-PA). The trio seeks information on the HHS's use of a new \$1 billion [Health Insurance Reform Implementation Fund](#) (HIRI) and "its use of \$400 million" allocated by ARRA for [comparative effectiveness research](#) (CER).

"The congressional spending spree of the last two years has left a vacuum of information about how taxpayer dollars are being spent. Particularly when it comes to health care, we've seen the creation of veritable government slush funds with no accountability or transparency," said Upton, Stearns and Pitts in a press communication releasing the letters. "Whether it is exploring comparative effectiveness research under a law that was supposed to be about job creation or spending \$1 billion to implement a controversial government takeover of health care, it's time to shine a light on how agencies are allocating scarce resources and what it means for our health care system."

Giving the Department two weeks to respond, Upton, Stearns, and Pitts are seeking "all documents discussing, concerning or relating in any way to how the new HIRI Fund will be spent...This request also includes, but is not limited to, all communications, including e-mail, sent to or received by HHS personnel relating to the HIRI Fund." Likewise, they are seeking "All documents, including e-mail containing communications between HHS officials or any outside individual or group relating to advertisements and educational materials, including drafts." The Committee further asks for an explanation for the source of funding for any advertisements, education or any other efforts, including the HIRI Fund and other sources. The second letter seeks the same type of information surrounding the CER, particularly how the Department is spending the \$400 million.

The corresponding Ranking Members of the Committee and Subcommittees, Reps. Henry Waxman (D-CA), Diana DeGette (D-CO), and Frank Pallone, Jr. (D-NJ), respectively, are copied on the letters.

'Waxman Questions Chairman Upton's Oversight Approach'

Reacting to the Committee's letters to HHS, on February 3rd, Waxman sent a [letter](#) to the Chairman regarding the series of Republican requests for documents and information from the Department. The Ranking Members acknowledges that he "support[s] vigorous oversight of the executive branch and want to work with you to identify waste, fraud, and abuse and make government work better. There are portions of your letters that meet this standard and that I support." He makes clear, however, that he does not "support oversight that is designed to prevent agencies from carrying out their responsibilities."

Waxman points out that there "aspects of [the Chairman's] letter that - whether intentional or not - appear to be unduly disruptive." He cites the Chairman's requests in which he asks HHS to produce "[a]ll documents or internal communications, including e-mail, between all individuals." Waxman notes that the Chairman has not cited any "evidence of wrongdoing. . . that would justify asking an entire agency for their internal e-mails. Without a solid predicate, asking an agency to disgorge its internal communications amounts to little more than a fishing expedition." Urging Upton "to take a more measured approach in the future," Waxman emphasized that he does not believe the Committee's "oversight powers justify going on fishing expeditions or making extensive requests for internal e-mails and other communications where there is no evidence of waste, fraud, or abuse of any kind."

Upton, rejecting Waxman's view, responded by declaring, "Seeking basic information about how federal agencies are spending billions in taxpayer dollars and reshaping our health care system is hardly a fishing expedition, but if the minority insists on such metaphors, I will be the first to declare that this committee intends to cast its net far and wide. From health care reform and energy security to communications freedom and consumer protections, we will root out waste, fraud, and abuse in government, expose abuses under the law, and provide accountability for taxpayers' hard-earned dollars. Small guppy or big fish, no agency is exempt and no issue area is off limits from

President Obama Announces Appointments to Advisory Group on Prevention, Health Promotion, and Integrative and Public Health

The Patient Protection and Affordable Care Act (Public Law 111-148) required the creation of National Prevention, Health Promotion, and Public Health Council and directed the president to create an advisory council to advise it. In June 2010, President Obama signed an Executive Order (EO) which established the Advisory Group on prevention, health promotion, and integrative and public health designed to provide guidance to the Council.

U.S. Surgeon General Regina Benjamin serves as the Council's chair. Its membership include the Secretaries of Agriculture, Labor, Health and Human Services, Transportation, Education, and Homeland Security, the Administrator of the Environmental Protection Agency, the Chair of the Federal Trade Commission, the Director of National Drug Control Policy, the Assistant to the President and Director of the Domestic Policy Council, the Assistant Secretary of the Interior for Indian Affairs, the Chairman of the Corporation for National and Community Service, and the head of any other executive department or agency that the Chair may, from time to time, determine is appropriate.

The President's EO requires that the Council develop a National Prevention and Health Promotion Strategy, no later than March 23, 2011. It is also required to review and revise the report periodically. Specifically, the national strategy is to:

1. Set specific goals and objectives for improving the health of the United States through federally supported prevention, health promotion, and public health programs, consistent with ongoing goal setting efforts conducted by specific agencies;
2. Establish specific and measurable actions and timelines to carry out the strategy, and determine accountability for meeting those timelines, within and across Federal departments and agencies; and
3. Make recommendations to improve Federal efforts relating to prevention, health promotion, public health, and integrative health-care practices to ensure that Federal efforts are consistent with available standards and evidence.

The Council was also required by July 1, of last year and annually thereafter until January 1, 2015, to submit a report to the President and the relevant committees of the Congress. The report is required to:

1. Describes the activities and efforts on prevention, health promotion, and public health and activities to develop the national strategy conducted by the Council during the period for which the report is prepared;
2. Describes the national progress in meeting specific prevention, health promotion, and public health goals defined in the national strategy and further describes corrective actions recommended by the Council and actions taken by relevant agencies and organizations to meet these goals;
3. Contains a list of national priorities on health promotion and disease prevention to address lifestyle behavior modification (including smoking cessation, proper nutrition, appropriate exercise, mental health, behavioral health, substance-use disorder, and domestic violence screenings) and the prevention measures for the five leading disease killers in the United States;
4. Contains specific science-based initiatives to achieve the measurable goals of the Healthy People 2020 program of the Department of Health and Human Services regarding nutrition, exercise, and smoking cessation, and targeting the five leading disease killers in the United States;
5. Contains specific plans for consolidating Federal health programs and centers that exist to promote healthy behavior and reduce disease risk (including eliminating programs and offices determined to be ineffective in meeting the priority goals of the Healthy People 2020 program of the Department of Health and Human Services);
6. Contains specific plans to ensure that all Federal health-care programs are fully coordinated with science-based prevention recommendations by the Director of the Centers for Disease Control and Prevention; and

7. Contains specific plans to ensure that all prevention programs outside the Department of Health and Human Services are based on the science-based guidelines developed by the Centers for Disease Control and Prevention under subsection (4) of this section.

Candidates for Advisory Group on Prevention, Health Promotion, and Integrative and Public Health Announced

According to the EO, the Advisory Group shall develop policy and program recommendations and advise the Council on lifestyle-based chronic disease prevention and management, integrative health care practices, and health promotion. It is comprised of a group of up to 25 nonfederal members who are directed to: 1) Develop policy and program recommendations; and 2) Advise the council on lifestyle-based chronic disease prevention and management, integrative health care practices, and health promotion.

On January 26, the President announced his intent to nominate the following individuals to the Advisory Group.

JudyAnn Bigby - currently the Secretary of Health and Human Services for the Commonwealth of Massachusetts, where she oversees 16 agencies including the state's Medicaid program and was responsible for implementing many of the features of the 2006 Massachusetts health reform law. She holds a B.A. from Wellesley College and an M.D. from Harvard Medical School.

Valerie Brown - appointed by the Governor of California to serve as First District County Supervisor for the County of Sonoma in 2002 and was elected to that position in 2004 and 2008. She holds a B.S. in Education from the University of Missouri, and an M.A. in Counseling Psychology from Lindenwood College in Missouri.

Jonathan Fielding - currently serves as Director of the Los Angeles County Department of Public Health and County Health Officer, where he leads the nation's largest county public health department. Fielding is also Professor of Health Services and Pediatrics at UCLA and Vice Chair of the Los Angeles First 5 Commission, which works to improve children's health, safety and school readiness. Fielding holds a B.A. from Williams College, an M.A. from Harvard University, an M.D. from Harvard Medical School, an M.P.H. from the Harvard School of Public Health, and an M.B.A. from the Wharton School of Business.

Ned Helms, Jr. - serves as Director of the New Hampshire Institute for Health Policy and Practice at the University of New Hampshire. He holds a B.A. from Drew University and an M.A. from the University of New Hampshire.

Charlotte Kerr - a practitioner of traditional acupuncture, a healthcare consultant and a faculty member of the Tai Sophia Institute. She holds an R.N. from St. Joseph's Infirmary in Atlanta, a B.S.N. from the University of Maryland School of Nursing, an M.P.H. from the University of North Carolina, and an M.Ac. from the College of Traditional Acupuncture in England.

Jeffrey Levi - currently the Executive Director of Trust for America's Health (TFAH), a non-profit, non-partisan organization dedicated to making disease prevention a national priority. He holds a B.A. from Oberlin College, an M.A. from Cornell University, and a Ph.D. from The George Washington University.

Elizabeth Mayer - currently Professor of Nutrition in the Gillings School of Global Public Health and Professor of Medicine in the School of Medicine at the University of North Carolina at Chapel Hill. She holds a B.S. in nutrition and dietetics from the University of Tennessee, an M.S. in public health from the University of Colorado, and a Ph.D. in epidemiology from the University of California at Berkeley.

Vivek Murthy - an attending physician at Brigham and Women's Hospital and an instructor at Harvard Medical School, where he is an internal medicine hospitalist. Murthy received a B.A. from Harvard University, an M.D. from the Yale School of Medicine, and an M.B.A. from the Yale School of Management.

Barbara Otto - currently the CEO and former Executive Director of Health & Disability Advocates (HDA), a national policy and advocacy organization centered on providing health care and employment-related services to people

with disabilities. She holds a B.A. degree from Marquette University in Milwaukee, Wisconsin.

Linda Rosenstock- currently the Dean of the School of Public Health and a Professor of Medicine and Environmental Health Sciences at UCLA. Rosenstock holds an A.B. from Brandeis University, and an M.D. and an M.P.H. from The Johns Hopkins University.

John Seffrin - the chief executive officer of the American Cancer Society. Seffrin also serves as an adjunct professor of behavioral science and health education at the Emory University Rollins School of Public Health. He holds a B.S. degree from Ball State University, an M.S. from the University of Illinois, and a Ph.D. in health education from Purdue University.

Susan Swider - a Professor in the College of Nursing at the Rush University Medical Center, an academic health sciences center in Chicago. Swider holds a B.S. in Nursing from De Paul University, an M.S. in Public Health Nursing and a Ph.D. in Nursing Science from the University of Illinois.

Sharon Van Horn - a pediatrician with a longstanding interest in the prevention of childhood and adolescent health and behavioral problems. Van Horn holds a B.A. from Kansas Newman College, an M.D. from the University of Kansas, School of Medicine, and an M.P.H. from the University of North Carolina at Chapel Hill.

Lisa Randall - the Frank B. Baird, Jr. Professor of Science at Harvard University Professor Randall is a member of the National Academy of Sciences, the American Philosophical Society, and the American Academy of Arts and Sciences. She earned both her B.A. and Ph.D. from Harvard.

On the Fast Track: NCRB Dissolved / NCATS Created by October 2011

On January 14, Secretary of Health and Human Services Secretary Kathleen Sebelius sent letters to Senator Tom Harkin, Chairman, Committee on Health, Education, Labor, and Pensions (HELP), Ranking Member Michael B. Enzi (R-WY) and Rep. Fred Upton (R-MI), Chairman, House Committee on Energy and Commerce (E & C), and Ranking Member Henry Waxman (D-CA), apprising them of her intent to establish the National Center for Advancing Translational Sciences (NCATS) at the National Institutes of Health (NIH) per the recommendation of NIH director Francis Collins and based on the recommendations from the Scientific Management Review Board (SMRB). Sebelius also indicated that the "relevant NCRB functions and programs," as appropriate, would be transferred to NCATS in FY 2011. According, noted Sebelius, NCRB "is no longer required" (see Update, [December 13, 2010](#)).

Sebelius also sent a separate letter to Senators Harkin, Norman Dicks (Ranking Member Committee on Appropriations), Denny Rehberg (Chairman, Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies), and Thad Cochran (Ranking Member Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies). According to the Secretary:

"NIH has the potential to play a critical and catalytic role in advancing the translational sciences. The agency is expertly equipped to leverage its extant and emerging programs and resources to promote progress in this area. With the passage of the Affordable Care Act, NIH is even better poised to deploy these resources. The provisions of the Act that authorize the NIH to establish a Cures Acceleration Network (CAN) equip the agency with flexibility to carry out therapeutic development projects. This underscores the expectation by Congress and the American public that NIH is to play a leading role in realizing the promise of translational medicine and advancing human health. . . Funding for this new organization is intended to come from existing resources of the programs that would move to NCATS. NIH will provide details of this reorganization once they have been finalized. NIH seeks to implement its plan at the beginning of FY 2012 in October 2011."

Two days later on January 16, an NIH task force led by NIH Deputy Director Lawrence Tabak and *Eunice Kennedy Shriver* National Institute for Child Health and Human Development Alan Guttmacher published a *Straw Model* on the NIH website showing the proposed new NIH homes for current NCRB programs. According to Tabak the "Task Force efforts have been heavily informed by input from NCRB staff members who are most knowledgeable about each program." In the description accompanying the model, Tabak stressed that the meetings helped the Task Force "to

understand more clearly the functions of the NCRR programs, how they work with each other, and how they work with other programs across the NIH."

On January 25, NCRR held the 140th meeting of its National Advisory Research Resources Council. In her report to the Council, NCRR director Barbara Alving noted that NCRR is a \$1.2 billion Center and one of the growing parts of the program is the CTAs, Clinical and Translational Science Awards designed to facilitate an "efficient translation [of research] from the lab to the community." She pointed out that "this is what NCRR has been doing as an overall activity." The CTAs and NCRR have worked together in "a synergistic fashion," Alving explained. As they are currently configured, the CTAs extend basic research into preclinical activities, clinical research, industry, enhancing public/private partnerships, improving clinical research management by focusing on efficiencies of IRBs and improved ways of recruitment, and they have a very robust community engagement. They work in concert with NCRR's other programs. Alving remarked that upon arriving at NCRR she thought that the Center had a lot of programs and thought that instead of "rearranging the boxes" she would "rearrange the way we think."

A somewhat subdued Tabak presented the Task Force's straw model to the Council and explained that two separate processes were occurring simultaneously. One, driven by the SMRB recommendation, consideration of NCRR programs for inclusion into NCATS, and two, an internal review group to examine the impact of moving these programs in to the new Center. He noted the Secretary's letters to Congress to establish NCATS and dissolve NCRR.

NCRR Task Force Straw Model				January 2011 Draft	
NCATS	NIGMS	NIBIB	NIMHD	Interim Infrastructure Unit	Not Yet Assigned
CTAs					
				National Primate Research Centers	
				Chimpanzee Resource Centers	
				Other Primate Model Resources	
	Other Disease Model Resources				
	Beam Line and Mass Spect P41s	Imaging P41s		Remaining P41s	
	Shared and High-End Instrumentation				
				Biomedical Tech Other (R01, R21, BIRN, etc.)	
			RCMI		
				IDeA	
				SEPA	
				Extramural Construction	
					NCRR OD Not Yet Assigned

The Task Force did an initial analysis and concurred with SMRB to move the CTAs to NCATS. The Task Force also concluded that many of the programs that would remain at NCRR after the transfer would benefit from the enhanced scientific adjacencies that would be achieved by transfer of these programs to other institutes and centers. They created a Straw Model to facilitate planning. It is a planning instrument, no final decisions have been made, said Tabak.

Tabak was comfortable that the straw model will change due to the input and the Task Force has provided additional time for consideration. He stressed that there "is no intent to eliminate the NCRR programs." The reorganization

would move them to different places within NIH.

To get input from individuals across NIH and the broader community on important NIH initiatives as well as issues that affect NIH, the biomedical research community, and human health in general, the NIH has created [Feedback NIH](#). The site includes answers to frequently asked questions regarding [NCATS](#) as well as the proposed creation of an addiction research institute (see Update, [December 13, 2010](#)).

Recognizing the increasing controversy surrounding the process creating NCATS and the accompanying dissolution of NCRP, on January 24th and a day before the NCRP Council meeting, Collins used the site to respond to a [New York Times article](#), *Federal Research Center Will Help Develop Medicines*, to "[separate fact from fiction](#)" regarding the creation of NCATS. The director, on behalf of the NIH and the NCATS Taskforce, expressed concern that the article implies "that a much larger shakeup of NIH is underway than is actually contemplated."

The Secretary's letters in the middle of the discussion has raised considerable ire in parts of the scientific community and was reflected in the frustration and anger vocalized at the NCRP. Members of the NCRP Council expressed their concerns that the Straw Model was put forth after the decision had been made. They also noted they were troubled by the lack of a NCRP representative on the Task Force and the seemingly lack of transparency.

The Task Force is scheduled to report back to SMRB on February 23rd.

Comments on NCATS are being accepted at: <http://feedback.nih.gov/index.php/category/ncats/>.

Harkin Reintroduces the 'HeLP America Act'



Senator Tom Harkin (D-IA)

On January 26, Senator Tom Harkin (D-IA), chair of the Chairman of the Senate Health, Education, Labor and Pensions (HELP) Committee, reintroduced legislation, the *Healthier Lifestyles and Prevention America Act*, also known as the **HeLP America Act**, designed "to create a healthier future for America by giving our citizens access to better preventive care and consumer information to encourage healthier lifestyles. The Act would provide all sectors of society - "child care centers, schools, workplaces, health care providers and communities - with the incentives and tools they need to reach the goal of making America a healthier place."

"We need to integrate health and wellness into all elements of American communities - from our schools and workplaces to our grocery store aisles and restaurants. By providing people the information and resources they need to live longer, healthier lives, the HeLP America Act will empower people to take care of their health, boosting overall quality of life and lowering our spiraling health care costs," stressed the Chairman.

"Promoting healthy lifestyles and preventing chronic disease will not happen overnight. While the prevention and wellness measures included in the new health reform law were an important step forward, much more needs to be done," said Harkin.

Harkin has promoted preventive healthcare initiatives throughout his career. Most recently, as Chairman the HELP Committee, Harkin championed the prevention and wellness measures that are included in the Affordable Care

Act. The Prevention and Public Health title of the health reform law creates incentives to prevent chronic disease and rein in costs across the full health care spectrum.

The HeLP America Act is designed to:

- Provide fresh fruits and vegetables to all low income elementary schools by expanding the Harkin Fresh Fruit and Vegetable Program
- Create a healthier workforce by providing tax credits to businesses that offer comprehensive workplace wellness programs to their employees and allowing employers to deduct the cost of employees' athletic facility memberships
- Reduce Americans' sodium consumption by developing two-year targets for sodium reduction in packaged and restaurant foods
- Help Americans make informed choices about their food by establishing uniform FDA guidelines for the use of "healthy" symbols on the front of food packages
- Ensure Individuals with Disabilities have access to community sports by creating competitive grants for the implementation of community-based sports and athletic programs for people with disabilities, including youth with disabilities.
- Chronic diseases such as heart disease, cancer, and diabetes are among the leading causes of death and disability in the United States, and the economic impact is staggering. More than seventy-five percent of the \$2.5 trillion the United States spends on health care annually is due to chronic disease. Yet less than five percent of annual health care spending in the United States goes toward chronic disease prevention.

Regarding research, the bill authorizes grants for body mass index analysis and funds to the States to include BMI data in existing state-wide immunization databases. It also provides for a national assessment of mental health by requiring the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA) to build on existing or create new monitoring systems that assess mental and behavioral health status and risks.

2010 Census Advisory Committee Holds Last Meeting

With the decennial Census results becoming part of the 2011 reapportionment, redistricting, and population diversity discussions, the 2010 Census Advisory Committee, on which COSSA served for the past six years, held its last meeting on February 1.

Census Bureau Director Robert Groves once again led the panel through the successes of 2010: great mail-back response rate; returning \$1.9 billion to the Treasury; the best census enumerator workforce ever; over 250,000 partners; a paid media campaign that worked; continuous updating of the address list; bilingual questionnaires in high Hispanic population areas; and follow-up questionnaires in high non-mailback areas. Groves mentioned that he would feel the Census was a complete success when people stopped asking about the handheld computers that were supposed to help in the non-response follow-up, but during testing were found faulty. He also noted that the Census found strong evidence of the mortgage crisis. There were 14.3 million vacant housing units in 2010 compared to 9.9 million in 2000.

There is still a lot to do, Groves noted. Data releases will continue. Right now, the Bureau is fulfilling the requirement that each state gets its numbers by April 1, so that they can begin the process of redistricting their state legislatures, as well as learn the demographic changes that have taken place during the past ten years. The Bureau will also conduct its post-enumeration survey to further determine the quality of the 2010 count

During the rest of the meeting the Advisory Committee provided feedback on what the 2020 committee's scope, membership, and operations should look like. Each member of the committee received a plaque of appreciation from the Bureau and then following a farewell reception with Secretary of Commerce Gary Locke, each member received a signed letter of thanks from the Secretary.

SBE Makes 2020 White Papers Available

In August 2010 the National Science Foundation's Social, Behavioral, and Economic Sciences (SBE) directorate, led by Myron Gutmann, asked for input from the scientific community with regard to innovative research topics for the next ten years (see Update, [September 13, 2010](#)).

NSF/SBE invited individuals and groups to contribute white papers that would outline grand challenge questions that are both foundational and transformative. According to SBE, they are foundational in the sense that they reflect deep issues that engage fundamental assumptions behind disciplinary research traditions and are transformative because they seek to leverage current findings to unlock a new cycle of research.

SBE received 244 such white papers. In the interest of further discussion and transparency, SBE has posted the submissions at: http://www.nsf.gov/sbe/sbe_2020/all.cfm.

SBE heard from many economists including two former Chairs of the President's Council of Economic Advisers, Michael Boskin, now at Stanford, and Glen Hubbard, now at the Columbia Business School. Each suggested a broad gauged agenda for economics research. Peter Diamond, the 2010 recipient of the Nobel Prize in Economics, presented three areas of research: "The first, optimal taxation of capital income is an area of steadily advancing normal science that is making significant progress. The other two, incorporating behavioral economics into equilibrium analyses and understanding systemic risk, are more foundational." Hal Varian, Chief Economist at Google, suggested that "NSF should set up a program to fund field experiments/clinical trials in a variety of areas in economics." James Poterba, President of the National Bureau of Economic Research, also weighed in with a paper explaining the research opportunities in financial economics, public finance, energy markets, and an aging society

Former American Political Science Association President Henry Brady of the University of California, Berkeley, proposed "a major funding effort across the social sciences to research and improve global indicators of governance and democracy." Former Rural Sociological Society President Linda Lobao of Ohio State University proposed "the need for the development of research on spatial inequality across the social sciences."

Phil Rubin, former head of SBE's Behavioral and Cognitive Sciences division, recommended an agenda on real-world speech recognition. The challenge, he said, "is to mount a sustained, focused effort to develop recognition systems (speech, gesture, facial information, emotion, semantic, etc.) that work reliably in real-world conditions, from the workplace to the battlefield." Speaking of the battlefield, David Segal, military sociologist at the University of Maryland, offered examination of "the long-term consequences of modern military service."

Michael Kramer of the University of Oklahoma argued: "There has been little systematic examination of the nature of the interactions within IRBs or between campus IRBs and researchers to understand how IRBs and researchers operate and how the research process might be improved while still protecting human subjects as required by the law."

There were many more including proposals that want to further examine links between biology and behavior, develop a new U.S. household survey, investigate the problems with non-responses to all surveys, and a renewed call for a "Science of the Mind" initiative.

SBE will also receive input from its Advisory Committee and its program officers as it moves forward to develop future research agendas.

NSB Seeks Feedback on NSF's Merit Review Criteria

National Science Board (NSB) Chairman Ray Bowen has issued a "Dear Colleague" letter to the scientific community to provide feedback on the National Science Foundation's (NSF) two merit review criteria (Intellectual

Merit and Broader Impacts).

The NSB has appointed a Task Force on Merit Review that has been charged to consider all options when developing their final recommendations, from keeping the criteria just as they are to completely rewriting them, or anything in between. The Task Force is now gathering input from a wide variety of stakeholder groups, and will develop its report and recommendations during 2011.

According to Bowen, "the merit review process is at the heart of NSF's mission," and the merit review criteria form the critical base for that process. NSF evaluates all submitted proposals using the Intellectual Merit and Broader Impacts review criteria. The application of these criteria in the proposal review process has a critical role in shaping NSF's increasingly complex and interdisciplinary award portfolio. The current review criteria have now been in effect for over a decade, and thus it is timely to evaluate the utility of the current criteria in enabling NSF to accomplish its mission. In addition, the recently enacted *America COMPETES Reauthorization Act* specifically mentioned the Broader Impacts Review Criterion.

Bowen urges scientists to take the opportunity to provide comments and suggestions for improvements, as the Task Force undertakes its review. NSF has established a web site to submit thoughts and ideas on several issues of interest to the Task Force (<http://www.nsf.gov/funding/meritreviewform.cfm>).

Head Start Advisory Committee Holds Initial Meeting

The Department of Health and Human Services (HHS) has commissioned a new Advisory Committee for Head Start Research and Evaluation. The committee's purpose is to offer "interpretations of the findings, discussing implications for practice and policy, and providing recommendations on follow-up research, including additional analysis of the Head Start Impact Study data." The Committee will also provide recommendations on how to improve Head Start and other early childhood programs through the use of best practices, and provide recommendations on the overall Head Start research agenda.

The Head Start Impact Study was mandated by Congress in 1998 during the reauthorization of the Head Start program. The study which started in 2002, randomly selected 84 grantees across 23 states for a total of 383 centers with 4,667 randomly selected children. The study included two cohorts: 2,559 three year olds and 2,108 four year olds. For both cohorts the impact study found that Head Start had a statistically significant impact on children's language and literacy development. However, by the end of the first grade those effects start to fade.

The Committee consists of 21 members and six ex-officio members appointed by the Secretary, and reports to the HHS Secretary and the Assistant Secretary for Children and Families.

Head Start and Early Head Start funding for FY 2010 was \$7 billion, \$20 million of which is dedicated to research. Of the \$7 billion, Head Start grantees received \$6.3 billion, and Early Head Start grantees received \$700 million. Head Start focuses on services for economically disadvantaged pre-school children. Early Head Start serves families with infants and toddlers as well as providing prenatal services to pregnant women. Head Start and Early Head Start serve nearly one million children in 49,000 classrooms. According to the Head Start Family and Child Experiences Survey, in fall 2006 24 percent of Head Start students are white, 33 percent are black, and 35 percent are Hispanic. The median family income of children in Head Start is \$18,700.

Despite the perception that Head Start teachers have inadequate education, 77 percent have at least an Associate's degree. Gayle Cunningham, Director of the Jefferson County Committee for Economic Opportunity Head Start and Early Head Start programs, said we know that teachers matter the most. Qualifications may not be as important as the effectiveness of the teaching that happens in the classroom.

Thomas Cook of Northwestern University and an advisory committee member stated that Head Start is important because it looks at the whole child while other Pre-K programs treat kids like they are a "head on a stick." Cunningham added that Head Start accomplishes its mission with very limited funds. She declared that "\$7 billion

sounds like a lot of money but one million children is a lot of children."

NCHS' Board of Scientific Counselors Meet

The Centers for Disease Control and Prevention (CDC) National Center for Health Statistics' (NCHS) Board of Scientific Counselors met on January 28th. NCHS director Edward Sondik updated the Board on the Center's programs.

Sondik began by noting the data and measurement provisions included in the Affordable Care Act (ACA): vital statistics, quality improvement, disparities, levels of geography, health outcomes, oral health, and national health indicators. He also noted that ACA calls for program changes, including the incorporation of new survey questions. On the National Health Interview Survey (HIS) these questions pertain to health insurance coverage. New questions to long-term care surveys to respond to anticipated direct care workforce shortages is another program change along with changes to assess the adoption and meaningful use of Electronic Health Records, Sondik reported. Additional program changes include: expanding the sample size of NCHS' surveys to provide more data for subpopulations, including selected state-level estimates from the National Ambulatory Medical Care Survey (NAMCS) on primary care visits; and surveying new provider settings including community health centers and residential places.

Sondik explained to the Board that as with all of the federal agencies, NCHS is operating at the FY 2010 funding level of \$138.7 million until March 4, 2011. Consequently, NCHS does not know what its final FY 2011 funding level will. The President's FY 2011 budget request included a \$23.2 million increase for a funding level of \$161.9 million. It includes \$11 million for the vital statistics for electronic birth and death registration, and a focus on improvements to timeliness and quality. For the HIS, the FY 2011 budget request includes \$8 million for increasing the sample size. The NAMCS is provided \$3.5 million to also increase its sample size. Another \$700,000 is provided for maintenance.

Providing NCHS' recent budget history: FY 2007: \$107.1 million (the same as FY 2006); FY2008: \$113.6 million; FY 2009: \$124.7 million; FY 2010 \$138.7 million and the FY 2011 request of \$161.9 million, Sondik noted that the "importance of what NCHS does is clear in the Department and beyond." Pointing out that if the Republicans are successful in rolling back budgets to the FY 2008 funding level, the effect on would be to negate the increases since then which were provided to restore survey sample sizes. ACA funding would allow NCHS to expand the surveys to accommodate the needs at the state and local level.

Sondik also highlighted some of the changes that have occurred with regards to DHANES [Division of Health Examination Statistics]. These changes include: new survey content; methods studies and special projects; along with infrastructure changes. Infrastructure changes included: revamping of the software and hardware for NHANES [National Health and Nutrition Examination Survey] for the first time in more than ten years and replacing lab trailers that had been used for more than 20 years. He pointed out that the changes to the infrastructure were made without "halting data collection for even a single day."

NHANES 2011-2012 , reported the director, will include new exam content: cognitive function (ages 60 +), self-assessed pubertal maturation (ages 8-19), tuberculin skin testing, dual x-ray absorptiometry - total body (ages 8 -59), sagittal abdominal diameter (ages 8+), physical activity monitor (ages 6+) which also monitors sleep activity, muscle strength grip test (ages 6+), chemosensory - smell and taste (ages 40+), age changes for audiometry (ages 20-69), and modified oral health examination (ages 1+).

Sondik reported that changes underway to health care surveys include: ACA-funded improvements to NAMCS and NHAMCS; a Lookback module for Ambulatory Surveys on preventive services for heart disease and stroke; State-level estimates of prevention services; New National Hospital Care Survey; and New National Survey of Long-Term Care Providers. The Lookback Module on Prevention of Heart Disease and Stroke includes monitor and evaluate prevention-related services; risk factors and preventive services 12 months prior to the sampled office visits; and inclusion of patients at higher risk, e.g., those with hypertension or prior stroke, he explained.

Health Indicators Warehouse Provides Data Accessibility

Sondik emphasized that data accessibility is a priority for NCHS. He reported on the "soft launch" of the Health Indicators Warehouse (HIW) (<http://www.healthindicators.gov/>) on January 21, 2011. HIW contains thousands of community health performance metrics. It also includes data on Medicare utilization, quality, prevention, and prevalence of diseases. It further includes proven interventions by indicator. HIW is part of the Department of Health and Human Services (HHS) Community Health Data Initiative, an effort designed to "liberate data and make it much more accessible," said Sondik.

NCHS' Linda Bilheimer, Amy Bernstein, and Jim Craver gave the Board a more extensive update on the HIW. Bilheimer noted that the Health Indicator Warehouse includes Healthy People 2010, a new set of Medicare indicators, national and state indicators. She emphasized that this is the first time that these indicators have been put in the public domain. She noted that HIW has extensive metadata. HIW is oriented toward large scale developers who want to use the data. According to Bilheimer, developers can develop their own websites using the data provided. She noted that the website, a two-to-three year project was completed in a year and was done in collaboration with other HHS' agencies.

Bilheimer noted that there is "much going on" and that there will be a full public launch in conjunction with Health Data.gov by the Department. That launch will showcase data tools across the Department. There will be multiple links to the Warehouse from Data.gov, she explained. The Department is also getting feedback that organizations want HHS to come to their meetings and demonstrate the technology. She also reported that NCHS is receiving requests to add data and functionality.

Bernstein reported that there are 1,130 indicators listed from 170 data sources. Not all are health-related data sources, however, as they are currently including non-federal data sources. But the site does contain health-related data from other federal agencies. There is a glossary, she noted. Responding to the question, what happens when the same indicator is reported from different sources, Bernstein explained that currently both indicators are included, but it is pointed out that they are different. They have to begun the harmonization process now, she added.

The expansion of HIW by adding new will be decided by the governance process which is currently under consideration. NCHS' Board of Scientific Counselors will serve as the oversight committee for the Warehouse.

Community Health Data Initiative

The Community Health Data Initiative (CHDI), a new public/private effort, is "a cornerstone of Open Government at HHS" and is intended "to make high-value data available to the public and encourage innovative uses of it to advance the public good." The goal of the initiative is "to help Americans understand health and health care performance in their communities -- and to help spark and facilitate action to improve performance."

The initiative allows for the provision to the public, free of charge and without any intellectual property constraint, Community Health Data harvested from across HHS. The data is designed to be "easily accessible, standardized, structured, downloadable data on health care, health, and determinants of health performance at the national, state, and county levels, as well as by age, gender, race/ethnicity, and income (where available)." The data set will consist of hundreds, and eventually thousands, of measures of health care quality, cost, access and public health (e.g., obesity rates, smoking rates, etc.) including data produced for the Community Health Status Indicators, County Health Rankings, and State of the USA programs. It will include a major contribution of new national, state, regional, and potentially county-level Medicare prevalence of disease, quality, cost, and utilization data from the Centers for Medicare and Medicaid Services (CMS), never previously published, as well as data for measures tracked by Healthy People 2020. And it will include information on evidence-based programs and policies that have successfully improved community performance across many of these measures. The initial Community Health Data Set, a set of data files downloadable from a webpage, is scheduled to be deployed in

March.

HHS is proactively encouraging a growing assortment of innovators from the worlds of technology, business, academia, public health, and health care to engage with the data and turn it into applications that create significant and growing public benefit. Examples cited on the Department's webpage about CHDI include:

- Interactive health maps on the web that allow citizens to understand health performance in their area vs. others with tremendous ease and clarity
- "Dashboards" that enable mayors and other civic leaders to track and publicize local health performance and issues
- Social networking applications that allow health improvement leaders to connect with each other, compare performance, share best practices, and challenge each other
- Competitions regarding how communities can innovate to improve health performance
- Viral online games that help educate people about community health
- Utilization of community health data to help improve the usefulness of results delivered by web search engines when people do health-related searches and further raise awareness of community health performance
- Integration of community health-related data into new venues, such as real estate websites, which could be highly effective disseminators of such information.

For more information and/or to view to view a webcast of the Community Health Data Forum hosted by HHS and the Institute of Medicine on June 2, 2010 see:

http://www.hhs.gov/open/datasets/initiative_launch.html.

NIAID Pre-testing of Its Biomedical HIV Prevention Research Communication Messages - Seeks Comments

The National Institute of Allergy and Infectious Diseases (NIAID), the National Institutes of Health (NIH), is seeking public comments on pretest messages, materials and program activities about biomedical HIV prevention research. The primary objectives of the pretests are to: (1) assess audience knowledge, attitudes, behaviors and other characteristics for the planning/development of health messages, education products, communication strategies, and public information programs; and (2) pretest these health messages, products, strategies, and program components while they are in developmental form to assess audience comprehension, reactions, and perceptions. The information obtained from audience research and pre-testing should result in more effective messages, materials, and programmatic strategies. The deadline for comments is March 4, 2011.

By maximizing the effectiveness of these messages and strategies for reaching targeted audiences, NIAID could reduce the frequency with which publications, products, and programs need to be modified. Individuals will be asked to respond on occasion and include: Adults at risk for HIV/AIDS; healthcare providers; representatives of organizations disseminating HIV-related messages or materials.

Written comments and/or suggestions from the public and affected agencies should address one or more of the following points:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility;
2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
3. Enhance the quality, utility, and clarity of the information to be collected; and
4. Minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other

forms of information technology.

Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the Office of Management and Budget, Office of Regulatory Affairs, OIRA_submission@omb.eop.gov or by fax to 202-395-6974, Attention: Desk Officer for NIH.

Additional information on the proposed project or copies of the data collection plans and instruments, are available from Katharine Kripke, Assistant Director, Vaccine Research Program, Division of AIDS, NIAID, NIH, 301-402-0846, or kripkek@niaid.nih.gov.

Investing in the Future: NIGMS Seeks Comments on its Strategic Plan for Biomedical and Behavioral Research Training

In March 2010, the National Institute for General Medical Sciences (NIGMS) began to examine its activities and "general philosophy of research training." The outcome of that process led to the [NIGMS Strategic Plan for Biomedical and Behavioral Research Training](#). In the Strategic Plan's foreword, NIGMS director Jeremy Berg emphasizes that the Institute views research training, part of its Congressionally-mandated mission, as a critical activity and key component. At the same time, notes Berg, NIGMS recognizes that it is only one of many funders of research training in the U.S. He also points out that "Many different career outcomes that can contribute to the NIH mission are available to trainees...NIGMS recognizes the various avenues in which a well-trained scientists can make meaningful contributions to society. These include research careers in academia, government or the private sector, as well as careers centered on teaching, scientific policy, patent law, communicating science to the public, and other areas."

Berg recognizes that the time researchers attain "scientific independence is longer than it has ever been, likely too long." Additionally, he highlights that the "U.S. biomedical research workforce does not mirror U.S. diversity."

The NIGMS Strategic Plan for Biomedical and Behavioral Research Training has four themes:

1. Research training is a responsibility shared by NIH, academic institutions, faculty and trainees.
2. Research training focuses on student development, not simply selection of talent.
3. Breadth and flexibility enable research training to keep pace with the opportunities and demands of contemporary science and provide the foundation for a variety of scientific career paths.
4. Diversity is an indispensable component of research training excellence, and it must be advanced across the entire research enterprise.

Actions included in the Plan to accomplish the goals embedded in themes include:

- Articulate more clearly NIGMS' aims and expectations for high-quality research training.
- Examine and adjust the allocation of NIGMS training resources across and within scientific areas and institutions.
- Promote the identification and exchange of effective methods to continually improve all research training activities.
- Monitor and evaluate NIGMS' training activities, and adjust as needed to achieve desired goals and outcomes. NIGMS will capture appropriate current baseline data on its training activities and establish data driven mechanisms to evaluate outcomes.
- Strongly encourage the use of individual development plans (IDPs) on all NIGMS-sponsored training and research awards.
- Establish guidelines for, and strongly encourage, training plans for all investigator-initiated grants and other research grant applications that request support for graduate students or postdoctoral trainees.
- Identify and encourage institutions and faculty to adopt evidence-based practices so that students receive the mentorship necessary to develop essential career skills.
- Encourage institutions and their faculty to accelerate time to scientific independence for all trainees.

- Promote inclusion of a variety of perspectives, backgrounds and approaches among faculty and trainees.
- Encourage exposure to multiple career path options for graduate students and postdoctoral trainees.
- Increase collaboration with societies, professional associations and other organizations to build awareness of the breadth of scientific options and opportunities [emphasis added].
- Champion and articulate the societal benefits of a diverse biomedical and behavioral research workforce that mirrors the diversity of the U.S. population.
- Establish and apply high standards for institutions to actively recruit, effectively mentor and diligently nurture students through the completion of their programs.
- Assure that potential trainees are evaluated in an unbiased and inclusive manner.
- Encourage institutions to examine their own demographic data on trainees.

NIGMS is accepting comments on the NIGMS Strategic Plan via an [online comment form](#) until February 15, 2010.

CDC Releases Health Disparities and Inequalities Report: 'Compelling Argument for Action'- Need for Better Data

On January 14th, the Centers for Disease Control and Prevention (CDC) released *CDC Health Disparities and Inequalities in the United States - 2011 (CHDIR 2011)*, the first in a series of reports examining disparities in selected social and health indicators. CHDIR 2011 was released as a supplement to CDC's *Morbidity and Mortality Weekly Report*. It addresses "disparities at the national level in health care access, exposure to environmental hazards, mortality, morbidity, behavioral risk factors, disability status and social determinants of health - the conditions in which people are born, grow, live and work."

According to the CDC, the report supports the Healthy People 2020 goals (see Update, [December 13, 2010](#)) and the forthcoming [National Partnership for Action \(NPA\) to End Health Disparities](#). It is also designed to complement the upcoming AHRQ National Healthcare Disparities Report and "underscores the need to connect those working in clinical care and public health, especially at the local level."

In the CHDIR 2011's forward, CDC director Thomas Frieden defines "health disparities" as the "differences in health outcomes between groups that reflect social inequalities." He notes that since 1980, the country has made "substantial progress in improving residents' health and reducing health disparities, but ongoing racial/ethnic, economic, and other social disparities in health are both unacceptable and correctable." The director emphasized reducing these disparities will require "public awareness and understanding of which groups are most vulnerable, which disparities are most correctable through available interventions, and whether disparities are being resolved over time." Frieden stressed that these problems "must be addressed with intervention strategies related to both health and social programs, and more broadly, access to economic, educational, employment, and housing opportunities."

CHDIR 2011 consolidates the most recent national data available on disparities in mortality, morbidity, behavioral risk factors, health care access, preventive health services, and social determinants of critical health problems in the U.S. by using selected indicators. The report argues that the data presented throughout the report 'provide a compelling argument for action.' It further argues that "awareness of the problem is insufficient for making changes." Accordingly, CHDIR 2011 includes 22 analytic essays which recommend "certain specific action, in the form of universally applied targeted interventions."

The 22 topics included in the report include: education and income, **inadequate and unhealthy housing**, unhealthy air quality, **health insurance coverage**, influenza vaccination coverage, **colorectal cancer screening**, infant deaths, **motor vehicle -related deaths**, suicides, **drug-induced deaths**, coronary heart disease and stroke deaths, **homicides**, obesity, preterm birth, **potentially preventable hospitalizations**, current asthma prevalence, **HIV infection**, diabetes, **prevalence of hypertension and controlled hypertension**, binge drinking, **adolescent pregnancy and childbirth**, and cigarette smoking.

The report notes that efforts to monitor and report periodically on health disparities are confronted by data gaps in: 1) disability status and 2) sexual orientation and identity. Of the 22 topics in the report only eight include health disparities by disability status. It is noted that federal interagency working groups are discussing strategies for expanding the collection of data by disability status. Data gaps in sexual orientation "are even more severe." Only one topic contains information on disparities in a health outcome by sexual behavior that is related but not identical to sexual orientation, identity, or attraction. Likewise, similar discussions are under way regarding strategies to expand the collection of data by dimensions of sexual orientation and disability status.

The full CHDIR 2011 report is available at http://www.cdc.gov/mmwr/preview/ind2011_su.html.

NINR: Interdisciplinary Approaches for HIV/AIDS Risk-Avoidance Decision Making in Developing Adolescents

There is broad consensus among developmental researchers that cognitive control increases with age across childhood and adolescent. This increase is associated with the maturation of the prefrontal cortex (PFC). Since the PFC may not be fully developed in adolescent, this may have serious implications for youth at risk for HIV during this time period. It may also impede the success of socio-culturally tailored HIV/AIDS prevention interventions, given that while there are many such messages for teens HIV/AIDS infection in adolescents continues to rise.

The National Institute of Nursing Research (NINR) believes that an interdisciplinary approach that combines investigation of psychological, socio-ecological, and neurological influences of decision-making abilities in adolescents is appropriate to further the science of HIV/AIDS prevention among at risk youth. Accordingly, NINR has issued a funding opportunity announcement (FOA), *Interdisciplinary Approaches for HIV/AIDS Risk-Avoidance Decision Making in Developing Adolescents* (RFA-NR-11-007), designed to gain a better understanding of the role of psychological predictors and neurological biomarkers of adolescent risk-taking within sociological constructs that can lead to alternative developmentally and culturally appropriate interventions. Foundational research at the intersection of sociology, psychology, and both developmental and functional neuroscience is needed in order to advance this area. Interdisciplinary collaborations that include nurse scientists, neuroscientists, psychologists and sociologists are strongly encouraged.

Research areas responsive to announcement include but are not limited to:

- Studies investigating the neurological basis of risk avoidance decision-making in adolescents within different gender and social contexts (such as peer groups, home, schools)
- Identification of neurochemical and structural biomarkers for risky behavior among adolescents
- Identification of parallel markers of risky behavior (e.g., neurological and psychological predictors of behavior in adolescents)
- Development and testing of interventions based upon an understanding of neurological and psychological predictors associated with risky behaviors in adolescents
- Development and testing of surveys based on information from fMRI and imaging tools regarding adolescent brain development and cognitive decision-making
- Studies that explore the intersection (and interaction) of culture and environment with neurocognitive development and biomarkers.

NIH intends to fund an estimate of three - five projects, corresponding to a total of \$2.1 million, for FY 2011. **Letters of Intent are due March 15, 2011. Applications are due April 15, 2011.** For more information and/or to apply see <http://grants.nih.gov/grants/guide/rfa-files/RFA-NR-11-007.html>.

NCI's "Provocative Questions Project" - Identifying Perplexing Problems to Drive Progress against Cancer

The National Cancer Institute's (NCI) Provocative Questions Project is "intended to assemble a list of important but non-obvious questions that will stimulate the NCI's research communities to use laboratory, clinical, and population sciences in especially effective and imaginative ways." According to NCI's webpage, the questions should not be simple restatements of long-term goals of the National Cancer Program, which are to improve the prevention, detection, diagnosis, and treatment of all forms of cancer. Instead they should:

- Build on specific advances in our understanding of cancer and cancer control;
- Address broad issues in the biology of cancer that have proven difficult to resolve;
- Take into consideration the likelihood of progress in the foreseeable future (e.g. 5 to 10 years); and
- Address ways to overcome obstacles to achieving long-term goals.

Led by newly appointed NCI director Harold Varmus and former NIH director during the Clinton Administration, NCI is "eager to influence the state of cancer research by attempting to define more potentially game-changing scientific questions that could influence the directions taken by NCI-sponsored research in the future." The project is intended to create a community of scientific inquiry that is open to all interested parties. By encouraging a broad range of talents and the development of a cohesive community of interest, NCI hopes to encourage questions that are novel, provocative, and ultimately productive. Individuals may register, submit an original question, comment upon an existing question, rank a question, or comment upon an existing comment via the NCI website.

On October 9, 2010, [thirty-six cancer researchers](#), representing a range of fields but with a predominance of individuals working on aspects of molecular oncology, assembled on the NIH campus for the first workshop of the NCI Provocative Questions initiative. Participants of that workshop were invited by the project's organizers to craft a list of interesting questions that might highlight potential new research directions among NCI-supported investigators or reinvigorate research in important areas that have been neglected, to discuss and evaluate some of the questions submitted by the participants prior to the workshop, to suggest subsequent activities that might enhance the project, and to think about the best ways to name and describe the initiative in hopes of clarifying the concept and maximizing its utility. The group decided that additional small group meetings would be useful. Thus far, the Institute has held or scheduled three workshops:

- **February 2, 2011, Clinical and Translational Sciences Workshop** - included participants with clinical research expertise, including drug development, pathology, surgery, medical oncology, radiology, radiotherapy, clinical trials, and community practice.
- **February 4, 2011, Behavior, Population, Epidemiology and Prevention Workshop** - included participants with public health expertise in research spanning screening, chemoprevention, pharmacogenetics, behavior, and epidemiology.
- **February 10, 2011, Basic Sciences Workshop** will include participants with basic science research expertise including physiology, metabolism, cell biology, systems biology, computational modeling, chemistry, and physical and engineering sciences.

For more information see <http://provocativequestions.nci.nih.gov/>.

National Medal of Science Nominees Sought

The National Science Foundation has extended the call for nominations for the 2011 National Medal of Science. The new deadline is March 31, 2011.

The 86th Congress established the National Medal of Science in 1959 as a Presidential Award bestowed on individuals "deserving of special recognition by reason of their outstanding contributions to knowledge in the

physical, biological, mathematical, or engineering sciences." In 1980, Congress expanded this recognition to include the social and behavioral sciences.

A Committee of 12 scientists and engineers, appointed by the President, evaluates the nominees for the Award. Since its establishment, the National Medal of Science has been awarded to 468 distinguished scientists and engineers whose careers spanned decades of research and development.

Twenty-one social and behavioral scientists have won the award. The last was NIH Cognitive Scientist Mortimer Mishkin in 2009. Most of the 21 have been economists or psychologists, although former COSSA President William Julius Wilson, a sociologist, won the award in 1998. The recipients' database from 1962 to the present can be searched at <http://www.nsf.gov/od/nms/recipients.cfm>.

Consortium of Social Science Associations

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George Mason University
George Washington University
Harvard University
Howard University
University of Illinois
Indiana University
Iowa State University
Johns Hopkins University
John Jay College of Criminal Justice, CUNY
Kansas State University
University of Maryland
Massachusetts Institute of Technology
Maxwell School of Citizenship and Public Affairs, Syracuse
University of Michigan
Michigan State University
University of Missouri, St. Louis
University of Minnesota
Mississippi State University
University of Nebraska, Lincoln
New York University
University of North Carolina, Chapel Hill
Northwestern University
Ohio State University
University of Oklahoma
University of Pennsylvania
Pennsylvania State University
Princeton University
Rutgers, The State University of New Jersey
University of South Carolina

Southern Political Science Association
Southern Sociological Society
Southwestern Social Science Association

Stanford University
State University of New York, Stony Brook
University of Texas, Austin
University of Texas, Brownsville
Texas A & M University
Tulane University
Vanderbilt University
University of Virginia
University of Washington
Washington University in St. Louis
University of Wisconsin, Madison
University of Wisconsin, Milwaukee
Yale University

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American Council of Learned Societies
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Cornell Institute for Social and Economic Research
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