110th CONGRESS RETURNS FOR SECOND SESSION

With the late December conclusion of its first session, the 110th Congress’ second session will fully commence this week after listening to President Bush deliver his eighth State of the Union address. Since leaving, following the completion of the regular FY 2008 appropriations process, Congress has been forced to turn its attention to the deteriorating economy. Its leadership has spent most of January negotiating a stimulus package announced at the end of last week. Announcing and enacting are two different ball games and the Senate appears to want to put its two cents into a package agreed to by Speaker Nancy Pelosi (D-CA) and the White House.

With many programs and agencies still figuring out the effects of the FY 2008 appropriations denouement, the President will release his FY 2009 budget proposal on February 4. The expectation is that the Administration will continue to try to limit the growth of overall domestic discretionary spending, as it did in FY 2008. There are some indications that science agencies included in the American Competitiveness Initiative (ACI), such as the National Science Foundation, may still do well. Yet, as we learned in 2007, good numbers through the funding process do not necessarily mean good numbers when the final spending bills are enacted.

With 2008 an election year, the legislative session will not have many days to it. Enacting FY 2009 spending bills may get delayed until what has now become a familiar post-election lame-duck session. In addition, Republican members of Congress and the White House may put enormous pressure for limiting, if not ending, earmarks, an unusual strategy for an election year when Members usually want to demonstrate to constituents their capacity for delivering goodies.

The session also has to deal with many leftovers from 2007, such as the Farm Bill, No Child Left Behind, the Higher Education Act, and immigration reform. With the resignation of Sen. Trent Lott (R-MS) at the end of last year, the Senate Republicans have made Sen. Jon Kyl (R-AZ) their new Minority Whip (the #2 position in the leadership). With the economy an increasing concern, many early congressional hearings will feature testimony from many economists, both inside and outside the government.

HOUSE PANEL HEARS CALLS FOR MORE FEDERAL SUPPORT OF EARLY CHILDHOOD EDUCATION

Nearly two-thirds of all children under the age of five, or 12 million, are in some type of regular child care. On January 23rd, the House Labor and Education Committee, chaired by Rep. George Miller (D-CA), held a hearing on “Investing in Early Education: Paths to Improving Children’s Success.”

“America can’t afford to view child care as just a way to get parents working and unrelated to early education,” testified Eric Karolak, Executive Director of the Early Care and Education Consortium.

Ron Haskins, Senior Fellow at the Brookings Institution, noted that “there is good evidence from scientific research that preschool education can be an effective tool in our nation’s long struggle to reduce the achievement gap between poor children and children from non-poor families.”
Deborah Phillips, professor of psychology at Georgetown University and co-editor of From Neurons to Neighborhoods: the Science of Early Child Development, testified that “a sturdy early foundation leads to a well functioning, efficient brain.” Conversely, she said a weaker foundation leads to an over- or under-reactive more fragile brain.

Providing rich learning experiences, supportive learning environments, and positive relationships during the first three years of a child’s life is crucial to creating a foundation for learning. Elisabeth Chun, Executive Director of the Hawaii Good Beginnings Alliance, stated that by the age of five 85 percent of a child’s intellect, personality, and social skills have developed, and that by age six there are large gaps between the academic abilities and development of high and low income children.

High quality early childhood education programs make a difference, especially for low income children, in their educational, social, emotional, and physical development. Researchers have shown that children living in low income households hear on average 300 fewer words per hour than children living in high socio-economic households. These differences in vocabulary growth begin to appear as early as 18 months. Phillips stated that “low and higher income children are already moving along different trajectories well before school entry, because their early environment in and out of home does not constitute a level playing field.”

The Early Childhood Longitudinal Study conducted by the Department of Education has found that when compared to four year olds from low income families, twice as many upper income four year olds are proficient in early math skills. Even through third grade there is evidence that high quality early education continues with students demonstrating higher scores on standardized tests of math, memory, and vocabulary skills. The effects on vocabulary continued through the sixth grade.

According to Charles Kolb, President of the Committee for Economic Development, investing in high quality early education programs is crucial, because of their ability to improve students’ outcomes well into their adolescent and adult years. Research shows children who participate in high quality early education programs demonstrate higher academic achievement, are less likely to repeat a grade, and are more likely to graduate from high school and enroll in college. They are also less likely to participate in criminal activity. In fact, Kolb stated that for every dollar spent on preschool, it is projected that states will save 50 to 85 cents in reduced crime costs.

Although the panelists and Members were in agreement on the need for early childhood education there were some concerns. Rep. Michael Castle (R-DE) worried about the expansion of the role of the Federal government in early education beyond its current role of supporting Head Start. Rep. Mazie Hirono (D-HI) also wondered what role the federal government should have in this area. Chun replied the Federal role should not be to supplant public and private early childhood programs, but that Federal money should be used to encourage States to make improvements to these programs.

There were also questions as to what constitutes a quality program. Rep. Ric Keller (R-FL) wanted to know the top three things that characterized a quality early education program. Karolak responded that quality programs all have qualified teachers, a research-backed curriculum, and an environment conducive to learning.

Despite these concerns, Karolak testified that increasing national investments in early education is essential to America’s well-being and global competitiveness. He believes to ensure quality programs we need to invest our economic resources responsibly by supporting effective programs that are “well-implemented, well-funded, and continuously improved.” However, he argued that the cost of quality early childhood care and education is expensive, and more Federal investment is needed.

Chairman Miller in his opening statement acknowledged the burden early childcare education places on families, noting that “the average cost of child care averages between $4,000 and $10,000 a year.” This can make finding quality and affordable childcare and early education programs difficult not only for low income families, but for middle class families too. To alleviate the financial burden that early childhood education programs place on some families, Kolb recommended that States provide publicly funded early education programs that would be available to all three and four year old children.

Miller summed up the views of the panelists: “If we are to succeed at reforming our education system and ensuring success for all children, then improving the early care and education settings for our youngest children must be one of our top priorities. If education reform begins in elementary school—we’re starting five years too late.”

GENERAL MEDICAL SCIENCES’ STRATEGIC PLAN INCLUDES BEHAVIORAL/SOCIAL SCIENCES
On January 25, the National Institute of General Medical Sciences (NIGMS) released, *Investing in Discovery: National Institute of General Medical Sciences Strategic Plan 2008 -2012*, designed to guide the Institute’s decision-making over the next five years. According to Director Jeremy Berg, “NIGMS has a strong record of fostering discovery in a broad range of biomedical areas, and . . . are dedicated to promoting a research environment that will continue to yield important breakthroughs.” NIGMS-funded researchers seek to “answer important questions in fields such as cell biology, biophysics, genetics, development biology, pharmacology, physiology, biochemistry, chemistry, bioinformatics, computational biology, and selected clinical and behavioral science areas.” The Institute also provides leadership in training the next generation of scientists to assure the vitality and continued productivity of the research enterprise. “This plan articulates our core principles and shows how we will make strategic investments to maximize the benefits of the public funds entrusted to us,” Berg said.

In the Plan’s introduction, Berg looks to the future and notes: “The incredible complexity of biology is something that tantalizes and challenges us.” The Institute “recognize(s) that most biological processes involve large numbers of components, interacting directly and indirectly.” He also acknowledges that the not “all the tools, both technical and intellectual, to understand such systems in a predictive sense” are yet available. “Biological complexity, nuances of our genomic lexicon, and many other mysteries of biomedicine are waiting to be solved to improved health and fight disease.”

**NIGMS Core Principles**

- Sponsor and promote basic research as an essential aspect of science to improve human health.
- Foster innovation and discovery to unveil new knowledge that will lead to future transformations in medicine.
- Employ integrative and interdisciplinary approaches in the pursuit and dissemination of scientific knowledge.
- Develop a biomedical research workforce representative of American society at large and actively support training of the next generation of scientists.
- Ensure stability and rigor in the nation’s basic biomedical research enterprise and infrastructure.
- Communicate openly with the scientific community and the public about the needs, value, and impact of the biomedical research enterprise.

**Strategic Goals**

The Plan has four strategic goals:

1. **Enhance the basic biomedical research enterprise through grant support for competitive, investigator-initiated research.** NIGMS will pursue the goal through the following objectives:
   a. Maintain a balanced research portfolio that reflects scientific excellence and variety. By funding a wide spectrum of scientific topics, the Institute will encourage flexibility to allow emerging areas to be pursued promptly.
   b. Facilitate career stability in the biomedical workforce. The Institute will protect the talent pipeline, especially by addressing the vulnerability of career transition times, as a way to encourage continuity in the research enterprise. The Institute will continue to provide bridge funding to highly meritorious investigators who are especially at risk during constrained budget periods.
   c. Provide support for innovative, high-risk biomedical research initiatives with the potential for achieving significant impact.
   d. At the Institute level, initiate enhancements to the peer review process.
   e. Support research that analyzes fundamental mechanisms that traverse multiple organ systems.

2. **Address selected scientific needs and opportunities through coordinated research programs.** Objectives include:
   a. Facilitate team science along a continuum of scales to advance multidisciplinary and interdisciplinary inquiry. NIGMS will continue to fund cross-cutting research in the basic biomedical, behavioral, and clinical sciences through collaborative programs among researchers from a wide range of disciplines, including the clinical, social, and quantitative sciences.
   b. Identify and develop large-scale research programs that offer value, insight, and the broadest applicability to the scientific community.
   c. Create programmatic linkages in support of NIH-wide translational initiatives.
   d. Seek collaborative and shared research opportunities with other agencies and NIH Institutes and centers in areas that show particular promise.
   e. Expand support for resources and database development to facilitate biomedical research advances.
3. **Identify innovative approaches among individuals and institutions to foster training and the development of an inclusive and effective scientific workforce.** Objectives include:

   a. Support a broad range of high-quality institutional training programs across the biomedical sciences.
   b. Provide funding for graduate students and postdoctoral fellows through investigator-initiated research project grants.
   c. Expand and extend the NIGMS commitment to facilitating the development of a diverse and inclusive biomedical research workforce.
   d. Address diversity and workforce development in all programs administered by NIGMS as a matter of both policy and practice.
   e. Adopt a comprehensive, systems-based approach to address future workforce development issues.

4. **Advance awareness and understanding of the basic biomedical research enterprise, including its value, requirements, and potential impact.** Objectives include:

   a. Continue to foster an open dialogue with the scientific community about evolving scientific trends, gaps, and opportunities.
   b. Raise public awareness and understanding about the value and impact of basic biomedical research.

To read more go to: [http://publications.nigms.nih.gov/strategicplan/](http://publications.nigms.nih.gov/strategicplan/).

**COSSA MEMBERS COMMENT ON NIMH’S STRATEGIC PLAN**

In November 2007, the National Institutes of Mental Health (NIMH) put out a request for comments on its draft strategic plan. In his accompanying message, Director Tom Insel indicated that one goal of the Plan is to “translate” recent advances “to what the National Institutes of Health (NIH) calls the ‘4 P’s’ of research: increasing the capacity to Predict who is at risk for developing disease; developing interventions that Preempt (or interrupt) the disease process; using knowledge about individual biological, environmental, and social factors for Personalized interventions; and, ensuring that clinical research involves Participation from the diversity of people and settings involved in health care.” Insel also noted the changing demographics of America, suggesting that “we are more diverse, we are aging, and we are increasingly challenged by the costs and complexities of health care.” Success, he argued, must be measured “by ‘outcomes:’ how well the research we support provides the evidence base for mental health care providers to preempt illness for those at risk, enhance recovery for those affected, and serve diverse and previously under-served populations.”

The Plan, in draft form, cites four strategic objectives:

1) Promote Scientific Discovery in the Brain and Behavioral Sciences to Fuel Research on the Causes of Mental Disorders;

2) Chart Mental Health Trajectories to Determine When, Where and How to Intervene;

3) Develop New and Better Interventions for Mental Disorders that Incorporate the Diverse Needs and Circumstances of People with Mental illness

4) Strengthen Public Health Impact of NIMH-Supported Research

The comment period closed on **December 21, 2007**. Three COSSA members: the American Psychological Association (APA), the Society for Research in Child Development (SRCD), and the Institute for the Advancement of Social Work Research (IASWR) responded to NIMH’s request for comments. The Institute will publish a final version incorporating the comments later this spring.

**APA**

APA’s Executive Director for Science Steve Breckler commended the Institute for the “broad and ambitious scope of the draft plan.” Breckler observed that the four strategic objectives are not only bold but “well grounded in current scientific understandings and approaches.” The objectives provide “a clear framework for advancing and integrating efforts across many of the research and practice areas that contribute to the prevention and treatment of mental disorders.” Given the constraints of the current budget environment for NIMH, “it is encouraging to see NIMH maintain its commitment to a rich and varied portfolio of basic, clinical, and services research and to the dissemination and implementation of research findings for the benefit of all communities,” noted Breckler.
Despite praising the Institute’s vision, Breckler argued that the Plan does not follow through when it comes to developing the strategies to accomplish the cited objectives. For example, he noted, that the strategies accompanying the objective to “promote discovery in the brain and behavioral sciences” provides “little attention” to the contributions of the behavioral and social sciences. “The failure to capitalize on recent work in those areas is critical for understanding the nature and development of the cognitive, affective, motivational, and social processes that go awry within mental disorders and are the targets of interventions.” The Institute is urged to “fully and explicitly incorporate behavioral and social science research within all four objectives of the strategic plan.”

Breckler and the APA agree that NIMH should support research that is focused on the “intersection of brain, behavior, and mental health.” It must not, however, “exclude studies of normal behavior that are pursued entirely at the behavioral or social level of analysis (just as it does not exclude studies of normal brain function that are conducted solely at the neural level).” He notes that the 2004 National Advisory Mental Health Council’s report, Setting Priorities for Basic Brain & Behavioral Sciences at NIMH, and more recent statements by NIMH Director Tom Insel “have clearly indicated that NIMH would continue to support studies of normal behavior that use behavioral measures alone.”

Regarding the need to consider the diversity of the population when conducting mental health research, APA urged the Institute to “go further and support research on the social and cultural processes that underlie the variable trajectories and manifestations of mental disorder, as well as treatment responses, across population groups.” Basic and translational research on socio-cultural processes “will provide the explanatory framework for the development of interventions that treat the ‘whole person,’ a stated aim of the plan.”

Suggestions from APA for strengthening the Plan include:

- The development of culturally appropriate and personalized interventions requires that research be directed to topics surrounding aging to address the aging population.
- Research on trauma and violence should draw from the full range of biological and of behavioral and social science approaches.
- Theoretical and computational modeling research, especially at the system neuroscience and behavioral levels can contribute strongly to the achievement of NIMH’s research goals and should be explicitly included within the strategic plan.

Read APA’s formal comment on the NIMH draft strategic plan at: www.apa.org/ppo/issues/1207CommentsonNIMH.pdf.

SRCD urged NIMH to amend the draft in three areas by: 1) explicitly including developmental science in a few key areas where it was omitted; 2) explicitly including cognition and affect; and 3) expanding its definition of the environment to be inclusive of social exposures, social neuroscience, and systems integration.

SRCD’s Executive Director Lonnie Sherrod and its Director for Office for Policy and Communications Mary Ann McCabe applauded the Institute’s Plan for “emphasizing the importance of development, and developmental science, for the prevention and treatment of mental illness.” Sherrod and McCabe noted that they were pleased to see importance placed on the study of both normative and atypical development, including sensitive periods. SRCD, however, believes the Plan can be strengthened with the addition of the incidence of mental and behavioral disorders in children and youth in the Plan’s introduction. As currently drafted, the Plan only cites the incidence of adult disorders, and “seriously debilitating mental illness.” They emphasized that “developmental psychopathology is relevant to the mission of NIMH, including both disorders and risk factors that develop in childhood. They also stressed that it is important to include “cognition” as a specific target intervention, “in light of the promising studies of CBT,” many of which are funded by the Institute.

Praising NIMH for “trying to capture and advance the state of science in gene-behavior-environment interactions,” SRCD noted, however, that there are “a few important omissions that weaken this Plan.” They call for examples of the social environment. As drafted, the Plan refers only to exposure to biological and chemical agents. For example, “research is demonstrating that prolonged exposure to poverty or violence may place individuals at risk for mental health problems.” The social environment may indeed have direct influences upon mental health and its development from childhood to adulthood. They cited as an example, “social networks are proving to be influential in both the development of disorder and the effectiveness of intervention for behavior change.”

The Society also urged NIMH to acknowledge the advances in systems perspectives and social neuroscience. Otherwise, the Plan, as drafted, “undermines the focus on gene-behavior-environment interactions in other parts of the plan.” One example is that NIMH should lead advances in stress biology, including bio-behavioral mechanisms and measurements. SRCD noted that the examples provided call for a wider skill set for the pipeline of future research scientists, including skill sets in the behavioral and social science.
Finally, SRCD emphasized that the scientific community would welcome recognition as a prospective partner with the Institute in advancing its mission, insuring the pipeline of investigators, and disseminating science. Accordingly, NIMH is urged to “explicitly include ‘science organizations’ in its strategy (Strategy 4.3) to strengthen partnerships between NIMH with these stakeholder groups, alongside other partners such as patients, families, service providers, and advocacy groups.

IASWR

IASWR Director Joan Levy Zlotnik observed that “many important areas for NIMH are identified through this draft and it covers the necessary perspectives from the genetic and biological underpinnings of mental illness to the need to transform the mental health service delivery system in the United States and the role that research can play in that.”

Zlotnik reminded the Institute that in “regard to services and intervention research, it important to note that individuals experience high mental health needs in some service settings for which there are currently inadequate mental health services available (e.g., child welfare delivery and nursing homes). Research is needed to figure out how those needs can be met. This “should be distinguished from research that specifically explores the delivery of mental health services in non-mental health settings (e.g., hospitals and schools).”

Addressing the strategy associated with Objective 3 (developing innovative interventions and designs for intervention studies), IASWR, recommended that NIMH “add language to include social and environmental moderators and predictors. The strategic Plan should be explicit in designing innovative and comprehensive intervention studies, that those persons who experience co-occurring disorders (e.g., substance abuse and mental illness) should be included in such studies.

The draft Plan includes a strategy to “expand and deepen the focus to personalize intervention research.” Zlotnik stressed that “in expanding the focus to personalized intervention research, such research must also include issues related to the individual in the context of their family, community, social contexts, and social networks.”

The Plan’s strategy also called for strengthening the application of mental health interventions in diverse care settings by examining community and intervention delivery approaches and how they affect intervention outcomes. IASWR emphasized that “beyond the important listing of providers that provide treatment interventions, it is also important to attend to the role of front-line staff, paraprofessionals, case aides, and residential care staff who are often responsible for some aspects of mental health care delivery.”

In addition to identifying and systematically studying elements of personalized mental health care, IASWR emphasized that this should be a “high priority area for research studies and should also insure in regard to developing tools to monitor and gauge illness, this should be done in the context of ethical issues, determinations of competence, self-care, self determination and individual decision making.”

The draft also included as strategy the need to “strengthen partnerships between NIMH and its stakeholder groups, including service providers and advocacy groups.” Like SRCD, IASWR agreed that this is “extremely important.” “NIMH’s role as a catalyst for communication and a force for robust dissemination and implementation and translational strategies, will be critically important,” Zlotnik stated.

NATIONAL CHILDREN’S STUDY TO ADD LOCATIONS AND CENTERS

The National Institute of Child Health and Human Development (NICHD), National Institutes of Health (NIH) recently announced its intention to add additional locations and Centers to the National Children’s Study (NCS). It is anticipated that multiple contract awards will be made to organizations or institutions. Additional details will be provided in a Request for Proposals (RFP) that will be issued later.

NCS, a large, long-term longitudinal study of environmental influences on children’s health and development, will explore a broad range of environmental factors that could influence the health and development of children. Environment is broadly defined by the Study to include biological, chemical, physical, social and behavioral influences on children. The broad range of outcomes includes obesity, diabetes and physical development; injuries; asthma; pregnancy-related outcomes; and mental health issues. Details regarding the design and methods for the NCS are available in the study’s Research Plan on the study’s website at www.nationalchildrensstudy.gov.

For more information or questions contact Fred Ettehadieh, Contract Specialist, Phone 301-435-6961, Fax 301-402-3676, Email fe19w@nih.gov - Elizabeth Osinski, Lead Contract Specialist, Phone 301-435-6947, Fax 301-402-3676, Email eo43m@nih.gov

MOLLY BROAD NEW PRESIDENT OF THE AMERICAN COUNCIL ON EDUCATION

Molly Corbett Broad, who led the University of North Carolina system from 1997 to 2006, has been named the new President of the American Council on Education (ACE). She replaces David Ward, former Chancellor of the University of Wisconsin, Madison and a speaker at COSSA’s 20th Anniversary event in 2001, who announced his retirement. Broad, the first woman to lead ACE in its 90 year history, will officially commence her presidency on May 1, 2008. Since leaving the system-presidency, Broad has been a Professor of Government at UNC-Chapel Hill.

The American Council on Education is the major coordinating body for all the nation's higher education institutions. It seeks to provide leadership and a unifying voice on key higher education issues and to influence public policy through advocacy, research, and program initiatives.

Prior to her presidency of the UNC system, Broad worked for the California State University system, first as senior vice chancellor for administration and finance and then as executive vice chancellor and chief operating officer. She also served as the chief executive officer for Arizona's three-campus university system and as the manager in the Office of Budget and Planning, director of Institutional Research, and vice president for Government and Corporate Relations, all at Syracuse University. She took a leave of absence from her Syracuse post to spend a year as deputy director of the New York State Commission on the Future of Postsecondary Education, a blue-ribbon panel that evaluated the organizational structure and financing of the state's two public university systems.

Broad has been very active in an array of professional and civic organizations, writing and speaking widely on strategic planning for higher education, K-16 partnerships, information technology, globalization and biotechnology. She is past chair of the National Association of State Universities and Land-Grant Colleges (NASULGC), past chair of the Internet 2 board of trustees and past president of the International Council for Distance Education. She has served on the boards and executive committees of the Business-Higher Education Forum; Council on Competitiveness; National Association of University System Heads; the Centenary Committee for Fudan University in Shanghai, China; the Micro-electronics Corp of North Carolina; the North Carolina Biotechnology Center; and the North Carolina Economic Development Board. Broad currently holds seats on the boards of RTI International, the North Carolina Museum of Art, the Institute for Defense and Business, the Public Broadcasting Service, and Internet 2.

The new President was trained in economics, first earning her baccalaureate degree at Syracuse University's Maxwell School of Citizenship and Public Affairs and then receiving a master's degree from the Ohio State University.

NIH SEEKS ECONOMISTS FOR RESEARCH RELATED TO DIET, ACTIVITY AND OBESITY

Obesity has become a major public health focus as a result of the high and growing prevalence rates of obesity among adults and children in the U.S. Although overweight and obesity occur in all population groups, the prevalence varies by age, gender, race, and ethnicity, socioeconomic status and geography in complex ways. Socioeconomic Status (SES), usually measured by education level and income, is inversely associated with obesity in adults. Furthermore, the relationship between SES and overweight seems to vary by racial-ethnic group in children and teens. Existing research also indicates that weight, physical activity, and nutrition alter chronic disease risks, including cancer and cardiovascular diseases.

The National Cancer Institute, the National Institute on Aging, the National Heart, Lung, and Blood Institute, the Office of Behavioral and Social Sciences, and the National Nursing Institute are seeking grant proposals in the area of energy balance (i.e., the relationship between diet, physical activity, and body composition) known to researchers with expertise and experience in health economics, health services, and econometric modeling including multi-level analyses who otherwise might not be aware of the opportunity to apply their disciplines to this area of research.
The funding opportunity aims to promote collaborative activities between researchers trained in economics and researchers specializing in public health, cancer, cardiovascular diseases and other chronic diseases. The announcement is designed to foster research to improve understanding of how energy balance is associated with behavioral and environmental factors, especially their causal relationships, by exploring causes generating hypotheses for new research, monitoring and evaluating natural experiments and developing new economic and econometric methods for bringing together existing day in exciting new transdisciplinary ways. Especially encouraged is research that includes:

1) Economic analysis as part of a broader transdisciplinary research strategy that includes other social and behavioral sciences; planning engineering and architecture; and the epidemiological, bio-statistical, medical, and biological disciplines as they are relevant to public health policy,

2) Econometric analyses that bring together data, especially longitudinal or panel data, from a range of disciplines to understand how community, institutional and individual choices are made related to food intake and physical activity,

3) Analysis of secondary data or collection of primary data to monitor natural experiments derived from polices designed or expected to reduce obesity, increase physical activity or otherwise contribute to healthy energy balance, and

4) Development of economic metrics and methods for measuring, monitoring, and evaluating energy balance and its components.

Examples of the types of research topics and approaches that would be relevant areas of investigation, include, but are not limited to:

**Community Structure and the Built Environment**

- Studies that monitor and evaluate how policies and economic factors related to public finance, transportation, land-use, zoning, and education influence structures that shape the built environment and other resources related to access and decision making about diet and physical activity between and within communities.
- Studies of how residential segregation, unequal levels of community development, or inadequate provision of public resources may result in disparities in opportunities related to healthy diet and physical activity choices.
- Studies of programs and policies designed to improve the allocation and distribution of public goods and services related to access to healthy food and physical activity choices.
- Studies that develop or apply econometric modeling techniques to incorporate data from a range of disciplines such as economics, planning, public health, transportation, nutrition and architecture to examine how regulations shape community structures, the built environment and ultimately healthy choices.
- Prospective longitudinal studies the examine the relationships between economic factors and obesity
- Intervention studies that test the effects of changes in the built environment and organizational economic incentives for physical activity on body weight and body composition.

**Policy**

- Studies that monitor and evaluate policy changes in the provision of information (e.g., regulation of advertising, label and menu requirements) to determine how federal, state, or local policies affect economic choices related to diet and physical activity for schools, workplaces, communities and individuals.
- Studies to examine the effect of agriculture policies on the healthfulness and the pricing structure of the US food supply
- Studies to determine factors related to the effective communication of publicly provided or mandated information related to individual economic choices about diet and physical activity.
- Studies about the design and implementation of government and private sector food aid and/or transfer programs in relationship to individual choices about diet.
- Studies about the design of existing Federal, State, and local taxation, subsidy, and other incentive programs in relationship to individual choices about diet and physical activity and studies about the theory and design of innovative taxation, subsidy, and other incentive programs meant to influence choices about diet or physical activity.
- “Natural experiments” of proposed or ongoing changes in policy, including, for example, studies of the efficacy of proposed policy changes in schools concerning food offerings and/or physical activity.
Industrial Organization

- Studies on how technological and organizational changes in the food production, distribution, and marketing systems ultimately affect economic choices related to diet and physical activity.
- Studies of how occupational structure, workplace constraints, time, activities, and workplace programs and policies affect opportunities and choices related to diet and physical activity.
- Studies of how competition for market share and business profitability affects the consumption of diet and physical activity-related goods and related informational resources that are available to consumers.
- Studies of how health insurance coverage and/or healthcare reimbursement policies affect the scope of preventive, diagnostics, and treatment services related to prevention or management of overweight and obesity that are available through the healthcare delivery system.

Cost-effectiveness / Cost-benefit studies

- Studies of feasibility, effectiveness, cost-effectiveness, or cost-benefit of interventions designed to improve energy balance through changes in diet and physical activity.
- Studies of programs and policies designed to improve behavior and health outcomes related to diet and physical activity, including programs of administered pricing or health promotion in school, workplace, healthcare delivery, or other organizational settings.
- Studies that examine the relationship between multiple financial outcomes (e.g., health care utilization, presenteeism and absenteeism) and obesity.

Consumer Economics

- Studies of how innovative methods, such as conjoint analysis, experimental economics, behavior economics, disequilibrium analysis, multi-level analysis, and innovative consumer and producer survey design and administration can be applied to better understand the underlying factors that mediate the process of economic choice related to diet and physical activity.
- Studies designed to better understand the impacts and interactions of such variables as biological factors, educational and other cognitive resources, access to informational resources, cultural values, socioeconomic status, family and occupational histories, and configuration of food resources and the local built environment on how choices are made related to diet and physical activity.
- Studies designed to better understand how the process of economic choices related to diet and physical activity evolves over the life-cycle of individuals as well as the roles of intergenerational factors including possible timing when intervention would be most effective.
- Studies of how family structure, labor market participation, and gender and other role functions affect economic choices about diet and physical activity.
- Studies of how individual- and family-time resources and time allocations within and between work and leisure activities affect economic choices about diet and physical activity.
- Studies of how individual and family decisions about methods of food preparation and home versus restaurant consumption affect diet.
- Studies of how the mental and physical health status of individuals affects economic choices about diet and physical activity.
- Intervention studies that test the effects of financial incentives to low-income, rural or minority populations on diet, physical activity, body composition or cardiovascular health outcomes.

NIMH SEEKS APPLICATIONS FOR RESEARCH EDUCATION GRANTS

The National Institute of Mental Health (NIMH) is seeking applications for its Research Education Grants (PAR-08-079) to foster the development of mental health researchers via creative and innovative research educational programs. The programs may be designed as institutional, regional, or national programs.

According to the Institute, the overall goal of its research training and research education programs is to ensure that highly trained scientists will be available in adequate numbers and in appropriate scientific areas to reduce the burden of mental illness, behavioral disorders, and HIV/AIDS through research on mind, brain, and behavior. Flexible and specially designed to foster the development of mental health researchers, applications will be accepted in response to the funding opportunity from organizations that propose research education experiences at the following levels of professional care development, medical/graduate student, postdoctoral fellow, medical resident, and/or independent scientist.

Examples of research education programs that are of potential interest to the NIMH include, but are not limited to, the following:
- Educational/research experiences, including innovative clinical residency research education programs, that will enhance the participation, productivity, and retention of physician-scientists in mental health-related research careers;
- Translational research career enhancement opportunities or educational opportunities at the interface between the basic and clinical research arenas or the clinical and services research arenas;
- Educational/research experiences that enhance the participation and productivity of investigators carrying our research on mental health disparities, especially research using racially/ethnically diverse populations;
- Educational/research experiences that prepare investigators to use cutting-edge research methodologies, statistics, and tools in their NIMH-relevant research programs;
- Interdisciplinary educational/research experiences that prepare future mental health researchers to conceptualize and conduct interdisciplinary research and to work as part of collaborative team research.

Because the nature and scope of the proposed research education program will vary from application to application, it is anticipated that the size and duration of each award will also vary. The total project period for an application submitted in response to the funding opportunity, however, may not exceed five years. Total direct costs are limited to $250,000 annually. For more information, see: http://grants.nih.gov/grants/guide/pa-files/PAR-08-079.html

**OBSSR ISSUES THREE SOLICITATIONS FOR COMMUNITY PARTICIPATION RESEARCH**

The National Institutes of Health (NIH) Office of Behavioral and Social Sciences Research (OBSSR) released three funding opportunity announcements on community-based participatory research (CBPR). CBPR research is defined as scientific inquiry conducted in communities and in partnership with research. The process of scientific inquiry is such that community members, persons affected by the health condition, disability, or issue under study, or other key stakeholders in the community’s health have the opportunity to be full participants in each phase of the work (from conception, design, conduct, analysis, interpretation, conclusions, communication of results.) It is characterized by substantial community input in the development of the grant application. Specifically, involving community and academic partners as research collaborators may improve the quality and impact of research by:

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

**CBPR Interventions PA (PA-08-074):** http://grants.nih.gov/grants/guide/pa-files/PA-08-074.html  
- This funding opportunity is seeking investigator-initiated applications that propose intervention research on health promotion, disease prevention, and health disparities that communities and researchers jointly conduct. Intervention research is defined as quasi-experimental research projects that seek to influence preventive behaviors, treatment adherences, complementary behaviors, and related attitudes and beliefs. It is noted that natural experiments may fall under the interventions rubric. Examples include, and are not limited to the promotion of physical activity-friendly neighborhoods; tobacco, alcohol, and drug abuse prevention among youth; a community-led action plan for cancer, hypertension and cardiovascular disease prevention and control in minority populations; establishing safer work practices among agricultural workers in rural areas; nutrition and reducing childhood obesity; HIV/AIDS and STD prevalence among young adults; promoting infant mental health; and reducing health disparities.

This announcement is cosponsored by: Cancer; Heart, Lung and Blood; Child Health and Human Development; Dental and Craniofacial; Environmental Health Sciences; Nursing; Alcohol Abuse and Alcoholism; Mental Health; Deafness and Other Communication Disorders; Drug Abuse; and the National Institute for Occupational Safety and Health (Center for Disease Control and Prevention).

**CBPR Targeting the Medically Underserved PAR (R01):** http://grants.nih.gov/grants/guide/pa-files/PAR-08-075.html  
- The ultimate goal of the funding opportunity announcement is to solicit investigator-initiated applications that propose research on health promotion, disease prevention, and health disparities that is jointly conducted by communities and
researchers and targets medically underserved areas (MUAs) and medically underserved populations (MUPs) as defined by the Health Resources and Services Administration (HRSA) within the Department of Health and Human Services. All applications that respond to this announcement must demonstrate clear community partnerships with substantive involvement in their proposed research projects.

This announcement is cosponsored by: the Office of Research on Women’s Health; Cancer; Arthritis and Musculoskeletal Diseases; Child Health and Human Development; Dental and Craniofacial; Environmental Health Sciences; Nursing; Alcohol Abuse and Alcoholism; Mental Health; Deafness and Other Communication Disorders; and Drug Abuse.


CBPR Targeting the Medically Underserved PAR (R21): [http://grants.nih.gov/grants/guide/pa-files/PAR-08-076.html](http://grants.nih.gov/grants/guide/pa-files/PAR-08-076.html) -- is designed to solicit Exploratory/Developmental grant applications that propose research on health promotion, disease prevention, and health disparities that is jointly conducted by communities and researchers and targets MUAs and MUPs. The announcement encourages studies that specifically target MUAs as well as MUPs. According to the announcement, such a focus will allow studies to assess the nature and scope of health problems in underserved communities, formulate hypotheses about the relationship of community dynamics and health problems as they relate to underrepresented populations, design targeted interventions aimed at addressing health disparities in specified communities and specific populations, and track the efficacy of outreach efforts that result from CBPR research in the community.

This announcement is cosponsored by: Cancer; Arthritis; Child Health and Human Development; Environment Health Sciences; Nursing; Alcohol Abuse and Alcoholism; Mental Health; Deafness and Other Communication Disorders; and Drug Abuse.


WORKSHOP PARTICIPANTS SOUGHT FOR HUMAN DIMENSIONS OF GLOBAL CHANGE MEETING

The International Human Dimensions Programme (IHDP) headedquarterd in Bonn, Germany will have its 7th Open Meeting on the Social Challenges of Global Change in New Delhi, India this fall. Connected to the open meeting is a workshop that will take place from October 12-15, 2008. Applications to participate will be accepted until March 1, 2008.

This workshop will encompass four parallel seminars on the following topics:

1. The Human Dimension of Health and Global Environmental Change: Global Change & Urban Health;
2. Transitions to Sustainability through System Innovation;
3. Urban and Regional Carbon Management; and
4. Sustainable Adaptation to Climate Change

The workshop will commence with a plenary session convening all participants and will introduce them to a variety of methodologies. A final group plenary session will focus on science-policy interaction. Participants will also receive exposure to cutting-edge thought on the substantive issues of each seminar from a human dimension perspective. One anticipated outcome of the workshop is that participants will develop research proposals to work on when they return to their organizations.

For more information about the workshop and the open meeting please go to: [www.ihdp.org](http://www.ihdp.org)
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