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Republicans Push for Spending Cuts: One Possible Scenario is Significant Reductions in NSF SBE Research

The 111th Congress returned for its lame-duck session on November 15. Discussions continue on trying to finish the FY 2011 appropriations process with an Omnibus legislative vehicle that would include all twelve spending bills. The current Continuing Resolution (CR) funding government agencies and programs at FY 2010 levels expires on December 3. If an Omnibus is impossible to enact, the CR may simply get extended into early 2011 or for the whole year. In addition, groups continue to release their plans to reduce the deficit and debt. Individuals who will be or hope-to-be in leadership positions in the new Congress have also made proposals, plans, including rolling back federal spending to FY 2008 levels.

Another proposal emanates from the new House leadership in the 112th Congress and could have dire consequences for the social and behavioral sciences. In June 2009, soon-to-be Speaker of the House John Boehner (R-OH) and soon-to-be Majority Leader Eric Cantor, acting in their capacity as

leaders of the then Republican minority, sent a letter to President Obama outlining their proposals for cutting the federal budget to reduce the deficit.

Among a series of recommendations in the letter was the following:

Refocus the National Science Foundation on Hard Sciences

The National Science Foundation intends to spend \$198 million next year on Behavioral and Cognitive Sciences (BCS) and Social and Economic Sciences (SES). Unlike NSF's other hard science programs (such as engineering and biological sciences) these soft science programs are often more controversial and less directly related to NSF's core mission. Past NSF awards have included: Policy Positions and Policy Choice in U.S. Legislatures, Collaborative Research on Team versus Individual Play, Study of the Archives of Andean Knotted-String Records: The Khipu Database Project, Accuracy in the cross-cultural understanding of others' emotions, The Cultural Politics of Fair Trade Coffee: Commodifying Social Justice, and Social Relationships, and Reproductive Strategies of Phayre's Leaf Monkeys. Reducing spending for BCS and SES programs by 50% would save taxpayers \$99 million next year and \$495 million over five years.

Of course, this was 2009 and next year will be 2011. However, Boehner and Cantor will be in charge of the House and can push through recommendations with their huge Republican majority. The Senate, still in Democratic hands, as is the White House, can stop these policy recommendations, but much work will need to be done.

COSSA was established as an advocacy group in 1981 when President Reagan took office and in his FY 1981 budget called for reducing funding for the social and behavioral sciences at NSF by 80 percent. As the great philosopher Yogi Berra said, perhaps "It is déjà vu all over again."

NIH Director: 'A New Institute Focusing On Substance Use, Abuse, and Addiction Research ... Makes Scientific Sense'

On November 18, National Institutes of Health (NIH) director Francis Collins released a statement announcing that on November 15 he received the formal recommendation of the NIH Scientific Review Board to create a new NIH institute for substance use, abuse and addiction research and related public health initiatives, and the dissolution of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA). In the release Collins stated: "The formation of a single, new Institute devoted to such research makes scientific sense and would enhance NIH's efforts to address the substance abuse and addiction problems that take such a terrible toll on our society."

At its meeting on September 15, 2010, the SMRB considered the final recommendations of Substance Use, Abuse and Addiction (SUAA) Working Group (see Update, [September 27, 2010](#)). The Board agreed with the Working Group "that some form of reorganization is required in order to effectively capitalize upon existing and potential synergies, address scientific opportunities, meet public-health needs, and train the next generation of investigators." The SMRB ultimately agreed that that such a reorganization should encompass all addiction-related research within the NIH and not just the programs of NIDA and NIAAA. By a vote of 12 to 3 and one abstention, the Board concurred with the SUAA Working Group that "this option has the greater potential to improve and advance SUAA research at NIH."

NIH Principal Deputy Director Lawrence Tabak and National Institute of Arthritis and Musculoskeletal and Skin Diseases Director Stephen Katz have been appointed by Collins to lead a task forces of "experts from within NIH" to examine the portfolios of the all the NIH's 27 Institutes and Centers and make recommendations regarding which current research SUAA programs should be moved into the proposed new Institute. He has also directed the task force to "survey NIDA and

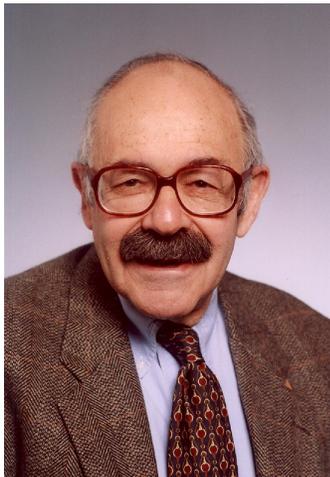
NIAAA for programs that are not related to substance use, abuse, and addiction research and make recommendations" regarding where the research should be housed. Collins noted that "final recommendation to the NIH director will be informed by consultation with relevant stakeholders. "

He emphasized that: "Clearly, it will take some time to carry out this assessment in a thoughtful, systematic manner. I anticipate that the task force will produce a detailed reorganization plan for my consideration sometime in the summer of 2011." He stressed that meanwhile, "all existing substance use, abuse, and addiction research programs at NIH will continue status quo. It is imperative we keep these important lines of research moving forward with all due speed for the benefit of the nation's health."

Before Collins can establish the new institute Secretary of Health and Human Services Kathleen Sebelius must approve its creation and the Congress has 180 days to weigh in on the decision.

The SMRB report is available at <http://smrb.od.nih.gov/announcements/SUAA-Report-Final-Nov15.pdf>. For more information on the SMRB see <http://smrb.od.nih.gov/index.asp>.

Laurie Robinson Announces OJP Scientific Advisory Board



On November 20, in one of her numerous appearances at the American Society of Criminology (ASC) conference in San Francisco, Laurie Robinson, Assistant Attorney General for the Office of Justice Programs (OJP), announced the establishment and roster of a newly created Scientific Advisory Board for her office. The Advisory Board, according to Robinson, will "help inform our program development activities and make sure we're adhering to the highest level of scientific rigor."

Former COSSA President and Carnegie Mellon Professor Alfred Blumstein, who received a heartfelt tribute panel at the ASC meeting and was called the "King of Criminology" by Robinson, will chair the panel.

Alfred Blumstein

The other members of the panel include:

- William Bratton, Chairman, Altegrity Risk International, and former police chief in New York City and Los Angeles;
- Andrea Cabral, Sheriff of Suffolk County, MA;
- Frank Cullen, University of Cincinnati and this year's winner of the ASC's Edwin Sutherland Award;
- Tony Fabelo, Council of State Governments Justice Center;
- James Lepkowski, Chair, Program in Survey Methodology, University of Michigan;
- Alan Leshner, CEO, American Association for the Advancement of Science, and a former Director of the National Institute on Drug Abuse;
- Mark Lipsey, Director, Peabody Research Institute, Vanderbilt University;
- Colin Lofton, School of Criminal Justice, University of Albany, SUNY;
- Honorable Theodore A. McKee, Judge, U.S. Court of Appeals, Third Circuit;
- Tracey Meares, Professor of Law, Yale University, Member of the National Academies' panel that produced the report on the National Institute of Justice;
- Edward Mulvey, Director, Law and Psychiatry Research, University of Pittsburgh School of Medicine;
- Joan Petersilia, Stanford Criminal Justice Research Center, Stanford School of Law;
- Joycelyn Pollock, Criminal Justice Department Chair, Texas State University;

- Richard Rosenfeld, Criminology and Criminal Justice, University of Missouri, St. Louis, and the 2010 ASC President;
- Elizabeth Stazny, Professor of Statistics, Ohio State University;
- Robert Sampson, Sociology, Harvard University, announced 2011 winner of the Stockholm Prize in Criminology; and the 2012 ASC President Elect; and
- David Weisburd, Law and Criminal Justice, Hebrew University and George Mason University, winner of the 2010 Stockholm Prize in Criminology and a member of the COSSA Board of Directors.

John Laub and Robert Sampson to Receive 2011 Stockholm Prize in Criminology

John Laub, currently director of the National Institute of Justice (NIJ) and on leave as Professor of Criminology and Criminal Justice at the University of Maryland, and Robert Sampson, Professor of Sociology at Harvard University currently on leave at the Russell Sage Foundation, have been announced as the 2011 winners of the Stockholm Prize in Criminology.

The prize winners have been long-time collaborators on research that has resulted in two seminal works, *Crime in the Making: Pathways and Turning Points Through Life* (1993) and *Shared Beginnings, Divergent Lives: Delinquent Boys to Age 70* (2003), that examine the whole issue of desistance from crime.

The authors of the longest life-course study of criminal behavior ever conducted, followed up on a sample of offenders first collected by Sheldon and Eleanor Glueck in Massachusetts seventy years ago, Laub and Sampson discovered that even very active criminals can stop committing crimes for good after key "turning points" in their lives. These turning points included marriage, military service, employment, and other ways of cutting off their social ties to their offending peer group. The work has twice won them the Albert J. Reiss, Jr. Award for Distinguished Scholarship in Crime, Law and Deviance, once for each of the two books.

According to the Swedish Ministry of Justice, which administers the prize, Laub and Sampson's research has influenced the policy debate about criminal justice and sentencing policy, especially concerning the potential for rehabilitation. Their work has influenced other scholars to search for means by which offenders can be assisted to break their links to other offenders, such as by moving to new communities.

Laub served as President of the American Society of Criminology in 2002, a position Sampson was just elected to assume in 2012. They have both won the ASC's prestigious Edwin Sutherland award

Laub and Sampson will receive the Prize on June 14, 2011 in a ceremony at Stockholm City Hall. The award will be presented in conjunction with the Stockholm Criminology Symposium. COSSA Board member David Weisburd won the prize in 2010.

The Future of Education Policy Following the Midterm Elections Focus of AEI Briefings: Duncan Seeks Bipartisan ESEA

The midterm elections could alter the future of the Obama Administration's efforts for education

reform, with the Elementary and Secondary Education Act (ESEA) still up for reauthorization and states facing even more budget cuts.

The American Enterprise Institute (AEI) held briefings on the future of education policy featuring key staff of the House and Senate education committees on November 9 and Secretary of Education Arne Duncan on November 17.

Secretary Duncan stated that with the U.S. dealing with an economic crisis, and states and school districts facing a funding cliff, the new normal will be doing more with less. Duncan called for this challenge to be embraced and treated as an opportunity for innovation and a chance to make dramatic rather than just incremental changes. He asserted that during this budget crisis it is important to maintain a diverse and well-rounded curriculum. He acknowledged that funding cuts need to be made. However, he noted that smart budget decisions are necessary, such as consolidating schools with low attendance rather than cutting classes in art and music that enrich the education experience.

Rick Hess of AEI called on the federal government to give states more flexibility to allow them to spend their money more wisely. Bethany Little, Majority Counsel of the Senate Committee on Health Education Labor and Pensions (HELP), commented that "we face a future of what we want to fund versus what we have the resources to fund." One way to help states that doesn't require increases in funding, said Lindsay Hunsicker of the HELP Committee Minority Staff and a COSSA Annual Meeting speaker, would reduce government red tape and unfunded federal mandates.

With Republicans now in control of the House and major changes in store for the House Education and Labor Committee, Hess believes that the chances for ESEA reauthorization next year are very slim. More likely, he suggested, is that instead of doing something that "would actually fix NCLB and move education reform forward," Congress will instead enact a sort of NCLB patch where they suspend consequences and do away with the 2014 goal. However, Hunsicker said that the Senate HELP Committee will not do reauthorization in a piece-meal fashion.

Secretary Duncan, in what can only be called a bit of wishful thinking in today's partisan climate, said education has needs bipartisan support, and that it cannot come down to ideology. He declared the status quo is not good enough; we can no longer just tinker around the edges. He called for all education stakeholders from unions to school boards to the federal government and parents to change, stating that "we all need to get outside our comfort zone."

Rep. Baird's Valedictory at APA Science Leadership Conference

Rep. Brian Baird (D-WA), a Ph.D. psychologist who championed the social and behavioral sciences (SBS) during his congressional career that will end when this Congress adjourns, was the featured speaker at the American Psychological Association's (APA) Science Leadership conference on November 12.

Baird has fiercely defended NSF grants in the SBS on the House floor, and as chairman of both the Research and Science Education Subcommittee and Energy and Environment Subcommittee of the House Science and Technology Committee, pushed hard to include these sciences in the country's science education, energy, and environmental policies as well as bring "evidence, reasoning, and critical analysis" to the policy process.

Warning the psychologists to get ready for possible attacks on the social and behavioral sciences in the new Congress, Baird suggested, "It's going to get ugly." Noting that many of the new members, particularly on the Republican side, question the validity of the scientific evidence on climate change, he noted that the SBS disciplines are easy targets for reductions in base spending and for rescissions of already funded grants.

He asserted, in the Congress "the skepticism and suspicion of what you do is enormous." Noting that it is still important to explain why SBS research is relevant to the average American, i.e. his logger constituents, he admonished the audience to "spread the word on why [the studies] matter." Advising the group that it also needs to strategize on responding to the threats and develop relationships with members from both parties, Baird still expected the coming two years to be "extraordinarily difficult."

Acknowledging that the federal budget needs cuts in order to reduce the deficit, which he pointed out is larger than all the funding for the discretionary part of the budget, he had kind words for the proposal that was released by the Co-Chairman of the President's Fiscal Commission.

Baird reviewed the three hearings he held during his tenure as chairman of the Research and Science Ed Subcommittee on the role of SBS in energy, health care, and national security. He argued that human behavior was a key to both reducing energy use and controlling the cost of health care. He contended that military commanders will testify to the importance of the human terrain programs where social and behavioral scientists accompany troops in Iraq and Afghanistan and provide advice on the civilian population. "American soldiers are alive today because of social scientists," he declared. He also discussed the reaction to his attempt to legislate an Office of Social Science in the Department of Energy, a bill some of his colleagues deemed an attempt at "mind control" (see Update, [August 10, 2009](#)).

For someone who, Baird said, always wanted to be on the Science Committee because "science is in his genes," and despite the fact that he is moving back to Washington State ["the other Washington"], one suspects we have not heard from him for the last time on many of these issues.

Also at the conference, COSSA Executive Director Howard J. Silver joined Heather Kelly of the APA Public Policy Staff and Paula Skedsvold, who heads the Federation of Associations on Brain and Behavioral Science on a panel that discussed the three organizations' activities with regard to the America COMPETES legislation and the STEM education issue.

Institute of Medicine Celebrates 10th Anniversary of "Neurons to Neighborhoods."

In 2000, the National Academies' Board on Children, Youth and Families produced a seminal report, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, which examined the research from brain studies to neighborhood studies on child development. On October 28, in a session organized by the Institute of Medicine, those who produced the report and those who have used it gathered in Washington to celebrate its accomplishments.

Jack Shonkoff, Director of the Center on the Developing Child at Harvard University and a co-chair with Deborah Phillips of Georgetown University of the Committee that produced the report, looked to the future of early childhood policy and practice. He discussed strategies to enhance the quality and access to services, since many policies in place now vary in their quality. Those models that are effective, he noted, still have "scaling up" problems as attempts to expand them are implemented. Finally, it is time to "build, test and promote" new theories of change.

The keys, Shonkoff reminded the audience, are still educating parents and enriching the learning experience for children. How we do that is still part of the experimental mix of policy and practice, he commented. We need to protect young children from toxic stress to create better life outcomes. One way of doing that is to transform their parents' lives. We know from research by Greg Duncan and others that children with income poor parents fall behind quite early in their development with regard to learning capabilities (see Update, [July 26, 2010](#)). Future research using biomarkers for assessing development has promise, Shonkoff concluded, but raises difficult

ethics questions.

Commenting on the impact of the report from a federal research perspective, Alan Guttmacher, Director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), credited the study with codifying the need to examine the interactions between nature and nurture as it relates to the child's well-being. He cited the Adolescent Health Survey and the National Children's Study as NICHD's contribution to continuing the research agenda the report recommended, especially the emphasis on longitudinal studies.

Speaking as a genomist, Guttmacher commented that to further research in this area we need a focus on gene-environment interaction. Reviewing the tremendous gains in knowledge about how the human genome works and where various diseases occur on the gene map, we still need better tools to determine individual variations in learning and how behavioral changes can influence educational development, he concluded.

Joan Lombardi, Deputy Assistant Secretary for Early Childhood Development at the Department of Health and Human Services, reviewed the implications from the report and noted the many policies it influenced. She mentioned the importance of cultural influences, the notion of self-regulation, the importance of vulnerability and resilience, the need for quality child care arrangements, and the conclusion that you can alter a child's early course of life by interventions.

In the last decade, she pointed out, the Federal government has provided enhanced child care subsidies, the Family and Medical Leave Act, Early Head Start, the Welfare Reform Act, the Children's Insurance Programs, and other programs to improve childhood development. There has also been the movement for evidence-based policies and an emphasis on evaluation. At the state level, she noted, there have been efforts to expand pre-kindergarten education, literacy and assessment activities, and other programs sometimes using federal funding.

She declared that there is a lot to do and noted a new National Academies' study of the early childhood workforce, the development of data systems on how children are doing, and the continuing need to evaluate the impact of media and technology on young children and their families. She also suggested the need to figure out how to sustain these developments over time.

Deborah Stipak, Dean of the School of Education at Stanford, discussed the implications of the report for motivation and learning. Bruce McEwen of Rockefeller University reported on the implications for physical and mental health. Mary Ewing Young of the World Bank's Human Development Network spoke on the lessons learned from a global perspective.

For copies of the presentations go to:

http://www.bocyf.org/Neurons_to_Neighborhoods_Anniversary_presentations.html.

Administration Issues Executive Order on Controlled Unclassified Information

One of the more difficult situations in the post-9/11 world was the increasing use by federal agencies of the category "Sensitive But Unclassified Information (SBU)." Agencies used this designation "for documents and information that are sufficiently sensitive to warrant some level of protection from disclosure but that do not warrant classification." Researchers and scientific groups claimed that SBU use was limiting "the scientific community's right to publish the results of basic research" and restricting the participation of non-U.S. researchers in their projects.

In 2008, the Bush Administration issued a memo on the problem. It changed the nomenclature from SBU to Controlled Unclassified Information (CUI). That memo tried to distinguish among three types of CUI, while allowing agency or department heads to maintain significant discretion to

determine if information falls into the category. This allowed the continuation of a system, that the Obama Administration called, an "inefficient, confusing patchwork." (For more on the Bush memorandum, see Update, [May 19, 2008](#)).

After considering the recommendations of a Task Force, President Obama issued an Executive Order (EO) on November 4 that "establishes an open and uniform program for managing information that requires safeguarding or dissemination controls pursuant to and consistent with law, regulations, and Government-wide policies," but excludes classified information.

To end the employment of "ad-hoc, agency specific policies, procedures, and markings to safeguard and control this information" and to make the CUI policy more transparent, the EO creates a government-wide policy to identify unclassified information that is still "sensitive."

The new policy makes the National Archives and Records Administration (NARA) the "Executive Agent" to determine the categories and subcategories of CUI "to be applied uniformly throughout the executive branch." This will occur after NARA reviews submissions from agencies. NARA will also implement the order and oversee agency actions to ensure compliance.

The EO also makes clear that "if there is significant doubt about whether information should be designated as CUI, it shall not be so designated." In another decision favoring openness, the EO notes: "The mere fact that information is designated as CUI shall not have a bearing on determinations pursuant to any law requiring the disclosure of information..." Thus, Freedom of Information Act requests are appropriate for CUI documents.

The full EO is available at: <http://www.whitehouse.gov/the-press-office/2010/11/04/executive-order-controlled-unclassified-information>.

NIH Awards Recovery Act Grants to Foster Scientific Workforce Diversity

The National Institutes of Health (NIH) recently awarded six grants totaling approximately \$12 million over three years through a new initiative aimed at fostering a diverse scientific workforce. The initiative, called the NIH Director's American Recovery and Reinvestment Act (ARRA) Funded Pathfinder Award to Promote Diversity in the Scientific Workforce, is funded through ARRA. NIH's National Institute of General Medical Sciences administers the award.

NIH designed the Pathfinder Award to support "exceptionally creative scientists who propose highly innovative, and possibly transforming, approaches to scientific workforce diversity." Awardees are required to devote a major portion (generally 30 percent or more) of their research effort to the Pathfinder activity.

According to NIH director Francis Collins, "the Pathfinder Award reflects NIH's long-standing commitment to promoting a scientific workforce that is representative of the diversity of the U.S. population. Such diversity generates new perspectives, approaches and answers to challenging problems. We're optimistic that these awards will help identify new methods for addressing the compelling need to increase the number of people from underrepresented groups who pursue careers in the biomedical, behavioral, clinical and social sciences."

The principal investigators and their research activities are:

- **Mary (Molly) Carnes, M.D.**, of the University of Wisconsin-Madison will develop an interactive tool that will help faculty recognize and self-correct implicit, stereotype-based bias that affects the participation and advancement of groups underrepresented in science, technology, engineering, mathematics and medicine.

- **Bradley S. Duerstock, Ph.D.**, of Purdue University, West Lafayette, Ind., will create an accessible wet laboratory for practical training as well as a Web-based interactive community for individuals with disabilities pursuing biomedical research careers.
- **Vivian Lewis, M.D.**, of the University of Rochester, N.Y., will test the hypothesis that mentoring interventions will promote the resilience of biomedical researchers from underrepresented groups, resulting in greater career satisfaction, confidence and academic success.
- **Richard McGee, Ph.D.**, of Northwestern University Feinberg School of Medicine, Chicago, will test a model employing coaching to complement what scientific mentors typically provide as an approach for improving the professional advancement of students from underrepresented groups toward academic research careers.
- **Joan Reede, M.D., M.P.H.**, of Harvard Medical School, Boston, will conduct a study of the institutional and environmental factors that impede and/or support the careers of clinical and research faculty from diverse groups, as well as how these factors impact an individual's career-related networks.
- **Hannah A. Valentine, M.D.**, of Stanford University, Calif., will test the hypothesis that mitigating the experience of stereotype threat will improve the advancement and retention of female faculty members.

2010 PECASE Awards

On November 5, President Obama named 85 researchers recipients of the Presidential Early Career Awards for Scientists and Engineers, the highest honor bestowed by the United States government on science and engineering professionals in the early stages of their independent research careers. "Awardees are selected for their pursuit of innovative research at the frontiers of science and technology and their commitment to community service as demonstrated through scientific leadership, public education, or community outreach. Winning scientists and engineers have received research grants for up to five years to further their studies in support of critical government missions."

The Presidential early career awards embody the high priority the Administration places on producing outstanding scientists and engineers to advance the Nation's goals, tackle grand challenges, and contribute to the American economy. "Science and technology have long been at the core of America's economic strength and global leadership," stated President Obama. "I am confident that these individuals, who have shown such tremendous promise so early in their careers, will go on to make breakthroughs and discoveries that will continue to move our nation forward in the years ahead."

The PECASE awards were established by President Clinton in 1996 and are coordinated by the Office of Science and Technology Policy within the Executive Office of the President.

Social and behavioral science PECASE recipients include:

***Amy Finkelstein, Professor of Economics, Massachusetts Institute of Technology:** Finkelstein is the co-Director of the Public Economics Program at the National Bureau of Economic Research, where she is a Research Associate. She is a co-editor of the Journal of

Public Economics. Her research is in the areas of public finance and health economics. Her two primary research interests are market failures and government intervention in insurance markets, and the impact of public policy on the health care sector.

***Alfredo Fontanini, Assistant Professor of Neurobiology & Behavior, Stony Brook University:** His lab's research relies on a combination of behavioral, psychophysical and electrophysiological methods to monitor networks of neurons interacting in response to sensory stimulation in behaving animals.

***Ana P. Martinez-Donate, Assistant Professor at the Department of Population Health Sciences, University of Wisconsin - Madison:** Her research interests include HIV prevention and tobacco control, with emphasis on Latino populations and health disparities. Her work is characterized by the application of a behavioral ecological framework to the analysis of determinants of health-related behaviors and the development of intervention strategies at the population level.

***Kimberly Nixon, Assistant Professor, University of Kentucky College of Pharmacy:** Nixon's Lab uses cutting edge neuroanatomical, biochemical and behavioral techniques to identify the mechanism by which alcohol not only inhibits neural stem cell proliferation and adult neurogenesis, but also how it promotes neurogenesis in recovery and abstinence from alcoholism.

***Mauricio R. Delgado, Psychology Department, Rutgers, The State University of New Jersey:** Delgado's group is using functional magnetic resonance imaging to investigate how the human brain learns from positive and negative reinforcers, and how this information is used to guide decision-making. Specifically, the goal of the project is to investigate how negative reinforcement influences human brain and behavior, as a precursor to understanding how humans learn to cope with potential negative outcomes - outcomes that can influence decision-making in maladaptive ways, such as drug abuse.

***David Amodo, Assistant Professor of Psychology and Neural Science, New York University:** His research examines the roles of social cognition and emotion in the regulation of behavior, and the neural mechanisms underlying these processes. Amodo's work examines these processes in the context of prejudice and stereotyping. His interests extend to the areas of motivation and health psychology. In each area, issues of behavioral regulation are central and the focus is on mechanism. Although the questions that guide his work address classic social psychological issues, Amodo's approach is interdisciplinary.

***Laura E. Schulz, Professor of Cognitive Sciences, Massachusetts Institute of Technology:** Her research looks at: 1) how children infer the concepts and causal relations that enable them to engage in accurate prediction, explanation, and intervention; 2) the factors that support curiosity and exploration, allowing children to engage in effective discovery and 3) how the social-communicative context (e.g., demonstrating evidence, explaining events, disagreeing about hypotheses) affects children's learning.

***Rachel Werner, Assistant Professor of Medicine, Division of General Internal Medicine, University of Pennsylvania and Core Investigator, VA HSR&D Center for Health Equity Research and Promotion (CHERP):** Werner's research seeks to understand the role of quality improvement initiatives on provider behavior, the organization of health care, racial disparities, and overall health care quality. Her work was among the first to recognize that public reporting of quality information may worsen racial disparities.

***Jennifer G. Cromley, Assistant Professor of Educational Psychology, Temple University:** Her research concerns the cognitive and motivational foundations of comprehension of textbooks, especially the role of diagrams and other visual representations in science text.

***Robert Blum, Professor, William H. Gates Sr. Chair, Department of Population, Family & Reproductive Health, Johns Hopkins University:** His research is in the areas of adolescent sexuality, chronic illness and international adolescent health care issues.

NIH Health Economics for Health Care Reform Funding Opportunities

In May, the National Institutes of Health (NIH) launched the Common Fund Health Economics program designed to address the evolving needs of the health care sector for economic research. The program goals include fostering the collection of data that will be most useful for policy-relevant analysis; examining the economic effects of changes in incentives for consumers, providers and insurers; exploring the ways in which structure and organization on the supply side of the medical market affect health care spending and clinical outcomes; investigating the potential of preventive measures to improve health and mitigate cost growth. The first two of multiple-planned Funding Opportunities Announcements (FOA) were recently released. Funding for the program is expected to total \$68 million across seven years.

Integrating Comparative Effective Research into Care Delivery through Economic Incentives

The National Institutes of Health (NIH) has issued a Common Fund initiative, *Integrating Comparative Effective Research into Care Delivery through Economic Incentives (RFA-RM-111-001)*, soliciting exploratory and developmental applications proposing to advance knowledge on the ways in which comparative effectiveness research (CER) can be used to maximize the value of health care delivery in the U.S. The funding opportunity announcement (FOA) is part of the Common Fund initiative on Health Economics for Health Care Reform which is designed to address the evolving needs of the health care sector for economic research. **Letters of intent are due December 18, 2010. Applications are due January 18, 2011.**

The health care system's rapid adoption of emerging medical technologies has provided enormous clinical benefits. At the same time, technological change has been cited as one of the key factors underlying the growth in health care spending, "in part because the added clinical benefits of new medical services are not always weighed against the added costs before those services enter common clinical practice. Accordingly, this FOA is designed to promote research on how economic incentives can promote the integration of CER findings into the decisions calculus of players, providers and patients. The FOA hopes to address the following topics:

- **Payer Incentives** - It is not clear that private payers make optimal use of CER data in coverage decisions or in setting payments even though they might have financial incentives to do so. The FOA seeks research that would identify ways in which payers would be encouraged to make greater use of CER findings.
- **Provider Incentives** - Physicians and other providers are known to respond to financial incentives. The FOA solicits research on how provider incentives can be altered in ways that would help maximize the value of the care which they provide based on information from CER. Areas of interests include changes in the financial incentives that providers face and other types of changes such as "nudges" that are based on behavioral economics research. Factors that facilitate or obstruct the adoption of CER-based care delivery in accountable care organizations are also of interest.
- **Consumer Incentives** - Research in health economics has established that consumption of medical care is at least somewhat sensitive to the level of cost-sharing which patients face. The funding opportunity announcement encourages research that would examine the welfare implications of basing cost-sharing levels on CER findings under some clinical circumstances.
- **Assessing Potential Savings from Implementing CER Findings** - There is considerable uncertainty around the question of if implementing CER findings result in more selective use of some costly services thus leading to potential substantially lower spending levels. Research is solicited that would assess potential savings from implementing CER for public and private payers.

The Market for Long-Term Care Insurance

Long-term care (LTC) represents a substantial uninsured financial risk in the U.S. LTC services are financed a variety of ways, including drawing on personal savings, using private insurance policies, or receiving assistance from public programs such as Medicare and Medicaid. LTC services, in many cases, are donated by family and friends. The accompanying personal and economic cost can be great given the prolonged periods in which the care is provided. The risk of LTC expenses appears to be an example of the type of risk from which individuals would seek to protect themselves via the purchase of an insurance policy. Yet, research shows that very few elderly or nonelderly individuals purchase private insurance policies that would cover the costs of long-term care such as nursing home or home care services. At the same time, many lack sufficient savings to pay for adequate LTC in the event that it is needed.

The Patient Protection and Affordable Care Act created the Community Living Assistance Services and Supports (CLASS) program, a new program intended to provide consumers with the opportunity to obtain protection from financial losses due to the need for LTC services. It is a voluntary LTC insurance plan that would provide modest cash benefits that could be used to defray the costs of care in community or institutional settings. After paying premiums for five years, enrollees who meet certain disability criteria are eligible to receive cash benefits based on the degree of disability (no less than \$50 per day). CLASS offers the potential to reduce the exposure to financial risk that elderly and disabled people face, though significant challenges remain in implementing the program.

The NIH has released a FOA, *The Market for Long-Term Care Insurance (RFA-RM-11-002)*, soliciting research on the economics of long-term care, including topics related to the CLASS program, private and public LTC insurance, and related topics. Examples of areas of research that would be supported by this FOA include:

- **Factors Influencing the Decision to Purchase LTC Insurance** - Research is encouraged that would add to knowledge on factors contributing to the availability of LTC insurance and the decision to purchase it.
- **Implementing the CLASS Program** - The statute calls for between two and six benefit levels, but does not specify either the number of levels or the amount of the benefit. It does not require individuals to participate, and with no medical underwriting to exclude them, people with a high likelihood of needing benefits might disproportionately enroll in the program. One potential problem is that a selectively high-risk group of enrollees could drive up premiums and create what economists call an "insurance spiral." To address that problem, the program is limited to persons who work, and enrollees must pay premiums for five years before receiving benefits. The FOA encourages research that would inform the ways in which CLASS can be best implemented, including research which would estimate the optimal levels for premiums and cash benefits, and optimal numbers of benefit tiers.
- **Effects on Informal Caregivers** - The FOA encourages research on the possible effects of changes in the LTC insurance market on the incentives facing informal caregivers, broadly speaking.

Letters of intent are due **December 18, 2010**. Applications are due **January 18, 2010**. For more information on the Common Fund Initiative on Health Economics for Health Care Reform see <http://commonfund.nih.gov/healthconomics/>.

**AHRQ: Advances in Patient Safety through Simulation Research:
Applications Wanted**

Patient safety is a major part of the portfolio for the Agency for Healthcare Research and Quality (AHRQ). In 1999, the Institute of Medicine released *To Err is Human: Building a Safer Health System*, which estimated that between 44,000 and 98,000 American die each year as a result of medical errors. The report found that preventable adverse events arise from problems inherent in a complex and fragmented health care system rather than poor performance by individual providers. Accordingly, the report called for systematic change in health care practice. AHRQ was directed by the Congress to lead a national effort to reduce medical errors and improve patient safety through appropriately targeted research. The initial patient safety grants focused on reporting systems; clinical informatics; the working conditions of providers; Centers of Excellence for multiple, programmatic projects; developing Centers for new researchers, and education and dissemination efforts.

AHRQ is currently interested in supporting a diverse set of projects that develop, test and evaluate various simulation approaches for the purpose of improving the safe delivery of health care. According to the agency, simulation in health care predominately is a training technique that exposes individuals and teams to realistic clinical challenges through the use of mannequins, task trainers, virtual reality, standardized patients or other forms, and allows participants to experience in real-time the consequences of their decisions and actions. The principal advantage of simulation is that it provides a safe environment for health care practitioners to acquire valuable experience without putting patients at risk. Simulation also can be used as a test-bed to improve clinical processes and to identify failure modes or other areas of concern in new procedures and technologies that might otherwise be unanticipated and serve as threats to patient safety. AHRQ is seeking applications that address a variety of simulation techniques, clinical settings, provider groups, priority populations, patient conditions, and threats to safety.

In FY 2006 and FY 2007, AHRQ awarded approximately \$10 million to 19 investigators to advance knowledge in how simulation can improve patient safety across diverse healthcare disciplines, settings and populations. The grants were two-year cooperative agreements and covered a diverse range of simulated clinical applications. In FY 2008, AHRQ, along with other organizations, supported an academic emergency medicine consensus conference that was organized to help define a national research agenda for maximizing effective use of simulation across undergraduate, graduate, and continuous medical education. In FY 2010, the agency released a Request for Applications (RFA), entitled *Improving Patient Safety through Simulation Research*, for which it received a high volume response. Those applications are currently undergoing the review process.

AHRQ believes that to make the same advances in healthcare with simulation that other hazardous industries have made will take an expanded, programmatic effort. There remain a vast number of research challenges that need to be addressed for simulation in healthcare to reach its full potential. In responding to these challenges on a more steady and on-going basis, AHRQ is releasing this new program announcement (PA), ***Advances in Patient Safety through Simulation Research (PAR-11-024)***. The application process opens on December 25, 2010. The announcement will use the AHRQ Research Demonstration and Dissemination Project (R18) grant mechanism. The individual researcher, sponsored by his/her institution will be solely responsible for planning, directing, and executing the proposed project. Applications may be up to 36 months in duration with a budget supported by AHRQ not to exceed \$350,000 total costs per year.

The range of simulation issues which are of interest to AHRQ, and applications addressing relevant simulation challenges (and issues not stated below) include:

Individual Performance

- What are the core individual skills or competencies within key provider groups that have potential to be enhanced with different types of simulation?
- What are the appropriate performance measures for crucial nursing, medical and surgical procedures?
- How are acceptable levels of individual performance established for particular

procedures or processes? Can criterion levels be established for different levels of proficiency -- novice, intermediate, and expert?

- How much variation among trainees is there with respect to rate of skill acquisition and performance levels achieved? Does simulation help to reduce the variation?
- What does skilled performance look like as fixed periods of time elapse with no practice? Are certain dimensions of skilled performance more subject to skill decay with the passage of time than others?
- How much simulation retraining is needed to restore decayed performance to an earlier established level of proficiency? For intricate, risky procedures, can simulation performance criteria be established to assess readiness for performing such procedures on actual patients?

Team Performance

- What are the core team skills or competencies of key provider groups that can be enhanced with simulation and that are linked to successful patient outcomes? Are additional skills and competencies required for addressing the needs of patients with disabilities or less commonly encountered health care issues?
- What are the appropriate performance measures for individuals within teams and for team performance when the team is the unit of analysis and measurement?
- What are the distinguishing differences, if any, between ad hoc teams versus fixed teams with respect to skill acquisition and performance levels achieved?
- How can simulations be used to enhance the resilient and adaptive capacity of teams in responding to the unexpected in acute-care and non-acute-care settings?
- Are there distinct differences in team performance metrics and methodologies for technical, specialty-specific behaviors versus non-technical, generic team behaviors?

- Organizational Performance

- Can simulations be used to help health care entities become high reliability or learning organizations; that is, can scenarios be created that exercise a continuity of safety across the transitions of patient care (e.g., transfer of patients from in-patient to out-patient settings)?
- Can simulation or modeling techniques be used to assess how hospitals can satisfy simultaneous demands for patient safety, worker safety, efficiency, disaster/surge capacity, and environmental sustainability?
- How can simulations be used as usability test-beds for medical devices and new technology to enhance organizational performance in in-patient as well as ambulatory facilities?
- Can simulations be used to highlight the needed communication and coordination requirements across Federal health departments, state health officials, and emergency operations centers in situations requiring rapid response?
- How can simulations be used to address the cognitive, affective, perceptual, and system-based challenges associated with poor diagnostic performance?

- Methodological Issues

- What types of simulation and methodological approaches stand the best chance of demonstrating a convincing link between performance in the simulation and patient safety outcomes?
- Are there agreed-upon nomenclatures, taxonomies, and metrics for the tasks, skills, and procedures that make up different provider specialty areas to guide and aggregate research findings?
- What are the metrics and designs for demonstrating positive transfer to training to the

clinical setting? Are the metrics and designs sensitive to negative transfer of training as well? Can experiences and assignments in the clinical setting be used to augment and further reinforce the skills acquired in the simulated setting?

- How should concerns relating to variable patient acuity and complexity or to those with less commonly encountered special needs be factored into designs and metrics?
- What are the greatest threats to internal and external validity that currently exist in healthcare simulation research?
- What are the advantages, limitations, or unique considerations associated with virtual reality, mannequin-based simulation, *in situ* techniques, hybrid configurations, moulage preparations, standardized patients or other forms of simulation likely to have an impact on effectiveness?

Educational and Training Issues

- What are the analyses or methods used to identify clinical areas of vulnerability or performance deficiencies for which training and simulation is appropriate?
- What are the methods used to allocate tasks that need to be trained to training devices and simulation experiences? Does it make educational, cost-effectiveness, or practical sense to partition and assign tasks to desktop trainers, part-task trainers, and simulators in an integrated crawl-walk-run approach to achieve greater proficiency?
- How does one maximize the total learning experience and not just the simulation experience? Are there principles from the psychology of learning, instructional systems design, cognitive work analysis, and adult learning theory that can be adapted and put to good use? What happens after the de-brief to solidify what has been learned and to promote new learning?
- What types of performance records are kept on individuals or teams to track performance levels achieved and for appropriate assignment to more advanced levels of training, simulation and problem solving?
- How can simulation be used reliably by entities responsible for accreditation of clinical programs and certification of specialists to ensure that standards, knowledge, and skills are maintained at the highest levels of quality and safety?

For more information or to apply see <http://grants.nih.gov/grants/guide/pa-files/PAR-11-024.html>.

AHRQ: Patient Safety and Medical Liability Reform Planning Projects

The 1999 Institute of Medicine report, *To Err is Human: Building a Safer Health System*, recommends development of event reporting systems that identify risks and hazards. The IOM report and its findings spotlight a serious need to capture information that would help to improve quality and reduce harm to patients. According to the IOM, a focus on patient safety improves health care by learning from adverse events that harm patients, parallel situations in which no harm occurs, and near miss events caught before they harm the patient. The IOM also emphasizes the need to create a culture of safety in which the health care providers and practitioners (institutions and individuals, respectively), as defined by the Centers for Medicare and Medicaid Services (CMS) learn from events in order to intervene, improve, and actively search for opportunities to reduce actual or potential harm to patients. Yet in many cases, health care organizations may implicitly discourage adverse event reporting. Health workers may fear employer reprisal or potential litigation from other parties.

A recent AHRQ-supported survey finds that virtually all hospitals reported they have centralized adverse-event-reporting systems, although characteristics varied. Evidence of lack of

organizational support for reporting and learning from events also comes from AHRQ's Hospital Survey on Patient Safety Culture (HSOPS), a hospital staff survey designed to help hospitals assess the culture of patient safety in their institutions. Among other areas, hospital staff report difficulties with non-punitive response to error. An atmosphere of trust in which people are encouraged, even rewarded, for providing essential safety-related information; but in which they are also clear about where the line must be drawn between acceptable and unacceptable behavior is needed.

More complete integration of risk management activities and patient safety efforts would benefit health care. AHRQ-supported research, however, finds that documenting the relationship between implementing "Safe Practices" and risk management activities such as medical liability litigation has proven to be a major challenge. Too often providers have not integrated or coordinated risk management and patient safety activities well. Traditional risk management focuses on limiting financial liability using a deny and defend approach instead of focusing on identifying risks and hazards that lead to litigation in the first place.

AHRQ has released a FOA, **Patient Safety and Medical Liability Reform Planning Project (PAR-11-023)**, soliciting planning grants that would lead to the later implementation of a demonstration project on patient safety and medical liability reform. Specifically, the planning effort must focus on: putting patient safety first and working to reduce preventable injuries; fostering better communication between doctors and their patients; ensuring that patients are compensated in a fair and timely manner for medical injuries, while also reducing the incidence of frivolous lawsuits; and reducing liability premiums.

The projects must: (1) be designed to optimize promising practices that address both ensuring and improving patient safety, as well as reducing health care costs and (2) focus on the connections between patient safety and medical liability claims.

Applicants will have wide discretion and flexibility in designing their patient safety and medical liability innovations that meet the goals identified. Proposals should seek comprehensive solutions that improve patient safety and address the underlying causes of the malpractice problem.

AHRQ encourages applications that involve collaborations of States, health systems, and risk management organizations. Recognizing the impact issues related to patient safety and medical liability have on priority populations, projects submitted should specifically address issues related to priority populations. AHRQ priority populations include: low income groups; minority groups; women; children; the elderly; and individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care.

Since this FOA is for planning grants, applicants must include specific planning or design methods and approaches that would lead to a final plan for a demonstration project. Planning methodologies must be clearly delineated and demonstrate a complete understanding of the planning and/or design process.

The total costs awarded for grants funded under the FOA will not exceed \$300,000. Projects may be up to 12 months long. **Applications may be submitted after January 16, 2011.** For more information or to apply see <http://grants.nih.gov/grants/guide/pa-files/PAR-11-023.html>.

Science of Research on Discrimination and Health: A Call for Papers

The Applied Research and the Behavioral Research Programs of the Division of Cancer Control and Population Sciences (DCCPS) of the National Cancer Institute (NCI) are sponsoring a special theme issue of the *American Journal of Public Health* to highlight results of recent research on the

measurement and impact of discrimination in the health care setting.

Studies appropriate for consideration for inclusion in the special issue include, but are not limited to:

- Descriptive and analytic studies that examine racial/ethnic discrimination as a risk factor for racial/ethnic disparities in disease incidence, treatment, and outcomes;
- Studies that report on the development of new data collection modalities and the evaluation of existing data collection instruments/modalities for measuring discrimination or response to discrimination;
- Studies that report on innovative methods of measuring racial/ethnic discriminatory behavior, perception of exposure to racial/ethnic discrimination, and novel approaches to analyzing quantitative and qualitative data for the purpose of describing discriminatory behavior and exposure to racial/ethnic discrimination;
- Studies that examine the impact of institutional racism in health care delivery systems or policies and its contribution to racial/ethnic health disparities;
- Studies that report findings from the development and evaluation of cross-cultural communication interventions aimed at reducing discriminatory behavior, the perception of exposure to racial/ethnic discrimination, and the health-related consequences of racial/ethnic discrimination;
- Studies that examine bias/discriminatory attitudes, beliefs, and behaviors that may influence/limit access to diagnostic technologies and therapies for racial/ethnic minorities;
- Studies that examine the biological and psychosocial pathways that link exposure to discrimination and health.

Interested individuals should submit a brief abstract of the proposed paper by **December 31, 2010** to Ms. Michelle Murray via e-mail at MichelleM@novaresearch.com. Authors will be notified of the status of their abstract no later than January 31, 2011. Address any questions to Ms. Michelle Murray or Dr. Vickie Shavers at the e-mail listed above (preferred) or at (301) 594-1725. For more information see <http://conference.novaresearch.com/SRDH>.

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