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In This Issue

[COMPETES Bill Pulled From House Floor After GOP Maneuver](#)

[NIH Director Defends FY 2011 Budget to Senate Funding Panel](#)

[NIH Analyzes OppNet Topics of Interest](#)

[House Appropriations Chairman David Obey Announces Retirement](#)

[National Science Foundation Celebrates 60th Birthday](#)

[White House Task Force on Childhood Obesity](#)

[NIH Awards 10 Centers for Population Health and Health Disparities](#)

[BEA Advisory Committee Examines Measuring Human Capital](#)

[Congressional Briefing on Healthy Development - A Summit on Young Children's Mental Health](#)

[Demographic Changes Altering Metro America According to Brookings Report](#)

[NLM Information Resource Grants to Reduce Health Disparities](#)

COMPETES Bill Pulled From House Floor After GOP Maneuver

The reauthorization of the America COMPETES bill, H.R.5116, which includes provisions affecting the National Science Foundation, the National Institute for Standards and Technology, the Office of Science at the Department of Energy as well as the National Nanotechnology Initiative, is now in limbo following its removal from consideration by the House of Representatives on May 13.

The legislation had emerged earlier from the House Science and Technology (S&T) Committee after mark ups by three Subcommittees of the S&T panel (see Update [April 19](#) and [May 3, 2010](#)). At each stage of the process amendments had been offered to reduce the authorization levels, to cut the length of the bill from five years to three, and to eliminate some of its provisions. Frustrated by their inability to achieve these goals at the committee stage of the process, the House Republicans led by S&T Ranking Member Rep. Ralph Hall (R-TX) offered a motion to recommit the bill to the S&T Committee with instructions to include all these amendments. Rep. Lynn Jenkins (R-KS) then added a provision to the motion that any NSF employee caught looking at pornography should be fired.

This maneuver infuriated S&T Chairman Rep. Bart Gordon (D-TN), who railed at his colleagues: "Everybody raise your hand that's for pornography. Come on, raise your hand. Nobody? Nobody is for pornography? Well, I'm shocked. So I guess we need this little bitty provision that means nothing; that's going to gut the entire bill. This is an embarrassment, and if you vote for this, you should be embarrassed."

Nonetheless, the provision also scared Democrats who envisioned thirty second campaign ads

attacking them as pornography supporters if they voted against Hall's motion to recommit. Thus, the motion carried by a vote of 292-126. Rep. Vern Ehlers (R-MI), the Ranking Republican on the Research and Science Education Subcommittee, was the only Republican to vote no. He is retiring. One hundred and twenty-two Democrats joined the Republicans to support the motion to recommit.

The legislation, which had been endorsed by over 750 organizations including the National Association of Manufacturers, the Chambers of Commerce, the Council on Competitiveness, the Business Roundtable, the Information Technology Industry Council, higher education associations, scientific societies and professional associations including COSSA, was expected to pass easily. The Democratic press office of the S&T Committee had sent out a notice about a press conference at 1 p.m. on the May 13 to celebrate the passage.

Republican use of sexually-related amendments as a weapon to force uncomfortable votes on substantive bills is not new. COSSA has had to defend already-awarded, peer-reviewed grants at NIH from similar attacks on the House and Senate floor (for examples go to <http://www.cossa.org/CPR/cpr.shtml>). It is not pretty, but it works!

The future for the COMPETES legislation is unclear. Gordon has vowed to bring back the bill as soon as possible to the House floor. There will probably have to be significant legislative maneuvering to accomplish that. For Gordon, who is also retiring this year, reauthorizing COMPETES was to be his triumphant exit waltz. Despite all the so-called bipartisan cooperation on the S&T Committee, Gordon's 'friends' did him no good on the House floor.

Report Language Defines STEM to include SBE Sciences

Despite all the drama on the House floor, the report accompanying H.R. 5116 included a strong step in ensuring that Science, Technology, Engineering, and Mathematics (STEM) education programs at the NSF and across the government encompassed the social, behavioral, and economic sciences. Working with S&T Committee staff, COSSA helped craft language that made it into the report. The report states:

Section 211--Definition of STEM

For the purposes of Title II of this Act, the term 'STEM' should be understood to be an umbrella term that covers every academic discipline and research area supported across the entire Foundation, including discipline based education research. Where the term 'STEM' is used elsewhere in this Act, it is likewise meant to cover all disciplines supported by the relevant agency, or in the case of the PCAST and NSTC committees established in Title III, STEM should be understood to encompass the entire breadth of Federally supported research areas.

COSSA also persuaded the committee to include the notion of individual and societal well-being as an important factor in NSF's merit review criteria on broader impacts. The Committee also accepted this, noting:

"Section 214--Broader impacts review criterion The Committee understands that the purpose of the broader impacts review criterion, first applied by NSF in the mid-1990's, is to increase the impact of NSF supported research on individual and societal well being.

NIH Director Defends FY 2011 Budget to Senate Funding Panel

On May 5th, National Institutes of Health (NIH) director Francis Collins appeared before the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education (Labor-HHS) to discuss the agency's FY 2011 budget request. Collins appeared before the comparable House Subcommittee on April 28th (see Update, [May 3, 2010](#)).

Opening the hearing and welcoming Collins, Subcommittee Chair, Senator Tom Harkin (D-IA) observed that "one of the things that when you think about the issues that confront NIH today is what role does biomedical research play in health care reform?" He continued: "How can we capitalize on the human genome project that we completed? How do we do a better job of translating basic research in the field? How can we encourage some of our brightest young minds to enter this field when we got tight budgets?" These questions, said Harkin, requires "someone who thinks big to head up NIH, and that's why we have Dr. Collins there because he does think big and he accomplishes big things," referencing Collins' previous leadership of the National Human Genome Research Institute and the completion of the Human Genome Project.

Regarding the NIH's budget, Harkin pointed out that FY 2011 "will bring with a very special set of challenges," namely how to achieve the "softest possible landing for NIH after the \$10.4 billion that was appropriated" in the American Reinvestment and Recovery Act (Recovery Act). He noted that the proposed FY 2011 budget proposal provides varying increases for the various institutes and inquired as to whether this was due to the five themes laid out by the director. Collins responded that the five themes "seem to be areas of exceptional opportunity." When the NIH looked at the investments of the various institutes in those areas a couple of years ago, "it was clear that those opportunities are not entirely evenly distributed." He acknowledged that the themes are "not a perfect but somewhat good predictor of what might be possible in FY 2011." In recognition that the \$1 billion boost in the FY 2011 budget proposal, although only an inflationary increase, "still ought to be invested in innovative ways." Accordingly, the agency "attempted to do some arranging of the budget to reflect that, and that is what you see in the differences between institutes," Collins informed the Subcommittee. Harkin cautioned Collins to "be careful when you're dealing in percentages."

Harkin also addressed the "funding cliff" created as a result of the resources provided by the Recovery Act. He asked Collins "what kind of challenges" is the agency facing and how does it provide for "this soft landing." Are we facing any interruptions at all in terms of some science that's being done right now because of this cliff, he asked. Collins replied that "this is the question that keeps me up at night." He expressed the agency's gratitude for the Recovery Act funding and noted that it provided an opportunity to support "exciting, innovative research that otherwise would have had to wait a long time to get started." He explained that the difference between the FY 2011 total, when you include the \$5.2 billion of Recovery Act dollars compared to the president's budget for FY 2011 is approximately \$4 billion. The NIH, Collins pointed out, "has done what it can in anticipation that this might be a really challenging year to try to be sure that the Recovery Act dollars were invested as much as possible in short term need." We felt that this was an opportunity to stimulate some real innovations and get people to put forth some out of the box ideas, he explained. And the scientific community responded "in huge numbers" reflecting the "great pent up need here for support for new ideas," he continued.

Beyond the two year support provided by the Recovery dollars, the director explained for those grantees who have not quite spent all the money in the time allotted, the agency is encouraging those researchers to request a "no-cost extension." The NIH will consider those extensions "quite seriously." If they are making "reasonable progress, we will grant that so at least to stretch out this cliff a little bit," Collins noted. "But there is not a question that the consequences of this situation are going to be significant," Collins declared. The success rates which have ranged from 25-35 percent "for most of the last 30 years," he stated, are now at 21 percent and "are going to drop further in FY 2011, at this budget level, probably to about 15 percent. That is one chance out of seven that a given grant would get supported. And there is no question that it is going to be stressful for us all," he emphasized.

"That is not good," replied Harkin, and observed that the Subcommittee had been "wrestling" with this issue as well. "I'm of the opinion that we need to do more at NIH. The question is where we get the funding" given the budget restraints.

Ranking Subcommittee Member, Senator Thad Cochran (R-MS) inquired about the status of the

Jackson Heart Study. Collins noted that the NIH is "very enthusiastic about that study." Collins noted that the study has provided "a lot of very important observations," particularly on cardiovascular disease in African Americans. For instance, he reported, that "even individuals of normal body weight have a higher incidence of hypertension and diabetes in this group." That is a puzzle: Is that due to diet? Is that environment? Is that genetics? The Study is a "wonderful model for doing research on health disparities" in its ability to get community involvement, Collins answered.

Senator Arlen Specter (D-PA) inquired about the Cures Accelerated Network (CAN) which was created and authorized \$500 million in funding as part of the recently health care reform legislation and was put "forth to bridge the gap . . . between the bench and the bedside, between research and practical application." Harkin pointed out that CAN was a "singular effort by Senator Specter" and agreed that it "this is something that really needs to be done." Collins acknowledged that the institute and centers directors recently met in a full day retreat to discuss CAN. He reported that there was a lot of enthusiasm for CAN. He also noted that from his "perspective as NIH director" and "speaking for all those other institute directors, this is something that people are very anxious to get started on."

NIH Analyzes OppNet Topics of Interest

The National Institutes of Health (NIH) has posted a preliminary analysis of the overarching areas of interests derived from the January 2010 request for information (RFI) regarding the NIH Basic Behavioral and Social Science Opportunity Network (OppNet). The RFI was designed to provide an avenue for the extramural community - including but not limited to, scientists, scientific organizations, health professionals, patient advocates, and the general public - to suggest priorities in basic behavioral and social sciences research (b-BSSR). NIH staff also was able to submit their ideas for scientific priorities. The report is an effort by OppNet to demonstrate its "commitment to an ongoing dialogue with the relevant stakeholders as OppNet continues to develop funding opportunities for cross-cutting basic behavioral and social sciences research that is broadly relevant to human health."

According to the report, the OppNet staff received "suggestions for NIH to support specific research areas, as well as for training associated with these areas, development of shared resources to support such research, and continued efforts to improve methodology and measurement in the behavioral and social sciences." According to the agency, the scientific themes that emerged from the data include, and are not limited to the following: Decision making, Cognitive and emotional processes; Social, personality and cultural factors; Health behaviors and disparities; The intersection between behavior and gene/environment interactions; Lifespan/developmental perspectives; Psychosocial stress; Sleep and circadian rhythms; and Neurobiology/neuropsychology.

NIH notes that this list is not exhaustive. According to NIH, it articulates broader themes that reflect individual responses. The analysis found that many of the "submissions reflect the complex transdisciplinary nature of contemporary health research, suggesting that across these scientific themes research is needed that spans disciplinary boundaries and levels of analysis and demonstrate strong interests to develop the field rather than to request precisely delineated funding opportunities. Multiple responses demonstrate interests in methodologies that complement each respondent's respective discipline."

OppNet plans to use the RFI data to inform the strategic planning process for new funding opportunities and other scientific initiatives to be launched in FY 2011. Additionally, the data will inform the scientific focus of a summer/fall 2010 meeting with members of the extramural research community for additional input on b-BSSR research areas with the greatest potential for making a significant impact in basic research and human health. Information about this meeting will be posted as soon as it is available on the OppNet website (<http://oppnet.nih.gov/index.asp>). Individuals are also welcome to submit comments on this preliminary report of the OppNet RFI

results to infooppnet@nih.gov.

House Appropriations Chairman David Obey Announces Retirement

Admitting that he was "bone tired" after almost 42 years in the Congress and six years prior service in the Wisconsin State legislature, Rep. David Obey (D-WI) announced he would retire from Congress at the end of this year. Obey, who is 72 and the third-longest serving House member, currently chairs the House Appropriations Committee as well as its Subcommittee on Labor, Health and Human Services, and Education.

Obey's long career, he noted, hit its high point with his presiding over the House when Congress finally enacted health care reform legislation. He also shepherded, with strong support from Speaker Nancy Pelosi (D-CA), the American Recovery and Reinvestment Act of 2009, which included large amounts of funding for the National Institutes of Health and the National Science Foundation.

In addition, Obey has been the House champion for funding International Education and Foreign Language Studies programs and in the late 1980s was instrumental along with Commissioner Emerson Elliott in revitalizing the National Center for Education Statistics.

In 2007, the American Political Science Association (APSA) awarded Obey its Hubert H. Humphrey Award for public service. The APSA Committee that chose him explained that Obey had completed his graduate coursework in Soviet politics at the University of Wisconsin, expecting to teach Russian and Chinese politics, when he decided to put his skills to the practice, rather than the study of politics. He ran for and got elected to the Wisconsin State Assembly at age 24. In 1969, when then Representative Melvin Laird (R-WI) was nominated to become President Nixon's Secretary of Defense, Obey was tapped to fill his seat and he soon found himself the youngest House member. Shortly after he arrived on Capitol Hill, he found his way into even more rarified circles as a member of the Appropriations Committee. The Committee concluded that Obey was "a politician and policy-maker who has been unusually active and influential in bringing the skills and standards of political science to the practice of politics."

In his retirement announcement, Obey who led the fight in the House against the Reagan and Bush tax cuts, and the wars in Vietnam, Central America, and Iraq, repeatedly talked of his weariness and how it is now "time to pass the torch." He summed up his career by saying: "I haven't done all the big things I wanted to do when I started out, but I've done all the big things I'm likely to."

National Science Foundation Celebrates 60th Birthday; Offers Milestones of Discovery

On May 10, 1950 after enactment by Congress and a signature by President Harry Truman the National Science Foundation (NSF) became an independent government agency. Its mission is to fund fundamental research and education across all fields of science and engineering.

In May 2010, in honor of NSF's 60th Anniversary, the Foundation produced *NSF Sensational 60*. An update of the 50th Anniversary's *Nifty Fifty*, the new report includes "60 discoveries or advances that NSF believes have had a large impact or influence on every American life."

Among the sixty are two that specifically reference research in the social, behavioral, and economic sciences (SBE). One is called "Friends and Neighbors" and refers to the several longitudinal surveys and panel studies "that provide researchers with data on how American society functions and changes over time." Cited are the Panel Study on Income Dynamics (one of the *Nifty Fifty*), the American National Election Studies, and the General Social Survey.

The other SBE example is dubbed "Supply and Demand" and discusses NSF support for researchers "whose work has transformed economic policy." The report notes that over 40 winners of the Nobel Prize in Economics, including every one since 1998, has received NSF funding for his or her research. The work of Finn Kydland and Edward Prescott on macroeconomics and the business cycle and its influence on monetary policy is noted (they won the Nobel in 2004). Also discussed is the research by the 2009 winners Elinor Ostrom and Oliver Williamson for their work on how groups cooperate (see Update [December 14, 2009](#)).

Appearing prescient, number sixty on the list is "Volcanic Risk," although there is no mention of Iceland in the description of NSF's vast support for research and technology development related to improving understanding of volcanic processes.

NSF has other activities associated with the anniversary such as a special report on the agency's history, complete with an interactive timeline as well as an interactive feature which includes video interviews with several of the agency's past directors on the agency's future mission and challenges. All the items can be found at: <http://www.nsf.gov/about/history>.

White House Task Force on Childhood Obesity – Report to the President

On May 12, an Interagency Task Force on Childhood Obesity released its recommendations, "that taken together, will put [the] country on track to solving the problem of childhood obesity." Twelve federal agencies participated in the deliberations of the Task force: Department of Agriculture, Defense, Education, Health and Human Services, Housing and Urban Development, Interior, Justice, Transportation, Environmental Protection Agency, Federal Communications Commission, the Federal Trade Commission and the Corporation for National and Community Service.

According to the Task Force, the "childhood obesity epidemic in America is a national health crisis." It notes that obesity is estimated to cause 112,000 deaths per year in the U.S." with one-third of all children born in the year 2000 expected to develop diabetes during their lifetime. It also notes that there are "substantial economic costs" associated with childhood obesity.

Despite the statistics, the Task Force reports that "there is much reason to be hopeful." It recognizes the "considerable knowledge about the risk factors associated with childhood obesity." It also acknowledges the research and scientific information on the causes and consequences of childhood obesity. "Effective policies and tools to guide healthy eating and active living are within our grasp," the Task Force stresses. The report focuses and expands on what can be done in concert:

1. Create a healthy start on life for our children, from pregnancy through early childhood;
2. Empower parents and caregivers to make healthy choices for their families;
3. Serve healthier food in schools;
4. Ensure access to healthy, affordable food; and
5. Increase opportunities for physical activity.

The Task Force makes a number of recommendations, that "taken together...should achieve the

goal of solving the problem of childhood obesity within a generation." It acknowledges, however, that it will not be easy.

Key Questions for Future Research

The Task Force observed that building the science for prevention will help to strengthen childhood obesity prevention efforts. It also identified research areas for consideration when developing national research agendas:

- Research the link between traditional as well as non-television forms of advertising, such as the internet, and food preferences and consumption by children and adolescents.
- Test studies of family-based interventions (such as studies of parenting style, home availability of healthful food, and opportunities for physical activity).
- Identify and test approaches for community partnerships to disseminate and implement evidence-based obesity prevention programs.
- Understand how individuals interpret and are influenced by dietary and physical activity messages (such as interpersonal, cultural, and media messages, as well as food labels) through research on learning, cognition, information processing, persuasive communications, and message framing.
- Determine whether federal farm promotion ("check-off") programs that promote certain agricultural products have an impact on Americans' compliance with the *Dietary Guidelines*.
- Compare medical and surgical treatments and lifestyle changes to identify those that are most effective in improving obesity and health outcomes in children and adolescents.
- Test models for delivering obesity prevention and treatment to change the behaviors of health practitioners and translate or disseminate evidenced-based therapies to primary care practices.
- Examine effects of targeted strategies focused on subpopulations at elevated obesity risk, such as those in racial and ethnic minority populations, tribal populations, lower socioeconomic status, rural communities, people with disabilities, and individuals taking medications that can increase body weight (such as psychotropics or insulin).
- Examine the efficacy of increased habitual sleep time on metabolic regulation such as reducing body weight, regulating appetite, and improving glucose tolerance and insulin sensitivity.
- What are the teaching methods that best engage students in PE, including the relative benefits of technology in the PE classroom, for achieving long-term behavioral changes in physical activity habits?
- What kinds of outdoor activities for children are most likely to produce lasting increases in physical activity levels? Are the benefits different from indoor physical activity?
- How can we better target physical activity interventions to multiple communities, including diverse ethnic populations and children with disabilities? What are the most effective methods for reaching these populations?
- What are appropriate measurement tools for tracking trends in physical activity?
- Do health impact assessments change health outcomes in communities where they are used?
- What percentage of children lives within walking or biking distance from school or a park entrance?
- Does the built environment increase physical activity rates for children and reduce obesity? If so, what are the mechanisms for this reduction?
- How can the insights of behavioral economics, such as changing the default choice in a given situation, be used to promote physical activity among young people?

- How can we make healthy foods more affordable for use in schools? And more attractive to children?
- What can we learn from behavioral economics to support healthful eating in schools, and how can schools promote healthful eating over the longer term?
- What are the correlative and/or causal linkages between exposure to food marketing in schools and food consumption patterns or obesity?
- How can effective school-based nutrition education models be identified and scaled up to national implementation?
- How does participation in the afterschool snack and meal programs supported by USDA affect children's diets, opportunities for nutrition education and physical activity?
- To what extent are health promotion and disease prevention services such as nutrition counseling, improved diet, and recreational programs, provided to youth in the juvenile justice system? What evidence-based food services, nutritional education, and exercise programming can best address the needs of youth involved in juvenile justice systems?
- The definition, measurement, and consequences of food deserts on food access, diet, and weight outcomes;
- The impact of improved access on dietary quality and obesity rates;
- How agricultural policy may affect food prices and obesity rates;
- The comparative efficacy of sales taxes and price subsidies on weight outcomes; and

The effectiveness of price incentives, including supplements that increase the value of farmers' market purchases or incentives to promote the purchase of fruits, vegetables, and other healthful foods, especially for low-income populations.

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The effectiveness of price incentives, including supplements that increase the value of farmers' market purchases or incentives to promote the purchase of fruits, vegetables, and other healthful foods, especially for low-income populations.

NIH Awards 10 Centers for Population Health and Health Disparities

On May 3, the National Institutes of Health (NIH) announced that it was awarding of 10 new Centers for Population Health and Health Disparities. The Centers are part of the effort to better understand and address inequities associated with the two leading causes of death in the United States - cancer and heart disease. The centers will support transdisciplinary collaborations among biological, medical, behavioral, social, and public health scientists. In addition, each center is expected to play a major role in the training of a new generation of transdisciplinary researchers in collaborative team science. The goals are to increase the rigor and impact of science that addresses the many factors associated with health disparities.

Making the announcement, NIH director Francis Collins observed that: "We need to encourage the entire scientific community, from basic to applied scientists, to significantly advance our understanding of health disparities - a remarkably complex and critically important problem for our society."

The Centers for Population Health and Health Disparities program is supported by the NIH's National Cancer Institute (NCI); the National Heart, Lung, and Blood Institute (NHLBI); and the Office of Behavioral and Social Sciences Research (OBSSR). NCI and NHLBI are contributing \$10 million per year each in grant funding over the next five years for \$100 million in total funding. The OBSSR will provide support for annual meetings.

Investigators and areas of research investigation include:

Beti Thompson - Fred Hutchinson Cancer Research Center: Projects in this center are designed to contribute to the understanding of breast cancer in Latinas, including the antecedents of breast cancer and the types of breast cancer found in the Latina population, and to develop and

implement a comprehensive program of screening to increase the opportunities for early breast cancer detection among Latinas.

David R. Williams - Harvard School of Public Health/Lung Cancer Disparities Center: These centers will jointly focus on understanding and altering the determinants of racial/ethnic and socioeconomic status disparities along the continuum of lung cancer as well as the impact of the social environment. Researchers will target socioeconomic status and racial/ethnic disparities, and include research among men and women. Researchers intend to identify effective strategies to prevent the initiation of smoking and facilitate cessation among smokers.

Lisa A. Cooper - Johns Hopkins University: Building on prior work and established relationships with the large African-American population in Baltimore, this center will initially focus on hypertension. The center will include three separate but related intervention studies to improve the identification, treatment, and outcomes of African-Americans with hypertension.

Katherine L. Tucker - Northeastern University: The emphasis of the center will be on cardiovascular risk in the Puerto Rican community. Projects include consideration of genetic variation in relation to changes over time in allostatic load - physiological changes due to exposure to chronic stress - and biochemical indicators of risk. Studies will also focus on more concrete indicators of disease and consider social networks, neighborhood characteristics, such as physical space and access to food, and environmental factors, such as air pollution, as social determinants of health. Using community-based participatory techniques that involve community stakeholders in all aspects of the research process, they will implement and test a multidimensional intervention that focuses on diet and physical activity and fully considers the social and physical environment.

Electra D. Paskett - Ohio State University: The center's research will focus on understanding why cervical cancer incidence and mortality rates are higher in Appalachian Ohio, and West Virginia. The research questions integrate issues of medical research (gynecological oncology and pathology, family medicine, molecular genetics), natural science (molecular biology, virology, statistics, biostatistics, immunology), social science (communication, psychology, sociology), and social work in addition to public health to implement interventions.

Lynda R. Powell - Rush University Medical Center: The long-term objectives for the center are to develop and integrate rigorous clinical trial methodology into disparities-focused behavioral clinical trials; test innovative multi-level interventions across the lifespan from children to the elderly; and empower inner-city communities to become active participants in the design and conduct of interventions to improve their health.

Alexander N. Ortega - University of California, Los Angeles: Situated in East Los Angeles, this project's main aim is to reduce cardiovascular disease risk in this underserved area. Implementation will consist of family and neighborhood environment interventions, along with the collection of physiological data that will examine risk for cardiovascular disease in individuals and across generations. The intervention components include several dimensions that affect health outcomes - personal and family factors, systems factors, and environmental factors.

Richard Warnecke - University of Illinois at Chicago: Lack of access to care and health disparities among underserved and minority women with breast cancer remain high. This center will define how apparent disparities in early detection, diagnosis, and treatment can be addressed in safety-net hospitals, which are known for treating a substantial share of uninsured, Medicaid and other vulnerable patients regardless of their ability to pay. The center will determine how community health clinics can more effectively identify and monitor patients at risk for aggressive breast cancer, and how patients at elevated risk can be engaged to participate in a tailored screening and monitoring program. And it will determine how biological factors, specifically DNA methylation (a chemical reaction in which a small molecule, called a methyl group, is added to other molecules), promote aggressive breast cancer disproportionately among women of color.

Alice S. Ammerman - University of North Carolina, Chapel Hill: This project will consist of an

integrated set of three interdisciplinary studies in Lenoir County, N.C. The first will determine genetic factors associated with cardiovascular risk. The second will seek to understand the multilevel determinants of poor health outcomes and the potential social and community capital that can support sustainable change. Finally, the third will work with community leaders, health professionals, and citizens to apply these understandings to improved, practice-based management of hypertension and community-centered lifestyle management, and test the impact on improving outcomes and reducing disparities in cardiovascular health.

Dedra S. Buchwald - University of Washington: The center will conduct five interwoven research projects on cancer in American Indian/Alaska Native populations. One project will study nicotine metabolism, while another investigates a preventive intervention for cervical cancer among Hopi women and girls. Other studies included an evaluation of an intervention using computerized multi-media storytelling that emulates Native traditions (digital stories) to increase colorectal cancer screening; as well as an intervention to reduce environmental tobacco smoke, and a study of surgical treatment and outcomes among American Indians/Alaska Natives with lung, prostate, breast, or colorectal cancers.

BEA Advisory Committee Examines Measuring Human Capital

The Bureau of Economic Analysis (BEA) Advisory Committee advises the Director on matters related to the development and improvement of BEA's national, regional, industry, and international economic accounts and provides recommendations from the perspectives of the economics profession, business, and government. The Committee met May 7th, 2010. Dale Jorgenson of Harvard University is the Chairman.

Rebecca Blank, Under Secretary of Commerce, and Steve Landefeld, Director of BEA, welcomed the committee members and updated them on the start of planning for the 2012 budget for the statistical agencies, proposals to change the IRS code to permit BEA, the Bureau of Labor Statistics (BLS) and the Census Bureau to do more data sharing and data synchronization, and new reports by BEA on measuring the Green Economy, on monitoring Carbon Dioxide emissions by sectors of the economy, and on the changing middle class in the U.S.

Katharine Abraham, former BLS Commissioner now at the University of Maryland, discussed alternative approaches to measuring nominal investments in formal education. In the double-entry bookkeeping of the national income and product accounts, payments to factors of production or Gross Domestic Income (GDI) should equal the value of final output or Gross Domestic Product (GDP). Tallies of the expenditure side and production side estimates of output provide a check on one another. But in the case of formal education, measures of the cost of education are very different from measures of the value of that education. Also estimates of the value of education are much greater than estimates of the value of physical investments. Abraham critiqued the methodology used to estimate the value of formal education and identified lines of research that might reconcile the two different methods of accounting for formal education.

Responding to Abraham, Jorgenson largely agreed with her conclusions about the importance of further academic research on formal education and more generally human capital and national accounts. He described recent advances in the development and implementation of satellite accounts for human capital in different countries. Human capital is embedded in the indicators of welfare and growth, he asserted. Therefore, accounting for human capital is very important. Past estimates of the U.S. economy by Jorgenson and Barbara Fraumeni, Dean of the Muskie School for Public Policy at the University of Southern Maine, found the value of human capital to be four times the value of nonhuman investment. Human wealth was found to be ten times the value of nonhuman wealth. Jorgenson discussed the past literature, conceptual advances, data sources, and the specifics of human capital and nonmarket accounting.

Michael Christian, University of Wisconsin-Madison, presented a human capital account for the U. S. for 1994-2006. His approach adapts the method pioneered by Jorgenson and Fraumeni of accounting for the value of human capital. When both market and on-market production is included, the stock of human capital was equal to about three quarters of a quadrillion dollars in 2006, of which about 70 percent was non-market. Christian's account provides estimates of the effects of births, deaths, aging, and education on human capital. These measures are found to be very sensitive to counterfactual assumptions, Christian concluded.

Ellen McGrattan, Federal Reserve Bank of Minneapolis, found these estimates of human capital to be gigantic (55 times the Gross Domestic Product, sixteen times the stock of physical assets) and many times larger than the cost-based estimates of human capital. The estimates are so large, she claimed, in part because non-market time is valued at the same after tax wage as market time, the costs of maintaining capital during the lifetime are not subtracted out, and the costs of raising children are not subtracted out. This research is cited primarily by those working on national income accounts and not by those studying specific economic questions. If this work is going to be useful, McGrattan argued, there should be more emphasis on the economic importance of better measures of human capital in national income accounts. She discussed issues in labor, economic development, finance and macroeconomics that could serve as the focus of future research on human capital accounts.

Brian Moyer of BEA presented the first estimates of the Territorial GDP for American Samoa, the Commonwealth of the Northern Marian Islands, Guam and the U.S. Virgin Islands. Joel Platt discussed Google Public Data Explorer, a new research project to develop visualization applications for public data. The public data explorer contains BEA's regional annual personal income and GDP statistics. Platt also talked about IRS providing state-level tabulations and a regional economists' pilot program that is exploring new data sources and developing analytical capabilities.

Differences in GDP and GDI

Although GDP and Gross Domestic Income (GDI) are conceptually identical, in practice they differ and the difference is defined as a statistical discrepancy. Jeremy Nalewaik of the Federal Reserve Board found these two measures have shown markedly different business cycle fluctuations over the past twenty-five years, with GDI showing a more-pronounced cycle than GDP. According to Nalewaik, GDI currently shows the 2007-2009 downturn was considerably worse than is reflected in GDP. He recommended that BEA provide more information and more advanced information on the GDI and eventually feature an average of the two measures.

Brent Moulton of BEA agreed that both GDP and GDI have measurement strengths and weaknesses. He suggested that because of the timeliness of the quarterly source data and the consistency of that data with BEA concepts and definitions and with annual and benchmark data, the Bureau should continue preferring the expenditure-side measure, GDP. The GDI, Moulton explained, could be too cyclical because of inconsistencies in quarterly source data on employee stock options and other differences between tax and financial accounting. BEA expects to improve GDI by incorporating new Census data on services. In addition, Moulton remarked, BEA's studies of industry accounts and capital gains in financial profits could help us understand the statistical discrepancies between GDI and GDP.

Dennis Fixler of BEA defined the statistical discrepancy as the net sum of measurement error in the components of GDP and GDI. He found the components of GDP and GDI to highly correlate over time. This obscures, he explained, which components are the prime contributors to the discrepancy. Improvements to the National Income and Product Accounts estimates in the 1999 and 2003 comprehensive revisions may have eliminated some previous sources of measurement error. His results suggest that there could be some advantages to take the weighted average of GDP and GDI and that GDI alone is a bit more informative around troughs.

William Nordhaus of Yale University also found that combining GDP and GDI would give the best measure and recent data using unemployment as a statistical instrument suggest that they should

have equal weight. He suggested confirming these results using other highly correlated proxies.

The agenda for the meeting and copies of the presentations are available at the BEA's website at: <http://www.bea.gov/about/advisory.htm>.

(Dan Newlon of the American Economic Association contributed this report to Update.)

Congressional Briefing on Healthy Development – A Summit on Young Children's Mental Health

On May 3, the Society for Research in Child Development (SRCD) and the American Psychological Association (APA) sponsored a standing-room only Congressional briefing on the report, *Healthy Development: A Summit on Young Children's Mental Health*. The report is the result of a summit convened by SRCD and APA along with the support of more than 20 other organizations concerned that despite the "burgeoning scientific research," the majority of the American public "remains unable to define mental health or identify its critical role in the healthy development of children."

There is a gap between the evidence and public understanding, explained Marty Zaslow, director of SRCD Office for Policy and Communications and Senior Scholar, Child Trends.

It is a matter of importance explained, Jean Smith, Wake County, NC Department of Human Services, because mental health disorders affect a large number of young people. According to Smith, almost one in five young people have a diagnosable mental disorder at any given time. And one in ten young people have significant emotional or behavioral disorders causing impairment to functioning at home, school or in their community. Smith noted only 20 percent of children in need of diagnosable disorder receive services. In addition, while "efficacious prevention services exist," she lamented that translation and application in practice is even more limited than for treatment services. Smith stressed that there are life long effects for these children, their families, schools and communities once a mental health disorder has emerged. The costs are both psychosocial and economic with treatment and lost productivity being estimated at \$247 billion annually.

Smith provided a snapshot of what mental health problems look like in young children: Preschoolers expelled from multiple day care centers, causing parents to lose jobs; Children arriving at kindergarten unable to get along with other children despite normal intelligence; Children who bully classmates and disrupt the learning environment in elementary school; Toddlers moved from foster home to foster home due to uncontrollable tantrums; and Children in foster homes unable to feel safe even though the system thinks they are safe. She explained that mental health is "not merely the absence of disorders. For young children it is positive social-emotional development - forming secure relationships, handling emotions, managing one's own behavior, feeling safe, secure and loved, and exploring and learning.

Smith pointed out that there is a gap between what is known and what is done. Research tells us that many problems are preventable and good evidence-based treatments exist, she stated. The key is identifying the problem and intervening early before problems become more severe. But in practice, she explained, very few services are offered that help families function more effectively and there is too often a failure to screen for social emotional problems. This is the result of too few skilled mental health providers, especially for young children, said Smith.

"No Unified, Viable Agenda Consistent With the Science"

Why the focus on young children's mental health, asked Karen Saywitz, University of California, Los Angeles. Saywitz explained that we "are in the midst of a remarkable expansion of new knowledge in neuroscience, genetics, child development and economics." In addition, building on the momentum of the two previous administrations there is the opportunity to "catalyze creation of

effective, science-based policies to prevent and treat mental health problems in children." New discoveries show effective ways to promote positive mental health in all children, identify early warning signs to prevent many problems, and treat mental disorders. Delaying services to middle childhood, she explained, is less effective and more expensive as problems become entrenched. Also, early intervention has better outcomes and is less expensive than remediating problems later in life.

The summit was needed because of the diverse stakeholders in child mental health. The different disciplines often have differing definitions, issues and approaches. As a result there is "no unified, viable agenda consistent with the science," said Saywitz. This has led to public exposure to unclear and competing messages - Is mental illness genetic, inborn, intractable, a chemical imbalance, a function of child rearing or exposure to trauma?

Carol Brunson Day, National Black Child Development Institute, discussed the cultural differences in children's mental health services. These differences matter, said Day, because "culture is the lens through which children learn the rules of relationships that enable them to develop." She noted that there are disparities in child mental health: boys were expelled at a rate of more than 4.5 times that of girls; African-Americans attending state-funded Pre-K were twice as likely to be expelled as Latino and Caucasian children, and more than five times as likely to be expelled as Asian-American children; 80 percent of African American children, 82 percent of Latino children, and 72 percent of Caucasian children with mental health problems have not received mental health services within the last 12 months. Day also pointed out that there is diversity within diversity with barriers to access differing across racial and ethnic groups.

Day emphasized the "importance of having leaders who represent the culture of the parent and the children they are working with." In addition, she noted that teacher education programs are not doing enough to prepare teachers for culturally relevant practice. Day recommended: Support for early learning and development programs in the full range of diverse communities; Emphasis on social and emotional development in a way that takes into account cultural strengths; Support for workforce diversity; Preparation of culturally competent education and mental health professionals; Culturally sensitive mental health assessments; and an Evaluation pipeline for community-based programs.

Policy Implications

Mary Ann McCabe, George Washington University School of Medicine and George Mason University, explained the policy implications from the Summit. She pointed out that it is a critical time for policymakers to focus on young children's mental health as they consider diverse areas of: child care, early education, welfare reform, child welfare, disasters, health disparities, health care reform, health care delivery systems, mental health parity, school bullying, and teacher preparation. Because children's mental health is not confined to a single area of policy, McCabe insisted that it is important for policy makers to ask consistently how these various priorities and funding streams can advance children's mental health. Investing in young children's mental health can result in savings for both individuals and society, including in the areas of education, special education, juvenile justice, child welfare, and health care.

McCabe emphasized the need for the full integration of mental health policy with health policy. The policies need to support the delivery of evidence-based practice across a range of treatment settings. They need to promote interdisciplinary training and collaboration (e.g., integrated health care, developmental consultation in schools). The policies also need to ensure reimbursement for these services and this collaboration. She pointed out, however, that there are significant challenges to ensuring the delivery of effective mental health services for children and families. Accordingly, policy makers will need to attend to: access to care (particularly for families living in underserved areas and/or who are at heightened risk), reimbursement for prevention and treatment, appropriate training of mental health workforce that delivers child and family services,

and maintenance of reasonable caseloads in public settings.

McCabe also stressed the need for enhanced research funding, particularly in order to investigate: benefit-cost analysis for mental health promotion and prevention programs to determine whether universal or targeted prevention approaches are most effective; the ideal timing and dosing of prevention approaches; treatment effectiveness in communities; common factors across effective treatments; the translation and implementation of evidence-based or promising treatments in new settings; and the efficacy of new treatment.

Healthy Development - A Summit on Young Children's Mental Health is available online at www.apa.org/pi/families/summit-report.pdf. Printed copies may be obtained from: Amani Chatman at achatman@apa.org.

Demographic Changes Altering Metro America According to Brookings Report

"The United States stands poised at a moment of significant social change," proclaimed Judith Rodin, President of the Rockefeller Foundation, in the preface to the new report *State of Metropolitan America* produced by the Brookings Institution Metropolitan Policy Program.

That social change, Rodin continued, is driven by major demographic changes that are redefining "who we are, where and with whom we live, and how we provide for our nation's welfare, as well as that of our families and communities." Brookings held a briefing on the new report on May 11.

Bruce Katz, head of the Metropolitan Studies Program, summarized what the report called "The Five New Realities." First is the growth and outward expansion of the population - over 300 million, most still concentrated in metro areas, but now more spread out as the exurban outer areas grew at more than three times the rate of cities and inner suburbs from 2000 to 2008.

Second is the increasing diversification of that population. According to the report, non-white groups accounted for 83 percent of national population growth from 2000 to 2008 and now make up one-third of the total. Many urban areas have already achieved the majority-minority status that the whole nation is expected to reach by mid 2040's. These numbers are driven by immigration.

Third, the population is aging. Baby boomers and seniors now number more than 100 million. In large metro areas the 55 to 64 year old group has grown by more than 45 percent from 2000 to 2008. One result, the report notes, is that single-person households are growing more rapidly. Another aspect of this is an aging-in-place phenomenon that has affected suburban areas that are not particularly well-equipped to handle the needs of the elderly.

The fourth new reality is uneven higher educational achievement. The growth of postsecondary degree holders from 1990 to 2008 has gone from one-quarter to one-third of the population. There is a large differentiation of young people on this measure, as white and Asians in large metro areas lead by 20 percentage points their cohorts who are African American or Hispanic.

The final factor is income polarization in which low-wage and middle-wage workers lost considerable ground in income between 1999 and 2009. At the same time high-wage workers saw their earnings rise. In large metro areas in 2008 high-wage workers out-earned their low-wage counterparts by a ratio of more than five to one.

Another new wrinkle from the report is the grouping of large metropolitan areas into a new seven-category typology:

- 1) New Frontier metro areas exceed national averages on population growth, diversity, and

educational attainment. All are west of the Mississippi River, except Washington, DC.

2) New Heartland metro areas are fast growing, highly educated locales, but have less diversity, especially Asians and Hispanics. Most are in the "New South" like Charlotte and Atlanta, but also include Indianapolis, and Portland, OR.

3) Diverse Giants are the three most populous metro areas, New York, Los Angeles and Chicago as well as coastal anchors such as Miami and San Francisco.

4) Border Growth metro areas are in southern border states and have an increasing Mexican and Latin American immigrant population. The 11 metro areas in this grouping stretch from east Texas through Arizona and Nevada and up California's Central Valley.

5) Mid-Sized Magnet metro areas have high growth but lower diversity and lower educational attainment. These are mostly in the Southeast and got caught up in the growth spiral of the 2000s that ended abruptly with the housing crash.

6) Skilled Anchors are slow-growing, less diverse metro areas that have higher-than-average levels of educational attainment. These include Northeast cities like Boston and Philadelphia. Many boast significant medical and educational institutions.

7) Industrial Cores are the largely older industrial centers of the Northeast, Midwest, and Southeast. They are the most demographically disadvantaged of the metropolitan types. In the aggregate they lost population in the 2000s.

To discuss the policy implications of these findings, Brookings brought together a panel that included Syracuse University President Nancy Cantor, AARP Immediate Past President Jennie Chin Hansen, Investment Strategist Abby Joseph Cohen, and political journalist Ron Brownstein.

Brownstein suggested that recent polls have indicated a sharp divide between white and non-whites, young and old, on the role of government. Young people and non-whites still profess a belief that government is not the problem, but often the solution. The other implication for politics, Brownstein noted, was that the appeal of the Republican Party these days is to the white, non-college degree part of the electorate, which he believes cannot be a sustainable winning election strategy.

Cantor indicated that the aging of people in the suburbs will create mental health problems for people living in social isolation. Hinson also discussed the rapidly growing 85+ generation and their special needs as America moves forward.

However, for all the panelists the overriding issue was educational attainment. With the difficulties of retaining minorities in college and the abysmal dropout rates for Hispanics from High School, they all agreed that it was imperative that improvements are necessary. The demographics suggest that the future workforce of the U.S. will consist of more minorities who will need to have good jobs with good wages in order to meet the social security and Medicare needs of the aging white population. The intergenerational culture gap was referred to and the need to make people understand the interdependence of American society and the social responsibility we have to each other. This includes, the panelists remarked, a willingness to support resources for governments and others to improve educational achievement.

Philadelphia's Mayor Michael Nutter concluded the event by discussing his city's attempts to deal with the "New Realities" of metropolitan America. He cited a number of programs aimed at improving access to government services through multiple language assistance and building accessible housing for the elderly. He also noted Philadelphia's role as a "Global City." Although his city is cooperating with the rest of the Philadelphia metropolitan area in seeking solutions to energy usage problems and others that cross city and suburban lines, Nutter made clear that the federal government needs to recognize its role and responsibility in helping metro America survive

and thrive.

Copies of the report are available at: <http://www.brookings.edu/metro/StateOfMetroAmerica.aspx>.

NLM Information Resource Grants to Reduce Health Disparities

According to the National Library of Medicine (NLM), more attention is needed on the information landscape as it relates to health disparities. Access to useful, usable, understandable health information is an important factor during health decisions. Without access to online information sources, underrepresented populations may have to depend on anecdotal information to guide important health decisions. NLM recognizes that many factors influence use of information in health decisions, including physical access factors (such as availability of libraries or Internet connectivity in the context of a health visit or personal health decision), to intellectual access factors (such as readability, understandability and presentation format of health information). Through research grant programs, NLM and other NIH organizations support research on cognitive and cultural models that facilitate health literacy.

NLM Information Resource Grants to Reduce Health Disparities (RFA-LM-10-001) is focused on putting research knowledge into practice by providing online information resources tailored to meet the needs of health disparity populations and health care providers who care for them. The Institute is soliciting resource grant applications for projects that will bring useful, usable health information to health disparity populations and the health care providers who care for these populations. Proposed projects are expected to exploit the capabilities of computer and information technology and health sciences libraries to bring health-related information to consumers and their health care providers. Preference will be given to applications that show strong involvement of health science libraries. Preference will also be given to applications submitted by or that involve minority-serving institutions.

In the "[Charting the Course](#)," NLM's Long Range Plan for 2006-2016, Goal 2 addresses information to promote health literacy, improve health outcomes, and reduce health disparities worldwide. That report notes: "NLM's free, high quality consumer information services are heavily used by members of the public and by clinicians as aids to patient education, but they reach only some of their intended users. At a time when the amount of doctor-patient "face time" for discussing and explaining health conditions is short and there is intensified emphasis on self-informed patients and healthy lifestyles as keys to improving health and reducing costs, the Library must continue to strengthen its efforts to promote awareness of and ability to use electronic information sources among all segments of the population. To this end, NLM must strive to provide information in forms that can help increase understanding, reduce health disparities, and promote health literacy.

Topics of interest include:

- Developing information resources/services specifically directed towards health disparity populations.
- Providing information resources/services to support academic health disparity researchers.
- Providing information resources/services to community organizations involved with health disparity populations.
- Needs assessment studies that identify the types and forms of information needed by health disparity populations to assist them in making health-related decisions.
- Evaluation studies of existing information resources or services targeted at health disparity populations.
- Enhancing or upgrading existing information resources or services targeted at health disparity populations.

NLM anticipates making 5-7 awards, spending approximately \$700,000 to support this program. Budgets up to \$100,000 for one year, \$200,000 over two years or \$300,000 over 3 years, in direct

costs, may be requested. The total amount requested need not be the same in each year for a multiple year project. The project period can be one to three years. This FOA does not cover facilities and administrative (F&A) costs, also called overhead or indirect costs.

Letters of Intent are due on June 14, 2010; Applications are due on July 14, 2010. For more information or to apply see <http://grants.nih.gov/grants/guide/rfa-files/RFA-LM-10-001.html>

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