



COSSA

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In This Issue

[COSSA to Celebrate 30th Anniversary at Annual Meeting on November 2 and 3](#)

[CJS Spending Bill Emerges from House Panel: NSF, BEA Escape Cuts; Census, NIJ and BJS Do Not](#)

[Science and Higher Education Community Rally to Support NSF and SBE](#)

[House Passed DHS FY 2012 Funding Bill Slashes S&T Budget](#)

[Senate Appropriations Committee Moves Its First FY 2012 Spending Bill](#)

['Bringing the Vision Together' - NICHD Continues to Accept Comments on White Papers](#)

[HHS Seeks to Improve Data Collection in Public Health Surveys](#)

[Advancing HIV Prevention through Transformative Behavioral and Social Sciences](#)

[IOM Report: Relieving Pain Examines Prevention, Care, Education and Research](#)

[Request for Information: Feasibility, Scope, and Design of a State Health Policy Database](#)

COSSA to Celebrate 30th Anniversary at Annual Meeting on November 2 and 3

On November 2 and 3, 2011, in Washington, DC, the Consortium of Social Science Associations (COSSA), founded in the midst of a budget crisis in 1981, will celebrate its 30th Anniversary with a day and half symposium on the Social and Behavioral Science Contributions to Public Policy and how the current budgetary situation impacts those contributions. The event will also include the presentation of COSSA Founder Awards and a joyous reception.

For more information and to register for the event go [here](#).

CJS Spending Bill Emerges from House Panel: NSF, BEA Escape Cuts; Census, NIJ and BJS Do Not

With the talks aimed at raising the debt limit and reducing the long-term deficit stalled, the House of Representatives continued its relentless march toward approving FY 2012 spending bills. On July 7, the Commerce, Justice, Science Appropriations Subcommittee, chaired by Rep. Frank Wolf (R-VA), held its markup and reported its bill to the full House Appropriations Committee.

Faced with an allocation from the full committee that required the Subcommittee to reduce spending by \$3.1 billion from FY 2011 levels, the panel protected some agencies in the bill and severely cut some others.

Proclaiming "investments in scientific research are critical to long-term economic growth and job creation," Wolf and the Subcommittee recommended no cuts from FY 2011 for the National Science Foundation (NSF), allocating \$6.86 billion for FY 2012. The Subcommittee also rearranged some of the accounts, recommending \$5.607 billion for Research and Related Activities (R&RA), a \$43 million boost over FY 2011. This account funds all the research directorates, including the one for Social, Behavioral and Economic Sciences (SBE). The Subcommittee did not determine allocations to the directorates, leaving that decision to the NSF leadership.

To offset the R&RA increase, the panel recommended decreases from FY 2011 of \$26 million to \$835 million for the Education and Human Resources directorate, and \$17 million for the Major Research Equipment and Facilities Construction account, leaving it at \$100 million.

Although the panel's levels for NSF are considerably below the President's FY 2012 request of \$7.767 billion and belie the doubling path enacted in the America COMPETES bill last December, the House has made clear they are ignoring the Administration's numbers and moving their own deficit reduction plan.

The Subcommittee also recommended level funding compared to FY 2011 for the Economic and Statistics Administration (ESA) in the Department of Commerce. The ESA includes the Bureau of Economic Analysis (BEA). Although the \$97.1 million allocated will preclude the additional improvements in BEA's data collections, surviving the House without reductions in the current budget cutting frenzy is significant.

The Census Bureau was not treated as well. The Subcommittee recommended funding the Bureau at \$855.3 million for FY 2012, a \$294.3 million or 25 percent decrease from FY 2011. The President had asked for \$1.024 billion. Although these reductions follow the historical precedent of decreases in the Bureau's funding in year two of a decade, the cut would make it very difficult for the Bureau to carry out improvements to its surveys and the early planning for the 2020 Census.

The Subcommittee provided \$258.5 million for the Salaries and Expense account and \$596.8 million for Periodic Censuses and Programs. Given that FY 2012 is the year the Bureau conducts the Economic Census, these decreases could lead to the end of the continuous updating of the Master Address Files that would eventually reduce the cost of the 2020 Census. It also could derail the announced increase of the sample size for the American Community Survey.

In the Justice arena, the core funding for the National Institute of Justice (NIJ) and the Bureau of Justice Statistics (BJS) suffered reductions from the House panel. The Subcommittee allocated \$41 million to NIJ and \$46.6 million to BJS. In FY 2011, NIJ's funding was slightly below \$48 million and BJS' funding was slightly below \$60 million. The Subcommittee provided for the continuation of the one percent set aside of Office of Justice Programs' funding for research, statistics, and evaluation, not the increase to three percent the Administration requested.

NIJ will also continue to receive additional funding (\$3 million) from the allocation to the Office of

Violence Against Women and from the appropriation to the Byrne Justice Assistance Grants (\$5 million), as well as from the DNA program. BJS would receive an additional \$6 million from the Criminal History Improvement Program and additional funding from the Prison Rape Elimination Act.

Aside from these allocations, the CJS Subcommittee made major cuts to State and Local Law Enforcement Assistance programs, including eliminating funding for the Community Oriented Policing program (COPS). This has raised the ire of many law enforcement groups, including the International Association of Police Chiefs.

As the bill moves to the full committee markup on July 13 and then to the House floor, now scheduled for the first week in August, amendments to restore some of this funding are expected. Under House rules any additions must be offset by reductions in other programs. In the past the Census Bureau has been the bank for these offsets. This year NSF, with its non-reduced budget, could become a target. COSSA and other groups in the science and higher education community are working to sustain the Subcommittee's support for NSF and, in particular, to prevent any damage to the SBE directorate (see next story.)

Science and Higher Education Community Rally to Support NSF and SBE

Led by the American Association for the Advancement of Science, with significant contributions from COSSA, the science and higher education community has delivered a letter to the House Appropriations Committee signed by 143 groups across the spectrum of scientific disciplines and higher education community that supports the National Science Foundation (NSF) and **all** the disciplines it funds (emphasis in original).

The letter proclaims the groups' "strong opposition to legislative attempts to reverse the peer review process by seeking to defund research grants that have already been awarded after considerable evaluation by independent scientific review panels."

"Furthermore," it declares, "we strongly oppose attempts to eliminate or substantially reduce funding for specific areas of science such as the NSF Directorate for Social, Behavioral, and Economic Sciences (SBE)."

The letter provides two examples. The first notes "the revolution in computer technology and the transformation of analog data into digital records is opening up new opportunities to bridge the biological and social sciences which are leading to new partnerships and collaborations that will improve the interpretation of brain imaging."

The second example discusses how "social scientists, working with computer scientists, have developed Geographical Information Systems (GIS)." The letter mentions that this tool "has been applied by states, counties, and localities for many purposes, from urban planning to disaster response, evidenced in New York City during the September 11, 2001 attacks and the creation of thousands of maps to assist in the aftermath."

The letter concludes that: "Simply put, we need all scientists and scientific disciplines working - alone and together - to advance our knowledge base." Therefore, "defunding specific grants or eliminating entire sets of disciplines, such as those represented by the SBE program, sets a dangerous precedent that, in the end, will inhibit scientific progress and our international competitiveness."

For the complete letter and the list of signatories, go to the COSSA Webpage at: www.cossa.org and click on "Protecting the SBE Sciences." You will also find there other documents related to the current COSSA effort to prevent attacks on these sciences.

House Passed DHS FY 2012 Funding Bill Slashes S&T Budget

On June 2, the House passed its FY 2012 funding bill, H. 217, for the Department of Homeland Security (DHS). The vote was 231-188 and reflected the partisan divide over federal spending reductions.

The bill reduces significantly funding for Research, Development, Acquisition and Operations, part of the Science and Technology (S&T) directorate. The House recommended level for FY 2012 is \$398.2 million, down almost \$290 million and 43 percent from the FY 2011 level. The President had requested \$1.027 billion for this account in FY 2012.

The House funded the University Programs, which includes the Centers of Excellence, at the requested level of \$36.6 million, a reduction from FY 2011.

In the report from the House Appropriations Committee, the panel noted that this bill "represented a turning point for Science and Technology and for its core research activity." It went on to declare: "The Committee believes that S&T must more clearly demonstrate significant contributions to the homeland security mission and should prioritize the development of near-term, operational projects that promise substantive gains to our Nation's security."

The Committee also noted that it faced a dilemma and that the reductions for S&T were forced on it "to keep DHS frontline missions and capabilities robust while taking a harder look at components that have had difficulty demonstrating their immediate contributions to the homeland security enterprise."

Thus, the panel rejected the Directorate's proposal to reorganize its research and development (r&d) funding into a single Research, Development, and Innovation (RD&I) account with FY 2012 spending requested by the Administration of \$660 million, calling it "too vague...to permit meaningful oversight." While rejecting the DHS proposed structure, the Committee provided its own accounts that included Disaster Resilience and Counter Terrorist R&D. It did not recommend funding for these activities, but asked the Department to include them in the \$106.5 million provided for all the RD&I activities.

The Committee also chastised DHS for spending billions of dollars on projects "many of which remain in the development stage" and whose impact "has not been sufficiently demonstrated." By making the huge cut in funding, "the Committee fully expects [to] force S&T to make more focused, high-return investment decisions." There was also a warning to S&T to avoid "duplicative research."

Yet in the middle of all this criticism, the Committee noted that "it is a matter of national importance that rural communities recover quickly after both manmade and natural disasters, be able to restore their commerce and re-establish the quality of life." Thus, the Directorate should ensure that its "Disaster Resilience projects address these requirements of rural communities and include research and outreach efforts on rural resiliency."

The bill now moves on to the Senate.

Senate Appropriations Committee Moves Its First FY 2012 Spending Bill

On June 30, the Senate Appropriations Committee, chaired by Sen. Daniel Inouye (D-HI), unanimously approved its first bill for FY 2012, the funding for Military Construction and the Department of Veterans' Affairs. This action comes despite the fact that the Senate Budget Committee has not passed a FY 2012 budget resolution.

The popularity of the MilCon-VA spending bill among legislators made it an obvious first choice for the Senate committee. The House version passed 411-5 (see [Update, Jun 27, 2011](#)).

The Senate Committee provided \$3 million less than the measure that passed the House, however. Included in House's version of the bill was a \$72.2 million cut for VA research from the 2011

enacted level of \$581 million. This number, while lower than the amount provided in the previous year, matched the President's request. The Senate Committee, however, recommended restoration of the research funding to the \$581 million FY 2011 level.

The bill now waits to reach the Senate floor for a vote.

'Bringing the Vision Together' - NICHD Continues to Accept Comments on White Papers

The *Eunice Kennedy Shriver* National Institute for Child Health and Human Development (NICHD) *Vision Process*, which included a series of workshops culminated in a final conference, in Leesburg, Virginia, on June 23-24. NICHD director Alan Guttmacher recently shared a "smattering" of preliminary thoughts that have come out of the process thus far with the Advisory Council to the director of the National Institutes of Health (NIH) at its June 9 -10 meeting (See Update, [June 13, 2011](#)).

The two-day conference was a working meeting that involved a diverse group of nearly 200 participants from a broad variety of disciplines and backgrounds in academia, government, professional societies, and other arenas. Participants provided further feedback to inform the development of the NICHD Scientific Vision statement. Participants spent Day One in breakout group discussions about major scientific opportunities related to the nine scientific theme areas and to transdisciplinary research and career development. NIH director Francis Collins delivered the keynote address that evening.

Meeting participants were assigned to two breakout groups, one of which more closely aligned with their area of expertise and one of which may not have aligned with their area of expertise. The intent was to bring an array of scientific ideas and perspectives to the discussion of each theme. They were asked to consider the following questions and be prepared to discuss them in the breakout groups:

Questions for Thematic Breakout Groups

1. What critical scientific opportunities were overlooked, or could be further and significantly developed, to advance this area of science?
2. Which scientific opportunities would be most important to pursue given the following criteria?
 - a. innovation and ability to transform the field
 - b. public health impact
 - c. specificity of goals
 - d. feasibility of completing key elements within 10 years
3. What specific and unique activities, or inventive tools, must be developed to accomplish the opportunities identified in Question 2?

Questions for Transdisciplinary Science and Career Development Breakout Group - "By [definition](#), transdisciplinary research goes beyond and transcends individual disciplines by crossing traditional professional boundaries; individuals strive to adapt their own discipline's theories and research to the needs of other disciplinary members of the group-each is able to transcend his individual perspective. The practical ramifications are that the disciplines will no longer function like 'silos' that exist side-by-side, deeply rooted in their respective traditions. Rather, these disciplines will involve more broadly constituted and integrated 'teams.'"

1. What specific steps could be taken to ensure high-quality transdisciplinary research is conducted, rewarded, and sustained?
 - a. By NIH and other research funders?
 - b. By academic institutions?
 - c. By professional societies, private foundations, or other groups?
 - d. By industry?
 - e. By individual researchers or clinicians?
2. How could these stakeholder groups work together to make transdisciplinary research a reality?
3. How do we nurture career paths that incorporate transdisciplinary research?
4. How do we create and sustain a diverse workforce?

Day Two featured presentations from the breakout groups. It was also videocasted and is available at http://nih.granicus.com/ViewPublisher.php?view_id=7. A copy of the conference's [agenda](#) and PowerPoint presentations, along with a roster of the [Participants](#) are available on the web. Those who wish to provide input may e-mail comments to NICHDvision@mail.nih.gov through **July 15, 2011**.

HHS Seeks to Improve Data Collection in Public Health Surveys

On June 29, Department of Health and Human Services (HHS) Secretary Kathleen Sebelius announced new draft standards for collecting and reporting on race, ethnicity, sex, primary language and disability data. The Secretary also announced that the administration would begin collecting health data on lesbian, gay, bisexual and transgender (LGBT) populations. The aim of these efforts is to help researchers, policy makers, health providers and advocates to identify and address health disparities. The agency is seeking comments for the draft minority data collection standards. The deadline for submitting comments is August 1, 2011, at www.regulations.gov.

According to Sebelius, the Department intends to integrate questions on sexual orientation into national data collections by 2013 and begin a process to collect information on gender identity. The plan includes testing to incorporate the question on sexual orientation in the National Health Interview Survey (NHIS). The Department also intends to convene a series of meetings to determine the best way to help the agency collect data specific to gender identity.

The Affordable Care Act (ACA) contains provisions (Section 4302) to strengthen federal data collection efforts by requiring that all national federal data collections efforts collect information on race, ethnicity, sex, primary language and disability status. ACA also provides HHS the opportunity to collect additional demographic data to further improve the understanding of healthcare disparities. Identifying disparities and monitoring efforts to reduce them has been limited in the past by a lack of specificity, uniformity, and quality in data collection and reporting procedures. Consistent methods for collecting and reporting health data would allow for better characterization of the nature of health problems in underserved populations.

Health Disparities Data

For [race and ethnicity](#), the proposed standard builds upon the Office of Management and Budget (OMB) standard, "adding the type of granularity for Asian and Latino populations that is used in the American Community Survey (ACS) and was used in the 2000 and 2010 Decennial Census." The proposed data standard for [sex](#) is male and female. English proficiency is the minimum data standard proposed for the primary language data standard. The recommended [question](#) is one

used in the ACS. Agencies would have the option of collecting data on the specific language spoken using the questions from the ACS. For disability status, a six-item [set of questions](#) used on the ACS and other federal surveys to characterize functional disability is proposed as the minimum standard for collecting population survey data. A federal interagency committee developed the question set which reflects how disability is conceptualized consistent with the International Classification of Functioning, Disability, and Health. The question set has been adopted in most federal data collections.

LGBT Data

HHS points out that it has collected LGBT-related data in several surveys in the past and notes that there are a number of challenges. The efforts of the National Center for Health Statistics (NCHS) to improve comprehension and response rates are recognized. Nevertheless, for certain population subgroups missing data remains a problem. To enhance the quality of the data, the HHS Data Council, NCHS and other federal agencies across the federal government are testing ways to reduce bias in the estimates. The Department plans to hold two roundtables to review existing literature, discuss proposed questions, and develop a progression plan for gender identity data testing. The first roundtable is scheduled for summer 2011 and will focus on gender identity data collection and completion of the development of the sexual orientation data collection questionnaire. A second roundtable will occur in winter 2012. In spring 2012, HHS intends to conduct and complete initial field testing of the sexual orientation data collection. In addition, the HHS Data Council intends to present a strategy to include gender identity data collection in HHS surveys. HHS will carry out and complete the initial field testing in the winter 2012 followed by implementation of new data collection on sexual orientation into the full NHIS data collection, if the field test is successful.

For more information on improving data collection to reduce health disparities see: <http://www.healthcare.gov/news/factsheets/disparities06292011a.html>

For more information on improving data collection within the LGBT community visit <http://www.healthcare.gov/news/factsheets/lgbt06292011a.html>

Advancing HIV Prevention through Transformative Behavioral and Social Sciences

The National Institutes of Health (NIH) seeks applications that will advance generalizable knowledge about HIV prevention through comprehensive social and behavioral science research. This funding opportunity announcement (FOA) (RFA-MH-12-080) is intended to address the goals of the National HIV AIDS Strategy released in July 2010 (see [Update, April 4, 2011](#)). The objectives of the FOA is to expand the knowledge base for the development or implementation of interventions in a transformative way that has the potential to impact the prevention of HIV transmission or acquisition, resulting in decreases in HIV incidence with the U.S. at the population level. Participating NIH institutes include: Mental Health, Alcohol Abuse and Alcoholism, Allergy and Infectious Diseases, Child Health and Human Development, and Drug Abuse. Areas of research interest include, but are not limited to:

Complex Models in HIV Prevention - Although research has begun to address the impact of combinations of interventions, there is a "need to elucidate trans-disciplinary principles that will guide the development and implementation of complex prevention interventions." The multiple pathways by which interventions can have an impact, the interaction of social and individual

variables, and the intersection of viral and host factors all must be considered in developing prevention programs. The research should assist in integrating information about components of prevention packages and their interactions in order to guide decisions about primary and secondary prevention programming. Examples of this research include:

- Research that incorporates and tests theories and principles from biological, social, and psychological sciences to evaluate their utility in prevention programs.
- Research to evaluate HIV transmission models which utilize quantitative and qualitative methods to better understand the dynamics of relationships, behaviors, and context, and link biological and social variables with intervention and program outcomes and cost effectiveness analyses.
- Research to promote development and application of methodological diversity for analyses of multi-level, multi-behavior, multi-temporal, and multi-stage approaches to HIV prevention, in order to develop quantitative estimates of the likely and/or maximal impact that addressing a specific variable or set of variables could have on HIV risk behavior and HIV transmission.

Social Processes and Social Change - Research should also address complex causal pathways influencing both proximal and distal HIV-associated outcomes at the individual, groups, and population levels. Specific examples include:

- Investigations of processes, such as mobility, migration, stigmatization, community resilience, and marginalization as units of analysis to determine their association with risk and to develop strategies to intervene in these processes.
- The impact of HIV prevention efforts as a result of structural and institutional changes, such as health care reform, changes in marriage laws, increased availability of substance abuse treatment, and the implementation of the National HIV/AIDS Strategy which targets expanded testing, access to antiretrovirals and improved linkage and engagement with care.
- Studies using research and design methodologies from a variety of disciplines, such as economics and political science, to better evaluate the relationships among HIV risk and structural and environmental factors, incorporating methods examining the natural course of behavior change.

Advancing and Implementing Strong Behavioral Science for Integration into Biomedical Prevention Approaches - In 2010, the results of three landmark studies on HIV Prevention were announced. These studies added to the list of effectively biomedically-based interventions to prevent transmission. Understanding and integrating behavioral and social context factors are critical to achieving the maximal effect of biomedical interventions. Examples of additional research in this area include:

- Investigations of the social and behavioral factors that are likely to influence the implementation, acceptance, and use of biomedical interventions, utilizing different levels of analysis such as individuals, dyads, networks, communities, organizations, and social policies.
- Studies to better understand and address existing and potential disparities in access to prevention and care services in order to improve the health of racial and ethnic populations

highly affected by HIV in the United States.

- Research on ethical issues in the conduct of scientifically rigorous prevention studies, such as informed consent, partial efficacy, the implications of trial participation, potential adverse impact, public security, and the inclusion of difficult-to-recruit and most at risk populations.
- Translational research to optimize and scale-up interventions shown to be efficacious in reducing HIV incidence, through clarifying the processes of identifying, adapting, disseminating and sustaining interventions, as well as methods to ensure quality control in implementation. Studies should address methodologies for designing, conducting, and analyzing such research and for securing relevant community participation in the design, conduct, and interpretation of research.
- Studies that utilize available data from ongoing programs to better understand principles of program management and effectiveness that can be generalized to other contexts and that allow evaluation of impact and cost-effectiveness.
- Studies that incorporate peer influence, network effects and social structural effects on diverse outcomes relevant to prevention.
- Population-effectiveness studies where randomization is above the unit of the individual and studies using non- randomized controlled trials that have sufficient rigor to allow inferences about the effects of prevention programs.

New Technologies for Information Management and Communication - Social media is viewed as a normative means of communication and interaction. Such media can be associated with risky sexual activity as well as substance abuse, but may also assist individuals in risk behavior to change. Interventions to effectively reduce HIV risk using this technology are critical. Specific examples include:

- Research to evaluate the use and cost-effectiveness of information and communication technologies for HIV prevention.
- Studies of the evolving information technology environment and its influences, using measures of individual, small group, community, and societal level variables, to determine potential means of intervention to reduce risk.
- Studies to develop and investigate the utility of accessible forums and repositories of technology experience, protocols, and applications to advance research on HIV prevention or application of HIV prevention research results.
- Studies of the use of technology, such as medical records management, appointment reminders, and text messages, to improve implementation of prevention or prevention-related care (such as substance abuse treatment or early involvement in HIV care) and enhance adherence.

Letters of intent are due on December 6, 2011. Applications are due on **January 6, 2012.**

For more information and/or to apply see:

<http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-12-080.html>.

IOM Report: Relieving Pain Examines Prevention, Care, Education, and Research

The recently released Institute of Medicine (IOM) report, *Relieving Pain in America: A Blueprint for*

Transforming Prevention, Care, Education, and Research, calls for coordinated, national efforts of public and private organizations to create a cultural transformation in how the nation understands and approaches pain management and prevention. According to the IOM report, acute and chronic pain is a public health problem that affects at least 116 million U.S. adults at a cost of \$560-635 billion annually in direct medical treatment costs and lost productivity.

Requested by the National Institutes of Health (NIH), the study was designed to "assess the state of the science regarding pain research, care, and education and to make recommendations to advance the field." Specifically, the charge to the IOM's Committee on Advancing Pain Research, Care, and Education directed it to take a comprehensive view of chronic pain as a biological, biobehavioral, and societal condition; identify barriers to appropriate pain care and strategies to reduce such barriers; identify demographic groups and special populations and discuss related research needs, barriers particularly associated with these demographic groups, and opportunities to reduce such barriers; and identify and discuss what scientific tools and technologies, and strategies can be employed to enhance training of pain researchers, and what interdisciplinary research approaches will be necessary in the short- and long-term to advance basic, translational, and clinical pain research and improve the assessment, diagnosis, treatment and management of pain.

The Committee emphasized that the challenges to better pain management in the U.S. are diverse. Those challenges relate to inadequate training and lack of understanding of the need to address the multiple physical, mental, and emotional, and social dimensions of pain; to disparities in care among population groups; and to payment and policy barriers reflecting "a failure to apply what is already known."

The Committee also concluded that "more consistent data on pain are needed." Improvements in state and national data are needed to: 1) monitor changes in the incidence and prevalence of acute and chronic pain; 2) document rates of treatment and under treatment of pain; 3) assess the health and societal consequences of pain; and 4) evaluate the impact of related changes in public policy, payment and care. Accordingly, it recommended improvement in the collection and reporting of data on pain. The National Center for Health Statistics, the Agency for Healthcare Research and Quality (AHRQ), other federal and state agencies, and private organizations should collect data in the domains of:

- The incidence and prevalence of pain;
- Interference with activities of daily living and work, as well as disability, related to pain;
- Utilization of clinical and social services as a result of pain;
- Costs of pain and pain care, including direct costs for lost employment and public- and private-sector costs of disability payments; and
- The effectiveness of treatment in reducing pain and pain-related disability, determined through research on the comparative effectiveness of alternative treatments (including in different patient populations), to identify people most likely to benefit (or not) from specific treatment approaches.

The Committee also called for the creation of a comprehensive population-strategy for pain prevention, treatment, management and research by the Department of Health and Human Services that includes specific goals, actions, time frames, and resources.

The Committee recognized that pain "is a topic of interest to virtually every NIH institute and

center (IC), but not a central concern of any one of them." However, it believes there needs to be a transformation in how pain research is conducted. Accordingly, the Committee recommended that one of the existing NIH ICs should be designated the lead institute for pain and that the NIH Pain Consortium (15 institutes, four centers, and four offices under the Office of the NIH director) take a stronger leadership role by fostering coordination across the NIH. At the same time, the Committee stressed that pain research should not be confined to NIH, noting that pain-related research is needed across public health entities involving the Centers for Disease Control and Prevention, AHRQ, the Health Resources and Services Administration, and the Centers for Medicare and Medicaid Services.

The report notes that the recent advances in the neurosciences, biomarkers, and the behavioral sciences have validated a comprehensive approach to the management of pain that includes the individuals inherent biology, behavior, and psychological makeup and reactions, and their environmental influences. At the same time, it is noted that data and knowledge gaps in pain research remain that have prevented such research advances from being translated into safe and effective therapies. The Committee recommended an increase in support for interdisciplinary research in pain, an increase of longitudinal research in pain, and an increase in the training of pain researchers.

To read the full report, see:

<http://www.iom.edu/Reports/2011/Relieving-Pain-in-America-A-Blueprint-for-Transforming-Prevention-Care-Education-Research.aspx>

Request for Information: Feasibility, Scope, and Design of a State Health Policy Database

The National Institutes of Health (NIH) Common Fund's Health Economics Program is considering development of a State Health Policy Database (SHPD) as a way to advance economics research by providing authoritative documentation, including tracking of relevant policies at the state level, in a manner that permits valid comparison across states and over time. Research using policy information in conjunction with other related data has the potential to provide answers to key questions in health economics. Accordingly, the Program is seeking input regarding the development of SHPD to support scientific research on key research questions in health economics and to facilitate applied health economics research on issues relating to health care reform.

Scientific research areas that may be supported by data from the SHPD include:

- The effects of policy changes on demand for health care;
- Access to primary and specialty care providers;
- Supply of health care;
- Level and composition of the utilization of health care services;
- Prices for primary and specialty care;
- Total and out-of-pocket costs for episodes of care and for relevant population groups;
- Incomes and profits of health care providers; and
- Health outcomes measured by various metrics.

Responses will be accepted through **August 26, 2011** and are limited to 1200 words per submission. Responses must be submitted via email to: SHPD-RFI@mail.nih.gov. Additional

information about the Health Economics Program is available at <https://commonfund.nih.gov/healthconomics/>.

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The Consortium of Social Science Associations (COSSA) is an advocacy organization promoting attention to and federal support for the social and behavioral sciences.

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