



# COSSA

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**FY 2011 Budget Battle Continues**

The search for a solution to the very different visions of where this country needs to go with regard to federal spending continues. Last month the House passed its version of legislation to fund agencies and programs for the rest of FY 2011, now in its sixth month. That legislation sought to cut \$61.5 billion from agency's FY 2010 appropriations. In addition, the bill, H.R. 1, contained many policy riders stripping authorities from agencies like EPA to deal with climate change and pollution as well as prohibiting spending by President Obama for certain advisers.

With the threat of a government shutdown looming on March 4, the Senate and the White House agreed to a two-week extension of the Continuing Resolution funding the government and acquiesced to the House demand for a \$4 billion reduction in programs. Most of these had been targeted for elimination by the President in his FY 2012 proposal and the others were earmarked dollars.

On March 4, the Senate announced its proposed version of the rest-of-the-FY 2011 spending. It is their response to H.R. 1. The Senate called for reductions of only \$6.5 billion on top of the \$4 billion noted above, from FY 2010 spending.

Among its provisions were to appropriate to the National Science Foundation (NSF) \$6.851 billion, about \$75 million below the FY 2010 enacted level. By comparison, H.R. 1 cuts \$359 million from NSF's FY 2010 funding. The Senate also recommended funding of \$5.543 billion for the Research and Related Activities account, which funds the research directorates such as the one for Social, Behavioral and Economic Sciences. This accounts for the \$75 million reduction for the Foundation. All the other accounts are held harmless at their FY 2010 levels.

The Senate proposal would also fund the Census Bureau's Periodic Censuses and Programs account at \$942.3 million for FY 2011. This is above H.R. 1's level of \$833.7 million. The President's FY 2011 request for these programs was \$986.6 million.

The National Institutes of Health (NIH) would receive slightly over \$31 billion under the Senate proposal. H.R. 1 funds NIH at \$29.365 billion.

Under the Senate proposal, funding for the Institute of Education Science's program to improve Statewide Data Systems to track individual student achievement will drop \$6 million to \$52.3 million, but this is better than H.R. 1's provision to eliminate spending for this program altogether. In addition, the Senate would restore funding for the Regional Laboratories.

At the Department of Agriculture, the Senate proposal recommended \$156.8 million for the National Agricultural Statistics Service, a \$5 million decrease from FY 2010 levels. Most of the cut would come from the Census of Agriculture, which would receive funding of \$33.1 million.

The National Institute of Food and Agriculture's Agriculture and Food Research Initiative (AFRI) would receive \$280 million in FY 2011, up from \$262.5 in FY 2010, but far below the FY 2011 President's request level of \$428.8 million. Hatch Act funding would go to \$254 million from the FY 2010 level of \$215 million.

The Senate would also reject the House elimination of the East-West Center, funding it at \$21 million. It would also fund the U.S. Institute of Peace at \$39.5 million, an almost \$10 million cut from FY 2010, but significantly above the H.R. 1's attempt to cut off all of its funding.

Both the House and Senate have put their markers on the table and the end-game for FY 2011 will come through negotiations that will include the White House. In the meantime, the House Appropriations Subcommittees have begun their hearings on the FY 2012 President's budget proposal. The NSF will appear before the Commerce, Justice, Science spending panel, chaired by Rep. Frank Wolf (R-VA) on March 10.

Since the denouement of the FY 2011 spending debate has not occurred, COSSA will postpone again its special budget analysis issue of the FY 2012 President's proposal. We are now expecting to publish it on April 4.

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## Bob Hauser to Lead DBASSE

On February 22, Ralph Cicerone, President of the National Academy of Sciences (NAS), announced the Robert Hauser would become the next Executive Director of the National Research Council's Division of Behavioral and Social Sciences and Education (DBASSE). Hauser, a member of the NAS since 1983, had been serving as DBASSE's Interim Director since Michael Feuer's departure in August 2010.

Hauser's over forty-one years at the University of Wisconsin-Madison included distinguished service as Professor of Sociology and founding Director of the Center for Demography of Health and Aging. He has been an investigator on the Wisconsin Longitudinal Study (WLS) since 1969 and has led the study since 1980.

His research interests include trends in educational progression and achievement among American racial and ethnic groups, the uses of educational assessment as a policy tool, and changes in socioeconomic standing, cognition, health, and well-being between generations and across the life course. His recent activities include several National Research Council reports, ***Measuring Literacy: Performance Levels for Adults; High School Dropout, Completion, and Graduation Rates: Better Data, Better Measures, Better Decisions; Conducting Biosocial Surveys: Collecting, Storing, Accessing, and Protecting Biospecimens and Biodata***; and the recently released ***A Plan for Evaluating the District of Columbia's Public Schools: From Impressions to Evidence***; along with journal publications about survey design, grade retention, social mobility, obesity, cognitive functioning, and end-of-life planning.

He is a Fellow of the AAAS, the American Academy of Arts and Sciences, the American Philosophical Society, the National Academy of Education, the American Educational Research Association, the American Statistical Association, and the Gerontological Society of America. He has also been a Fellow at the Center for Advanced Study in the Behavioral Sciences. In November 2010, he spoke to the COSSA Board of Directors.

Hauser has a B.A., Economics from the University of Chicago and M.A. and Ph.D. degrees in Sociology from the University of Michigan.

The NAS will commence a search for a Deputy Director for DBASSE. In the meantime, Connie Citro, Director of the Committee on National Statistics, will continue her service as interim deputy.

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## Joan Ferrini-Mundy Named AD for NSF's Education and Human Resources Directorate



Joan Ferrini-Mundy

The National Science Foundation (NSF) has announced that Joan Ferrini-Mundy has been selected as the new assistant director (AD) of the National Science Foundation's (NSF) Directorate for Education and Human Resources (EHR). She has held the position on an acting basis for the last year. She came to NSF in 2007 as division director for the Division of Research on Learning in Formal and Informal Settings.

Ferrini-Mundy's past work has included serving as director of the Division of Science and Mathematics Education at Michigan State University, serving as a visiting scientist in NSF's Teacher Enhancement Program, and working as director of the Mathematical Sciences Education Board and associate executive director of the

Center for Science, Mathematics and Engineering Education at the National Research Council.

Ferrini-Mundy has served on the board of directors of the National Council of Teachers of Mathematics and completed a term as a member of the board of governors of the Mathematical Association of America in 2006. Representing NSF, she served as an ex-officio member of the President's National Mathematics Advisory Panel, and co-chaired the Instructional Practices Task Group. She was the co-lead principal investigator for the multi-million dollar PROM/SE project, Promoting Rigorous Outcomes in Mathematics and Science Education

The new AD for EHR was a University Distinguished Professor of Mathematics Education at Michigan State University. Previously, she had taught mathematics education at the University of New Hampshire and Mount Holyoke College, where she co-founded the SummerMath for Teachers Program.

Ferrini-Mundy holds a Ph.D. in mathematics education from the University of New Hampshire.

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## Census Bureau Seeks Nominations for Science Advisory Board

The U.S. Census Bureau is requesting nominations of individuals and organizations to the Census Scientific Advisory Committee.

According to the *Federal Register*, the Advisory Committee will report to the Census Bureau Director and advise the director on the uses of scientific developments in statistical data collection, statistical analysis, survey methodology, geospatial analysis, econometrics, cognitive psychology, and computer science, as they pertain to the full range of Census Bureau programs and activities including: communications, decennial, demographic, economic, field operations, geographic, information technology, and statistics.

The Advisory Committee will provide scientific and technical expertise from the following disciplines: demography, economics, geography, psychology, statistics, survey methodology, social and behavioral sciences, information technology and computing, marketing, communications and other fields of expertise to address Census Bureau program needs and objectives. According to the Bureau, this expertise is necessary to ensure that it continues to provide relevant and timely statistics used by federal, state, and local governments as well as businesses and industry in an increasingly technologically-oriented society.

The Advisory Committee will consist of no more than 20 members and one Chair appointed by the Census Bureau Director. Members will serve for a two or three year term with staggered term-end dates. The Bureau will re-evaluate committee membership at the conclusion of the terms with the prospect of member renewal, pending meeting attendance, administrative compliance, Census Bureau needs, and the Director's concurrence.

Members will serve without compensation, but receive reimbursement for committee-related travel and lodging expenses. The Committee will meet at least once a year, budget permitting, but additional meetings could occur if deemed necessary by the Census Director or Designated Federal Official. All Advisory Committee meetings are open to the public in accordance with the Federal Advisory Committee Act.

Individuals, groups, and/or organizations may submit nominations on behalf of an individual candidate. The nominator must include the candidate's resume or curriculum vitae along with the nomination letter. Nominations of organizations may come from individuals or organizations. Organizations also may self-nominate. The nomination must include the organization's qualifications and the experience that qualifies it for membership.

**Please submit nominations by March 31, 2011**, by letter to Jeri Green, Chief, Census Advisory Committee Office, Census Bureau, Room 8H182, 4600 Silver Hill Road, Washington, DC 20233, or by fax at 301-763-8609, or by e-mail to [jeri.green@census.gov](mailto:jeri.green@census.gov).

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## NIH Examines the Science of Research on Discrimination and Health

"Discrimination is often identified as a contributor to racial and ethnic disparities in health but rarely examined in this context." To address this issue, on February 2-4, the National Institutes of Health (NIH) led by the Applied Research Program (ARP) and the Behavioral Research Program (BRP), both of which are within the Division of Cancer Control and Population Sciences (DCCPS) of the National Cancer Institute (NCI), convened a three-day conference to examine the research and research methods for investigating the role of racial and ethnic discrimination in health. The Agency for Health Care Research and Quality (AHRQ), the National Institute on Drug Abuse (NIDA), the National Heart, Lung, and Blood Institute (NHLBI), and the NIH Office of Behavioral and Social Sciences Research co-sponsored the meeting.

The meeting was designed to pursue three goals: (1) promote the science and research on racial and ethnic discrimination and its contribution to racial and ethnic disparities in health; (2) identify gaps in the research literature and areas for future research and/or NCI/NIH funding initiatives; and (3) increase awareness of the NIH's interest in funding research in this topic area through the Program Announcement (PA), The Effect of Racial and Ethnic Discrimination/Bias on Health Care Delivery (PA-08-083, PA-08-084, PA-08-085).

NCI's Pebbles Fagan welcomed the meeting's participants on behalf of Vickie Shaver who was adapting the conference's agenda to accommodate speakers and the weather. Fagan expressed appreciation for those who were able to attend the meeting in person and recognized their commitment to informing how to move the best way forward as NIH seeks to improve the health of the nation. More than a thousand people attended the meeting via [videocast](#).

Fagan explained that the genesis for the meeting grew out of the above referenced PA, released in 2006, and included collaboration with NHLBI, NIDA, the National Institute of Mental Health (NIMH), the National Institute of Diabetes and Digestive Diseases and Kidney Diseases (NIDDK), and the National Institute on Aging (NIA). The announcement's purpose was to encourage submission of grants designed to improve the measurement of racial and ethnic discrimination in health care delivery systems, enhance understanding of racial and ethnic health disparities in health care delivery, and reduce the prevalence of racial and ethnic disparities through the development of interventions, said Fagan. She further explained that for the purpose of the PA, health care delivery is defined as the provision or receipt of a broad range of health related services including, preventive, primary, ambulatory, patient, emergency, specialty, and long-term care. Additionally, health care delivery systems are defined as insurance plans, hospital, clinics, private systems, private physicians offices, public and community health facilities that provide or finance health care delivery.

She pointed out that Shavers followed up the PA by convening a small workshop, in collaboration with NHLBI, NIMH, NIDDK and NIDA, in 2008. The workshop's purpose was to stimulate interest, improve methodological approaches, and encourage submission of high-quality research grant applications that examine the role of racial and ethnic discrimination in the receipt of health care and health disparities, including: (a) examining the current state of and identify gaps in the research related to the role that racial/ethnic discrimination plays in the receipt of health care in the U.S.; (b) generating a research agenda that identifies research questions that are high priority, feasible, and relevant to research on the role of racial and ethnic discrimination in health care delivery; (c) improving the technical and grant-writing skills of applicants and thus increase the likelihood of funding success; and (d) encouraging the development of an interdisciplinary community of scholars interested in and conducting research on this topic.

The February 2011 meeting was designed to continue and broaden that discussion to include additional stakeholders and included topics such as: institutional racism, personal prejudice and bias, implicit attitudes and stereotypes and stereotype threat, strengths and limitations of existing instruments and



methodologies for measuring the prevalence of or exposure to racial and ethnic discrimination, the effect of chronic exposure to discrimination over the life course, discrimination and its impact on physical and mental health, and perceived discrimination including the role of cultural incompetence and racial discordance.

### **Collaboration around Problems that Need an Interdisciplinary and/or Multidisciplinary Approach**

BRP director Bill Klein highlighted the collaboration between NCI's behavioral research program and its applied research program. He indicated that it was a "notable and wonderful example of how pieces of NCI can come together around common problems that need to be addressed in an interdisciplinary and multidisciplinary way." Putting the meeting into context, Klein explained that within the BRP they tend to think of behavior as somewhere in the middle of a variety of processes. According to Klein, the behavioral research program thinks about some of the antecedents of behavior - what actually gets you to engage in health behavior, attitudes, risk perception, family systems and relationships. BRP talks about behavior itself and how to measure it, and how to conceptualize behavior. What is sedentary behavior or physical activity or good nutrition, asked Klein. It is very difficult to define those things, he noted. At the same time, the applied research program has made great strides in the measurement of behavior. Klein pointed out that NCI is very interested in the outcomes of behavior, how do you get from behavior to experiencing cancer outcomes. He noted that the NCI has a major initiative that looks at obesity and how obesity can lead to cancer - what are some of the biological mechanisms that get you there.

What is interesting about discrimination, Klein explained is we know that discrimination itself can lead to all types of behavior in a healthcare system and one's household that has to do with relationships between individuals, patients, and their providers. He further explained, discrimination starts a chain of processes or outcomes that is very important to understand.

But discrimination is not just an antecedent, Klein argued, it is also a behavior itself so it is important to understand how to conceptualize behavior and how to define discrimination. Much of the research supported at NCI involves outcomes that are easy to define, citing cancer screening and obesity and overweight as examples. But trying to define discrimination is very difficult. It comes in many different forms. It sometimes is very covert and hard to know that it is even there. Accordingly, it is very important for us to understand how to measure and conceptualize it, Klein stressed.

Klein emphasized that it is important to understand the outcomes of the various processes at the end of the continuum. When people feel and experience discrimination what does that mean for cardiovascular health, cancer-related health and a whole array of possible health outcomes, said Klein.

Another continuum BRP spends a great deal of time on is primary prevention to the end-of-life continuum, Klein said. This includes primary prevention activities such as smoking and poor eating habits; secondary prevention activities such as screening and working with a physician; or tertiary activities such as treatment and diagnosis; all the way to end-of-life decision making. Discrimination, Klein pointed out can enter in or opt out any of those stages. Discrimination, concluded Klein, is a topic we can talk about with respect to just about everything that NCI examines.

### **Why Study Discrimination?**

OBSSR's Wendy Nielsen noted that discrimination is an area of research the Office finds incredibly important, compelling, and one that it is happy to partner with the NCI on. Nielsen introduced Brian Smedley (Joint Center for Political and Economic Studies), the conference's opening speaker, who addressed the topic of "Why Study Discrimination?"

Smedley began by recognizing the "historic" nature of the meeting and that it was actually a continuation

of a number of activities at NIH." He emphasized, however, that just the "fact that NIH is focusing more on the specific mechanism through which race shapes health is very, very important." He explained that he wanted to build on that by offering a broader framework. He highlighted the fact that throughout the three-day conference, individuals would be talking about the experience of race at many different levels. There will be examples of structural racism, the fact that race structures life opportunities, socioeconomic opportunities and health opportunities in many important ways; institutional racism, how policies and practices, wittingly or unwittingly, create and shape different experiences based on race; interpersonal racism, the most common way racism is understood to operate in the U.S.; and internalized racism, race and the way race is structured creates daily assaults on one's self-worth, which have potential implications for health.

The question is why not study the lived experience of race and the many ways that it plays out to shape health, Smedley put forward. He argued that there is a need for more comprehensive and holistic models of understanding the lived experience of race. When it comes to your health, argued Smedley, many factors are at play. Many young people of color are growing up in high poverty neighborhoods, and facing a number of direct and indirect assaults on health; interpersonal racism and discrimination persist; people of color have a harder time getting jobs even compared to white people with criminal justice backgrounds; and young people of color face assaults on their self-worth and experience internalized racism. It is the cumulative effect of these factors that provide the lived experience of race, according to Smedley. He stressed that these phenomena have implications not just for people of color, but also for white people in the U.S.

Smedley pointed out that race is important because it: orders society and societal benefits and structures who receives opportunities; predicts inequities in almost every sector of American life, including in education, employment, housing, health care and criminal justice; and it shapes everyday interpersonal encounters. There is a growing body of literature, much of it supported by NIH, that "bears out the many ways these experiences literally get under the skin." He recognized the progress that has been made over the last several generations, but emphasized that race continues to determine available opportunities.

He noted that there are myths that need clarifying when it comes to health inequalities. One of those myths he pointed out surrounds the relationship between race and genetics. He noted that there is not a genetic or biological underpinning to race. Acknowledging sociologist Troy Duster, Smedley noted that "there are some differences we see but the effect of race on disease may be biological in effect, not in origin." He stressed that "the lived experience of race may affect gene expression," a topic addressed at the conference. He also cited as an example research on hypertension in the U.S. and internationally which show that populations that originate from Africa in the U.S. when compared with U.S. whites have high levels of hypertension. Conversely, he pointed out that European-origin population in other countries such as Canada, Italy, Sweden, England, Spain, Finland, and Germany, have hypertension rates equal to U.S. blacks or higher. This research points to the need to understand the social, political and economic contexts when considering health behaviors and differences in health status, Smedley explained.

Smedley reviewed for participants the factors research has documented as contributors to racial and ethnic disparities in health: socioeconomic position, residential segregation and environmental living condition, occupational risks and exposures, health risk and health-seeking behaviors, differences in access to health care, and differences in health care quality. All of these are factors argue for the critical importance of context in understanding health. To illustrate, he provided a look at the city of Detroit and the associated "negative effects of segregation on health and human development." When considering the very health behaviors we want to promote, we need to consider whether the context facilitates or discourages those behaviors, he stressed.

Smedley concluded his remarks by observing that "race affects everyone; even white people experience

health impacts - positive and negative - because of privilege and larger societal racism." He urged the conference's participants to "think how to tie together the different strands of how race plays out in America to a more comprehensive understanding of the different mechanism and different ways in which the construct of race shapes health."

A videocast of the conference proceedings can be viewed via [Past Events](#) on the NIH's website.

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## **AHRQ – Health Care Quality Progresses at Slow Rate; Disparities and Gaps in Access to Care Persist**

On February 28, the Agency for Healthcare Research and Quality (AHRQ) released the Congressionally-mandated 2010 National Healthcare Quality Report (NHQR) and National Healthcare Disparities Report (NHDR). According to the reports, improvements in health care quality continue to progress at a rate of 2.3 percent a year. At the same time, disparities based on race and ethnicity, socioeconomic status and other factors continue to persist at unacceptably high levels. The reports are designed to show trends by measuring health care quality using credible core measures. AHRQ's director Carolyn Clancy pointed out the "reports show that we are making very slow progress toward the goal" of providing all Americans access to "high-quality, appropriate and safe health care that helps them achieve the best possible health." We need to ramp up our overall efforts to improve quality and focus specific attention on areas that need the greatest improvement," said Clancy. The 2010 reports focus on health care performance in rural and inner-city areas.

Since 2003, AHRQ has reported on progress and opportunities for improving health care quality and reducing health care disparities, a key function of the reports. It is a difficult undertaking, "as no single national health care database collects a comprehensive set of data elements that can produce national and State estimates for all population subgroups each year." Instead, the agency notes that the data comes from more than three dozen databases that provide estimates for different population subgroups and data years.

NHQR and NHDR are complementary and are designed to be used together. NHQR focuses on "national trends in quality of health care" and NHDR focuses on "prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations." NHQR's and NHDR's data are based on more than 200 health care measures categorized in the areas of quality: effectiveness, patient safety, timeliness, patient-centeredness, care coordination, efficiency, health system infrastructure, and access.

The 2010 reports incorporate a number of recommendations made by the Institute of Medicine (IOM). For the 2010 reports AHRQ integrated the findings from the 2010 NHQR and 2010 NHDR to produce a single summary document "intended to reinforce the need to consider simultaneously the quality of health care and disparities across populations when assessing [the] health care system." The integrated report, the National Healthcare Reports Highlights, addresses three questions:

1. What is the status of health care quality and disparities in the U.S.?
2. How have health care quality and disparities changed over time?
3. Where is the need to improve health care quality and reduce disparities greatest?

Four themes from the 2010 NHQR and 2010 NHDR emphasize the need to accelerate progress if the Nation is to achieve higher quality and more equitable health care in the near future.

Health care quality and access are suboptimal, especially for minority and low income groups. Blacks and American Indians and Alaska Natives receive worse care than Whites for about 40 percent of core measures. Poor people (household income below the Federal poverty level) received worse care than



high-income people (household income at least four times the Federal poverty level) for about 80 percent of core measures.

Quality is improving; access and disparities are not improving. To track the progress of health care quality and access, the reports presents annual rates of change, which represent how quickly quality and access to services delivered by the health care system are improving or declining. Across the 22 measures of health care access tracked, about 60 percent did not show improvement and 40 percent were headed in the wrong direction.

Urgent attention is warranted to ensure improvements in quality and progress on reducing disparities with respect to certain services, geographic areas, and populations. These include: cancer screening and management of diabetes, states in the central part of the country, residents of inner-city and rural areas, and disparities in preventive services and access to care.

The summary notes that data is not available for all States for all measures. Accordingly, policies that improve data collection at the State level would allow benchmarking across a broader array of measures. The 2010 report presents an expanded analysis of care across the urban-rural continuum. Residents of the inner city and rural areas sometimes receive worse quality of care. The report indicates that for most measures of health care quality, difference across the urban-rural continuum were small. Some disparities, however, were discovered. Disparities related to preventive care were common across urban and rural areas, while disparities related to diabetes were largest for residents of large inner cities and noncore rural areas. Disparities in access to care across the urban-rural continuum tended to be more common than disparities in quality of care. Progress is uneven with respect to eight national priority areas and all eight areas showed disparities related to race, ethnicity, and socioeconomic status.

A key IOM recommendation was that AHRQ highlight progress in selected priority areas expected to yield the greatest gains in health care quality. AHRQ was encouraged by the IOM to go beyond problem identification and to include information that might help users address the quality and disparities it identifies. The eight national priority areas include:

1. Palliative and End-of-Life Care (improving in quality) -
2. Patient and Family engagement (improving in quality)
3. Population health (lagging)
4. Safety (lagging)
5. Access (lagging)
6. Care coordination (require more data to assess)
7. Overuse (require more data to assess)
8. Health system infrastructure (require more data to assess)

With regard to Population Health, the reports point out that it is influenced by many factors, including genetics, lifestyle, health care, and the physical and social environment. At the same time, the reports focus on health care and counseling about lifestyle modification and do not address biological and social determinants of health that are not amenable to alteration through health care services. Acute care is needed to treat injuries and illnesses with short courses, and chronic disease management is needed to minimize the effects of persistent health conditions. But preventive services that avert the onset of disease, foster the adoption of healthy lifestyles, and help patients avoid environmental health risks hold the greatest potential for maximizing population health.

NHQR and NHDR track five measures related to obesity, diet and exercise; four measures related to nicotine and other substance addictions; and four measures related to transportation for children. The reports find that "across these measures, most showed no improvement."

The 2010 reports address additional areas: care coordination, efficiency, health systems infrastructure,

access. The appendixes for both reports are online at [www.ahrq.gov/qual/grd10.htm](http://www.ahrq.gov/qual/grd10.htm) and include: data sources, measure specifications, detailed methods, and data tables.

## GAO Report Identifies Duplicative Government Programs Adding Fodder for Spending Reductions

In this year's State of the Union Address, President Obama, like many of his predecessors, vowed to make government work better. Last year, Members of Congress, as some of them have been doing for years, asked the Government Accountability Office (GAO) to "identify federal programs, agencies, offices, and initiatives, either within departments or **government-wide**, which have duplicative goals or activities." They made it a statutory requirement that GAO report the results of this exercise, and on March 1 it issued the first annual report.

GAO found 81 areas for consideration—34 areas of potential duplication, overlap, or fragmentation as well as 47 additional cost-saving and revenue-enhancing areas. The 81 areas span a range of federal government missions such as agriculture, defense, economic development, energy, general government, health, homeland security, international affairs, and social services.

One area discussed is the Department of Homeland Security's (DHS) Transportation Security Administration (TSA), which began testing in October 2003 its Screening of Passengers by Observation Techniques (SPOT) program, which seeks to identify persons based on behavioral screening techniques who may pose a risk to aviation security.

Thus, in FY 2010, about 3,000 Behavior Detection Officers were deployed to 161 airports at an annual cost of over \$200 million. The administration has requested \$232 million for SPOT for fiscal year 2011, a \$20.2 million (9.5 percent) increase over the current funding level. This increase would support a workforce increase from about 3,000 to 3,350 Behavior Detection Officers.

However, GAO notes that TSA has yet to validate the science supporting the program or determine if behavior detection techniques are successful at detecting threats. According to TSA, SPOT was deployed before completion of a scientific validation of the program, but was based upon scientific research available at the time regarding human behaviors.

GAO recommended in a May 2010 report, that an independent panel of experts could help DHS develop a comprehensive methodology to determine if the SPOT program was based on valid scientific principles for effective application in an airport environment for counterterrorism purposes.

DHS, the March 1 report indicates, has contracted with the American Institutes for Research to conduct its validation study. Yet, GAO suggests that DHS's response to the need for independent validation did not describe how the current review would research other issues, such as determining the number of individuals needed to observe a given number of passengers moving at a given rate per day in an airport environment or the duration of the conduct of such observations before observation fatigue affects effectiveness. In addition, GAO suggests research could also help determine the need for periodic refresher training since studies have not yet determined whether behavior detection is easily forgotten or can potentially degrade with time or lack of use.

GAO has also questioned the plans for the independent study because it deemed weaknesses in TSA's process for maintaining operational data from the SPOT program database. Because of these data-related issues, GAO concluded that meaningful analyses could not occur to determine if there is an association between certain behaviors and the likelihood that a person displaying certain behaviors would be referred to a law enforcement officer or whether any behavior or combination of behaviors could distinguish deceptive from non-deceptive individuals.

Therefore, GAO suggests Congress may wish to consider limiting program funding pending receipt of an independent assessment of TSA's SPOT program. GAO identified potential budget savings of about \$20 million per year, if funding were frozen at current levels until validation efforts are complete.

Another area, the March 1 report identified for scrutiny was teacher quality programs. It notes that in fiscal year 2009, the federal government spent over \$4 billion specifically to improve the quality of our nation's 3 million teachers through numerous programs across the government. GAO identified 82 distinct programs designed to help improve teacher quality, either as a primary purpose or as an allowable activity, administered across ten federal agencies. The proliferation of programs, GAO concluded, has resulted in fragmentation that can frustrate agency efforts to administer programs in a comprehensive manner, and limits the ability to determine which programs are most cost effective.

This report, the subject of a hearing before the House Oversight and Government Reform Committee, chaired by Rep. Darrell Issa (R-CA), could serve as more fodder for reducing government spending. GAO head and Comptroller General of the United States, Gene Dodaro, testified: "This work will inform government policymakers as they address the rapidly building fiscal pressures facing our national government. Our annual simulations of the federal government's fiscal outlook show continually increasing levels of debt that are unsustainable over time, absent changes in the federal government's current fiscal policies."

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## Community Disaster Resilience Subject of NAS Report

The National Academies has released a report, Building Community Disaster Resilience through Private-Public Collaboration. The report is in response to a request from the Department of Homeland Security (DHS) Human Factors Behavioral Sciences Division, which asked the National Research Council to assess the current state of private-public sector collaboration dedicated to strengthening community resilience, to identify gaps in knowledge and practice, and to recommend research that could be targeted for investment

The Committee on Private-Public Sector Collaboration to Enhance Community Disaster Resilience was chaired by William Hooke of the American Meteorological Society and included: Arrietta Chakos, Urban Resilience Policy, Berkeley, California; Ann-Margaret Esnard, Florida Atlantic University; John R. Harrald, Virginia Polytechnic Institute and State University; Lynne Kidder, Center for Excellence in Disaster Management and Humanitarian Assistance, Washington, DC; Michael T. Lesnick, Meridian Institute, Washington, DC; Inés Pearce, Pearce Global Partners, Inc., Los Angeles, California; Randolph H. Rowel, Morgan State University; Kathleen J. Tierney, University of Colorado, Boulder; and Brent H. Woodworth, Los Angeles Emergency Preparedness Foundation.

The committee developed a conceptual model for private-public collaboration on the premise that: 1) disaster resilience correlates strongly with community resilience; 2) private-public collaboration is based on relationships in which two or more private and public entities coordinate resources toward common objectives; 3) effective collaboration depends on a community-engagement approach; and 4) principles of comprehensive emergency management ideally guide resilience-focused collaboration. The report also advised that "private-public collaboration is more sustainable if it begins as a bottom-up enterprise at the grassroots level-instigated by a leader or organization in the community-rather than dictated top down from a command-and-control structure." These partnerships should reflect and accommodate the unique factors of the communities it serves, the report declared. These factors include jurisdictional challenges, politics, public policy, geography, local priorities, and access to resources.

With regards to a future research agenda, the Committee indicated that since "most resilience-focused collaborative efforts are largely in nascent stages throughout the nation and because social environments and vulnerability to hazards evolve rapidly, a program of research running parallel to the

development of collaborative efforts is imperative, and embedding research within collaborative efforts is ideal."

The Committee recommended a set of research initiatives, which DHS and others could invest in "to deepen knowledge on resilience-focused private-public sector collaboration." Those initiatives could include:

- Investigate factors most likely to motivate businesses of all sizes to collaborate with the public sector to build disaster resilience in different types of communities (for example, rural and urban);
- Focus research on how to motivate and integrate community-based, faith-based, and other non-government organizations-including those not crisis oriented-into resilience-focused collaboration;
- Focus research on how the emergency-management and homeland security sectors can be moved toward a "culture of collaboration" that engages the full fabric of the community in enhancing resilience;
- Focus research on ways to build capacity for resilience-focused private-public sector collaboration;
- Focus on research and demonstration projects that quantify risk and outcome metrics, enhance disaster resilience at the community level, and document best practices;
- Focus on research and related activities that produce comparable nationwide data on both vulnerability and resilience; and
- Establish a national repository and clearinghouse, administered by a neutral entity, to archive and disseminate information on community resilience-focused private-public sector collaboration models, operational frameworks, community disaster resilience case studies, evidence-based best practices, and resilience-related data and research findings. Relevant stakeholders in all sectors and at all levels should convene to determine how to structure and fund this entity.

The full report is available at: [http://books.nap.edu/catalog.php?record\\_id=13028&utm](http://books.nap.edu/catalog.php?record_id=13028&utm).

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## Women and Girls Subject of White House Council Report

On March 4, the White House Council on Women and Girls and the Center for American Progress held a joint briefing for the release of the new report *Women in America: Indicators of Social and Economic Well-Being*. This is the first White House report on this topic since 1961 when President John F. Kennedy's administration appointed the Presidential Commission on the Status of Women headed by Eleanor Roosevelt.

President Obama created the White House Council on Women and Girls in 2009 to address the challenges confronted by this gender, and "to enhance, support and coordinate" the efforts of existing federal programs. The report, prepared by the White House Council on Women and Girls, the US Department of Commerce Economics and Statistics Administration, and the Office of Management and Budget, focuses on five areas of interest: People Families and Income; Education; Employment; Health; and Crime and Violence.

Education is one of areas highlighted in the report where women have made significant gains. In 2008,

college enrollment rates for recent high school graduates were 72 percent for women and 66 percent for men. According to the report women also have higher graduation rates at all levels of the education spectrum. In 2008, women earned about 57 percent of all college degrees, and accounted for 59 percent of graduate school enrollment. Women also were more likely than men to have some graduate school education, with eleven percent of women age 25-34 having two or more years of graduate study compared to eight percent of men in the same age group.

Another bright spot in the report is that the number of women who are victims of violence has also significantly decreased. In 2008, there were 18 violent crimes against women per 1,000 women, down from 43 per 1,000 in 1993. The report also notes that between 1994 and 2008 the rate of "nonfatal intimate partner violence against women has declined by more than 50 percent." The decrease is due in large part to the decline in the rate of violence against Black women, which dropped by more than half from 51 per 1,000 in 1993 to 23 per 1,000 in 2008.

However, the report is not all rosy. Crimes committed by women, including violent crimes, have seen dramatic increases. In 2008, women represented 18 percent of all arrests for violent felony offenses, an increase of seven percent from 1990. Overall, in the last two decades the number of adult women under some form of correctional supervision increased 121 percent, with an estimated 206,000 adult women in state or federal prisons or local jails, and over 1.1 million on probation or parole. In 2006, COSSA presented a congressional seminar on *Women and Girls in the Criminal Justice System: Offender and Victims*. Copies of the seminar transcript are available at:

[http://www.cossa.org/seminarseries/2006/Women\\_and\\_Girls\\_in\\_the\\_Criminal\\_Justice\\_System.pdf](http://www.cossa.org/seminarseries/2006/Women_and_Girls_in_the_Criminal_Justice_System.pdf).

Barbara Gault, executive director of the Institute for Women's Policy Research, referring to the White House report and the Council's new website that brings together data from different federal agencies commented that it is "important that [the Administration] is bringing data together on all the issues facing women."

For more information on *Women in America: Indicators of Social and Economic Well-Being* and the Council of Women and Girls please go to [www.whitehouse.gov/administration/eop/cwg](http://www.whitehouse.gov/administration/eop/cwg).

## NIH Seeks Comments on its Director's Early Independence Award

The National Institutes of Health (NIH) has issued a request for information (RFI) ([NOT-RM-11-009](#)) for its NIH Director's Early Independence Award (EIA) designed to provide a funding mechanism for "exceptional, early career scientists to omit traditional post-doctoral training, and move into temporary, independent academic positions at U.S. institutions directly upon completion of their graduate degrees."

Via the NIH Common Fund, the creation of the NIH Director's Early Independence Award is in response to recent trends that have revealed the increased time commitment required for scientists to establish independent research careers. The Award is intended for the "pool of talented young scientists who have the intellect, scientific creativity, drive and maturity to flourish independently without the need for traditional post-doctoral training." Reducing the amount of time they spend in training would provide them the opportunity to start highly innovative research programs as early in their careers as possible.

The RFI seeks input from the scientific community, those at academic and non-academic institutions as well as other interested parties. Host institution officials as well as potential or actual candidates to the EIA program are especially encouraged to respond. The RFI is for planning purposes. **The NIH will accept responses until March 18, 2011** and only through the following web site: [www.NIH-EIAprogram.com](http://www.NIH-EIAprogram.com).

Inquiries may be addressed to Ravi Basavappa, Office of Strategic Coordination Division of Program Coordination, Planning, and Strategic Initiatives Office of the Director, 301-594-8190, or



[earlyindependence@mail.nih.gov](mailto:earlyindependence@mail.nih.gov). Additional information on the program can be found at <http://commonfund.nih.gov/earlyindependence/>.

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## NSF Seeks Proposals for Research Coordination Networks in SEES

The National Science Foundation (NSF) has announced plans to expand its support of research coordination networks (RCN) designed to foster communication and promote new collaboration among scientists, engineers, and educators with diverse expertise and who share a common interest in a new or developing area of science or engineering. NSF hopes that by encouraging the formation of new groups and networks, the RCN program will advance fields and create novel directions and opportunities for research and science education. RCNs foster networking activities and thus will not directly support costs related to laboratory and field research. Researchers can use RCNs for synthesis activities where existing data and collaboration are utilized to advance knowledge in disciplinary and cross-disciplinary areas. Past RCN awards can be found on the RCN program page at: [http://www.nsf.gov/funding/pgm\\_summ.jsp?pims\\_id=11691&org=DBI&from=home](http://www.nsf.gov/funding/pgm_summ.jsp?pims_id=11691&org=DBI&from=home).

Groups of investigators will receive support to communicate and coordinate their research, training and educational activities across disciplinary, organizational, geographic and international boundaries. RCN provides opportunities to foster new collaborations, including international partnerships, and address interdisciplinary topics. Innovative ideas for implementing novel networking strategies, collaborative technologies, and development of community standards for data and meta-data are especially encouraged.

The Science, Engineering and Education for Sustainability (SEES) RCN track focuses on interdisciplinary topics that will advance integrative approaches to the challenges of adapting to environmental, social and cultural changes associated with growth and development of human populations, and attaining a sustainable energy future. According to NSF, for the RCN program to conduct this research requires a multifaceted, systems-level consideration of our natural and built environments, human populations, behavior, social systems and energy use and advances in technological development and implementation. For more information about the NSF investments in Science, Engineering and Education for Sustainability, consult the SEES website <http://www.nsf.gov/geo/sees/>

An RCN-SEES proposal should have a theme relevant to sustainability science, engineering, and education as the focus of its activities, and should involve a highly interdisciplinary set of participants for four to five years duration with a maximum proposed budget of \$750,000.

Proposals must come from universities and colleges and/or non-profit, non-academic organizations such as independent museums, observatories, research labs, professional societies and similar organizations in the U.S. associated with educational or research activities. **The RCN-SEES proposals are due on May 24, 2011.**

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## NIA: Family and Interpersonal Relationships in an Aging Context

The National Institute on Aging (NIA) seeks innovative proposals on aging and the family, Family and Interpersonal Relationships in an Aging Context (PA-11-128). Recognizing that family structure has changed over the past 50 years in the United States and many other Western nations, the objective of the research program is to expand understanding of the role of families and interpersonal relationships in the lives of older people. These changes have implications for the social support that family and other relationships can provide, as well as for access to Social Security, pensions and other resources. Gaining a better understanding of how and which social relationships exert these influences, and how these associations might change with increasing age will have strong implications for society in the coming years.

The types of studies that are encouraged include, but are not limited to, studies of individual differences, experimental paradigms, epidemiological approaches, cross-national comparative approaches, and survey research. Secondary data analysis is encouraged. Appropriate levels of inquiry range from genetic to individual to population. Areas of interest include: life course studies, kin availability, siblings, childlessness, role of family in health behavior compliance, family networks and social networks, living arrangements (migration and the dynamic of geography of aging), decision-making and obligations, policy consequences in later-life families, role of technology, and resources and resources needed.

Applications may be submitted on May 5, 2011. For more information or to apply see <http://grants.nih.gov/grants/guide/pa-files/PA-11-128.html>.

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## **OBSSR at NIH Launches Summer Institute on Mobile Health**

On February 28, the National Institutes of Health (NIH) Office of Behavioral and Social Sciences Research (OBSSR) announced the creation of the first NIH mobile health (mHealth) Summer Institute. The week-long workshop is scheduled for the summer of 2011 and is designed to bring together leaders in mobile health technologies, behavioral science researchers, federal health officials and members of the medical community to provide early career investigators with an opportunity to learn about mHealth research. OBSSR partnered with Qualcomm, a developer of wireless technologies, to cosponsor the course.

The mHealth Summer Institute is recognition by the agency that mobile technologies have the potential to transform medical research and enable health care providers to more rapidly and accurately assess biological processes, behavior, attitudes, and the environment. These technologies also allow providers to help patients improve their health in real time-enabling them to personalize health care options and monitor progress. Through the use of mobile applications and technology, mHealth solutions hold the promise of reducing costs and errors, removing geographical and economic disparities and personalizing health care. These technologies have helped to bring about a convergence of science, medicine, engineering and communications technologies to improve the quality and provision of health care, while striving to reduce costs and inefficiencies.

The mHealth Summer Institute will provide an overview of the engineering, behavioral science and clinical aspects of wireless research and will facilitate interaction between participants and experts from across the mHealth spectrum. The Institute will cover the current state of the science in mobile technology and engineering, behavior change theory and clinical applications, and will highlight the intersection of these areas for health-related research. Interdisciplinary teams of participants will develop potential mHealth research projects. Interested individuals can register for the Institute at:

<[http://obssr.od.nih.gov/training\\_and\\_education/mhealth/index.aspx](http://obssr.od.nih.gov/training_and_education/mhealth/index.aspx)>

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## **RWJF 2011 Call for Proposals on Public Health Law Research**

The Robert Wood Johnson Foundation's Public Health Law Research (PHLR) has issued a call for proposals for its program which seeks to build the evidence for and strengthen the use of regulatory, legal, and policy solutions to improve public health. At the same time, the program seeks to identify and ameliorate laws and legal practices that unintentionally harm health. The program looks for answers to such questions as: How does law influence health and behavior? Which laws have the greatest impact? Can current laws be made more effective through better enforcement, or do they require amendment?

PHLR has three primary activities:

1. Funding research and evaluation related to public health laws and their impact;
2. Providing technical assistance to and coordination for those engaging in this type of research,

- analysis, evaluation and/or integration into practice; and
3. Supporting communication, translation and outreach efforts.

Two categories of funding are available: 1) Short-term studies - awards up to \$150,000 each for up to 18 months and 2) Complex and comprehensive studies - awards up to \$450,000 each and up to 30 months. As much as \$2.85 million is available for the awards.

Studies funded via PHLR will be at the intersection of law and public health and may draw upon a range of disciplines including medicine, economics, engineering, sociology, psychology, and public policy and administration. The primary focus of the research, however, should be a law or policy and its influence on public health. RWJF encourages creativity and innovation in selecting and blending research methods. Innovative methods include experimental designs and simulations, the use of biological markers as outcome variables, mixed qualitative-quantitative studies, and the application of cutting-edge econometric and time-series models.

The application to apply is available on line. On March 16 RWJF will hold a web conference for interested applicants. Registration is required. Brief proposals are due on April 20. For more information and/or to apply see [www.publichealthlawresearch.org](http://www.publichealthlawresearch.org)

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