



COSSA

Washington UPDATE



April 18, 2011 Volume 30, Issue 7



In This Issue

[Congress Finally Completes FY 2011 Appropriations After Government Shutdown Averted](#)

[Committees Examine FY 2012 Spending Proposals](#)

[Senate Appropriations Subcommittee Hears from HHS Secretary Sebelius](#)

[Census Director Outlines Lessons Learned From 2010 Count](#)

[House SST Committee Questions NSF's Large Budget Increase](#)

[HHS Releases Action Plan and Stakeholder Strategy to Reduce Racial and Ethnic Health Disparities](#)

[OBSSR Workshop Summary Available](#)

[NIH Releases Updated Strategic Plan for Obesity Research](#)

[National Academies Report: LGBT Health Research Gaps and Needs](#)

[NIH Launches Training Institute on Dissemination and Implementation Research](#)

[NIH/PEPFAR Collaboration for Implementation Science and Impact Evaluation](#)

[NICHD's Visioning Process Continues: Comments Wanted](#)

[HHS Seeks to Make Health Data More Accessible](#)

[Social Work Caucus Launched on Capitol Hill](#)

[Conference on Obama in Office](#)

[New COSSA Staff Member](#)

Congress Finally Completes FY 2011 Appropriations After Government Shutdown Averted

Before leaving for a two week recess, the Congress completed the FY 2011 appropriations process on April 14. After barely avoiding a government shutdown, Congress and the President came to an agreement on April 8 on the broad parameters for federal spending in the seventh month of FY 2011. The legislation, H.R. 1473, put the details on the agreement.

Most agencies would receive the same amount in FY 2011 as they received in FY 2010 less a 0.2 percent across-the-board cut built into the agreement. Other agencies and departments suffered significant reductions, although the specifics for some programs will get decided by decisions at the Department level that must be reported back to the spending committees in the Congress. Both the House and Senate appropriations committees provided lists of spending reductions, some of which turned out to be recommendations rather than actual bill language.

For example, the House appropriations list indicated a reduction of \$50 million for the Department of Education's International Education and Foreign Language programs. Since the FY 2010 budget for these programs is \$125.9 million, this would represent a somewhat devastating cut. However, the final decision is in the hands of the Secretary of Education who has discretion in determining how to apportion almost \$350 million in cuts to the Higher Education programs of the Department. By contrast, the bill language reduces funding for the **Institute of Education Sciences** by over \$51 million from its FY 2010 budget of \$660 million, of which \$14 million would come from the Regional Labs program.

The bill cuts funding in FY 2011 for the **National Science Foundation** (NSF) by reducing its Research and Related Activities account by over \$166 million from FY 2010 and the Education and Human Resources account by almost \$32 million from FY 2010. The funding for the research directorates, such as the Social, Behavioral, and Economic Sciences directorate, will be left to NSF to decide. This would leave NSF with a FY 2011 budget of close to \$6.8 billion instead of the \$7.424 billion in the President's request. As with the 2002 authorization promise to double NSF's budget, the latest attempt to double NSF's budget in the America COMPETES Act has fallen by the wayside.

For the **National Institutes of Health** (NIH), the bill provides \$30.7 billion, \$260 million or 0.8 percent below the FY 2010 funding level of which \$210 million of the reduction would be applied across the 27 Institutes and Centers that make up the agency. Another \$50 million would come from an intramural buildings and facilities account. The 0.2 percent across-the-board cut would reduce the agency's budget by another \$40 million, providing a total cut of approximately \$300 million or one percent of NIH's FY 2010 budget. Conversely, the House-passed H.R. 1 would have reduced NIH's budget by \$1.6 billion and would have eliminated the \$300 million contribution to the Global Fund.

Anticipating the efforts by some in Congress to continue to seek to cut the NIH's budget in FY 2012, the community, led by the Ad Hoc Group for Medical Research, continues to collect signatures for its "[Petition to Congress](#)." COSSA is a member of the Ad Hoc Group's steering committee. The Petition reads:

The undersigned, who include patients, scientists, health care providers, and supporters of medical research, implore you not to cut life-saving funding for the National Institutes of Health (NIH). The nation's health and economic vitality have benefited from the longstanding, bipartisan commitment to NIH-supported medical research at more than 3,000 medical schools, teaching hospitals, universities, and other research institutions in every state. Cutting NIH funding will immediately halt promising research on new approaches to diagnose, prevent, and treat disease while simultaneously eliminating jobs across the country as global competitors continue to invest aggressively in science to strengthen their own economies. Worse, it is a devastating blow to the millions of

patients that rely every day on NIH for the possibility of a healthier tomorrow and to the next generation of promising U.S. scientists.

H.R. 1473 also directs the Government Accountability Office (GAO) to conduct an audit and report to Congress regarding the "expenditures made for comparative effectiveness research through funds provided to the Agency for Healthcare Research and Quality, the National Institutes of Health, or any other agency within the Department of Health and Human Services... under the American Recovery and Reinvestment Act of 2009 or PPACA [Patient Protection and Affordable Care Act]." GAO is further directed to include in the report "a description of the expenditures made, the entities who received such funding, and the purpose of the funding."

The legislation provides the **Centers for Disease Control and Prevention** (CDC) \$5.66 billion for the remainder of FY 2011, representing an 11.5 decrease below the FY 2010 funding level. The agency's budget is further reduced by approximately \$11.5 million per the across-the-board cuts to \$5.65 billion.

The bill does not specify funding for CDC's **National Center for Health Statistics** (NCHS). The agency is not subject to the across-the-board cuts because it is funded through the Public Health Services (PHS) evaluation tap. Accordingly, NCHS's funding for the remainder of FY 2011 will be at the discretion of the CDC director and the Secretary of Health and Human Services. NCHS's current budget is approximately \$139 million in base discretionary funding. This sum does not include the funding provided via the Prevention and Public Health Fund in FY 2010.

The **Agency for Healthcare Research and Quality** (AHRQ) received \$372.1 million for the remainder of FY 2011; a 6 percent reduction of \$25 million below the FY 2010 funding level. Like NCHS, AHRQ is not subject to the across-the-board cuts because it is funded through the PHS evaluation funds, a tap on PHS agencies with budget authority, including NIH and CDC.

The bill removes the requirement for the Secretary of Health and Human Services to provide funds for Offices of Minority Health in the Department's agencies. The requirement for the Secretary to allocate funds to these Offices was in PPACA. Supporters of these Offices are concerned that the bill provides a "backdoor" to not fund the Offices.

H.R. 1473 also requires the GAO to report to Congress on the implementation of the PPACA not later than 90 days after enactment of the bill.

The **Census Bureau's** FY 2011 funding was already reduced significantly from the FY 2010 level because of the completion of the decennial count. The Bureau would receive \$893.3 million for Periodic Censuses and Programs, \$93 million below the FY 2011 request. This would make it difficult to enhance the American Community Survey's sample size and also puts the research program for the 2020 Census at risk. The Bureau of Economic Analysis would lose \$186,000 from its FY 2010 mark of \$93.4 million; Congress once again denying the significant increase for the Bureau in the President's FY 2011 request.

The **National Institute of Justice** (NIJ) and the **Bureau of Justice Statistics** (BJS) lose 0.2 percent of their FY 2010 budgets of \$48 million and \$60 million. The FY 2011 request was \$70 million for NIJ and \$62.5 million for BJS. Presumably the one percent, rather than the requested three percent, set-aside of OJP funding for research, statistics, and evaluation, will carry over from FY 2010.

The Department of **Agriculture's Research and Education** programs fared comparatively well for FY 2011 because funding from the elimination of earmarks became available. Hatch Act formula funding increases to \$236.3 million compared to \$215 million in FY 2010. The Agriculture Food and Research Initiative competitive grants program goes to \$264.5 million, slightly above the FY 2010 level of \$262.5 million. The Regional Rural Development Centers would receive slightly under \$1 million down from \$1.3 million in FY 2010.

Both the Economic Research Service (ERS) and the National Agricultural Statistics Service (NASS) had proposed FY 2011 increases rejected by the Congress. The ERS will receive \$81.8 million in FY 2011 down slightly from \$82.5 million in FY 2010. For the NASS, Congress provided \$156.4 million, again slightly below the \$161.4 million in FY 2010, with most of the reduction taken in funding for the Census of Agriculture.

The legislation maintains the one percent set-aside in the **Department of Housing and Urban Development's** budget for research, evaluation, technical assistance, and enhanced information technology systems. Instead of a huge increase to \$87 million in the FY 2011 President's request, HUD's Office of Policy Development and Research will lose \$96,000 of its FY 2010 budget of \$48 million.

The Bureau of Labor Statistics will have \$1.2 million less in FY 2011 than the \$611.4 million it had in FY 2010.

With FY 2011 done, Congress and the Administration have turned their attentions to FY 2012. The House has passed its version of the FY 2012 budget resolution developed by Budget Committee Chairman Rep. Paul Ryan (R-WI). President Obama responded in his speech on April 13. The next act in the budget drama will arrive with a confrontation over raising the nation's debt limit. Stay tuned!

Committees Examine FY 2012 Spending Proposals

In the time we were away producing the Special Budget Issue of Update, a number of the agencies that support social and behavioral science research went before their respective appropriations subcommittees in the House to defend the President's February 14 budget request for their programs.

CJS Hears from NSF, OJP and COSSA

The House Commerce, Justice, Science (CJS) Appropriations Subcommittee, chaired by Rep. Frank Wolf (R-VA) held hearings on the proposed budgets of the National Science Foundation (NSF), the Office of Justice Programs (OJP), and heard from a parade of outside witnesses, including COSSA Executive Director Howard J. Silver.

On March 10, new NSF director Subra Suresh made his first appearance before the CJS panel. Suresh defended the Administration's proposed 13 percent increase (over FY 2010) discussing the major multidisciplinary initiatives in the FY 2012 budget request and NSF's "transformative role in building our nation's future prosperity." In noting how "NSF investments in basic research often yield unexpected results," he cited the support of game theory, abstract auction theory, and experimental economics, as "providing the system by which the Federal Communications Commission apportions the airwaves" netting over \$45 billion for the federal government since 1994.

Members of the Subcommittee expressed support for NSF and its activities, again citing the warnings of *Rising Above the Gathering Storm*, but as Rep. Jo Bonner (R-AL) declared, the nation is "struggling with severe financial challenges." Ranking Democrat Rep. Chaka Fattah (D-PA) suggested the request for the "exceptional work" of NSF was a "paltry sum" compared to what our international competitors were spending on basic research.

Bonner indicated his concern with funding for graduate student support programs. He praised the increase for the Graduate Fellowship program, but noted his disappointment in the termination of the GK-12 fellowship program. He also asked Suresh about the proposal to "wind down the Science of Learning Centers (SLC)." The director noted that GK-12 has operated since 1999 and it was time to move on to other programs. Concerning the SLCs, Suresh noted the extensive reviews and the need for more useful input regarding their activities in determining their future.

Bonner also cited the report from the Government Accountability Office on duplicative programs that

included NSF in its criticism of the 82 teacher quality improvement efforts across the federal government ([see Update, March 7, 2011](#)). Suresh tried to draw a distinction between NSF's support for creating models and other agencies', especially the Department of Education's, responsibility for implementation.

Chairman Wolf expressed his consternation over the delay in NSF producing a report on best practices in STEM (Science, Technology, Engineering and Mathematics) Education. Suresh explained that he expects the preliminary report by June and the final report in mid-July. This led to a discussion prompted by Fattah of having a report roll-out event in Philadelphia that would culminate with a sojourn to Pat's Cheesesteaks. Rep. John Culberson (R-TX) expressed his belief that such a report is unnecessary since a field trip to the Thomas Jefferson High School for Science and Technology in nearby Alexandria would allow all to learn about best practices in STEM education.

Fattah also inquired about NSF support for neuroscience research. Suresh noted NSF funds projects that look at the brain from many perspectives - biology, psychology and cognition, and engineering. The latter involves research that created the IBM Watson Computer that appeared on Jeopardy, Suresh explained.

The Subcommittee also expressed interest in NSF's efforts at broadening participation. Suresh discussed the changing demographics of the country and the need to enhance participation of women and other underrepresented groups. With regard to women, he cited research that indicated progress in the awarding of science and engineering (S&E) Ph.D.s to women, but the difficulty of keeping them in the S&E workforce.

Office of Justice Programs

During her testimony on March 30, Laurie Robinson, Assistant Attorney General for OJP, stressed the importance of evidence-based policy by discussing the Office's evidence integration initiative designed to assess what works in reducing and preventing crime. Included again in the FY 2012 budget for this initiative is \$1 million for an online resource center for practitioners and policymakers. She also discussed the Smart Policing Initiative that funds 16 projects that pair law enforcement agencies with universities to identify crime problems and jointly develop strategies for tackling those problems.

In relating the Office's commitment to "strengthening science," Robinson noted the 18 member OJP Scientific Advisory Board that held its inaugural meeting in January ([see Update, February 7, 2011](#)). As in the FY 2011 request, she asked for a three percent set-aside of OJP program funds to spend on research, statistics, and evaluation.

In her written testimony, she briefly noted the National Academies' (NAS) report, *Strengthening the National Institute of Justice*, which called for enhancing NIJ's core research mission ([see Update, July 12, 2010](#)). In response to Wolf's concern about the backlog in DNA cases, especially in light of the Administration's request to end the Coverdell Forensic Science Grant program, Robinson noted NIJ's important support for research that allows DNA identification in property cases. She also suggested that the Bureau of Justice Assistance through the Byrne Justice Assistance Grants would provide the State DNA labs with funds to replace Coverdell.

Both Chairman Wolf and Rep. Jo Bonner (R-AL) expressed concern about domestic radicalization; the involvement of Americans in terrorist activity. Robinson indicated that NIJ would receive \$2 million (from the set-aside) to support research in this area. In addition, Wolf was upset about the proposed "abandonment" of the prescription drug monitoring program. He noted the situation in Florida, where huge amounts of prescription drugs are sold.

There was also considerable discussion of what works to prevent recidivism and the implementation of the Second Chance Act that supports prisoner re-entry programs. Robinson cited the Hawaii Opportunity

Probation Program (HOPE) as a model for reducing recidivism.

Ranking Democrat Rep. Chaka Fattah (D-PA) inquired about crime prevention activities in Indian country. Rep. Jose Serrano (D-NY) expressed concern about hate crimes, particularly against Latinos, whom he suggested are sometimes perceived as illegal immigrants.

For many of the programs that received reductions in the request, Robinson explained the need to make choices, echoing Wolf's opening remarks that in these times of fiscal austerity agency leaders have to "prioritize programs."

COSSA Testimony

Appearing before the Subcommittee on March 11, Silver expressed support for the President's FY 2012 request for NSF. He asked for the FY 2011 requested funding for NIJ and the Bureau of Justice Statistics (BJS), which were significantly higher than the FY 2012 request (\$70 million to \$55 million for NIJ, and \$62.5 million to \$57.5 million for BJS). He also praised the appointments of distinguished social scientists John Laub and James Lynch to head NIJ and BJS.

He strongly supported the \$45 million boost (over FY 2010) proposed for the Social, Behavioral, and Economic Science (SBE) directorate in the FY 2012 request. He too cited the research in economics that provided the enhanced revenues in auctioning the spectrum and also noted how basic research at the NSF-supported National Center for Geographic Information and Analysis led to the development of Geographic Information Systems (GIS) that provided the innovations that has led to a multi-billion dollar industry.

Silver also mentioned the exercise to determine future research directions for SBE. He told the panel about the inputs from the SBE science community and the further work of NSF program officers and the SBE Advisory Committee in this effort. In addition, he noted the renaming of the Science Resource Statistics division as the National Center for Science and Engineering Statistics.

With regard to NIJ, echoing Robinson, he referenced the NAS report, citing its conclusion that NIJ "is vital to the nation's continuing efforts to control crime and administer justice" because no other governmental or private organization can provide similar activities and service. He mentioned the report's recitation of NIJ's achievements during its 40 year existence.

He also noted the establishment of the OJP Scientific Advisory Board (SAB) and outlined Laub's presentation of his plans for NIJ's agenda, which necessitated the increased resources (see [Update February 7, 2011](#)). Silver also mentioned the recent briefing co-sponsored by COSSA and the American Society of Criminology on *Crime and Imprisonment: How to Reduce Both* (see [Update February 22, 2011](#)).

Speaking in favor of enhancing BJS's budget, he reminded the panel of the NAS Report, *Ensuring the Quality, Credibility, and Relevance of U.S. Justice Statistics*, released in 2009. He thanked the Subcommittee for providing BJS the funds to implement the report's call for improvements in the National Crime Victimization Survey. He also reiterated Lynch's presentation to the SAB regarding his plans for BJS. Silver also praised the work of the State Statistical Analysis centers.

The testimony is available at www.cossa.org.

Senate Appropriations Subcommittee Hears from HHS Secretary Sebelius

Welcoming Secretary of Health and Human Services (HHS) Kathleen Sebelius, Subcommittee of Labor, Health and Human Services, and Education Chair Sen. Tom Harkin (D-IA) commended Sebelius "for the outstanding work" she is doing to implement health care reform. He also noted that the agency had

awarded the first grants from the Prevention and Public Health Fund. He observed some opponents of health care reform say they intend to use the Subcommittee's appropriation bill as a vehicle for defunding the Affordable Care Act (ACA) and declared that it would not happen on his watch.

Harkin noted that the lack of closure on the Labor-HHS, Education FY 2011 appropriations bill, at that time, makes "it harder than usual to evaluate the President's request." He observed that "overall, the President's proposed budget for FY 2012 is a good start." It's a tight budget, Harkin commented, and pointed out that total funding for the Department is almost flat compared with FY 2010. He highlighted, however, that the proposed FY 2012 budget includes "significant increases for key priorities like the NIH [National Institutes of Health], child care, Head Start, and rooting out fraud and waste in Medicare and Medicaid." The Chair also noted, however, that "some provisions in the President's budget are cause for concern."

In his opening remarks, new Ranking Member Sen. Richard Shelby (R-AL) noted that "in this austere economic environment, Congress is struggling with difficult budget decisions." Noting that he has "remained cautious about arbitrary or across-the-board cuts to agencies," he stressed that Congress needs to carefully examine programs to make sure we are sustaining those that are effective and cutting those that are not. "In particular, one of the most results-driven aspects of our entire federal budget, I believe, is the National Institutes of Health. NIH programs consistently meet their performance and outcome measures, as well as achieve their overall mission," said Shelby.

Sebelius began her testimony by observing that in the President's State of the Union address, he outlined a vision of how the United States can win the future by our-educating, out-building and out-innovating the world, so we give every family and business the chance to thrive. Our 2012 budget, said the Secretary, "is a blueprint for putting that vision into action. It makes investments for the future that will grow our economy and create jobs."

"To make sure America continues to lead the world in innovation, the [HHS budget] . . . increases funding for the National Institutes of Health," the Secretary pointed out. NIH's budget will allow "the world's leading scientists to pursue discoveries while keeping America at the forefront of biomedical research," she testified. She noted that HHS' budget does more than provide additional resources. It also raises the bar on quality by supporting key reforms that transform the nation into one that fosters healthy development and gets children ready for school. She highlighted the Administration's new "Early Learning Challenge Fund," a partnership with the Department of Education that helps promote state innovation in early education.

Harkin focused his first question on early childhood programs and noted that the House-passed H.R. 1 would have cut more than \$1 billion from Head Start and childcare programs. He asked Sebelius to share with the Subcommittee her view of the impact the legislation would have had on Head Start.

Sebelius noted she shared his "interest and focus on early childhood education as being an investment that pays huge dividends in the long run." According to the Secretary, her agency thinks that about 218,000 currently-served children would lose their slots, both in Head Start and in Early Head Start. She explained that HHS has looked across the range of programs at Head Start. Additionally, research indicates that there hasn't been enough progress made as children become school-eligible, she explained. Accordingly, the programs are currently being upgraded and updated in collaboration with the Department of Education. In addition, the agency is re-competing the 25 lowest performing quadrant of the programs.

Shelby inquired about the President's proposal to eliminate the Preventative Health Services Block Grant and create a new consolidated Chronic Disease Grant Program at the Center's for Disease Control and Prevention (CDC). He expressed concern that the new grant program would replace a formula-driven block grant with a competitive program. Rural areas and states without capacity would suffer, Shelby

lamented, and "the new program would create a scenario where the rich get richer and the poor get poorer."

Sebelius noted that she shares the concern and explained that the new CDC proposal is to consolidate a series of separately funded disease programs that not only includes a proposed increase of \$72 million in funding, but would also give states the flexibility of directing those resources to targeted areas. Every state would get resources, she emphasized. Over and above that, there would be some additional competition. The proposal was "greatly informed by state health officers," she stated.

In her written testimony, Sebelius highlighted the Patient-Centered Outcomes Research Institute (PCORI), an independent Institute, created by the Affordable Care Act, to fund research and get relevant information to patients, clinicians and policy-makers. PCORI and related activities would receive funds via the Patient-Centered Outcomes Research Trust Fund. The FY 2012 budget includes \$620 million in the Agency for Healthcare Research and Quality, NIH, and the Office of the Secretary, including \$30 million from the Trust fund "to invest in core patient-centered health research activities and to disseminate research findings, train the next generation of patient-centered outcomes researchers, and improve data capacity."

She also highlighted the Office of the National Coordinator for Health Information Technology (ONC). The FY 2012 budget request includes a \$17 million increase to \$78 million to accelerate health information technology (health IT) adoption and promote electronic health records (EHRs) as tools to improve health and transform the health care system.

Census Director Outlines Lessons Learned From 2010 Count

On April 6, U.S. Census Bureau Director Robert Groves, appeared before the Subcommittee on Federal Financial Management, Government Information, Federal Services, and International Security of the Senate Homeland Security and Governmental Affairs Committee, chaired by Sen. Tom Carper (D-DE). The panel was holding a hearing to discuss the lessons learned from the 2010 count.

For Carper, Ranking Republican Sen. Scott Brown (R-MA), and Sen. Tom Coburn (R-OK), the imperative lesson was that 2010 cost too much, close to \$13 billion, and the 2020 count needs to find alternative methods to bring those costs down.

Groves declared that "the 2010 Census was completed on time and under budget." The Bureau returned \$1.8 billion of its appropriation to the Treasury. Groves suggested this occurred because of the high quality staff the Bureau was able to recruit for its field operations in a time of high unemployment. Despite this, the 2010 count was still the most expensive in history.

According to Groves, early evaluation of empirical performance indicators suggests the decennial did well. The mail return rate in the 2010 Census matched the mail return rate for the short form of the 2000 Census. Since there was still a long-form in 2000 (the American Community Survey has since replaced it), the 2010 mail response rate "was actually better" than the combined short and long form return rate from 2000, Groves told the panel. This occurred, the Director suggested, because of the mailing strategy, including a replacement form, the expanded partnership program, and more targeted advertising.

One sour note was that the number of households from which the Bureau received information from "proxies" - neighbors, building managers or others - rather than direct information, increased from 17 percent in 2000 to 22 percent in 2010. There was also a slight decrease in some item response rates compared to 2000, with the largest decline coming in the Hispanic Origin question. The difference was 94 percent in 2000 compared to 92.8 percent in 2010.

Another positive indicator providing confidence in the results, Groves contended, occurred because the Census count matched the Demographic Analysis population estimates. The count was 308.7 million people. The mid-range estimate (out of five) was 308.5 million. The Bureau is also in the midst of its Post-enumeration Survey that samples 170,000 housing units to help verify the results of the count. One preliminary result Groves reported was that address list matching significantly improved over 2000.

In looking toward the future and the 2020 decennial planning effort, Groves outlined eight lessons learned from 2010.

- 1) Halt the increase in costs by designing a cheaper 2020 count, "while maintaining the quality of the results." One way is continually updating the Master Address List. Another is to maintain collaboration with the partners throughout the coming decade.
- 2) Make the Census more convenient to diverse groups in a society. This would call for a multi-mode 2020 count using mail, telephone, internet, face-to-face, and other modes as they emerge. It is time, he declared, to move beyond the mail-back questionnaire and the personal interview follow-up procedure.
- 3) The Bureau must have end-to-end tests of production systems so that users have a chance to test and evaluate mission critical systems well before they are deployed.
- 4) Develop systems within similar survey production environments at the Bureau, test and enhance them repeatedly over the decade, ramp them up for the 2020 Census, and then continue to use and enhance them in the ongoing surveys. The ACS will become the chief test-bed for the 2020 Census systems development.
- 5) Build on the success of the reduced burden of the 2010 short form focusing mainly on the key reapportionment and redistricting purposes of the count.
- 6) Mount many small tests throughout the decade. This includes Internet Census measurement experiments.
- 7) The success of the partnership program and the advertising campaign in increasing awareness and participation in the 2010 Census makes it important to maintain the partnerships throughout the decade.
- 8) Work with interagency partners in the Geographic Support System Initiative to improve address coverage and provide continuous spatial feature updates.

Groves also noted that the Bureau's FY 2012 budget request includes \$67 million to fund the first of a three-year research and testing phase of the 2020 Census. Spending this money now will save dollars later, Groves asserted.

NAS 2010 Review Issues First Report

Another witness at the hearing was Thomas M. Cook, who along with former COSSA President Janet Norwood, is chairing the National Academies' panel to Review the 2010 Census. The panel has produced its first report, *Change and the 2020 Census: Not Whether But How*. (The full report is available at: http://www.nap.edu/catalog.php?record_id=13135.)

The report suggests the panel is convinced, Cook testified, "that it is possible to make the 2020 census more efficient and cost-effective than its predecessors." However, he continued, the most significant efficiencies are possible "if and only if there is a major transformation from 40-year old paper-driven processes to processes that are facilitated using today's technology." The Bureau "should explore possible changes as real, viable options, and not as purely hypothetical ideas." One specific

recommendation is to figure out, not *whether* administrative records can help the count, but *how* they can (emphasis in original).

This was sweet music to Carper, Brown and Coburn, all of whom stressed the need to use the Internet for 2020. With regard to administrative records, there was some concern about privacy issues. Carper also announced that he would reintroduce his legislation to provide a term appointment for the Census Director and other changes "aimed at preventing serious problems in the future."

House SST Committee Questions NSF's Large Budget Increase

On March 11, the House Science, Space, and Technology Committee, chaired by Rep. Ralph Hall (R-TX), heard from National Science Foundation (NSF) Director Subra Suresh and National Science Board Chairman Ray Bowen, former President of Texas A&M University. Suresh and Bowen defended the Administration's proposed FY 2012 budget.

Chairman Hall, while acknowledging NSF's important work indicated that he was more concerned with reducing federal spending suggesting the Administration's proposed cuts and reductions in the February 14 budget FY 2012 budget release "do not go far enough." He also suggested that he remains "very concerned that the Administration continues to place a greater emphasis on specific applied research areas" at an agency "whose core missions are and should remain, basic, fundamental research."

Ranking Democrat Rep. Eddie Bernice Johnson (D-TX), after criticizing the significant cut for NSF in H.R.1, the House-passed Continuing Resolution that cut discretionary funding by \$61 billion from FY 2010 levels, focused on her traditional concern with broadening participation in science. She announced that she would reintroduce her legislation, which did not make it into the final America COMPETES law last year, focusing on providing answers to questions regarding the under-participation of women in science and engineering through data collection and workshops.

While generally praising NSF, some of the new Republicans on the Committee expressed outrage at the large increase in the Administration's budget proposal, 13 percent over FY 2010. Reps. Sandy Adams (R-FL) and Dan Benishek (R-MI) were particularly vociferous about their opposition, since, as they explained, their major reason for becoming members of Congress was to reduce spending to rein in deficits. Rep. Mo Brooks (R-AL), who chairs the Research and Science Education Subcommittee, wondered if NSF supported research on the economics of deficits. Brooks graduated from Duke with high honors in economics and a double major that included political science.

HHS Releases Action Plan and Stakeholder Strategy to Reduce Racial and Ethnic Health Disparities

On April 8, the Department of Health and Human Services (HHS) led by its Office of Minority Health (OMH) released the *HHS Action Plan to Reduce Racial and Ethnic Health Disparities* and the *National Stakeholder Strategy for Achieving Health Equity*. Together, the Plan and the Strategy are designed to provide a visible and accountable federal leadership, while at the same time promoting collaborations among communities, states, tribes, the private sector and other stakeholders to more effectively reduce health disparities.

The Disparities Action Plan was developed in response to the National Stakeholders Strategy by senior HHS officials. The Process was chaired by the HHS Assistant Secretary for Health (ASH) and the Assistant Secretary for Planning and Evaluation (ASPE). The Action Plan acknowledges the impact of medical advances and new technologies which have "provided people in America with the potential for longer, healthier lives more than ever before." It also recognizes that "persistent and well-documented health

disparities exist between different racial and ethnic populations and health equity remains elusive." Health disparities are defined as the "differences in health outcomes that are closely linked with social, economic, and environmental disadvantage" and are "often driven by the social conditions in which individuals live, learn, work and play." At the release of the Action Plan, Assistant Secretary for Health Howard Koh stressed that "the health of the individual is inseparable from the health of the community...Health and well-being for all people will not improve until health disparities are eliminated," he emphasized. These disparities, he declared, "have burdened our country for too long."

Koh pointed out that the Action Plan is the first-ever with "major goals, targeted strategies and specific actions." The plan would become operational immediately, said Koh, and is designed to transform health care, strengthen the workforce, improve population health, and advance scientific knowledge and innovation. The plan includes 30 specific strategies, Koh noted, adding "We have a clear roadmap for the future for lasting change." Citing the need for the agency to hold itself accountable, he explained that the outcomes will be tracked by ASPE which will report on the Action Plan on a bi-annual basis.

Sen. Ben Cardin (D-MD) and Rep. Barbara Lee (D-CA) also attended the rollout. Cardin pointed out that the unveiling of the Action Plan was a "very important moment." He emphasized the need to "acknowledge that we have equity issues that are not going away." He also stressed that "this is the beginning" and cited "the need to invest in a health care system that rewards wellness to bring down costs." Cardin underscored this need by calling attention to the fact that Maryland, a wealthy state consistently has an infant mortality rate for African Americans far higher than the National average. He declared his pride in having authored the legislation in the Senate making the HHS Office of Minority Health permanent and the efforts by the NIH and the recently elevated National Center for Minority Health and Health Disparities, now the National Institute of Minority Health and Health Disparities, to eliminate disparities in health. "We are making progress," stated Cardin.

"We very seldom see our dreams come true," noted Lee, a member of the House Appropriations Subcommittee on Labor, Health and Human Services. Proclaiming it "a remarkable moment," she thanked Cardin for his leadership given the lack of a Congressional Black Caucus member in the Senate. "You did all of this on our behalf, without you we would have lost all of these provisions in the Affordable Care Act," Lee continued. Lee also acknowledged former Surgeon General David Satcher and his "clear report on health disparities."

Disparities Action Plan

The vision of the HHS Disparities Action Plan is: "A nation free of disparities in health and health care." The Plan proposes a set of Secretarial priorities, pragmatic strategies, and high impact actions to achieve Secretary Kathleen Sebelius' strategic goals for the Department. The five goals from the HHS Strategic Plan for Fiscal Years (FY) 2010 -2015 provide the framework: (1) Transform health care; (2) Strengthen the nation's Health and Human Services infrastructure and workforce; (3) Advance the health, safety, and well being of the American people; (4) Advance scientific knowledge and innovation; and (5) Increase the efficiency, transparency, and accountability of HHS programs. According to the Plan, the actions presented within in it represent "mainly new efforts beginning in FY 2011 and beyond."

The Plan has "four overarching Secretarial priorities" designed to assure coordination and transformation of both existing programs and new investments. These priorities seek to:

1. Assess and heighten the impact of HHS policies, programs, processes, and resource decisions to reduce health disparities. Program grantees, as applicable, will be required to submit health disparity impact statements as part of their grant applications. Such statements can inform future HHS investments and policy goals, and in some instances, could be used to score grant applications if underlying program authority permits.
2. Increase the availability, quality, and use of data to improve the health of minority populations. Among other things, HHS intends to ensure that data collection standards for race,

ethnicity, gender, primary language, and disability status are implemented through-out HHS-supported program activities, and surveys.

3. Measure and provide incentives for better healthcare quality for minority populations.
4. Monitor and evaluate the Department's success in implementing the HHS Disparities Action Plan. This includes identifying cross-cutting areas for collaboration across agencies and offices to conduct joint health and healthcare disparities research. On a biannual basis, the Office of the Assistant Secretary for Health/Office of Minority Health, and ASPE will review and report results of Agency Head progress made under the plan. Agencies and offices will refine strategies for improving the timeliness and quality of results.

Stakeholder Strategy

The National Partnership for Action to End Health Disparities (NPA) was established "to mobilize a nationwide, comprehensive, community-driven, and sustained approach to combating health disparities." Its mission is to increase the effectiveness of programs that target the elimination of health disparities through coordination. The initial and primary product of NPA, the *National Stakeholder Strategy for Achieving Health Equity*, is designed to provide a roadmap.

It is a common set of goals and objectives for public and private sector initiatives and partnerships to help racial and ethnic minorities and other underserved groups reach their full health potential. Like the Health Disparities Plan, the Stakeholder Strategy, calls for federal agencies and their partners to work together on social, economic, and environmental factors that contribute to health disparities. The goals of the National Stakeholder Strategy include:

1. Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations.
2. Strengthen and broaden leadership for addressing health disparities at all levels.
3. Improve health and healthcare outcomes for racial, ethnic, and underserved populations.
4. Improve cultural and linguistic competency and the diversity of the health-related workforce.
5. Improve data availability and coordination, utilization, and diffusion of research and evaluation outcomes.

The Stakeholder Strategy includes 20 strategies for action to end health disparities developed through a collaborative process. The strategies are linked to the five NPA goals and involve the: healthcare agenda; partnership; media, communication, funding priorities, youth; access to care; children; older adults; health communication; education; social and economic conditions; workforce; diversity; ethics and standards; and financing for interpreting and translation services data; community-based research and action, and community-originated intervention strategies coordination research; and knowledge transfer.

For more information about the plans and the National Partnership for Action, see: www.minorityhealth.hhs.gov/npa. For more information about health disparities and the Affordable Care Act, see: www.healthcare.gov/law/infocus/disparities.

OBSSR Workshop Summary Available: Behavioral and Social Sciences in STEM Education

The National Institutes of Health (NIH) Office of Behavioral and Social Sciences recently released a

[summary](#) of a workshop: *Behavioral and Social Sciences in Stem (Science, Technology, Engineering and Mathematics) Education* held on July 13, 2010.

The workshop was designed to "gather information on the current status of the behavioral and social sciences as scientific disciplines in STEM education; to understand public perceptions and attitudes; and to discuss strategies for increasing visibility of behavioral and social sciences in STEM education."

The Workshop participants, which included behavioral and social science researchers, policy makers interested in STEM education, school curriculum and standards developers, and STEM experts from different points along the education continuum, identified research priorities and next steps for the social and behavioral sciences and STEM education:

- In the education arena, research is needed on how best to train teachers to educate students in the behavioral and social sciences. The challenge is to produce teachers who understand the scientific content that they are teaching, when they will likely have little background in these sciences.
- It is important to confirm the assumptions being made. For example, although it is intuitively attractive, research is needed to test the hypothesis that the use of curricula designed to teach children to think scientifically will improve their problem-solving abilities.
- Given the lack of public understanding of science in general and perceptions of the behavioral and social sciences, in particular, a communications research agenda is needed. Exploration of how different audiences respond to messages, for example, will guide the development of effective communications activities, tailored to different relevant audiences.
- It would be useful to map these research questions on to a framework to show how they relate to one another.

Participants also discussed how to improve the understanding of behavioral and social sciences. Does that happen at the graduate level? How can the general public become more knowledgeable about the behavioral and social sciences?

- Create compelling examples of behavioral and social sciences research, including experiments (e.g., optical illusion tasks such as the - young girl/old woman image), for use in classrooms and other venues.
- Scientific reasoning and scientific method should be taught regardless of the particular discipline. Such early exposure will improve individuals' abilities to conceptualize problems, and will also facilitate the resolution of disputes, understanding of issues, and elevation of public understanding to better appreciate all of the sciences.
- One specific topic to tackle is the difference between correlation and causation. Improving the understanding of causal inference would be enormously useful for allowing the public to draw valid conclusions from many research findings with which they are presented.
- Infuse behavioral and social sciences as examples throughout science curricula to disabuse people of the common notion that human behavior is free from influence and operates magically. It is not enough that social studies textbooks represent behavioral and social sciences; social studies are not in the sciences, so behavioral and social sciences are delivered inappropriately.
- Tailor communication vehicles and content for the particular audience (e.g., student, teacher, administrator, policy maker).

There was also a discussion regarding workforce needs for the social and behavioral sciences and whether or not there is a shortage of these scientists.

- Training and investment in career preparation in behavioral and social sciences is needed. Sustaining careers in science is an economic recovery issue.

- Perhaps middle school is a target to improve the pipeline of future behavioral and social scientists as this is a point where many children get lost from science.
- The issue of diversity needs to be on the table. Students get away from math early and behavioral and social sciences research might lead to more successful approaches to capture their interest.

A copy of the report is available at: http://obssr.od.nih.gov/pdf/STEM_workshop_final_032511.pdf.

NIH Releases Updated Strategic Plan for Obesity Research

On March 31, the National Institutes of Health released the "Strategic Plan for NIH Obesity Research." NIH recognizes that "obesity is a major contributor to serious health conditions . . . including type 2 diabetes, cardiovascular disease, many cancers, and numerous other diseases and conditions." Accordingly, NIH also recognizes that "[r]educing the prevalence of obesity and its associated medical conditions will require broad-base efforts - by government, the private and nonprofit sectors, businesses, community organizations, healthcare professionals, schools, families and individuals."

When releasing the Plan, NIH director Francis S. Collins observed that the Plan "is a bold blueprint that will encourage the research community to examine the epidemic of obesity from diverse perspectives." Through the scientific opportunities outlined in the strategic plan, researchers can work together toward the goals of preventing and treating obesity, to help people lead healthier and more fulfilling lives."

The 2011 Strategic Plan continues to emphasize that the complex interaction between biology, behavior, and the environment contribute to the rise of obesity. It acknowledges that these complex interactions have resulted in "formidable barriers [and] stand in the way of simple solutions for altering energy balance toward a healthy body weight." Therefore, "the Strategic Plan encompasses all levels of research, from basic biological and behavioral research through community and population research." The Plan's research opportunities are framed around five themes: (1) discover biologic mechanisms regulating energy balance, (2) understand the correlates, determinants, and consequences of obesity, (3) design and test interventions to promote healthy weight, (4) conduct dissemination and implementation research, and (5) improve measurement tools, technology, and methods.

The Obesity Plan observes that the "understanding of environmental contributions to obesity is increasing at all levels, from the individual through society." It is also noted that the use of technologies, such as geographic information systems (GIS), are allowing targeted examination of the effect of the built environment on weight or physical activity. Also, understanding changes in the food supply, marketing, and consumption may provide insights into their role in obesity development.

The Strategic Plan notes that: "Research findings are yielding new and important insights about social and behavioral factors that influence diet, physical activity, and sedentary behavior. In addition, research on social networks, peer and family interactions, decision making, behavioral economics, sensory input, and effects of work, stress, and sleep patterns as they relate to weight may provide novel targets for interventions." Further, the Plan notes that the advances in statistical and computational methodologies are emerging to help capture and illuminate the dynamic complexity of obesity and test the effects of intervention strategies on individual and societal outcomes."

Cross-Cutting Issues for Obesity Research

Several cross-cutting issues for obesity research are highlighted: health disparities, translational research, training, and transdisciplinary research. For that reason, the Plan outlines a multifaceted research agenda. It emphasizes that identifying and reducing health disparities, including studies focusing on populations at disproportionate risk for obesity and its consequences is "integral and essential to all areas" of the Plan. The role of socioeconomic status and its relationship to the incidence and prevalence

of obesity, such that the poor are disproportionately affected by obesity, regardless of race and ethnicity is noted. Research is needed to further understand the impact of socioeconomic status on the development of obesity and its related medical conditions. Research can help identify effective strategies for overcoming socioeconomic burden to prevention and treatment, the Plan contended.

The Plan recognizes the importance of research opportunities toward prevention and treatment of obesity across the lifespan. "Translational research - bridging scientific discovery to improvements in public health" is another area of emphasis highlighted in the Strategic Plan. Early translational research, sometime termed 'bench to bedside' research . . . is crucial for identifying novel behavioral, environmental, social and biological targets for obesity prevention or treatment and then translating these targets into approaches that can be tested for efficacy in controlled clinical trials," according to the Plan.

The NIH expresses its commitment to attracting and training a cadre of researchers with a wide range of knowledge and skills, such as expertise in the basic, clinical, behavioral, and social sciences; epidemiology; cultural competency; measures and methods; interventions; and translation and dissemination. "Training in innovative multidisciplinary areas, such as social networks and complex systems," the Plan states, "would be useful." Furthermore, as part of the NIH's commitment to supporting diversity in research, the agency intends to continue to support and develop new ways to attract and train researchers from racially and ethnically diverse backgrounds.

Research Opportunities in the Correlates and Determinants of Obesity

The 2011 Strategic Plan states that: Understanding the independent and interacting biological, behavioral, social, cultural, and environmental correlates and determinants of obesity is crucial to identifying new targets for intervention at the individual, community, and population levels. The Strategic Plan identifies and encourages a broad range of research opportunities and priorities to accelerate obesity research, including:

- Assess whether correlates and determinants of obesity are similarly associated across population subgroups defined by characteristics such as age, sex, race, ethnicity, and geographic variation.
- Clarify the roles of and interactions among different aspects of the food- and physical activity-related built environment, economic, policy, and natural environments in promoting or preventing obesity. Research in this area would be enhanced by the application of comprehensive models including theories and approaches from diverse disciplines in longitudinal multilevel analyses.
- Encourage research that includes careful behavioral and biological phenotyping of obese individuals at multiple time points. Because obesity does not have a single phenotype, understanding the various causal pathways and characteristics that promote or protect individuals from becoming obese will likely be important for the development of more targeted and effective interventions.
- Enhance research on the effects of policy changes to weight-related behaviors and development of obesity. Several priority areas in policy research related to obesity include capacity development, agriculture and food supply, economic research, built environment, and educational policies.
- Identify how psychosocial factors, chronic stress, and mental disorders influence weight gain, energy intake, and energy expenditure. Identify how weight gain, energy intake, and energy expenditure interact with high-risk behaviors such as smoking, drinking alcohol, and drug use. Identify factors, such as social support, that may moderate these relationships.
- Encourage research that identifies the reasons for increased risk of obesity in high-risk populations, including racial and ethnic minorities, economically disadvantaged groups, and people with physical, intellectual, or developmental disabilities or comorbid mental disorders.
- Understand how developmental factors and learning influence the initiation and maintenance

of behaviors that promote weight loss or prevention of excess weight gain.

- Understand how individuals interpret and are influenced by messages related to diet and physical activity (e.g., interpersonal, cultural, media, marketing, food labels) through research on learning, cognition, information processing, persuasive communications, and message framing. Explore how traditional and emerging communication channels, such as social media and mobile technology, influence the adoption of these messages.
- Explore interactions between genetic and environmental factors related to weight stability, loss, or gain across the lifespan. These interactions, in which environment is broadly defined to include the individual, built, social, economic, policy, and natural environments, may help identify new and more personalized targets for prevention and treatment.
- Understand the effect of bias by healthcare providers on screening, assessment, treatment, and outcomes among overweight and obese patients.
- Some correlates appear to be bidirectional, i.e., both a cause and a consequence: Clarify the temporal sequence and the biological and behavioral relationships among sleep, obesity, and its comorbidities across the lifespan, including the role of chronic short sleep duration, circadian rhythm disturbance, and excessive daytime sleepiness in influencing adiposity or eating and activity behaviors. For example, conduct studies of metabolic risk and obesity in those with and without sleep disorders.
- Elucidate the directionality of the relationship between obesity and psychological factors such as stress and mental disorders (e.g., depression and eating disorders), including identification of factors that mediate and moderate the relationship(s).

Dissemination and Implementation Research

The Plan stresses that dissemination and implementation research (see related story) are essential to meeting the goals of 1) quantifying the extent of the problem in order to appropriately direct resources and interventions to the populations with greatest needs; 2) identify whether interventions proven to be efficacious within the context of controlled randomized clinical trials have the same benefit when they are applied in less controlled settings among populations with different characteristics; and 3) improve the effectiveness, efficiency, and sustainability of providing interventions so that large number of people can be reached with limited resources. It also points out that approaches that address multiple levels (e.g., individuals, their families, and the environment in which they live) are likely needed for interventions to have broad reach and for effects to be sustained.

A critical need in this field, according to the Plan, is to integrate theories and research approaches from multiple disciplines to ensure appropriate research designs that address the complex and multifactorial nature of successful obesity prevention and treatment in clinical and public health practice. Opportunities for investigation include research on surveillance, health services and economics, dissemination and implementation, and policy and evaluation. This includes research that:

- Develop infrastructure and methods to integrate surveillance research across individual, family, community, state, and national levels, using valid measures of behaviors, environments, and policies to gain a better understanding of the interplay among behaviors and influencing factors.
- Encourage research that examines multilevel questions and promotes innovative approaches to linking local, state, or national surveillance systems to monitor health behaviors with GIS and other environmental-level data.
- Conduct comparative effectiveness, cost, behavioral, economic, and cost-effectiveness research to identify effective interventions for obesity prevention and control in diverse populations.
- Enhance capacity to examine behavior and subsequent health outcomes and costs related to factors such as agriculture, food supply, urban design, and transportation policies.
- Determine economic, behavioral, and social costs and benefits to individuals of making behavior changes recommended for obesity prevention, and control, such as health

improvement, disability reduction, time use, convenience, and perceived benefit.

The NIH Obesity Task Force is co-chaired by Griffin P. Rodgers, director of the National Institute of Diabetes and Digestive and Kidney Diseases; Susan B. Shurin, acting director of the National Heart, Lung, and Blood Institute; and Alan E. Guttmacher, director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development. The three institutes, along with the National Cancer Institute, led in the Plan's development.

National Academies Report: LGBT Health Research Gaps and Needs

"Lesbian, gay, bisexual, and transgender individuals have unique health experiences and needs, but we do not know exactly what these experiences are. To advance understanding of the health needs of all Lesbian, Bisexual, and Transgender (LGBT) individuals, researchers need more data about the demographics of these populations, improved methods for collecting and analyzing data, and an increased participation of sexual and gender minorities in research," according to the recently released National Academies' report, *The Health of Lesbian, Bisexual, and Transgender (LGBT) People: Building a Foundation for Better Understanding*.

Requested by the National Institutes of Health (NIH), the Institute of Medicine (IOM) convened the Committee on Lesbian, Gay, Bisexual, and Transgendered Health Issues and Research Gaps and Opportunities. Robert Graham, University of Cincinnati College of Medicine, served as the Committee's chair. The Committee was tasked to assess the current state of knowledge about the health of lesbian, gay, bisexual, and transgender people, as well as identify research gaps and formulate a research agenda that could guide NIH in enhancing and focusing its research in this area. The 17-member Committee included experts in the fields of mental health, biostatistics, clinical medicine, adolescent health and development, aging, parenting, behavioral sciences, HIV research, demography, racial and ethnic disparities, and health services. The report is the product of more than a year of information gathering, review and deliberation. The Committee found that "there are many research opportunities related to LGBT health."

Secretary of Health and Human Services Kathleen Sebelius thanked the IOM for conducting the study. "The report provides the scientific community with the first comprehensive overview health-related research in this important area . . . This report is an important step in identifying research gaps and opportunities, as part of an overall effort to understand and address the health needs of lesbian, gay, bisexual, and transgender people," Sebelius noted.

The Committee's primary recommendation is that the NIH should implement a research agenda designed to advance the knowledge and understanding of LGBT health. The Committee devised a research agenda that reflects "those areas of highest priority." The Committee emphasized that lesbians, gay men, bisexual women and men, and transgendered people are separate populations, but are frequently considered as a group and that combining them obscures their differences. To develop a more complete understanding of LGBT health issues, the Committee recommended that cross-cutting perspectives to the priority research areas be applied. These perspectives include:

1. **Life-course** - looks at how events at each stage of life influence subsequent stages. Longitudinal studies and studies that analyze data with respect to different age groups are needed to gain a better understanding of LGBT health.
2. **Minority Stress** - calls attention to the chronic stress that sexual and gender minorities may experience as a result of their stigmatization.
3. **Intersectional** - examines an individual's multiple identities and the ways in which they interact. An examination of the health status of LGBT people in the context of racial, ethnic, socioeconomic, and geographic diversity will allow for a more complete understanding.
4. **Social Ecology** - emphasizes that individuals are surrounded by spheres of influence,

including families, communities and society.

The Committee stressed that research in the following areas is essential for building a solid evidence base in LGBT health:

- **Demographic research** - more demographic data on LGBT people across the life course are needed, along with data on LGBT subpopulations.
- **Social influences on the lives of LGBT people** - there is a need to more fully understand the role of social structures (families, schools, workplaces, religious institutions, and community organizations) in the lives of LGBT people.
- **Inequities in health care** - understanding outcome disparities, provider attitudes and education, ways in which the care environment can be improved, and the experiences of LGBT individuals seeking care would provide a base from which to address these inequities.
- **Intervention research** - research is needed to develop and test the effectiveness of interventions designed to address health inequities and negative health outcomes experienced by LGBT people.
- **Transgender-specific health needs** - a more rigorous research program is needed to understand the health implication of hormone use and other transgender-specific issues.

Six additional recommendations were made by the Committee:

1. Collect data on sexual orientation and gender identity in federally funded surveys administered by the Department of Health and Human Services and in other relevant federally funded surveys. These data would help those seeking to undertake the demographic research recommended as part of the research agenda proposed by the Committee.
2. Collect data on sexual orientation and gender identity in electronic health records. The Office of the National Coordinator for Health Information Technology within HHS is encouraged to include the collection of data on sexual orientation and gender identity as part of its meaningful-use objectives for electronic health records.
3. Support from NIH to develop and standardize sexual orientation and gender identity measures.
4. Support from NIH for methodological research that relates to LGBT health. Particularly helpful would be studies aimed at developing innovative ways to conduct research with small populations and determining the best ways to collect information on sexual and gender minorities in research, health care, and other settings.
5. Create a comprehensive research training approach to strengthen LGBT health research at NIH.
6. Encourage grant applicants to NIH to address explicitly the inclusion or exclusion of sexual and gender minorities in their samples.

For more information see: <http://www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>

NIH Launches Training Institute on Dissemination and Implementation Research

The National Institutes of Health (NIH) Office of Behavioral and Social Sciences Research (OBSSR), in collaboration with the National Cancer Institute (NCI) and the National Institute of Mental Health (NIMH), is sponsoring the first NIH Training Institute for Dissemination and Implementation Research in Health. The training institute was developed to increase research capacity, as a natural outgrowth of NIH's

annual conference on the science of dissemination and implementation. Drawing from a variety of behavioral and social science disciplines, dissemination and implementation research uses approaches and methods that in the past have not been taught comprehensively in most graduate degree programs.

The Institute is an effort by the agency designed to address the gap created as a result of health care providers not utilizing and practicing the best evidenced-based strategies to treat many conditions. How to conduct research to close this gap is referred to as dissemination and implementation health research and will be the subject of a five-day training session that the NIH will hold August 1-5, 2011. The University of North Carolina at Chapel Hill's Center for Health Promotion and Disease Prevention will host the institute.

"This training institute will help empower scientists to conduct this research," said Robert M. Kaplan, OBSSR director and NIH associate director for behavioral and social sciences research. Kaplan also observed that this gap prevents the employment and utilization of "all the benefits from modern treatments and medications. To change this," he explained, the "NIH is committed to investing in the relatively new, rigorous science of dissemination and implementation. If we can accelerate these sciences, we can have a great impact on improving our health and well-being."

Dissemination research is the systematic study of the processes and factors that lead to widespread use of evidence-based interventions (based on findings gleaned from rigorous scientific methods) by the target population. *Implementation research* seeks to understand the factors associated with integration of evidence-based interventions in particular settings (e.g., worksite or school) and also examines whether the components of the original intervention were faithfully transported to the real-world setting.

Such research addresses one of the most critical issues hindering improvements in public health today - the enormous gap between the best evidence-based strategies to improve health and the methods used in clinical and public health practice. For example, two-thirds of people with high blood pressure are not being treated effectively, even though experts have identified the best practices for doing so.

The Institute's topics will include: designing for dissemination and implementation; design, measurement and evaluation; global health; participatory approaches to dissemination and implementation; addressing health disparities; cost effectiveness and economics and dissemination and implementation in the context of health care reform.

NIH/PEPFAR Collaboration for Implementation Science and Impact Evaluation

The National Institutes of Health (NIH), in collaboration with the Office of the Global AIDS Coordinator, is seeking grant applications to support implementation science projects designed to inform the President's Emergency Plan for AIDS Relief (PEPFAR) as it develop more efficient and cost-effective methods to deliver HIV prevention, treatment, and care on a large scale. PEPFAR is a global health initiative launched in 2003 with the goal of comprehensively combating the devastation due to HIV/AIDS around the world. Participating NIH Institutes and Centers include: Allergy and Infectious Diseases ([NIAID](#)), Cancer ([NCI](#)), Alcohol Abuse and Alcoholism ([NIAAA](#)), Child Health and Human Development ([NICHD](#)), Drug Abuse ([NIDA](#)), and Mental Health ([NIMH](#)).

The Funding Opportunity Announcement (FOA) (RFA-AI-11-003) stresses the need for a rigorous implementation science research agenda to improve program delivery in PEPFAR and to increase the global impact of proven HIV/AIDS modalities in prevention, treatment, and care. The scope of implementation science is broader than typical biomedical research; it seeks to improve program effectiveness and optimize efficiency, including the effective transfer of interventions from one setting to another. Implementation science is the study of methods to improve the uptake, implementation,

and translation of research findings into routine and common practices (the "know-do" or "evidence to program" gap). Accordingly, these methods facilitate making evidence-based choices between competing or combined interventions and improving the delivery of effective and cost-effective programs.

While scientific knowledge to prevent and treat HIV/AIDS has expanded substantially, scientific advances regarding the implementation of effective interventions have not kept pace. There is an unmet need for implementation science research to inform approaches and investments for public health programming and policy making. For example, research is needed to improve the dissemination and uptake of effective interventions, to deliver effective interventions most efficiently, to improve the transfer of interventions from one setting or population to another, to test the effectiveness of "at scale" combination prevention interventions, and to conduct comparative effectiveness studies to better inform choices between competing interventions.

The funders believe that the answers to these questions should improve the operations and efficiency of a proven prevention, treatment or care intervention, and should be applicable across a broader range of targets, strategies, settings, and populations. At the same time, they recognize that there is substantial expertise in the scientific community to address implementation science research questions, including questions in the fields of operations research, epidemiology, sociology, health economics, health services research, anthropology, statistics, political science, policy analysis, and ethics.

Proposed research should address the challenges that PEPFAR encounters in the implementation of HIV/AIDS prevention, treatment, and care programs in resource-limited countries. Studies should also reflect the needs and priorities of the countries or regions in which they are to be conducted, and in addition produce results that are quantifiable, relate to scaled-up service delivery, and can be generalized across PEPFAR programs. Studies that are designed specifically to improve prevention, care and treatment outcomes in most-at-risk populations and those marginalized by gender inequities are high priorities for PEPFAR. Research applications must use data from PEPFAR implementation site(s) and investigators are expected to demonstrate the collaborations necessary to do the proposed study. In addition, to assist in the building of in country expertise, applicants are strongly encouraged to include host country investigators as integral parts of the study team.

The FOA notes that there are significant science-to-practice gaps in the area of social and behavioral interventions for HIV prevention. Accordingly, a wide range of implementation science studies are needed, particularly in the areas of dissemination, adoption, fidelity/adaptation, and sustainability of interventions. These studies may include innovative methods for evaluating the effectiveness and added value of incorporating promising but less tested interventions into a combination prevention package. Translating effective prevention interventions from selected populations under controlled conditions into a variety of real world settings and scaling up these interventions also requires an understanding of the elements of the intervention that are essential for efficacy and those elements that allow some flexibility for a specific target population. A critical question is how best to combine efficacious interventions for specific populations and settings.

Examples of priority research areas social and behavioral approaches include:

- The prevention interventions that have the highest levels of acceptability and adherence in different populations at high risk of HIV infection. For example, discordant couples in sub-Saharan Africa, adolescents in urban South African setting, men who have sex with men (MSM) in East Africa, illicit drug users, etc.
- Approaches that increase the acceptability of and adherence to prevention interventions of known efficacy.
- Factors influencing impact of efficacious interventions after transfer into broader community and clinic-based settings.

- How target audiences for prevention interventions are defined, how evidence is packaged for various audiences, and how message framing can enhance uptake.
- How individuals can manage the implementation process and whether mentoring can enhance adoption of interventions.
- The essential elements for success of effective interventions in "real world" settings, including interventions to prevent high risk sexual exposure.
- How the financing of organizations affect intervention adoption, effectiveness, and sustainability.

Other priority research areas include:

- Role of nutrition and nutritional status in prevention, treatment and care of HIV/AIDS.
- Prevention of mother-to-child HIV transmission (PMTCT).
- Engagement and retention of individuals (adults, adolescents, and children) in HIV care and treatment.
- Integration of primary health care, HIV/AIDS services and treatment of common co-morbidities.
- Scale-up of male circumcision to prevent HIV acquisition.

Letters of Intent are due by June 7, 2011. Applications are due by July 7, 2011. For more information and/or to apply see: <http://grants.nih.gov/grants/guide/rfa-files/RFA-AI-11-003.html>

NICHD's Visioning Process Continues: Comments Wanted

The Eunice Kennedy Shriver National Institutes for Child Health and Human Development (NICHD) is seeking comments for three of its White Papers: [Reproduction](#), [Plasticity](#), and [Development](#). Comments will be accepted through June 10 2011. Comments may be submitted via a public [Comments](#) page.

HHS Seeks to Make Health Data More Accessible

The Department of Health and Human Services (HHS) is currently working towards ensuring that the public has access to as much health data as possible, including but not limited to the data it produces itself. This initiative is meant to make HHS the central source of health data for any projects, applications, or studies that people might undertake, much the way that NOAA is the go-to source for data and statistics on weather and climate.

The driving factor behind this push for publication is the idea that putting data in the hands of the public will allow for an expansive universe of uses that HHS staff could not have created alone. In addition to publication, HHS will proactively encourage people to utilize the data by creating incentive programs and competitions. These programs will be available at the same central location as the data itself.

To view data created by HHS and outside sources, and opportunities surrounding health data applications, visit: <http://www.data.gov/health>.

Social Work Caucus Launched on Capitol Hill

On March 15, the Congressional Social Work Caucus was born. Led by Rep. Ed Towns (D-NY), the Caucus will serve as an informal, bipartisan group of Members of Congress dedicated to maintaining and strengthening social work services in the United States. It will educate national legislators and their staffs on issues that challenge the social work profession.

At an event launching the caucus, sponsored by the National Association of Social Workers, Towns

declared "I am proud to be a social worker and proud to be counted among the more than 640,000 social workers in the United States who provide care for the elderly, assist the poor, and offer hope to children and families all across this country." Also speaking at the event was Rep. Alyson Schwartz (D-PA), another social worker in Congress.

Other members of Congress, in addition to Towns and Schwartz, trained as social workers include: Sen. Barbara Mikulski (D-MD), Sen. Debbie Stabenow (D-MI), Rep. Susan Davis (D-CA), Rep. Barbara Lee (D-CA), and Rep. Luis Gutierrez (D-IL). A number of non-social worker members of Congress have joined the caucus.

The major legislative goal of the Caucus is the Social Work Reinvestment Act. Named for Dorothy Height, long time head of the National Council of Negro Women who died in April 2010, and Whitney Young, Jr. former President of the Urban League, the Act seeks to create a Social Work Reinvestment Commission to study the profession's development, and to establish demonstration grants that address immediate workforce and service needs.

Conference on Obama in Office

On April 6th, the Center for American Progress and American University's Center for Congressional and Presidential Studies hosted a *Conference on Obama in Office* in celebration of the publication of [Obama in Office: The First Two Years](#) by James Thurber, Professor of Government and Founder and Director of the Center for Congressional and Presidential Studies at American University.

At the conference Thurber spoke on the topic of President Obama's campaign promises to change the way Washington and the Federal government work. Thurber also spoke on this topic prospectively at COSSA's 2008 annual meeting, where he predicted that the lobbying and earmarking that has been a vital part of government policymaking would continue as the new administration began, but with some of the major excesses of the recent past tampered down under Obama's new ethics rules.

In the latest talk, Thurber confirmed his own predictions, noting various ways that lobbyists' actions have been limited in the last two years, but also the many ways that they continue to influence policy. Indeed, President Obama has made progress in this area and slowed the revolving door into government for lobbyists by creating mandatory waiting periods for moving between lobbying and government work. One big consequence of tightening restrictions, however, has been a significant decline in the number of people who register as lobbyists. Presumably this decline is not due to a mass change in behavior, but rather a change in willingness to accept the limitations.

According to Thurber, the Administration should work to provide funding to the Department of Justice to prosecute cases where the new policies are broken. Currently, no one has really suffered the consequences of breaking the rules, though many have been in violation of them. The answer to whether Obama will significantly alter the way Washington runs seems to remain to Thurber "yes and no."

New COSSA Staff Member

COSSA is pleased to announce that Gina Drioane has joined the staff. She replaces Pamela Pressley who left in December.

She will assist with COSSA's lobbying efforts, particularly with Agriculture research and statistics, the Centers for Disease Control and Prevention, Assistant Secretary for Planning and Evaluation and other

agencies. She will also contribute to the composition and production of COSSA's published materials.

She came to COSSA from the United States Senate Committee on Veterans' Affairs where she served as Press Secretary and Legislative Assistant. She earned a dual B.A. in Political Science and History from the University of California, Davis.

Consortium of Social Science Associations Members

Governing Members

American Association for Public Opinion Research
American Economic Association
American Educational Research Association
American Historical Association
American Political Science Association
American Psychological Association
American Society of Criminology
American Sociological Association
American Statistical Association
Association of American Geographers
Association of American Law Schools
Law and Society Association
Linguistic Society of America
Midwest Political Science Association
National Communication Association
Population Association of America
Rural Sociological Society
Society for Research in Child Development

Membership Organizations

Academy of Criminal Justice Sciences
American Finance Association
American Psychosomatic Society
Association for Asian Studies
Association for Public Policy Analysis and Management
Association of Academic Survey Research Organizations
Association of Research Libraries
Council on Social Work Education
Eastern Sociological Society
Economic History Association
International Communication Association
Justice Research and Statistics Association
Midwest Sociological Society
National Association of Social Workers
North American Regional Science Council
North Central Sociological Association
Social Science History Association
Society for Behavioral Medicine
Society for Research on Adolescence
Society for Social Work and Research
Society for the Psychological Study of Social Issues
Southern Political Science Association
Southern Sociological Society
Southwestern Social Science Association

Colleges and Universities

Arizona State University
Boston University
Brown University
University of California, Berkeley
University of California, Irvine
University of California, Los Angeles
University of California, San Diego
University of California, Santa Barbara
Carnegie-Mellon University
University of Connecticut
University of Chicago
Clark University
Columbia University
Cornell University
University of Delaware
Duke University
Georgetown University
George Mason University
George Washington University
Harvard University
Howard University
University of Illinois
Indiana University
Iowa State University
Johns Hopkins University
John Jay College of Criminal Justice, CUNY
Kansas State University
University of Maryland
Massachusetts Institute of Technology
Maxwell School of Citizenship and Public Affairs, Syracuse
University of Michigan
Michigan State University
University of Missouri, St. Louis
University of Minnesota
Mississippi State University
University of Nebraska, Lincoln
New York University
University of North Carolina, Chapel Hill
Northwestern University
Ohio State University
University of Oklahoma
University of Pennsylvania
Pennsylvania State University
Princeton University
Rutgers, The State University of New Jersey
University of South Carolina
Stanford University
State University of New York, Stony Brook

Centers and Institutes

American Academy of Political and Social Sciences
American Council of Learned Societies
American Institutes for Research
Brookings Institution
Center for Advanced Study in the Behavioral Sciences
Cornell Institute for Social and Economic Research
Institute for Social Research, University of Michigan
Institute for Women's Policy Research
National Bureau of Economic Research
National Opinion Research Center
Population Reference Bureau
RTI International
Social Science Research Council
Vera Institute of Justice

University of Texas, Austin
University of Texas, Brownsville
Texas A & M University
Tulane University
Vanderbilt University
University of Virginia
University of Washington
Washington University in St. Louis
University of Wisconsin, Madison
University of Wisconsin, Milwaukee
Yale University

COSSA

Executive Director: Howard J. Silver
Deputy Director: Angela L. Sharpe
Assistant Director for Government Affairs: LaTosha C. Plavnik
Assistant Director for Public Affairs: Gina Drioane

President: Kenneth Prewitt

Address all inquiries to COSSA at newsletters@coffa.org Telephone: (202) 842-3525

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

UPDATE is published 22 times per year. ISSN 0749-4394.

