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House Panel Flat Funds NIH, Eliminates NIH Economics Research, Zeros out AHRQ, Attaches Policy Riders Designed to Repeal the ACA

Despite the Supreme Court's decision, the Republican majority in the House of Representatives will

not give up on trying to abolish the new Affordable Care Act (ACA). The House has already voted 33 times to repeal the bill, an action with which the Democratic-majority Senate refuses to concur.

On July 17th, the House Subcommittee on Labor, Health and Human Services, and Education recommended its version of the FY 2013 appropriation bill to the full Appropriations Committee. The measure takes full aim at defunding anything to do with the implementation of the ACA. This includes zeroing out the Agency for Health Research and Quality (AHRQ), which supports comparative effectiveness research designed to help bring down the cost of health care. The Committee called the Agency "a Trojan horse for health-care rationing."

Although the legislation provides \$30.6 billion in funding for the National Institutes of Health (NIH), which is comparable to the President's request and \$100 million less than provided by the Senate Appropriations Committee (see Update, [June 25, 2012](#)), the Committee prohibited NIH from using any of these funds "for any economic research programs, projects, or activities." NIH is supporting research in the Common Fund in the Office of the Director that relates to the ACA. However, the language in the bill makes this a blanket prohibition that would possibly eliminate funding for the Health and Retirement Survey, the Panel Study of Income Dynamics, health disparities research, and other studies that use socio-economic status as a variable

In his opening statement at the mark up, Subcommittee Chair Rep. Denny Rehberg (R-MT) noted that the panel's bill provides \$150 billion in discretionary funding, more than \$6 billion less or four percent below the FY 2012 funding level. Citing the Affordable Care Act (ACA) as an example of how "this Administration is making things worse for all Americans," Rehberg stated that "the only way to change this is repealing the President's health care law in its entirety." Rehberg acknowledges that the "committee cannot repeal Obamacare directly," but it can "prevent it from being further implemented with taxpayer dollars [the Subcommittee] has jurisdiction over. The legislation therefore prevents the Secretary of Health and Human Services from using any funding in this bill to continue to implement Obamacare." The measure "rescinds unspent funds that have already been made available in the health care law itself" and directs the funds to "other, higher priority programs," Rehberg declared.

Rep. Rosa DeLauro (D-CT), Ranking Democrat on the Subcommittee, called the appropriations bill a "reckless document," noting that it is "a single-minded product of the House majority." She also pointed out the decline in spending on programs in this largest of the domestic funding bills. Ranking Member of the full Appropriations Committee Rep. Norm Dicks (D-WA) noted the "serious differences" between him and Rehberg regarding spending priorities. He called the bill "an extremely partisan proposal [which] stands little chance of even being brought up on the House floor." Dicks pointed out that "To begin with, [the bill] provides \$6.8 billion less than was appropriated in the current fiscal year, making deep cuts to vital programs that address basic human needs. ... In addition to the proposed budget reductions in the bill, it also contains a number of policy riders that have no place in an appropriations bill which stand little chance of ever becoming law. Most of these are intended to make political statements . . . especially in this election year." Dicks emphasized that most of the policy riders would "never be accepted by the other body nor signed by the President, so I believe they have no place in the bill."

Policy riders included in the bill would prohibit patient centered outcomes research, require certification that research is "of significantly high scientific value," and that its impact on public health is measurable; and certain travel restrictions.

National Institutes of Health

For the National Children's Study (NCS), the Subcommittee measure provides \$175 million "for continuation" of the Study with "no changes to the current design or Vanguard pilot structure until at least 90 days after the IOM conducts a review of the proposed changes and impact on the results." For the NIH Common Fund, the bill provides \$544.9 million. No funding is provided for the NIH Director's Discretionary Fund. NIH is also directed to ensure that "at least 16,670 new and competing Ruth L. Kirschstein National Research Service Awards are funded in FY 2013 from all

Institute, Center, and Office of the Director accounts within the Department of Health and Human Services, National Institutes of Health." NIH is also directed to "maintain an allocation of 90 percent to extramural activities."

Centers for Disease Control and Prevention

The Subcommittee bill provides \$6.12 billion for the Centers for Disease Control and Prevention (CDC). The Senate provided the agency a budget of \$6.9 billion. Including the Prevention and Public Health Fund, Public Health and Social Services Emergency Fund, and Evaluation Tap transfers, the House bill represents more than an 11 percent cut in CDC resources.

In its non-health related provisions, the bill would zero out the President's major initiative in education-the Race to the Top competition. The Committee recommended \$614.2 million for the Bureau of Labor Statistics, about \$5 million less than the Senate.

The bill will now go to the full Appropriations Committee, possibly the week of July 23. The Committee report with further details should emerge after the full committee mark-up.

Multi-layered Cohort Chosen for NCS Main Study Design; Congress Intervenes

A multi-layered cohort sampling strategy for the Main Study design of the National Children Study (NCS) is being proposed by the administrators of the study, according to a document released on its website that is "intended to structure discussions about the future National Children's Study Main Study sampling design for the National Children's Study Advisory Committee" (NCSAC). An agenda topic for the NCSAC July 24th meeting is a continuation of its discussion from the April meeting (see Update, [April 30, 2012](#)).

NCS, mandated by Congress in the Children's Health Act of 2000, is the largest longitudinal long-term study of environmental and genetic effects on children's health ever conducted in the United States. The study defines "environment" broadly and will take a number of issues into account, including: natural and man-made environmental factors, biological and chemical factors, physical surroundings, social factors, behavioral influences and outcomes, genetics, cultural and family influences and differences, and geographic locations. It will follow 100,000 children from before birth to age 21. Researchers hope to better understand how children's genes and their environments interact to affect their health and development.

According to the posted [document](#), "the rationale for using a layered cohort approach is our perception of differences among the characteristics of each cohort that have logistical, cost or analytic implications and the difficulty of identifying and enrolling a single generalizable sample of women, spanning from preconception to birth, in a practical manner. We propose a set of layered cohorts that would comprise the NCS Main Study sample."

The term "cohort" is defined as "a group of participants who share a common experience such as pregnancy or birth during a designated period and are enrolled in the Study within a defined time frame."

The first layered cohort would be a **multi-stage probability sampled birth cohort**, called the core probability sample, as it would have the simplest recruitment strategy and probably the lowest cost compared with the other layered cohorts. This cohort would be comprised of women enrolled perinatally at hospitals or birth centers. The rationale is that the time of entry into the study would be relatively uniform, and hospitals and birth centers are relatively easy to identify and enumerate for a sampling frame.

This multi-stage probability sample would start with a geographic frame, from which areas with approximately equal numbers of births would be probabilistically selected for the Study; these

would be called Primary Sampling Units (PSUs). It is felt "that limiting the list of hospitals and birth centers to selected geographic areas is more likely to generate a complete and accurate listing." The NCS also favors using geographic areas as the Primary Sampling Units to better control for field work costs and coverage of geographically-based environmental exposures. The number, size and locations of areas to form the geographic frame have yet to be determined. This cohort would have the following potential advantages:

- Probability based sample that could be generalized to live births in the U.S.
- Participants would be enrolled with approximately the same starting point
- High expected rate of participation among selected institutions
- High expected rate of enrollment of newborns
- Broad demographic profile because most births occur in hospitals or birthing centers
- Cost effective based on data from prior studies
- Enhanced feasibility of collection of birth samples (cord blood and placental tissue) as participating hospitals will be known in advance, facilitating establishment of operational aspects of the collection

The major disadvantage is that any prenatal data would be retrospective and based on recall and chart review with little or no opportunity for collection of prenatal environmental or biological samples.

A second layer cohort would be pregnant women who seek health care from prenatal care providers who are on the hospital privilege lists at the same selected facilities used to enroll the birth cohort described above. The women could be enrolled at any stage of pregnancy but the goal would be as early in pregnancy as possible to collect samples and document contemporaneous exposures with a target of eight weeks of pregnancy. Health care providers would be randomly selected from hospital privilege lists provided by the participating facilities for provider lists above a threshold number yet to be determined. If the number of providers was small, then all providers would be contacted. All women who receive care from a selected provider would be eligible independent of domicile address. Pregnant women receiving care from the cooperating providers would be sampled using a systematic approach of one-in-n patients from a list, or a time interval sample.

This cohort would have the following potential advantages:

- Probability based sample that could be generalized
- Leverage infrastructure and cooperation of institutions
- Ability to collect prenatal samples and document exposures prospectively
- Ability to document fetal loss
- Option to combine data with first layered cohort

Potential disadvantages include:

- Variability among various demographic groups with regard to ability to receive prenatal care
- Variable start times within the pregnancy continuum with consequent greater spread among the cohort regarding contemporaneous data collection and a possible bias toward later exposures and events, unless inclusion criteria are adjusted to focus time of entry

A third layer cohort would be preconception women using a broader list of providers than the prenatal providers from the same cooperating facilities as in the first two layered cohorts. The women would be followed for conversion to a pregnant state for up to two (2) years. Once a woman becomes pregnant in this cohort the study will follow her and her child, if the pregnancy results in a live birth, using the same methods as the other two cohorts. The advantage of this cohort is the targeted ability to determine exposures during critical stages of early pregnancy, as well as exposures that may have occurred in the peri-conception period or those leading to infertility. These exposures, as well as early pregnancy outcomes such as fetal loss, may represent the tail end of a distribution that is truncated in the cohort of pregnant women. This

cohort provides the opportunity to model such relationships, while making it logistically feasible to follow and recruit women. It is unlikely that this cohort is an unbiased sample but would favor women with access to health care and other demographic characteristics. Thus, these women would bypass the systematic selection process for the pregnancy cohort or the birth cohort. The NCS is interested in exploring technical methods to relate the data in this cohort to the other cohorts.

This cohort would have the following potential advantages:

- Leverage infrastructure and cooperation of institutions
- Ability to collect preconception samples and document exposures prospectively increasing reliability of exposure assessment
- Ability to document time to pregnancy, infertility and early fetal loss

Potential disadvantages include:

- Cooperation rate among individual providers with refusals potentially introducing bias
- Screening of women for intention to become pregnant has been unreliable and costly in previous arms of the Vanguard Study, therefore this sample might be either highly targeted and therefore not generalizable or inefficient and subject to cost constraints.
- Variability among various demographic groups with regard to ability to receive routine medical care
- Due to variability and potential bias the data may not be able to be combined with the two other probability based layered cohorts

Additional cohorts could come from outside the cooperating institutions and even outside the designated geographic area and would target populations that may be underrepresented for any reason of scientific interest. An example of one of these cohorts would be a small sample of pregnant women residing in a community where fracking is taking place, where the scientific interest lies in the environmental exposure, but the area or number of births may be so small that the probability of selection into any other cohort is low. These cohorts could be part of ancillary studies that would leverage the resources of the NCS. These targeted cohorts will not become part of the larger probability samples described above, although probability-based approaches may be used. The study will analyze these cohorts independently of the core cohorts. The NCS proposes a scientific review process to screen proposals for targeted cohorts for alignment with the Study's goals and prioritization within available resources.

Congress Intervenes

Despite this potential resolution of the sampling strategy for the Study, the NCS will have to contend with language from the Congress directing it to postpone implementing any decisions made with regard to the sampling strategy for the study until the Institute of Medicine conducts a study.

In June, in the report accompanying its version of the FY 2013 appropriations bill providing funding for NIH, the Senate Appropriations Committee directed the Secretary of the Department of Health and Human Services to enter into an agreement within 90 days of enactment of the act with the National Academy of Sciences to review the sampling strategy. Similarly, on July 17th the House Appropriations Subcommittee on Labor, Health and Human Services and Education included in its draft bill language directing that "no changes to the current design or Vanguard pilot structure until at least 90 days after the IOM conducts a review of the proposed changes and impact on the results."

Senate Hearings on ACS and Census Plans for 2020

On July 18th the Senate subcommittee on Federal Financial Management, Government Information, Federal Services, and International Security held hearings on "Census: Planning Ahead for 2020." The

hearing covered both planning for Census 2020 and the future of the American Community Survey (ACS). In May, the House passed an appropriations bill for Census, which included an amendment to abolish the ACS (see Update, [May 14, 2012](#)).

Subcommittee Chairman Sen. Tom Carper (D-DE) opened the hearings by praising Robert Groves, the soon to-be-departed Director of the U.S. Census Bureau, for meeting the challenges of the 2010 decennial and leaving the Bureau after his three-year tenure in much better shape than he found it. On the other hand, Carper noted that the 2010 Census was the most expensive in U.S. history even accounting for inflation. According to Carper, the purpose of the hearing was to make sure that the issues that had led to cost overruns for the 2010 Census were being satisfactorily addressed in the plans for the 2020 Census. Sen. Scott Brown (R-MA) and Sen. Tom Coburn (R-OK) also made introductory comments praising the outgoing director.

Groves lauded the "incredible public servants at the Census Bureau" for meeting the challenges of the 2010 Census despite predictions of disaster from many quarters. Coverage was excellent, \$2 billion was returned to the taxpayers, and key results were provided before the deadline, he told the Subcommittee. Groves acknowledged that the rising cost of the decennial census in recent decades is unsustainable and described the steps Census is taking in preparing for the 2020 Census to increase efficiency and hold down costs. However, according to Groves if the 2013 House Appropriations Bill stands it will "devastate the nation's statistical information about the status of the economy and the larger society" because of the severe (37 percent) cuts to the President's Budget request and because it does not permit spending on the American Community Survey. Under this House-passed budget, Groves asserted that the Bureau would have to delay or stop the crucial preparation for the 2020 Census, would leave incomplete the remaining 2010 Census data products and evaluations, and could not conduct the ACS and Economic Census.

According to Groves, the ACS is the only source of small area estimates of social and demographic characteristics. There is no private sector substitute for the ACS small area estimates. Local communities use the ACS to choose locations for new schools, hospitals, and fire stations. U.S. businesses use the ACS to identify the income, education and occupational skills of consumers and employees in the local product and labor market they serve. The House bill also bans enforcement of the mandatory nature of participation, which, Groves declared, would also degrade the quality of the data and increase the cost of the survey.

Groves said the reduction in the funding voted by the House would force it to terminate the 2012 Economic Census. Done once every five years, the Economic Census provides a benchmark for many of the nation's key economic indicators. Its loss, Groves argued, would degrade the quality of the U.S. National Accounts and their Gross Domestic Product measures rendering these key statistics less useful for making effective economic policy and guiding recovery from the Great Recession. No Economic Census would also degrade producer price indexes, productivity indexes, and indexes of industrial production, and deprive local governments, businesses, and the American public of information that guides decisions on hiring, starting or expanding a business, developing new products or opening new businesses. It would also waste the \$227 million already spent in preparatory activities.

Census Use of Administrative Records

Coburn assured Groves that "you will not see the House number. The worst you will see is what you have now..." He also said Groves should be involved in determining where to cut the budget. He asked for a list of what Congress needs to start doing to permit Census to access administrative records. Both Senator Coburn and Carper raised a number of questions about Census plans and about the ACS.

Todd Zinzer, Inspector General, Dept. of Commerce, reviewed some important challenges encountered by the 2010 decennial; described some of the changes underway to improve the 2020 decennial, and highlighted the key issues in bringing about those changes. The Census Bureau must make fundamental changes in design, cost estimation and risk management for the 2020 decennial census if it is to obtain a quality count for a more reasonable cost. The plans to do this are in place,

but the impending departure of the Bureau's Director puts these plans at risk.

Robert Goldenkoff, Director of Strategic Issues for the Government Accountability Office, found the Census' planning efforts for 2020 off to a good start but recommended the following additional steps: use administrative records to locate and count people; mail bilingual English/Spanish forms to some areas and send a second questionnaire to areas with historically lower response rates; improve IT acquisition and management policies to produce more reliable cost estimates; and use milestones for key decisions to encourage cost-effective enumeration.

The rest of the witnesses reinforced Groves' message about the difficulties the Bureau would face if required to make the severe budget cuts in the House spending bill. Jason Providakes of the MITRE Corporation addressed the "single most important management question for the Census Bureau", i.e., how to effectively and affordably capture value and technology innovation. He recommended eliminating paper, maximizing the use of administrative data, maintaining high-quality and current geographic resources, relying on cloud computing, digital ubiquity and wireless communication to lower infrastructure costs and increase efficiency, and maintaining the trust of people by ensuring security and privacy in the use of collected data.

Jack Baker, Senior Research Scientist at the University of New Mexico and a member of the National Research Council Panel to Review the 2010 Census, stated that with eight years remaining before the 2020 Census, it is possible for the Bureau to conduct the next decennial in a way that achieves large-scale reductions in cost per housing unit while maintaining quality. Baker's testimony focused on effective means for updating the Bureau's geographic data resources, a key aspect of any census design effort. He also said that the ACS is a particularly strong test-bed for 2020 census approaches and systems and urged the Senate to undo the House appropriation amendments that would make ACS response voluntary rather than mandatory and to eliminate it altogether.

Andrew Reamer, Senior Research Fellow, George Washington University, echoing Groves, testified that the ACS small area census data are essential to the proper functioning of government, the economy, and communities. Its elimination would cause economic disruption and job loss, misapplication of scarce community assets and services, and increased waste, fraud, and abuse of government funds. Only the federal government has the capacity and motivation to provide these data. According to Reamer making response to ACS voluntary rather than mandatory would increase the number of complaints about ACS because it would substantially increase the number of personal Census Bureau contacts with households. Reamer calculates that maintaining current data reliability under a voluntary ACS would require a 23 percent increase in the number of households getting the survey, an 18 percent increase in the number of households telephoned, and a 39 percent increase in households visited in person. Reamer suggests a number of ways to address the concerns about invasion of privacy and distrust of government use of data while keeping the response to the ACS mandatory.

House Panel Marks Up 2012 Farm Bill: Administration Unhappy

On July 12, the House Agriculture Committee advanced its version of the 2012 Farm Bill. After a 13-hour mark-up session that lasted past midnight, the Committee approved the bill, the **Federal Agriculture Reform and Risk Management Act (FARRM)**, 35-11.

Not included in the House's bill is the Foundation for Food and Agriculture Research, a non-profit, non-governmental entity to foster public private partnerships within the research community including the Department of Agriculture, other agencies, non-governmental organizations, academia, corporations, private foundations, and wealthy donors. The Foundation, which was included in the Senate version of the bill (see Update, [June 25, 2012](#)), may still survive. It is highly unlikely that the House floor will ever see this farm bill. House leaders are said to be highly reluctant to bring this bill, which includes deep cuts to SNAP (formerly known as food stamps), to the floor for fear that it will spotlight divisions among Republicans and divert attention from the

majority's pre-election agenda. Some other Republicans, including Rep. Frank Lucas (R-OK), Chairman of the Agriculture Committee, are pushing for the bill to have its chance on the floor.

The research title of the bill extends authority for intramural research programs carried out by the Economic Research Service and National Agricultural Statistics Service. It also extends authority for extramural research grants and formula funds programs administered by the National Institute of Food and Agriculture. University research for agricultural activities is reauthorized by the bill for 1862, 1890 and 1994 Land Grant colleges and universities. The Agriculture and Food Research Initiative (AFRI) continues critical agriculture research in the bill by providing competitive grants through integrated research and extension activities. But, while the bill extends the authorization of appropriations for 47 research, extension, and education programs, it also repeals 77 research and extension programs and reports. These repealed items include the Human Nutrition Intervention and Health Promotion Research Program [Section 1424 of the National Agricultural Research, Extension, and Teaching Policy Act of 1977 (7 U.S.C.3174)] and Research Equipment Grants [Section 1462A of the National Agricultural Research, Extension, and Teaching Policy Act of 1977 (7 U.S.C.3310a)] among many others. Further, since no area could go unscathed, it reduces or eliminates authorized funding levels for research by \$500 million.

Agriculture Secretary Tom Vilsack expressed the Administration's strong opposition to the House bill. His statement following the Committee's markup included: "Americans deserve a farm and jobs bill that reforms the safety net for producers in times of need, promotes the bio-based economy, conserves our natural resources, strengthens rural communities, promotes job growth in rural America, and supports food assistance to low-income families. Unfortunately, the bill produced by the House Agriculture Committee contains deep cuts in SNAP, including a provision that will deny much-needed food assistance to 3 million Americans, mostly low-income working families with children as well as seniors. The proposed cuts...wouldn't just leave Americans hungry - they would stunt economic growth. The bill also makes misguided reductions to critical energy and conservation program efforts."

For more information on this bill, including the text of the bill itself, please visit the House Agriculture Committee's website [here](#).

Congress Seeks Sequestration Impact from Administration; 'Profound Consequences' Predicted for HHS, NIH

Both Houses of Congress called on the Office of Management and Budget to report within 30 days on how the sequestration's budget cuts would affect domestic and defense spending. Legislation requiring this action is making its way through the Congress. The House passed its bill on July 18 by a vote of 414-2. The Senate included similar provisions in its version of the farm bill, which passed by voice vote in June. Senate Majority Leader Harry Reid (D-NV) has announced that the Senate will take up the House-passed version the week of July 23.

In the meantime, the Department of Health and Human Services (HHS), responding to Rep. Edward Markey's (D-MA) inquiry regarding the impact of Congress' inability to pass bipartisan balanced deficit reduction legislation, announced that sequestration would have "profound consequences" on HHS' programs.

Ellen Murray, HHS Assistant Secretary for Financial Resources, responded to [Markey's](#) June 7, 2012 request that HHS provide Congress a "detailed account" of how the department plans to apply the automatic cut, known as sequestration. She emphasized that the Department "has the flexibility to determine how cuts are applied through funding, transfers, reprogramming, personnel decisions and other actions."

According to Murray, the cuts projected by the Congressional Budget Office (CBO) would limit HHS' ability to "accelerate scientific knowledge and innovation. The National Institutes of Health would potentially eliminate 2,300 new and competing research project grants, with nearly 300 fewer grants by the National Cancer Institute." Murray also noted that approximately 100,000 children

would lose Head Start services, 12,150 fewer patients would receive benefits from the AIDS Drug Assistance Program, and approximately 169,000 fewer individuals would be admitted to substance abuse programs.

PRB Releases 2012 World Population Data Sheet

The Population Reference Bureau's (PRB), a COSSA member, has released its *2012 World Population Data Sheet*, which offers detailed information on 19 population, health, and environment indicators for more than 200 countries. The release also includes four fact sheets on World Population Trends, Noncommunicable Diseases, the Unmet Need for Family Planning, and the Decline in U.S. Fertility.

Carl Haub of the Bureau analyzed the world trends and noted that world population grew to 7.06 billion in mid-2012 after having passed the 7 billion mark in 2011. Developing countries accounted for 97 percent of this growth because of the dual effects of high birth rates and young populations. Conversely, in the developed countries the annual number of births barely exceeds deaths because of low birth rates and much older populations. By 2025, it is likely that deaths will exceed births in the developed countries, the first time this will have happened in history.

The difficulty, Haub suggested, will also come from the projection that the poorest of these developing countries will see the greatest percentage increase in people. As defined by the United Nations, these 48 countries have especially low incomes, high economic vulnerability, and poor human development indicators such as low life expectancy at birth, very low per capita income, and low levels of education. Of these countries, 33 are in sub-Saharan Africa, such as Burundi, Ethiopia, Mozambique, and Zambia; 14 in Asia, including Bangladesh, Cambodia, Nepal, and Yemen; and one in the Caribbean, Haiti. They are growing at 2.4 percent per year and are projected to reach at least 2 billion by 2050.

PRB President Wendy Baldwin and Lindsey Amato wrote the brief on non-communicable diseases. They concluded: "Non-communicable diseases (NCDs), also referred to as chronic diseases, are the leading causes of death worldwide. In 2008, 80 percent of NCD deaths were in developing countries, up from 40 percent in 1990. NCDs will steadily increase the number of healthy years (or disability-adjusted life years-DALYs) lost in middle-income countries, but the loss will increase very quickly in low-income countries. By 2030, low-income countries will have eight times more deaths attributed to NCDs than high-income countries."

Baldwin and Amato also indicated that NCDs share four main behavioral risk factors, all of which will likely escalate in developing countries: tobacco use, harmful use of alcohol, insufficient physical activity, and unhealthy diet/obesity. According to the World Bank, more than half of the NCD burden could be avoided through health promotion and prevention initiatives. Baldwin and Amato further argued that "relying solely on treatment options to combat NCDs is very costly, particularly in developing countries where governments and health infrastructures are unprepared to respond to this growing problem. A focus on strengthening protective factors and earlier investment in prevention of NCDs among young people is therefore essential." With the world now having the largest cohort of young people in history, they call for focusing on adolescence as "arguably the last best chance to build positive health habits and limit damaging ones."

Unmet Family Planning Needs Vary by Region and Rationale

James Gribble explained the unmet need for family planning. Even when women do not want to have more children or want to wait to have another child, many of them are not using effective methods of family planning, he wrote. Global advocacy and development initiatives, including the recent 2012 London Summit on Family Planning, are highlighting the importance of reaching women who have this problem with information and services that will enable them to space their pregnancies and achieve their desired family size.

Gribble suggested that unmet family planning needs occur for different reasons. He emphasized that

"a country may have high unmet need for a variety of reasons, including limited financing for commodities and services and a poor logistics system that prevents family planning commodities from getting to providers." Yet, at the same time, "many women choose not to use family planning for other reasons as well: side effects, health concerns, cultural and religious objections, lack of knowledge, and objections from a spouse."

In addition, the differences vary by geographic region. In sub-Saharan Africa, the leading reasons are concerns about adverse health effects and side effects and opposition by the woman or her partner. In South Central Asia, one in three women said that she or her partner opposed use of family planning; in contrast, in Southeast Asia, almost four in 10 women did not use an effective method because they were concerned about their health and the method's side effects. Across the three regions, no access and high cost represented a relatively small proportion of the reasons for not using contraception.

Finally, Mark Mather elucidated the decline in U.S. fertility rates. He noted that: "In the United States and other developed countries, fertility tends to drop during periods of economic decline. U.S. fertility rates fell to low levels during the Great Depression (1930s), around the time of the 1970s "oil shock," and since the onset of the recent recession in 2007." The U.S. total fertility rate (TFR) stood at 2.0 births per woman in 2009, but preliminary data from the National Center for Health Statistics show that the TFR dropped to 1.9 in 2010—well below the replacement level of 2.1. This recent fertility decline may be just a short-term response to high unemployment rates, or it may signal a longer-term drop in lifetime fertility, Mather concluded.

For copies of the report and its accompanying charts go to: www.prb.org

50th Anniversary Celebration for NICHD Held on Capitol Hill: COSSA/AEA Exhibits

On July 12, the Friends of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (FNICHD) sponsored a Congressional Reception and Science [Exhibition](#) "Celebrating 50 Years of Research Progress at NICHD."

Janet Currie, Henry Putnam Professor of Economics and Public Affairs at Princeton and Director of its Center for Health and Well Being and Director of the Program on Families and Children at the National Bureau of Economic Research, presented her research at the event. Her appearance, jointly sponsored by COSSA and the American Economics Association, showcased her research on The Economics of Child Health: Evidence from the National Longitudinal Survey of Youth (NLSY).



Janet Currie and NICHD Director
Alan Guttmacher

Currie pointed out that the NLSY, NLS97 and National Longitudinal Survey's Child-Mother file (NLSCM) are unique resources for studying child health. Begun in 1979, the NLSY has followed approximately 12,000 youth aged 14 -21, including siblings along with detailed background information. In 1986, the NLSY began to follow all of the children of the women in the study allowing the study to link mothers and children. A second cohort, begun in 1997 allows for comparison across the cohorts.

The data collected and its availability to independent researchers have allowed more than 6,000 studies to be conducted on such issues as obesity, mental health, accidents, chronic conditions, fertility, child development, and the importance of early life health.

According to Currie, the NLSY data is ideal for making connections between physical and mental health and socio-economic status. It is one of the few data sets available in the United States that track children and families over time. (The Bureau of Labor Statistics had threatened to cut funding for the NLS, but Secretary of Labor Hilda Solis has

overruled them for the time being.)

Currie's research focuses on the health and well-being of children. Her current research focuses on socioeconomic differences in child health, and on environmental threats to children's health from sources such as toxic pollutants. She has also written about early intervention programs, programs to expand health insurance and improve health care, public housing, and food and nutrition programs. Currie is the author of the "The Invisible Safety Net: Protecting the Nation's Poor Children and Families," which summarizes much of this research.

Currie has also served on several National Academy of Sciences panels including the Committee on Population, and was elected Vice President of the American Economics Association in 2010. Additionally, she has also served as a consultant for the National Health Interview Survey and the National Longitudinal Surveys and on the advisory board of the National Children's Study. She is a Fellow of the Society of Labor Economists, an affiliate of the University of Michigan's National Poverty Center, and an affiliate of IZA in Bonn. She is the Editor of the Journal of Economic Literature and on the editorial board of the Quarterly Journal of Economics, and has also served several other journals in an editorial capacity including the Journal of Health Economics, the Journal of Labor Economics, and the Journal of Public Economics.

DeLauro and McMorris-Rodgers Honored

The Friends presented awards to Reps. Rosa DeLauro (D-CT) and Cathy McMorris-Rodgers (R-WA) for serving as champions of the NICHD's broad research portfolio. NICHD Director Alan Guttmacher noted that the Institute "is fortunate to have a mission that transcends party lines... We all know the value of promoting cutting-edge research, and training for the next generation of researchers and doctors." Guttmacher highlighted the remarkable advances made over the last 50 years, noting that many of the "diseases [he] once treated frequently as a resident have since disappeared. We owe that to advances in biomedical research. We have much more to look forward to in our next 50 years."

FNICHD is a coalition of nearly 100 organizations representing scientists, health professionals, families, and other advocates for the health and welfare of children, adults, families, and people with disabilities. COSSA is a founding member of the Friends and its Deputy Director, Angela Sharpe, serves on the Friends' Executive Committee. The group is chaired by Karen Studwell of the American Psychological Association.

For more information about the Friends or to join see:

<http://www.apa.org/about/gr/issues/nih/fnichd.aspx>.

Science and Human Rights Coalition Meets at AAAS

On July 17, the Science and Human Rights Coalition, convened by the American Association for the Advancement of Science (AAAS), held a meeting that included a mix of panels, workgroups, and business sessions. COSSA and many of its governing members are part of the coalition.

The meeting kicked off with updates on the Coalition, which now finds itself three years old. This benchmark provided a convenient time to assess where the Coalition had come from the direction in which it was headed. The Coalition launched in January of 2009 and, since then, has grown from 20 societies to 49 organizations in addition to about 70 individuals. The group has produced a significant amount of work in its three short years, from a primer on scientific freedom and human rights to a webinar on engineering and human rights. The Coalition has delved into many facets of science in pursuit of its mission.

The Coalition has adopted its Plan of Action for 2012-2014 and it will be available online shortly. In the coming years, the Coalition hopes to expand its membership. Margaret Vitullo, Director of Academic and Professional Affairs at the American Sociological Association, speaking about the new

Plan of Action, noted that there will be new benchmarks for associations to help assess whether or not human rights have been mainstreamed within the different disciplines. Vitullo also asked that anyone interested in hosting focus groups contact her. Constance Thompson, diversity and inclusion professional, discussed a webinar about engineering and human rights. The event had 220 registrants and 90 percent of those involved saw a correlation between civil engineering and human rights.

The first panel of the day covered Advancing the Right to Development Through Science and Technology. Stephen Marks, Professor of Health and Human Rights at the Harvard School of Public Health, began the discussion with the assertion that while the right to benefit from scientific progress was a starting point, 20 years later, the right to benefit from and participate in the development process was a large step forward. While this right has been called very weak politically, work has been done to further clarify and elaborate on it, creating a solid core. At this stage the UN has decided to continue to examine the issues.

Iana Aranda, Manager of Technical Programming and Development at the American Society of Mechanical Engineers, spoke about transformative technology. She noted that with 50,000 functional water systems in Africa, one third of all hand-pumps are not working. She discussed a program that lets anyone with a mobile phone input information about an area's water system at any given time, creating a detailed regional picture. For his take on development, Robert Freling, Executive Director of the Solar Electric Light Fund, declared that energy is a human right and yet, 1.5 billion people don't have access to electricity in a world of seven billion. Solar energy, he professed, is now the cheap way to get power to a community off the grid.

The day also included sessions of various working groups and business meetings. For the full agenda, please go [here](#). For more information about the Coalition itself, please visit their website [here](#).

Stephen Kidd New Executive Director of Humanities Alliance

Stephen Kidd has been named Executive Director of the National Humanities Alliance (NHA), a coalition of more than 100 humanities organizations and institutions from around the country committed to advocacy for the humanities. He replaces Jessica Irons, who left earlier in the year. Duane Webster, former head of the Association of Research Libraries, has served as interim executive director since Irons' departure. Kidd will begin his new position on September 4, 2012.

Kidd comes to the Alliance most recently from the Smithsonian Institution, where he served as Director of the Smithsonian Folklife Festival and Associate Director of the Center for Folklife and Cultural Heritage. As Director of the Festival, Kidd forged partnerships with ministries of culture, institutions of higher education, museums, and community-based organizations; represented the Festival's interests on Capitol Hill; raised millions of dollars in funds from diverse sources; oversaw research committees; and represented the scholarship of the exhibitions to a wide range of audiences.

Prior to going to the Smithsonian, Kidd worked in the photo archives at the U.S. Holocaust Memorial Museum. He was also editor of the scholarly journal *American Studies International*.

Kidd graduated from the University of Pennsylvania with a B.A. in American History and minor in English. He received M.Phil and Ph.D. degrees in American Studies from George Washington University. He also studied Irish history and literature at University College, Galway, Ireland.

NAS Committee on Population Seeks New Director

With the coming retirement of Barney Cohen, the National Academies (NAS) seeks a Director for its Committee on Population (CPOP). This panel is a standing committee in the Division of Behavioral and Social Sciences and Education (DBASSE). CPOP was established by the NAS in 1983 to bring the

knowledge and methods of the population sciences to bear on major issues of science and public policy.

As part of the senior management team within DBASSE, the CPOP Director is responsible for designing and executing a program of work aimed at strengthening science-based population policy both domestically and internationally. As such, the Director works closely with the panel's (volunteer) members, currently chaired by Linda Waite of the University of Chicago, to establish a vision and working strategy. The Director will manage all aspects of the work including: supervising program development and project management, including budgeting and operations management, providing leadership and guidance to other members of the staff, while also cultivating a work environment that fosters teamwork.

The Director will work with private foundations and various government agencies to develop fiscal support for program and project activities, recruit and support expert volunteers to serve on the Academy's various consensus panels and other activities, and ensure that all reports and activities undertaken by the Committee achieve the highest level of scholarship. A large fraction of the work involves the design and execution of interdisciplinary advisory committees assembled to generate reports.

The Director will need to have a keen interest in and broad knowledge of domestic and international population issues and substantial experience working at the intersection of research, policy, and practice. A Ph.D. in demography, sociology, or a related social science and at least ten years of related professional experience are required, as are demonstrated superior talents, skills, and abilities in networking and relationship building, project development, fundraising, communications, and project management and leadership. Excellent oral and written communication skills are essential.

For more information go to: <http://national-academies.org> and search under Careers, Current Opportunities by Department - Division of Behavioral & Social Sciences & Education - requisition number 120110-3.

NIA Seeks Secondary Analyses of Comparative Effectiveness, Health Outcomes and Costs in Persons with Multiple Chronic Conditions

Patients who have multiple chronic conditions (MCCs) constitute a majority of the older population and a substantial proportion of younger age groups. More than one quarter of adults have two or more chronic conditions, and 48 percent of older adults have three or more chronic conditions. The prevalence of MCCs among people increases with age and is greatest among older adults. Despite the high prevalence of MCC in the older population, there is great complexity in their treatment and many unanswered questions that may be addressed through comparative effectiveness research in this group.

The National Institute on Aging (NIA) is seeking applications for its Funding Opportunity Announcement (FOA), Secondary Analyses of Comparative Effectiveness, Health Outcomes and Costs in Persons with Multiple Chronic Conditions ([RFA-AG-13-003](#)), using the NIH's Exploratory/Developmental Research Grant Award mechanism (R21).

According to NIA, a crucial strategy in identifying important combinations of conditions for comparative effectiveness studies is to identify specific combinations that create exceptionally high morbidity, pose exceptional difficulties in patient management, and/or incur exceptionally high health care costs. Assessments of existing data can be useful in identifying possible differences in safety and effectiveness of treatments in populations with specific combinations of conditions. Analyses of clinical, research, and administrative databases can provide useful information in this regard for targeting specific combinations of conditions for future evaluation of new interventions or management strategies.

Specifically, the FOA seeks applications on short-term projects involving secondary analyses of data

sets aimed at one or more of the following goals:

1. To assess the public health and health cost impact of specific combinations of two or more conditions in defined older populations,
2. To identify potential differences in effectiveness and safety of different treatment regimens for patients with specific combinations of two or more conditions,
3. To examine alterations in safety or effectiveness of a treatment for one condition related to the presence of one or more specific coexisting condition,
4. To identify and address methodological issues relevant to analyses of the health impact or treatment of multiple chronic conditions.

Examples of methodological studies include but are not limited to examining the validity of reported data measures; and methods to address inferential issues in observational data on treatment effects, such as confounding by indication. Projects may include improved methods to extract information from electronic health records to obtain disease, chronic condition, and outcome measures.

Interested applicants are encouraged to use data from a variety of sources, including those supported through investigator-initiated research activities, cooperative agreements, and contracts from public or private sources. NIH has supported and enumerated many sources of data, including the National Institute on Aging Population Studies [Database](#) and the National Cancer Institute surveys and studies listed. Examples of populations for which databases could be used for such studies include but are not limited to those listed below:

- Observational cohorts assembled to address a specific question and followed prospectively over time with periodic assessments and/or collection of biospecimens.
- Cohorts from large clinical trials testing disease prevention or screening interventions (e.g., Women's Health Initiative); behavioral or medical interventions targeting disease management; or multi-component interventions to ameliorate geriatric conditions or disability trajectory.
- Groups identified by disease or non-disease status for comparison analyses (e.g., hip fracture patients) either retrospectively for risk factors (e.g., case-control studies) or prospectively for health-related outcomes.
- Groups defined by administrative data bases to explore specific hypotheses regarding aging changes across the lifespan or diagnosis and management of medical conditions common among the elderly (e.g., Center for Medicare and Medicaid Services data, managed care plan data, health insurance data bases, electronic health records, etc.)

Applicants should provide a justification of their choice of disease combination(s) to study.

The [definition](#) of comparative effectiveness research for the purpose of the FOA is the one adopted by the Federal Coordinating Council. "Comparative effectiveness research is the conduct and synthesis of research comparing the benefits and harms of different interventions and strategies to prevent, diagnose, treat and monitor health conditions in "real world" settings. The purpose of this research is to improve health outcomes by developing and disseminating evidence-based information to patients, clinicians, and other decision-makers, responding to their expressed needs, about which interventions are most effective for which patients under specific circumstances.

- To provide this information, comparative effectiveness research must assess a comprehensive array of health-related outcomes for diverse patient populations and subgroups.
- Defined interventions compared may include medications, procedures, medical and assistive devices and technologies, diagnostic testing, behavioral change, and delivery system strategies.
- This research necessitates the development, expansion, and use of a variety of data sources and methods to assess comparative effectiveness and actively disseminate the results.

Letters of intent are due September 11, 2012. Applications are due October 11, 2012. For more information and or to apply see see <http://grants.nih.gov/grants/guide/rfa-files/RFA-AG-13-003.html>.

Research to Understand and Inform Interventions that Promote the Research Careers of Students in Biomedical/Behavioral Sciences - Applications Wanted

The National Institutes of Health (NIH) recognizes a unique and compelling need to promote diversity in the biomedical, behavioral, clinical and social sciences research workforce. There is abundant evidence that the biomedical and educational enterprise will directly benefit from broader inclusion. Recent studies have supported the argument that diversity enhances the quality of education in multiple settings. There is no question that the need for a diverse workforce permeates all aspects of the nation's health-related research effort.

Although the NIH currently provides multiple opportunities to develop research careers and to improve participation for individuals from groups with low representation in the biomedical and behavioral sciences, reports from the National Science Foundation (NSF), and others provide strong evidence that diversity remains an important problem that the entire research enterprise must actively address. As part of its mission, NIGMS actively supports programs that would increase the pool of scientists who are members of groups underrepresented in the biomedical and behavioral sciences, including African Americans, Hispanic Americans, Native Americans, Alaska Natives, Hawaiian Natives, natives of the US Pacific Islands, and persons with disabilities. The data clearly show that populations of these groups have historically experienced difficulty gaining access to biomedical and behavioral sciences disciplines, and continue to be underrepresented in those fields.

The National Institute of General Medical Sciences (NIGMS) has reissued its funding opportunity announcement (FOA), Research to Understand and Inform Interventions that Promote the Research Careers of Students in Biomedical and Behavioral Sciences ([RFA-GM-13-009](#)), designed to support research that will test assumptions and hypotheses regarding social and behavioral factors that might inform and guide potential interventions intended to increase interest, motivation and preparedness for careers in biomedical and behavioral research, with a particular interest in those interventions specifically designed to increase the number of students from underrepresented backgrounds entering careers in these disciplines.

The mission of NIGMS is to conduct and support research and research training. A critical aspect of this is the development of a highly skilled workforce. Given that numerous studies have shown that diversity improves the quality of the workforce, NIGMS supports programs to increase the inclusion of groups under-represented in biomedical and behavioral research.

Programs to enhance scientific workforce diversity generally support three main types of objectives: a) increasing the participant pool generally by stimulating students' interest at multiple stages, starting as early as middle school; b) strengthening the participant pool via acquisition of knowledge, academic enrichment and development of skills deemed important for success as a scientist; and c) retaining the participant pool via remediation, support services such as tutoring and financial aid, bridging programs, and activities designed to motivate students for careers in biomedical and behavioral research. The types of interventions supported by the various programs almost always include financial support and encouragement to undergraduate and graduate students from underrepresented backgrounds to participate in biomedical and behavioral research in a variety of academic institutions.

NIGMS notes that while these objectives and interventions are generally held to be necessary, the specifics of their implementation are often based on knowledge of others' presumed best practices and/or implicit assumptions, such as:

1. when students are provided the opportunity to engage in state-of-the-art biomedical and behavioral research, with appropriate facilities, support and mentorship, their appetite will

- be whetted to enter careers in such research; and
2. once focused on research careers, they will show improvement in academic and other skills needed to successfully pursue a research career in these fields. These assumptions are consistent with the experience of many successful scientists and make intuitive sense, and many different programmatic interventions have evolved over the years.

These include creation of institutional environments that aim to promote research among students and faculty, on- or off-campus summer research experiences, attendance at professional scientific conferences and research seminars or journal clubs, tutoring in "gate-keeper" courses, subsidy of GRE preparatory courses, post-baccalaureate transitional research experiences, and individual research fellowships or training-grant support. To date, few interventions are based on theoretically grounded research. Similarly, the ideas underlying these interventions have generally not been synthesized or analyzed systematically. Neither have the interventions been subjected to rigorous research study.

Applicants must state their specific aims, objectives, goals and, in particular, the expected generalizable knowledge to be revealed by their proposed research. Since the focus of this FOA is on students from groups underrepresented in biomedical and behavioral research careers, proposed research involving non-underrepresented students should be comparative, rather than addressing non-underrepresented students exclusively. Applicants must explicitly identify the assumptions underlying the research question(s) to be studied, social science theories to be studied, and/or hypothesis to be tested. Examples of some basic types of questions that might inform this purpose include but are not limited to:

Student Characteristics: Which characteristics of a student (e.g., skills, preparation, attitude, motivation, self-efficacy, values, and knowledge) are more determinative in career choice? Are some characteristics more subject to intervention than others? What is the nature of influence of teachers/mentors or other role models?

Family and Environment: With respect to the decision to enter (or remain) in a research career, what is the influence of peers, family, community, economics and job market? How can these be distinguished, measured, linked to outcomes and productively modified?

Institutional Factors: What is the influence of culture of scholarship among the faculty in motivating high career aspirations in students?

Program-related: What are the specific or purposeful designs of research experiences that are more effective in promoting persistence toward research careers than others, especially among underrepresented students? What are the ways, if any, that diversity programs inadvertently feed into stereotyping, stereotype threat or other psychological negative reinforcers? In what ways does a purposefully constructed program that is inclusive of all groups of students have different effects in this regard?

Most of these questions and the underlying assumptions are complex in nature, and it is expected that their study will require multidisciplinary approaches. Therefore, collaboration among natural, behavioral and social scientists, and other appropriate experts, is considered appropriate and is strongly encouraged. A primary goal of the FOA is to identify principles that would inform practice. Applicants should discuss how recommendations based on results of the proposed research could be used to modify and/or reinforce existing

NIGMS strongly encourages a collaborative effort, when necessary, among biomedical researchers, program administrators, educators, psychologists, sociologists, biostatisticians, and/or economists, etc., as appropriate, who bring complementary and integrated expertise to ensure rigor, validity, generalizability, and integration of the research elements.

Applicants should note that this funding opportunity is not designed to support evaluation of an existing program(s). The purpose is to stimulate research on the underlying assumptions or hypotheses upon which they are built. If development of a database that is designed to address specific research questions is proposed, the rationale for selection of the specific elements must be explained and strongly justified. Similarly, if meta-analysis of available literature is proposed, the

need for such an analysis must be explained and strongly justified.

Program Evaluation

NIGMS notes in the FOA that within ten years of making awards under this program, it will assess the program's overall success in identifying the social and behavioral factors that underlie interventions that effectively promote the motivation and preparation of students for careers in biomedical and behavioral research.

The overall evaluation of the program will be based on metrics that will include, but are not limited to, the following:

- Identification of the relative contribution of factors that contribute to effective interventions
- Identification of the relative contribution of factors that contribute to effective interventions in URMs
- Identification of the relative contribution of factors that contribute to effective interventions in specific educational environments

Upon the completion of this evaluation, NIH will determine whether to (a) continue the program as currently configured, (b) continue the program with modifications, or (c) discontinue the program.

Letters of Intent are due September 24, 2012 at which time applications may be submitted. For more information about the FOA and/or to apply go [here](#).

AHRQ Seeks Applications for Health Services Research Projects for Prevention and Management of Healthcare-Associated Infections

The Agency for Healthcare Quality and Research (AHRQ) [Center for Quality Improvement and Patient Safety (CQIPPS); Center for Outcomes and Effectiveness (COE); Center for Delivery, Organization, and Markets (CDOM); Center for Primary Care, Prevention, and Clinical Partnerships (CP3); and Office of Extramural Research, Education, and Priority Populations (OEREP)] is seeking applications for its funding opportunity announcement (PA-12-240) Health Services Research Demonstration and Dissemination (R18) Projects focused on prevention, reduction, and effective management of healthcare-associated infections (HAIs). AHRQ defines HAIs as infections that patients acquire during the course of receiving treatment for other conditions within a healthcare setting. These infections are a significant cause of preventable illness and death in the United States. According to the agency, at any one time, about one in every 20 hospital patients has an HAI and tens of thousands of patients lose their lives from HAIs each year. These infections impose billions of dollars in excess costs annually.

Consequently, the prevention of HAIs is a top priority for the U.S. Department of Health and Human Services (HHS). The Department published the [National Action Plan to Prevent Healthcare-](#)

[Associated Infections.](#) Additionally, HHS launched the Partnership for Patients, a national effort that seeks to reduce nine specific hospital-acquired conditions, four of which are HAIs, as well as reduce hospital readmissions.

The agency reports that in the coming Fiscal Years, it intends to continue supporting research and demonstration projects that address ways to prevent and more effectively manage HAIs and promote the wide-scale adoption of evidence-based approaches. This FOA announces the availability of funds to support Large Research Demonstration and Dissemination Projects, using the R18 mechanism, in the following broad areas of HAI research:

- Development, demonstration, implementation, and evaluation of strategies and approaches for prevention and management of HAIs.
- Research regarding adoption and implementation (including sustainment and spread/scale-up) of evidence-based approaches for prevention of HAIs.

AHRQ is interested in projects directed to any of the healthcare settings as scientifically warranted, and is interested in all aspects of HAI prevention and management, including, but not limited to, ambulatory care, ambulatory surgery, long-term care, linkage between the various settings of care to improve tracking of HAIs, antibiotic stewardship, and multidrug resistant organisms and *C. diff.* The agency is particularly interested in R18 projects conducted in under-resources health care settings. The Healthcare Research and Quality Act of 1999 directed AHRQ to support demonstration projects for AHRQ priority populations. AHRQ is interested in HAI research demonstration and dissemination projects that include a focus on priority populations such that meaning subgroup analyses can be conducted and results stratified by priority population can be produced.

There is a companion FOA, *Large Research Projects for Prevention and Management of Healthcare-Associated Infections (PA-12-241)*, is seeking applications for Large Research Projects in the following broad areas of HAI research:

- Determination of the clinical efficacy and effectiveness (including unintended adverse consequences) of preventive interventions.
- Characterization and assessment of relevant epidemiological aspects of HAIs, such as patient risk factors, clinical presentation, and sources of antibiotic-resistant organisms involved in the development of HAIs.

AHRQ notes that examination of the cost aspects of HAI preventive interventions and strategies - including but not limited to cost-effectiveness and cost-benefit studies - are of interest to AHRQ and may be included in applications for both R01 and R18 grants, but are not required elements of these applications.

A registration process is necessary before submission and applicants are highly encouraged to start the process at least four weeks prior to the grant submission date - August 25, 2012. For more information and/or to apply see: <http://grants.nih.gov/grants/guide/pa-files/PA-12-240.html>.

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