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President Releases FY 2013 Budget Proposal

On February 6 President Obama released his proposed \$3.8 trillion Fiscal Year (FY) 2013 budget.

Speaking at Northern Virginia Community College on the day of the release, the President noted that "the main idea in the budget is this: At a time when our economy is growing and creating jobs at a faster clip, we've got to do everything in our power to keep this recovery on track." He also suggested that "part of our job is to bring down our deficit," estimated by the Administration at \$901 billion in FY 2013 or 5.5 percent of Gross Domestic Product. Therefore, the President announced: "I'm proposing some difficult cuts that, frankly, I wouldn't normally make if they weren't absolutely necessary. But they are. And the truth is we're going to have to make some tough choices in order to put this country back on a more sustainable fiscal path." He also argued that "reducing our deficit in the long term" allows investments in the things that will help grow our economy right now." One of those things is "investing in basic research."

What follows is a brief description of the proposals for some of the agencies that support social and behavioral science research. **For a fuller explanation of the President's budget request for over 50 of those agencies see the special issue of COSSA Washington Update coming to you on March 19.**

National Science Foundation

The President's budget requests \$7.373 billion for FY 2013 for the National Science Foundation (NSF), a \$340 million or 4.8 percent increase over FY 2012. The Research and Related Activities account, which funds all the research directorates including the one for the Social, Behavioral, and Economic (SBE) Sciences, gets a boost of \$294.2 million, or 5.2 percent, to \$5.983 billion. The proposed increase for SBE is only 5.3 million to \$259.6 million. The Education and Human Resources directorate would go up by \$46.6 million, or 5.2 percent, to \$875.6 million.

NSF director Subra Suresh commented that the proposed budget "reflects an increase in core research funding and moves our nation forward by connecting the science and engineering enterprise with potential economic, societal, and educational benefits in areas critical to job creation and a growing economy."

In FY 2013, according to the proposed budget, NSF will continue to strengthen support for multidisciplinary research, cybersecurity research, building the next generation of computers and expanding their use by all disciplines, and Science, Engineering and Education for Sustainability (SEES).

National Institutes of Health

For the National Institutes Health (NIH) the FY 2013 President's budget maintains funding for the agency at the FY 2012 funding level of \$30.9 billion, "reflecting the Administration's priority to invest in innovative biomedical and behavioral research that spurs economic growth while advancing medical science to improve health." For the newly created National Center for Advancing Translation Sciences (NCATS), the budget provides a total of \$639 million, including \$50 million, an increase of \$40 million, for the Cures Acceleration Network.

The President's FY 2013 budget request for the NIH Office of Behavioral and Social Sciences Research (OBSSR) is \$27 million, the same level as the FY 2012 enacted level. Priorities for the Office in FY 2013 include supporting the NIH Basic Behavioral and Social Science Opportunity Network (OppNet), a trans-NIH initiative to expand the agency's support for basic behavioral and social sciences research. Total NIH-wide support for OppNet in FY 2013 is \$20 million, the same as FY 2012.

In FY 2013, the President's budget request for the National Children's Study (NCS) is \$165 million, a \$28.1 million (14.6 percent) decrease below the FY 2012 funding level of \$193 million. NIH is evaluating alternative sampling approaches designed to reduce costs by building on existing infrastructure, and streamlining administrative components. According to the NIH, as a result of assessing alternative sampling strategies, NCS and NIH leadership considered the overall scientific goals and which of these could be achieved with different strategies. NIH now proposes that the Main Study sampling frame be based on provider location. A consequence of such a proposal is that

the "enrolled population would no longer be a national probability sample, but instead, a well described cohort followed longitudinally...The loss of a probability sample will most affect the statistical generalizability of some relationships among psychosocial and economic parameters and outcomes."

For research designed to enhance health care decision-making, including comparing the risk, benefits, and effectiveness of different medical treatments and strategies (health care delivery, medical devices, and drugs) the HHS budget includes \$599 million in funding. This sum includes \$78 million from the Patient-Centered Outcomes Research Trust Fund established by the Affordable Care Act (ACA). This level of funding will primarily support research conducted by NIH, core research activities within the Agency for Healthcare Research and Quality, and data capacity activities within the Office of the Secretary. Resources from the Trust Fund will support comparative clinical effectiveness research dissemination, improved research infrastructure, and training of patient-centered outcomes researchers.

Centers for Disease Control and Prevention (CDC)

For the CDC, including the Agency for Toxic Substances and Disease Registry (ASTDR), the President's budget proposes \$11.2 billion for FY 2013, an increase of \$39.5 million above the FY 2012 funding level. This covers discretionary authority, mandatory funding, Public Health Service (PHS) Evaluation funds, transfers from the Public Health and Social Services Emergency Fund (PHSSEF), and the Affordable Care Act (ACA) Prevention and Public Health Fund for CDC and ATSDR. It includes \$903.2 million of the \$1.3 billion available from the Prevention and Public Health Fund. The FY 2013 budget request includes increased support for HIV/AIDS and other sexually transmitted disease (\$1.1 billion, \$35.7 million above the FY 2012 level), and emerging and zoonotic infectious diseases (\$331.2 million, some of which will be used to implement evidence-based strategies to prevent healthcare-associated infections.) For CDC's National Center for Health Statistics, the FY 2013 budget request is \$161.8 million, about \$23 million above with the FY 2012 enacted level, but slightly below the President's 2012 request. Despite these increases, the President's request actually cuts \$664 million in base budget authority for CDC compared to FY 2012, bringing the agency down to \$4.991 billion.

Agency for Healthcare Research and Quality

The FY 2013 budget request for the Agency for Healthcare Research and Quality (AHRQ) includes a total program level of \$409 million, \$4 million above the FY 2012 funding level. This total includes \$334 million in Public Health Service (PHS) Evaluation Funds (a decrease of \$35 million below the FY 2012 level), \$62 million from the Patient-Centered Outcomes Research Trust Fund as called for in the ACA, and \$12 million through the Prevention and Public Health Fund. The FY 2013 budget request includes \$281 million to support reach on a wide range of issues affecting the cost, quality, and effectiveness of health care. This is an increase of \$9 million above the FY 2012 funding level.

Agriculture

The Administration proposes \$1.27 billion for the National Institute of Food and Agriculture (NIFA) a reduction of \$82 million from enacted FY 2012 levels. Much of the decrease is made possible through the Department's exclusion of some Farm Bill program costs subject to reauthorization. The Agriculture and Food Research Initiative (AFRI) would increase \$60.5 million above the FY 2012 enacted level to \$325 million, the same number that the President requested in FY 2012. Hatch Act funding would decrease \$1 million from FY 2012 and would receive \$245 million.

The Economic Research Service would go down by \$1 million for FY 2013 to a proposed \$77 million. The National Agricultural Statistics Service would receive an increase of \$20 million bringing its funding level to \$179 million. This increase would go entirely towards fully funding the Census of Agriculture. The President's budget also contains \$1 million for the Regional Rural Development Centers Program.

Education

Under the President's FY 2013 proposed budget, the Institute of Education Sciences would receive \$202.3 million, an increase of \$12.5 million over FY 2012, for its research, development and dissemination activities. The proposed National Center for Education Statistics' budget would increase by \$6 million over FY 2012 to \$114.7 million. The funding for Assessment would decrease by \$6 million to \$132.6 million. The Department argues that despite the reduction "the funds requested are sufficient to enable National Assessment of Educational Progress (NAEP) to fulfill its mission and continue to provide important information on student achievement over time." The proposal also boosts funding for Statewide Data Systems by \$15 million to \$53.1 million.

The Administration's proposed FY 2013 budget accepts the congressional onslaught to the Title VI and Fulbright-Hays international education and foreign language programs, which were cut in half in the FY 2011 budget and have not recovered. The funding level for FY 2013 has a slight \$1.7 million increase for the Domestic Programs, keeps Fulbright-Hays overseas programs level, and does not restore funding to the Institute for International Public Policy. The total proposed budget for these programs is \$75.7 million, which is the same as FY 2011.

The Javits Fellowship program has been absorbed into the Graduate Assistance in Areas of National Need (GAANN) program. The proposed budget level funds GAANN at \$30.9 million in FY 2013. It contains money for including non-competing continuation awards for Javits fellowship recipients.

The major investment in higher education is a proposed \$1 billion for a Race to the Top program that "would drive systemic State reforms that simultaneously lead to increased affordability, quality, and productivity in higher education."

Justice

Within a Department of Justice whose funding would drop by 33 percent from FY 2012, the Administration proposes a \$15 million increase for FY 2013 to \$60 million for the Bureau of Justice Statistics, of which \$36 million is slated for the administration and continued redesign of the National Crime Victimization Survey.

The proposal for the National Institute of Justice (NIJ) base funding is \$48 million, an increase of \$8 million over FY 2012. There is also \$1 million proposed to continue funding of CrimeSolutions.gov, the evaluation clearinghouse program.

Housing and Urban Development

The Office of Policy Development and Research at the Department of Housing and Urban Development would receive \$52 million, up \$6 million from the FY 2012 level.

Labor

The Administration's proposed budget for FY 2013 for the Bureau of Labor Statistics is \$618.2 million, up \$9.2 million from FY 2012. The increases are for another Current Population Survey supplement and for helping the Census Bureau with its supplemental poverty rate estimates. The 2013 request also includes a reduction to the National Longitudinal Surveys (NLS) program, which the Department says "relates to the continuation of elongating the fielding schedules of the 1979 and 1997 cohorts of the NLS Youth surveys. The elongation began in FY 2012."

Science Adviser Testifies to House SST Committee

John Holdren, President Obama's Science Adviser and director of the Office of Science and Technology Policy (OSTP) had a busy week of February 13. On Monday, he presented the President's FY 2013 budget request for research and development during a session at the American

Association for the Advancement of Science. On Wednesday, he held a session for the scientific community on the budget. On Thursday, he spoke on a conference call with over 700 folks interested in that budget. He ended the week on Friday, defending the President's civilian Research and Development (R&D) spending priorities to the House Science, Space, and Technology (SST) Committee.



The hearing was relatively predictable with Holdren and the Democrats on the Committee defending the president's proposals and the Republicans decrying the continued deficits in the overall budget proposal and questioning some of the President's R&D choices.

Holdren couched the R&D budget proposals as part of President Obama's call to "create an American economy that is built to last" by investing in an "environment where invention, innovation, and industry can flourish." The FY 2013 budget, Holdren told the Committee, includes "continuing investment in science and engineering research that can turn ideas into realities." It also, Holdren continued, "recognizes today's difficult economic circumstances and makes tough choices." This was a theme he would return to time and again in responding to committee members who questioned some of the decisions in the budget proposal, especially as it affected programs and projects important to their districts.

SST Chairman Rep. Ralph Hall (R-TX) set the tone in his opening statement by indicating he was going to reiterate what he said to Holdren at last year's hearing on the FY 2012 budget. The Chairman, noting the accumulation of debt under President Obama and continuing deficits in the FY 2013 budget proposal, declared that "this level of spending is not sustainable, and to be perfectly blunt, it's not creating jobs, growing the economy, or improving the lives of the American taxpayer."

With regard to the R&D budget proposals, Hall also expressed his concern that "a disproportionate amount of the increase...is directed toward climate change" which "slows our ability to make innovative and perhaps life-altering advances in other equally, if not more important, disciplines."

The panel's Ranking Member, Rep. Eddie Bernice Johnson, (D-TX) expressed the Democrats' view that: "it is imperative to our future that we continue to prioritize investments that will advance our knowledge, create new industries and jobs, give our children the grounding in science and technology they will need to succeed in a competitive world economy, and improve the quality of life of our citizens. And I believe the President's budget does just that."

During the exchanges with committee members there was considerable discussion about Science, Technology, Engineering and Mathematics (STEM) education. Reps. Johnson and John Sarbanes (D-MD) noted the inventory of government-wide STEM programs released by OSTP last December and Holdren announced that a strategic plan for STEM support devised by the National Science and Technology Council's STEM Subcommittee would soon have its public release.

Rep. Chuck Fleischmann (R-TN), whose district includes the Oak Ridge National Laboratory, asked the age-old question about how to measure the economic impacts of basic research and how to prioritize among areas. Holdren mentioned the STAR METRICS program, which is a partnership between science agencies and research institutions to document the outcomes of science investments to the public. He also remarked that the results of basic research are usually only known after the fact and that at the time NSF funded Sergey Brin and Larry Page we did not know GOOGLE would result. The Science Adviser said we need to continue to rely on peer review as the best method of determining funding priorities.

The hearing included many questions about NASA and Mars, the Energy Department's Office of Science, hydraulic fracturing, the National Labs, and scientific relations with China. The National

Science Foundation (NSF) remained pretty much off the radar screen except for Holdren's testimony on the continuing effort to increase support for the agency as reflected in its proposed increase for FY 2013. (Doubling the budget as called for in the America COMPETES Act has been pretty much abandoned.)

NSF will get its chance to talk about its FY 2013 proposed budget at a hearing on February 28 before the SST panel's Subcommittee on Research and Science Education, chaired by Rep. Mo Brooks (R-AL).

PCAST Releases STEM Undergraduate Report

When the President's Council of Advisers on Science and Technology (PCAST), chaired by John Holdren and Eric Lander, President of the Broad Institute, released its report in September 2010: *Prepare and Inspire: K-12 Education in Science, Technology, Engineering, and Math (STEM) for America's Future* it made a curious distinction in defining STEM (see Update, [September 27, 2010](#)). According to PCAST, "STEM education, as used in this report, includes the subjects of mathematics, biology, chemistry, and physics, which have traditionally formed the core requirements of many state curricula at the K-12 level. In addition, the report includes other critical subjects, such as computer science, engineering, environmental science and geology, with whose fundamental concepts K-12 students should be familiar. **The report does not include the social and behavioral sciences, such as economics, anthropology, and sociology; while appropriately considered STEM fields at the undergraduate and graduate levels, they involve very different issues at the K-12 level**" (my emphasis).

Aside from the strangeness of this bifurcation, there was a sense that when PCAST examined the undergraduate STEM situation the Council would include the social and behavioral sciences. This has not occurred. On February 7, 2012 PCAST released its latest examination of STEM education: *Encourage to Excel: Producing One Million Additional College Graduates with Degrees in Science, Technology, Engineering and Mathematics*. In this report's use of STEM the behavioral and social sciences are again not part of the 'S' in STEM.

The co-chairs of the Committee that produced the new report, S. James Gates, Professor of Physics at the University of Maryland, and Jo Handelsman, Professor of Molecular, Cellular, and Developmental Biology at the Yale School of Medicine, appeared at a briefing on February 7 to discuss it.

Carl Wieman, Associate Director for Science at the White House Office of Science and Technology, opened the afternoon briefing by noting that morning's White House Science Fair that brought science and technology competition winners from K-12 to show off for President Obama and other officials. What is interesting is that two of these invitees received prizes for projects that surely involved social and behavioral science. In one project performed by middle school students from South Carolina, they helped pass a law concerning abandoned boats crowding coastal waterways. The other winner was a Georgia high school student who conducted a case-control study, which according to the White House, surveyed women at a health clinic and found certain personal beliefs had a strong negative influence on the likelihood of patients being open with their physicians and having the recommended screenings. So for purposes of some STEM competitions, the social and behavioral sciences are accepted as part of the definition even in K-12.

The new PCAST report indicates that to produce the one million new STEM graduates requires only a small increase in the number of students who enter college intending to major in STEM fields, but who eventually turn to other majors. Providing better math preparation in high school, ending large lecture classes in introductory STEM subjects, and giving students hands-on research experiences in these subjects, are all necessary to achieve success, according to Gates and Handelsman in their description of the report.

The new PCAST report recommends:

- Catalyzing widespread adoption of empirically validated teaching practices;
- Advocating and providing support for replacing standard laboratory courses with discovery-based research courses;
- Launching a national experiment in postsecondary math education to address the math preparation gap; and
- Encouraging partnerships among stakeholders to diversify pathways to STEM careers.

President Obama's new FY 2013 budget includes \$80 million for a new competition at the U.S. Department of Education (ED) to help prepare effective STEM teachers. The President has also emphasized the importance of community colleges in this endeavor. Martha Smith, President of Anne Arundel Community College in Maryland, spoke at the briefing and noted how her institution has organized a regional STEM Center and will lead, with support from the U.S. Department of Labor, a National STEM Consortium.

Also at the briefing, Edward Ochoa, Assistant Secretary for Postsecondary Education at ED, suggested there is "no magic bullet" to solve the STEM problem. He mentioned the President's proposal to provide the Fund for the Improvement of Postsecondary Education (FIPSE) funding to support a "First in the World" competition that would provide incentives and rewards for innovation and building evidence of what works to reduce costs and improve outcomes. Congress rejected a similar proposal in the FY 2012 budget.

Joan Ferrini-Mundy, Assistant Director for the Education and Human Resources (EHR) directorate at the National Science Foundation (NSF), told the briefing audience that EHR continued to support empirical research to provide an evidence-base for new STEM policies.

Hunter Rawlings, President of the Association of American Universities (AAU), noted his organization's Undergraduate STEM initiative intended to create change in the classroom, especially in the first two years of college. Teresa Sullivan, President of the University of Virginia, which is an AAU member, discussed how part of the AAU initiative must deal with changing the attitudes of professors on how they teach.

The social and behavioral sciences do turn up in the new PCAST report, but in a comparative way. They are used to compare STEM disciplines with social science and humanities disciplines with regard to workforce issues and the difficulty of coursework.

For the full PCAST report, go to:

<http://www.whitehouse.gov/sites/default/files/microsites/ostp/pcast-engage-to-excel-v11.pdf>.

President Obama Nominates Erica Groshen as new BLS Commissioner

On February 16, President Obama nominated Erica Groshen to become the new Commissioner of the Bureau of Labor Statistics (BLS). Her nomination was sent to the Senate for confirmation the same day. Currently, Groshen is Vice President and Economist in the Regional Analysis Function of the Research and Statistics Group at the Federal Reserve Bank of New York, a position she has held since 2010. If confirmed, she would replace Keith Hall whose four-year term ended in January 2012. Jack Galvin has been serving as Acting Commissioner.

Groshen has held numerous other positions at the New York Fed including Vice President and Director of Regional Affairs in the Communications Group; Assistant Vice President in the Microeconomic and Regional Studies Function; Head of Domestic Research; and Head of International Research. She was a Visiting Economist at the Bank for International Settlements in



Basel, Switzerland. Groshen has also been a Visiting Assistant Professor of Economics at Barnard College at Columbia University.

She began her career at the Federal Reserve Bank of Cleveland, where she served as an Economic Advisor and an Economist from 1986 to 1991. She is a Member of the U.S. Bureau of Labor Statistics Data Users' Advisory Committee and serves on the editorial board of *Industrial Relations: A Journal of Economy and Society*. She served with COSSA Executive Director Howard Silver on the 2010 Census Advisory Committee.

Groshen earned her B.S. from the University of Wisconsin-Madison and her M.A. and Ph.D. from Harvard University.

Other Staff Changes

After 35 years in the federal statistical system Lynda Carlson has retired. For the past 12 years she has been the head of the National Science Foundation's (NSF) National Center for Science and Engineering Statistics (NCSES). Earlier known as the Science Resources Statistics division, its name was changed by the 2010 reauthorization of the America COMPETES legislation. Previous to NSF, she held a number of positions at the Energy Information Administration. Jack Gawalt is currently acting head of NCSES.

Kelli Craig Henderson, who has been serving as the Human Subjects Program Officer in the NSF's Social, Behavioral and Economic Sciences directorate (SBE), has been named Deputy Director of the directorate's Social and Economic Sciences division. She replaces Frank Scioli, who retired in 2011. Craig Henderson joined NSF in 2005 after serving as a professor in Howard University's Psychology Department. She is the author of *Black Men in Interracial Relationships* and *Black Women in Interracial Relationships*. She has a Ph.D. in Psychology from Tulane University, an M.S. in Social Sciences from the University of Chicago, and a B.A. from Wesleyan University.

Senate HELP Committee Looks at Costs and Challenges of Treating Chronic Pain

"Chronic pain is a significant public health challenge that has yet to receive adequate attention given the tremendous impact it has on people across the nation," noted chairman of the Senate, Health, Education, Labor and Pensions (HELP) Committee Senator Tom Harkin (D-IA) during his opening statement at the February 14 hearing on the cost of chronic pain. The chairman reported that it is estimated that approximately 116 million adults in America - more than the number affected by heart disease, cancer and diabetes combined - suffer from some sort of chronic pain, costing up to \$635 billion annually in direct medical treatment and lost productivity. "These often debilitating conditions have an impact on many daily activities making it hard for many with chronic pain to meet their own needs," remarked Harkin. Stressing that "chronic pain profoundly affects the quality of life," Harkin emphasized that that it remains one of the most challenging conditions to assess and effectively treat even though it is one of the top reasons for doctors' visits. Given the pervasive impact of chronic pain, the Committee convened the hearing to explore the current state of research, care and education. The hearing also examined the barriers associated with treatment and discussed opportunities for further research and prevention strategies.

Harkin pointed out that as chair of HELP and the Appropriations Subcommittee that examines the budget for the Department of Health, and Human Services he has "long encouraged an ambitious emphasis on pain research at the National Institutes of Health (NIH)." He acknowledged that the leaders of NIH recognized that, despite the fact that every institute and center addressed some aspect of chronic pain, none had sole responsibility nor were they coordinating the research. This lack of coordination, stressed Harkin, limited the attention given to pain research. Accordingly, in 2003, NIH "took a huge step forward by creating the Pain Consortium." Despite the advances made by the Consortium, "much more needs to be done by NIH and across the federal government to address the unanswered questions surrounding diagnosis, treatment, and prevention of chronic pain," said the Chairman.

NIH Principal Deputy Lawrence Tabak testified on behalf of the NIH and highlighted the activities in which the NIH is collaborating with other Federal agencies to implement the Affordable Care Act provisions for advancing pain research and treatment. Tabak explained that chronic pain can last for several months or more and can be a debilitating symptom of long-term diseases like arthritis, diabetes, or cancer. He noted that "paradoxically, the very success of medicine in improving survival from cancer, heart disease, HIV/AIDS, stroke, traumatic brain injury, and many other diseases has increased the number of people confronted by chronic pain because more people are living with conditions that can lead to chronic pain." The overall aging of the population results in more people suffering from painful conditions such as arthritis. "Thus, pain is not only a current public health challenge, but an increasing problem for the future," he testified.

Perhaps the most important modern insight about chronic pain, Tabak explained to the Committee, "is that chronic pain, however it begins, can also become a disease in and of itself... this recognition of chronic pain as a disease, together with an increased understanding of the maladaptive physiological and psychological changes that underlie the persistence of pain, has important implications for how we study pain, treat pain, and structure our health care systems to provide care to patients suffering from pain." The Institute of Medicine's (IOM) report, *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*, contains a wealth of information and recommendations for the long-term scientific, medical, and societal response to the public health problem of chronic pain, Tabak said. The report, he noted, contains specific recommendations for NIH and the agency is responding quickly to these, including implementing the suggestion that a specific NIH institute receive designation as the lead for its pain research efforts. Accordingly, the National Institute of Neurological Disease and Stroke (NINDS) has been given this role. In addition, NINDS director Story Landis is chairing the Executive Committee of the trans-NIH Pain Consortium consisting of five institute and center directors.

Philip A. Pizzo, Stanford University School of Medicine, chair of the IOM's Committee that produced its report, shared with the HELP Committee some of the conclusions and recommendations from the report. An overarching conclusion from the report, said Pizzo, is that to reduce the impact of pain and the resultant suffering will require a cultural transformation in how pain is perceived and judged both by people with pain and by the health care providers who help care for them. The IOM Committee's recommendations serve the goal of creating a comprehensive, population-level strategy for pain prevention, management and research. The scope of the problem in pain management is daunting and the limitations in knowledge and education of health care professionals are glaring, he concluded.

The IOM Committee stressed that because "pain often produces psychological and cognitive effects - anxiety, depression, and anger among them - interdisciplinary, biopsychosocial approaches are the most promising for treating patients with persistent pain. It also pointed out that such care is a "difficult-to-attain ideal, impeded by numerous structural barriers - institutional, educational, organizational, and reimbursement-related."

Hearing witness John Sarno, New York University School of Medicine, explained to the Committee that "contemporary medicine does not recognize the psychological basis for a segment of common pain syndromes." Sarno emphasized the need to raise consciousness both inside and outside the field of medicine to help change people's perception of the cause of the common pain syndromes which represent a major public health problem. "Science requires that all new ideas be validated by experience and replication. It is essential that these ideas be subjected to research study in the future."

The Report

According to the IOM report, improvements in state and national data are needed to: (1) monitor changes in the incidence and prevalence of acute and chronic pain; (2) document rates of treatment or under treatment of pain; (3) assess the health and societal consequences of pain; and (4) evaluate the impact of related changes in public policy, payment and care. The data, the

Committee pointed out, need to be based on standardized questions, preferably using existing international standards over time and across populations. Accordingly, its recommendations included:

- Improve the collection and reporting of data on pain.
- Create a comprehensive population health-level strategy for pain prevention, treatment, management, and research.
- Promote and enable self-management of pain.
- Develop strategies for reducing barriers to pain care.
- Provide educational opportunities in pain assessment and treatment in primary care.
- Support collaboration between pain specialists and primary care clinicians, including referral to pain centers when appropriate.
- Revise reimbursement policies to foster coordinated and evidence-based pain care.
- Provide consistent and complete pain assessments.

In addition to recommending the designation of a lead institute at the NIH responsible for moving pain research forward, and an increase in the support for and scope of the Pain Consortium, the IOM's recommendations surrounding the research challenges in this area included:

- Improve the process for developing new agents for pain control.
- Increase support for interdisciplinary research in pain. It recommended that other federal agencies, such as the Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, Department of Defense, the Department of Veterans Affairs, along with private funders of pain research should increase support for interdisciplinary research and training on pain-related disease and deficiencies.
- Increase the conduct of longitudinal research in pain.
- Increase the training of pain researchers.

Living Well with Chronic Illness: A Call for Public Health Action– Research Needed

In recognition that chronic illnesses have emerged as a major health concern of Americans in recent decades, the Institute of Medicine (IOM)-appointed Committee on Living Well with Chronic Disease: Public Health Action to Reduce Disability and Improve Functioning and Quality of Life (Board on Population Health and Public Health Practice) recently issued its findings in a new report -- *Living Well With Chronic Illness: A Call for Public Health Action*. The report is intended as a guide for "immediate and precise action to reduce the burden of all forms of chronic illness through the development and implementation of cross-cutting and coordinated strategies to help Americans live well."

In the report's foreword, IOM President Harvey Fineberg stresses that "coping with chronic illness is not America's challenge alone," and highlights the fact that in September 2011, the United Nations addressed the topic as a principal theme at a plenary gathering. "The rising burden of chronic disease affects countries at every position on the economic spectrum," Fineberg states. He further emphasizes that each country has much to learn from others, recognizing that differences in culture, conditions, and circumstances will demand distinctive solutions.

The IOM Committee concluded that all chronic illnesses have the potential to reduce population health by limiting individual capacity to live well. It further pointed out that there are domains of chronic disease management for which there is not enough research or program evaluation from a public health perspective. Therefore, "much more needs to be done."

Because chronic disease is a public health as well as a clinical problem, the Committee stressed that a "population health perspective for developing strategies, interventions, and policies to

combat it is critical." A population perspective, the Committee explains, considers how individuals' genes, biology, and behaviors interact with the social, cultural, and physical environment around them to influence health outcomes for the entire population. The perspective informed the development and use of four frameworks by the Committee in the study:

1. An integrated framework on determinants of health, health outcomes, and policy that was built on prior frameworks. The interactions in this framework helped identify which strategies are likely to offer the greatest promise to improve health for individuals living with chronic illness. The framework addressed "a principal aim of interventions to reduce chronic illness morbidity.
2. A living-well framework was developed to inform the consideration of policies and the allocation of resources about the interactions among individual, behavioral, social, and environmental characteristics that shape important problems related to chronic illness.
3. The third framework, depicting a pyramid of layered intervention strategies to promote living well, presented the nature and scope of public health policies and other interventions.
4. A framework used to describe the great variation in the causes, onset, clinical patterns, and outcomes of specific chronic diseases.

Chaired by Robert B. Wallace of the University of Iowa, the Committee's task included addressing a set of seven questions:

1. What consequences of chronic diseases are most important to the nation's health and economic well-being?
2. Which chronic disease should be the focus of public health efforts to reduce disability and improve functioning and quality of life?
3. Which populations need to be the focus of interventions to reduce the consequences of chronic disease including the burden of disability, loss of productivity and functioning, health care costs, and reduced quality of life?
4. In which population-based interventions can health achieve outcomes that maintain or improve quality of life, functioning, and disability?
5. How can public health surveillance be used to inform public policy decisions to minimize adverse life impacts?
6. What policy priorities could advance efforts to improve life impacts of chronic disease?
7. What is the role of primary prevention (for those at highest risk), secondary, and tertiary prevention of chronic disease in reducing or minimizing life impacts?

Recommendations

The IOM Committee did not recommend a specific set of diseases on which to focus public health action. Instead, it described nine "exemplar diseases, health conditions, and impairments that have notable implications for the nation's health and economy; impact quality of life and functional status; cut across many chronic illnesses; complicate and/or increases risks for multiple chronic conditions (MCCs); and impact the community, families, and caregivers of those with chronic illnesses." The nine exemplar diseases are: arthritis, cancer survivorship, chronic pain, dementia, depression, type 2 diabetes, posttraumatic disabling conditions, schizophrenia, and vision and hearing loss. It made 17 recommendations without priority order or measured ranking, including:

1. Centers for Disease Control and Prevention (CDC) should select a variety of illnesses for special consideration based on a planning process that first and foremost emphasizes the inclusion of chronic illnesses with cross-cutting clinical, functional, and social implication that impact the individuals who live with them.
2. Address intervention issues for living well with MCCs, including that the CDC should emphasize MCC prevention by selecting for execution and evaluation one or more exploratory public health interventions aimed at preventing or altering the course of new

disease occurrences in patients with MCCs or who are at risk for them. This might include established approaches, such as tobacco control, or experimental approaches, such as metabolic or genetic screening.

3. CDC support the greater use of new and emerging economic methods, as well as those currently in use, in making policy decisions that will promote living well with chronic illnesses, including: (a) those with greater use of cost-effectiveness techniques; (b) more exploitation of methods used in determining national health accounts, but for specific and important chronic illnesses with long-term outcomes; (c) enhanced consideration of opportunity costs for various program decisions; and (d) those with a greater focus on economic evaluation of interventions that involve MCCs and cut across a variety of community settings.
4. CDC should conduct rigorous evaluations of its funded chronic disease prevention programs to include the effects of those programs on health-related quality of life and functional status.
5. The public and private research funders should increase support for research and evaluation of the adoption and long-term maintenance of healthy lifestyles and effective preventive services in persons with chronic illness. Support should be provided for implementation research on how to disseminate effective long-term lifestyle intervention in community-based settings that improve living well with chronic illness.
6. The Secretary of HHS should encourage and support pilot tests by health care systems to collect patient-level information, share de-identified data across systems, and make them available at the local, state and national levels in order to monitor or improve chronic illness outcomes. These data should include patient self-reported outcomes of health-related quality of life and functional status in persons with chronic illness.
7. The Secretary of HHS should establish and support a standing national work group to oversee and coordinate multidimensional chronic diseases surveillance activity, including obtaining patient level data on health-related quality of life and functional status from electronic medical records and data on the implementation and dissemination of effective chronic disease intervention at the health care system and the community levels, including longitudinal health outcomes.

A pre-publication copy of the report is available at:
http://www.nap.edu/catalog.php?record_id=13272.

A final hardcopy bound version of the report will be available in late April.

Woteki Releases Action Plan for Research, Education, and Economics at USDA

On February 6, Catherine Woteki, Under Secretary for Research, Education, and Economics (REE) at the Department of Agriculture (USDA), released the new REE Action Plan. Building on a 2008 Farm Bill provision and after extensive consultations with USDA's stakeholders and partners, the Action Plan is meant to enable REE to focus resources on the opportunities and challenges ahead for American agriculture.



USDA's REE mission area is the cornerstone of all public sector investments in food and agricultural science, education, economics, and extension in the United States. Comprised of the Agricultural Research Service (ARS), the National Institute of Food and Agriculture (NIFA), the Economic Research Service (ERS), and the National Agricultural Statistics Service (NASS), REE is dedicated to addressing the critical issues that keep our food supply safe and secure, improve nutrition for lifelong health, address climate and energy needs, and ensure the sustainable use of our natural resources. In the Plan's preamble Woteki declared that "The time is right to reinvent and reimagine a research and development partnership between the Federal Government and the States to face today's many challenges. And, we need to craft a new compact with America-its States, its agricultural producers, its consumers, and its colleges and universities, and the private sector-to bring into existence a renewed agricultural enterprise capable of feeding the world and inventing

new technologies and energy sources needed in the decades to come."

The Action Plan is organized in a series of seven goals with corresponding challenges, strategies and actionable items designated to specific agencies. Those goals are:

- Local and Global Food Supply and Security
 - Crop and Animal Production
 - Crop and Animal Health
 - Crop and Animal Genetics, Genomics, Genetic Resources, and Biotechnology
 - Consumer and Industry Outreach, Policy, Markets, and Trade
- Responding to Climate and Energy Needs
 - Responding to Climate Variability
 - Bioenergy/Biofuels and Bio-based Products
- Sustainable Use of Natural Resources
 - Water Availability: Quality and Quantity
 - Landscape-Scale Conservation and Management
- Nutrition and Childhood Obesity
- Food Safety
- Education and Science Literacy
- Rural Prosperity/Rural-Urban Interdependence

The Action Plan calls for research, partnerships, and programs in every area from NASS, ARS, NIFA, and ERS. Some notable actionable items are:

- Conduct analyses of the benefits and costs of policies to change behavior in order to improve diet and health, including nutrition education, labeling, advertising, taxes and subsidies, and regulation. (ERS)
- Develop, evaluate, and support the implementation of effective strategies to encourage healthy choices that enhance health and prevent obesity/related diseases at the individual and community levels. Economic evaluations including controlled experiments testing alternative policies in real world contexts and translational activities that utilize the nationwide capacity of the Cooperative Extension Service and the Expanded Food and Nutrition Education Program focusing on high-risk groups. (ARS, ERS, NIFA)
- Investigate mechanisms for overcoming the impediments to broadband technology access and adoption in rural areas. (ERS)
- Identify and transfer knowledge about the characteristics and factors that contribute to the success of local and regional food systems and their contribution to economic investment and development and human well-being. (ERS, NIFA)
- Develop partnerships with community/economic development organizations to promote adoption of USDA research outcomes for commercialization by rural entities. (ARS, ERS, NIFA)
- Help small businesses develop partnerships with colleges, universities, and/or Federal laboratories for research, development, and commercialization of new technologies, products, and services to enhance the vitality of rural communities. (ARS, NIFA)

The full Action Plan can be found on the REE website [here](#).

Any questions about the Action Plan should be directed to Karen Hunter at (202) 260-3988 or karen.hunter@osec.usda.gov.

Senate Begins Hearing Process to Draft New Farm Bill

On February 15, the Senate Committee on Agriculture, Nutrition and Forestry, chaired by Sen. Debbie Stabenow (D-MI), kicked off what will be a long series of hearings leading up to the reauthorization of the farm bill. This particular hearing was scheduled to focus on Energy and

Economic Growth for Rural America. Secretary Tom Vilsack of the Department of Agriculture (USDA) sat alone on the first panel to address Senators' questions about not only programs affecting rural America, but also Senators' special areas of concern in the President's recently released budget. Two panels composed of various rural entrepreneurs and stakeholders followed the Secretary speaking to programming priorities and opportunities for streamlining.

Stabenow opened the hearing by noting that, with agriculture contributing over 16 million jobs in the U.S., "the farm bill is a jobs bill." The hearing would focus, she declared, on rural economic strategies to ensure that rural communities benefit from this bill. The Ranking Member, Sen. Pat Roberts (R-KS) was quick to reference the current budget situation and the need to "look at what is working and what isn't." Roberts added that he hoped to look at the complexity of programs to determine whether USDA has the ability to implement programs effectively and ensure that they are not duplicative.

Vilsack began by detailing just how dependent rural America is on government-funded jobs. The goal, he said, must be to get private organizations excited to invest in rural America. Biofuels quickly became a focus of the hearing with the Secretary noting that as we move towards the goal of producing 36 billion gallons of renewable fuel we're also talking about billions of jobs, many presumably in rural America. He recommended expanding the terms of an existing business and industry guaranteed loan program to include qualified businesses manufacturing innovative bio-based products made from energy feedstocks. Under current rules, loans go to projects that are already deemed commercially viable, but Vilsack said the program should be flexible enough to encourage new ventures and jobs in rural America.

When Roberts questioned Vilsack about the recently commissioned White House Rural Council, he responded that the council is investigating the need for more venture capital in rural areas and encouraging investors to look into opportunities to put credit into those areas. The Council should make some formal announcements regarding this in the next month or so, according to Vilsack.

The hearing was frequently pulled off topic to provide Senators with an opportunity to express their disappointment with the large hit crop insurance took in the President's budget. In response the Secretary spoke about increased rural development as an alternative "safety net" for farmers. In addition, Vilsack declared that USDA doesn't need 40 programs in rural development, but it desperately needs the flexibility to craft programs' actions to different situations.

Charles Fluharty, President and CEO of the Rural Policy Research Institute, testified that we need to focus on innovation, streamlining, and leveragable safety nets for economic development and entrepreneurs. Like the Secretary, Fluharty also acknowledged the need to expand, align, and leverage very scarce rural resources in order to create a real safety net that allows rural America to develop and thrive. He also noted that USDA must support private sector based innovation and entrepreneurship in rural regions.

For more information on this hearing, including a full recording, please visit the Senate Committee on Agriculture, Nutrition and Forestry's webpage [here](#).

Secretary Duncan Announces RESPECT Program

Aretha isn't the only one who wants R.E.S.P.E.C.T. Part of the Obama Administration's FY 2013 proposed budget for the Department of Education includes a new \$5 billion competitive program to encourage states and districts to work with teachers, unions, colleges of education and other stakeholders to reform the field of teaching. The new program called the RESPECT Project (Recognizing Educational Success, Professional Excellence and Collaborative Teaching), is designed to initiate a national conversation led by classroom teachers working temporarily for the Department of Education to help provide input on the administration's FY 2013 budget proposal, and spark a dialogue that results in a sustainable transformation of the teaching profession.

Speaking at a town hall meeting with teachers, Secretary of Education (ED) Arne Duncan said: "Our goal is to work with teachers and principals in rebuilding their profession and to elevate the teacher voice in federal, state and local education policy."

The Department will develop the details of the program through budget negotiations with Congress and the competition process itself, but education officials said the program would seek to address a range of issues, among them: reforming teacher colleges and making them more selective; linking earnings more closely to performance rather than simply longevity or credentials; reforming tenure to raise the bar, protect good teachers, and promote accountability; and building evaluation systems based on multiple measures, not just test scores.

The RESPECT program would follow the general format of ED's other major reform program, Race to the Top, with states designing their own proposals for teacher improvement and the Department selecting ones for multiyear funding.

"We need to change society's views of teaching from the factory model of yesterday to the professional model of tomorrow, where teachers are revered as thinkers, leaders and nation-builders," Mr. Duncan proclaimed.

For more information go to:

http://www.ed.gov/blog/wp-content/uploads/2012/02/RESPECT_Program.pdf.

NCHS Board of Scientific Counselors Meets

On February 9 and 10, the Board of Scientific Counselors (BSC) to the National Center for Health Statistics (NCHS), part of the Centers for Disease Control and Prevention (CDC), held a meeting at NCHS headquarters. The meeting, which covered a variety of topics, was called to order by Lee Cornelius, Professor at the University of Maryland School of Social Work and Chair of the BSC.

NCHS Director Edward Sondik updated the Board on the Center's programs, first discussing the release of the National Health and Nutrition Examination Survey (NHANES) data and the latest data on obesity. The first year of the three-year longitudinal survey of changes to physician workflow from electronic health records adoptions is complete according to Sondik's presentation. This survey was sponsored by the HHS Office of the National Coordinator for Health Information Technology and the 2011 data will be released in four months. Sondik also noted that data collection for the 2011 National Survey of Children's Health is nearly complete. Timeliness of reports has improved at NCHS with the preliminary report for 2010 births published November 2011 and the Preliminary 2011 reports for birth and death on track for release in the summer of 2012.

Survey Updates

Lisa Broitman, Deputy Director of the Division of Health and Nutrition Examination Surveys, delivered an update on NHANES. She began by discussing the 2009-10 data release which began in September; currently around 50 percent of data files are out. For 2011-2014 NHANES will oversample Hispanics, African Americans, low-income Whites, persons age 60 and older and Asians. There are some significant challenges associated with conducting an Asian oversample including communication (numerous translations are necessary) and response rates. Endorsement letters, translated outreach materials, and interpreters have all been employed to address these issues. The window for letters of intent regarding proposed content changes for NHANES 2013-2014 is now closed. All questions on the NHANES and National Health Interview Survey (NHIS) will be compared, with both surveys modifying questions so that the same information is collected with the same question. Some proposed content changes include Human Papilloma Virus swab collection in males 14-59 and a bone density test for people 50 and older.

The NHANES National Youth Fitness Survey (NNYFS) has presented many challenges in timing,

funding, space, and scheduling. A mere five months passed from the first conference call with expert consultants to the start of a feasibility study, and a mere three months from the end of that to the first NNYFS dress rehearsal. This was record planning and implementation for an NHANES survey. There were similar issues presented by funding the endeavor; NNYFS planning began without assurance of Affordable Care Act funding. Nevertheless, two dress rehearsals were completed in 2011 and the first stand of 2012 was completed on January 29.

Rosemarie Hirsch, Deputy Director of the Division of Health and Nutrition Examination Surveys, provided an NHANES DNA update. She began by noting that there have been advances in genetics technology that have increased the potential for incidentally discovering clinically relevant findings. This has led to changes in medical ethics guidance. The blanket non-disclosure form which participants have signed in previous years agreeing to never be contacted again is no longer appropriate. It was determined that information bearing a "dire duty to warn" should be reported back to participants. EGAPP (Evaluation of Genomic Applications in Practice and Prevention) is responsible for this determination. The Ethics Review Board (ERB) concluded that a one-time re-contact to inform all prior participants of consent changes was appropriate. Many on the Board felt this plan was both inefficient and inappropriate since thousands would needlessly receive calls and likely be concerned. The board will notify the ERB of its concerns.

Health Indicators Warehouse

Amy Bernstein, Chief of the Analytic Research Branch at the Office of Analysis and Epidemiology (OAE), delivered an update on the Health Indicators Warehouse. After countless requests to run statistics for indicator projects, the Health Indicators Warehouse was created so that people might run their own comparisons. It is meant to:

- Provide a single, user-friendly, source for national, state, and community health indicators;
- Meet needs of multiple population health initiatives;
- Facilitate harmonization of indicators across initiatives;
- Link indicators with evidence-based interventions; and
- Serve as the data hub for the Department of Health and Human Services' Community Health Data Initiative, a flagship open government initiative to release data; encourage innovative application development; and catalyze change to improve community health.

Over time more bricks of data have been added and standardized. In January downloaded Excel files were streamlined to separate out data from metadata, delete extraneous information, and to allow for download in Excel 2010 and 2003 separately, with additional documentation about downloading. Since the official release on February 11, 2011 the Warehouse has had approximately 150,000 visitors in 160 countries and all 50 states. Some on the Board suggested social media as a means of further outreach to alert people of the availability of this data. The Health Indicators Warehouse can be found at <http://healthindicators.gov/>.

For more information on BSC meetings please visit their website [here](#).

NIEHS Seeks Comments on 2012-2017 Draft Strategic Plan

The National Institute of Environmental Health Sciences (NIEHS) is seeking comments on its 2012-2017 strategic plan. **Comments are due by February 27, 2012.**

The draft plan outlines 11 goals:

- Identify and understand fundamental shared mechanisms or common biological pathways underlying a broad range of complex diseases, in order to enable the development of broadly applicable prevention and intervention strategies. This goal includes understanding the

normal processes of human development and identifying environmental factors that can contribute to the altered function.

- Understand the individual susceptibility across the life span to chronic, complex diseases resulting from environmental factors, in basic and population-based studies to facilitate prevention and decrease public health burden. Study the factors that determine individual susceptibility to environmental stressors across the lifespan.
- Transform exposure science by enabling consideration of the totality of human exposures and links to biological pathways and create a blueprint for incorporating exposure science into human health studies.
- Understand how combined environmental exposures affect disease pathogenesis, including understanding how non-chemical stressors (including socioeconomic, behavioral factors, etc.) interact with other environmental exposures to impact human health outcomes, and identify preventive measures that could be taken.
- Identify and respond to emerging environmental threats to human health on both a local and global scale. Focus on research needs to help inform policy responses in public health situations in which lack of knowledge hampers policymaking.
- Establish an environmental health disparities research agenda to understand the disproportionate risks of disease and to define and support public health and prevention solutions in affected populations. Conduct community-based participatory research. Include research in and education on the ethical, legal and social implications of EHS research, including human participation issues, research integrity, reporting results, and other issues. Develop and recommend or implement interventions to reduce or eliminate environmental exposures that cause the greatest burden of disease to affected populations.
- Use knowledge management techniques to create a collaborative environment for the EHS community to encourage an interdisciplinary approach to investigate, analyze, and disseminate findings. Develop bioinformatics, biostatistics, and data integration tools to conduct interdisciplinary research for application to environmental health science. Develop and invest in publicly available resources and computational tools for integration and analyzing environmental health data.
- Enhance the teaching of EHS at all levels of education and training (K-professional) to increase scientific literacy and generate awareness of the health consequences of environmental exposures. Develop critical training programs in EHS research tailored for multiple groups (students, postdocs, foreign scientists and science teachers).
- Inspire a diverse and well-trained cadre of scientists to move our transformative environmental health science forward; train the next generation of EHS leaders from a wider range of scientific disciplines and diverse backgrounds. Foster cross-disciplinary training in areas that are necessary but underrepresented in EHS (informatics, engineering, biobehavioral, etc.). Recruit trainees from other disciplines to diversify the science base. Increase diversity within training programs for environmental health scientists.
- Evaluate the economic impact of policies, practices, and behaviors that reduce exposure to environmental toxicants through prevention of disease and disabilities; invest in research programs to test how prevention improves public health and minimizes economic burden. Measure economic benefits and comparative effectiveness of NIEHS investments, employing health economics as part of the NIEHS research agenda - developing the tools and databases to advance the research.
- Promote bidirectional communication and collaboration between researchers and stakeholders in orders to advance research translation in the environmental health sciences. Develop an integrated searchable knowledge base on the impact of environment of health.

The entire draft NIEHS Strategic Plan Goals are available at:
<http://www.niehs.nih.gov/about/od/strategicplan/index.cfm>.

NIH Seeks Comments on Scientific Strategic Plan for Proposed New Addiction Institute

The National Institutes of Health (NIH) has issued a request for information (RFI) for the Scientific Strategic Plan for the proposed new Institute, with the working name of the National Institute of Substance Use and Addiction Disorders, through inclusion in the President's Budget for FY 2014 (see Update, [June 13, 2011](#)).

According to the RFI, a planning committee that includes scientific representatives from the potentially affected Institutes and Centers is developing a Scientific Strategic Plan for the proposed Institute with the primary goal of identifying new scientific opportunities that are not currently supported in the existing NIH research portfolios and public health initiatives on substance use, abuse, and addiction-related disorders.

The NIH has developed a preliminary list of potential scientific opportunities and public health needs that are not sufficiently addressed within the existing NIH structure. The list includes:

- Developing a compendium of the pharmacokinetic and pharmacodynamic interactions between alcohol and the therapeutics used to treat general medical and psychiatric conditions (e.g., hypertension, diabetes, epilepsy, depression);
- Encouraging research on the generation of novel metabolites resulting from the *in situ* interaction of alcohol with opiates, stimulants, hallucinogens, or inhalants (e.g., the production of cocaethylene when alcohol and cocaine are co-ingested) and their pharmacokinetic and pharmacodynamic properties and toxicity;
- Understanding the mechanisms by which alcohol and other drugs of abuse increase risk for certain diseases (e.g. cancers), particularly when used in combination;
- Developing strategies to enhance stakeholder interest in developing medications to treat various addictions, including nicotine and alcohol;
- Engaging the medical community in prevention and treatment of drug addiction and alcoholism;
- Encouraging patient recognition and utilization of effective substance abuse treatments;
- Alleviating the translational bottleneck for treatments to move from the bench to the bedside to the community;
- Improving prevention efforts by developing a better understanding of the patterns and trajectories of drugs of abuse and their influence on brain development;
- Designing clinical trials that accurately reflect real-world conditions (e.g., greater inclusion of polydrug users);
- Encouraging research to elucidate the impact of using one substance (e.g., alcohol) on likelihood of relapse to other substances (e.g., other drugs);
- Targeting efforts to prevent substance abuse in adolescents and young-adults;
- Understanding the implications of policy changes on substance use patterns and trajectories,

especially in youth; and,

- Furthering knowledge of tobacco use and addiction, including co-morbidity with other addiction and psychiatric disorders.

The agency asks that for any of the areas identified above and any other specific areas that are believed to be worthy of consideration by NIH, that individuals identify the critical issues(s) and effect(s) on the public, on scientists, or both. All comments must be submitted electronically to: http://grants.nih.gov/grants/guide/rfi_files/nih_nisuad/add.cfm.

Responses to the RFI will be accepted through May 11, 2012. For more information see <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-12-045.html>.

In addition to the RFI, NIH plans to conduct a series of public outreach meetings with stakeholders in order to inform the development of the draft Scientific Strategic Plan prior to its release for public comment in the fall of 2012. The schedule for these public meetings will be posted and updated on <http://feedback.nih.gov/index.php/category/suaa/>.

AHRQ: Independent Scientist Award and Mentored Clinical Scientists Research Career Development Award

The Agency for Healthcare Research and Quality's (AHRQ) Office of Extramural Research, Education and Priority Populations (OEREP) has issued two Funding Opportunity Announcements (FOAs): the Independent Scientist Award (PAR-09-086) and the Mentored Clinical Scientists Research Career Development Award (PAR-09-085). The overall goal of AHRQ-supported career development programs is to help ensure that a diverse pool of highly trained health services researchers are available in adequate numbers and in appropriate research areas to address the mission and priorities of the agency.

The purpose of the agency's Independent Scientist Awards program is to foster the development of outstanding health services researchers and enable them to expand their potential to make significant contributions to their field of research. The award is designed to provide three, four, or five years of salary support and "protected time" for newly independent scientists who can demonstrate need for a period of intensive research focus as a means of enhancing their research careers. Eligible applicants must hold a doctoral degree, peer reviewed research support at the time the award is made, and commit a minimum of 75 percent of full-time professional effort conducting research and relevant development activities during the period of the award. In addition, applications must be responsive to AHRQ's mission to improve the quality, safety, efficiency, and effectiveness of health care for all Americans.

The purpose of AHRQ's Mentored Clinical Scientist Research Career Development Awards program is to prepare qualified individuals for careers that have a significant impact on the quality, safety, efficiency, and effectiveness of health care for all Americans. It is a continuation of an AHRQ program that provides support and "protected time" to individuals with a clinical doctoral degree for an intensive, supervised research career development experience in health services research. The award can be used both by individuals who propose to newly embark in health services research training and by those who had a hiatus in their research careers because of illness or family circumstances. In addition, the award is available to promote research workforce diversity by providing enhanced research career development opportunities. Candidates interested in pursuing careers in patient-oriented research are eligible to apply.

Specific areas of current research interest for both awards include six priority areas:

- Value - research to develop, disseminate, and translate rigorous evidence that can be used by public and private policymakers, by health system and community leaders, and by managers of healthcare organizations who want to reduce unnecessary healthcare costs while maintaining or improving healthcare quality. Qualitative and mixed methods research as well as quantitative methods.
- Health Information Technology - broadly defined as the use of information and communication technology in health care to support the delivery of patient or population care or to support patient self-management. Health IT grants will support research in one of three priority health IT research areas: to improve the quality and safety of medication management; patient-centered care; or health care decision making.
- Comparative Effectiveness - grants focusing on the generation and translation of new scientific evidence and analytic tools in an accelerated format and the integration of evidence into practice and decision-making in the health care system. Research projects should be organized around a set of priority conditions of importance to the Medicare, Medicaid, and SCHIP programs. The current list of conditions include: arthritis and nontraumatic joint disorders; cancer; cardiovascular disease (including stroke and hypertension); dementia (including Alzheimer's Disease); depression and other mental health disorders; developmental delays; attention-deficit hyperactivity disorder and autism; Diabetes Mellitus; functional limitations and disability; infectious diseases including HIV/AIDS; obesity; peptic ulcer disease and dyspepsia; pregnancy including pre-term birth; pulmonary disease/asthma; and substance abuse.
- Prevention/Care Management - grants that will support two broad strategic goals: (1) preventive services and (2) the Care Model. AHRQ is interested in funding areas that have not traditionally been the focus of funding initiatives: the harms associated with preventive services, the overuse of preventive services, and the delivery of preventive services for the patient with multiple co-morbidities. It is also interested in supporting grants with the aim of improving primary care and clinical outcomes through health care redesign, clinical-community linkages, self-management support, and care coordination. Generally, AHRQ is very interested in research that involves non-traditional ambulatory health care sites that serve the uninsured, Medicaid, and other vulnerable populations.
- Patient Safety - research that can be considered in three different stages: identification of the risks and hazards; design, implementation, and evaluation of patient safety practices; and maintaining vigilance to ensure that a safe environment continues and patient safety cultures remain in place.
- Innovations and Emerging Access Portfolio - created to identify and support researchers and institutions with ideas that have the potential for high impact. Areas of interest include, but are not limited to: methodological innovations for evaluation and research in healthcare quality and safety improvement implementation; modeling of implementation taking into consideration the nature of quality and safety improvement implementation, variation in implementation context, and accounting for resource availability; development of valid and feasible measures of organizational context for use in implementation of quality and safety improvement implementation and their evaluation; and development of research designs and analytical methods for assessing the effectiveness and safety of what works in quality and safety improvement implementation for use by implementers, evaluators and researchers. The research designs and analytical methods must address external validity, generalizability, and ability to provide context-specific results.

For more information see: <http://grants.nih.gov/grants/guide/pa-files/PA-09-086.html>.

Corrections

There are corrections to two stories in the February 6, 2012 issue of *UPDATE*. COSSA apologizes for the mistakes.

In the story, "Hearing Examines Social Security Death Records and Identity Theft," the sentence "Rep. Kevin Brady (R-TX) included a statement as part of the record on the importance of continued access to the DMF of surveys and social science research" is incorrect. In actuality, the staff of Subcommittee Chairman Rep. Sam Johnson (R-TX) submitted questions to the Social Security Administration regarding the use of the Death Master File by researchers.

Also, the new electronic journal *Statistics, Politics and Public Policy* noted in the story "Statistics and Public Policy Examined at Conference" is NOT, as stated, a publication of the American Statistical Association.

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