



COSSA

Washington UPDATE



February 25, 2013 Volume 32, Issue 4



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And So It Comes to This Once More: Sequester on the Immediate Horizon

From COSSA Washington Update December 18, 1995: "With no agreement on a plan to balance the budget in seven years, the White House and the Congressional Republicans have forced another partial shutdown of the federal government."

Over seventeen years later, we will not shut down the government. Yet, as another Democratic President and another bunch of Congressional Republicans fail to reach an agreement on budget issues, a provision of the Budget Control Act that those who enacted it did not want implemented, appears likely to happen.

Barring last minute compromise and intervention, on March 1 the "dreaded" \$85 billion sequestration or across-the-board (ATB) cuts will transpire. Having postponed it for two months, and despite the efforts of the over 3,000 groups in the Non-Defense Discretionary Coalition (NDD), the defenders of defense spending, including its many contractors, and many others who see this as the wrong way to sail the ship of state, the sequester will hit.

The White House continues to talk about a "balanced approach" to avoid the sequester, which would include raising revenues by limiting tax deductions and closing loopholes as well as spending cuts, including reforming some mandatory programs, but not Medicare. It has offered two dollars in spending cuts for every dollar in revenue. The Republican leadership continues to reject any more revenue increases, and remains insistent that elimination of "wasteful" spending, including certain NSF grants, would solve the problem.

If the sequester comes to pass (and most Washington folks think it will at least for a while), the consequences would be significant. Federal workers have been warned about the necessity of furloughs, which would include air traffic controllers, thus messing up air travel.

Senate Appropriations Committee Chairwoman Barbara Mikulski held a hearing on February 14, with witnesses from agencies testifying and those that didn't sending letters outlining the impact of the sequester on their bailiwicks.

Lots of attention was given to Secretary of Defense Leon Panetta's announcement that sequestration would result in furloughs for the department's civilian workers. And the Joint Chiefs of Staff pronounced that the readiness of U.S. troops would worsen through delays and cancellations of training exercises and deployments, as well as delayed equipment maintenance and upgrades.

Impact on NIH and NSF

With regard to research, the National Institutes of Health (NIH) would lose more than \$1.6 billion, resulting in fewer grants. The agency issued a statement on February 21 noting the impact of the Continuing Resolution (CR) and the possible sequester. Currently, funding continues at the FY 2012 level plus 0.6 percent, consistent with NIH's practice during the CRs of FY 2006-2012. Consequently, all non-competing continuation awards are now funded at a level below that indicated on the most recent Notice of Award (generally up to 90 percent of the previously committed level). The notice further emphasizes that "although each NIH Institute and Center (IC) will assess allocations within their portfolio to maximize the scientific impact, non-competing continuation awards that have already been made may be restored above the current level but likely will not reach the full FY 2013 commitment level described in the Notice of Award." In the event of a sequestration, NIH ICs will announce their respective approaches to meeting the new budget level. Grantees are directed to contact their Grant Management Specialist identified on the Notice Award if they have questions regarding adjustments applied to their individual grant awards.

The National Science Foundation (NSF) would lose \$375 million leading to nearly 1,000 fewer future research grants and the termination of planned facilities and infrastructure. The NSF would maintain current awards, but planned new and expanded initiatives in sustainability, advanced manufacturing and cybersecurity would fall by the wayside.

The Centers for Disease Control and Prevention (CDC) faces an estimated \$350 million reduction in

its \$6 billion budget over the next seven months. The effect of this cut, according to CDC Director Thomas Frieden, is that "diseases would be detected more slowly and spread more widely before public health officials could begin efforts to contain them."

Large cuts would also affect Title 1 K-12 education grants and Head Start programs. For the impact on the Institute of Education Sciences see later story. State and local law enforcement grants would lose \$100 million that would also affect funding for the National Institutes of Justice and the Bureau of Justice Statistics. The Census Bureau would lose \$46 million affecting the 2012 Economic Census and research and planning for the 2020 count. Statistical agencies in the Departments of Agriculture and Labor would have to cut back activities, including data analysis of the Census of Agriculture.

Most disturbing to all is the prediction that the sequester could lead to slower economic growth as government spending gets reduced further and more unemployment occurs as many jobs, particularly in the government contracting sector, disappear.

Once March 1 comes and the sequester goes into effect, attention will turn to the expiration of the CR funding the government through March 27. Both House Appropriations Committee Chairman Rep. Hal Rogers (R-KY) and Sen. Mikulski are preparing legislation to complete the FY 2013 budgeting process.

In the meantime, the President's proposed budget for FY 2014 has yet to make its appearance. Although, newspaper stories heralding an initiative to map the brain as part of that budget are a hint that it may arrive soon.

SBE Prepares Report for Rep. Wolf on Youth Violence

Responding to a request from Rep. Frank Wolf (R-VA), Chairman of the House Appropriations Subcommittee on Commerce, Justice, Science, the Social, Behavioral and Economic Sciences (SBE) Directorate of the National Science Foundation has produced a report, *Youth Violence: What We Need to Know*.

A Subcommittee on Youth Violence of the SBE Advisory Committee, co-chaired by Brad Bushman, Professor of Communication and Psychology at the Ohio State University, and Katherine Newman, Dean of the College of Arts and Sciences at Johns Hopkins University, prepared the report. Others who served on the Subcommittee include Ann Masten, Professor of Child Development at the University of Minnesota and a COSSA Board member.

In releasing the report on February 14, Chairman Wolf announced that he would hold a hearing later this spring before the Appropriations Subcommittee. He stated that he had asked for the document following the shootings at the Sandy Hook Elementary School in Newtown, CT. The report, Wolf noted, details three major risk factors associated with mass shootings: exposure to violent media, mental health, and access to guns. It drew, according to the Congressman, on "reliable evidence and a stable of theories to explain youth violence that have emerged from decades of research, including research supported by the National Science Foundation, the National Institutes of Health, the National Research Council, and other federal agencies."

The report notes that rampage shootings in schools "typically occur in stable, close knit, low crime and very small rural towns, and less often in exurbs." The shooter is generally a white adolescent male, with no recorded history of disciplinary problems and no documented history of mental disorders. Rampage shootings, although rare, often are devastating because of the randomness of the victims, the document declares.

In examining the role of exposure to media violence and its relation to youth violence, the report concludes that "a comprehensive review of more than 381 effects from studies involving more than 130,000 participants around the world shows that playing violent video games increases aggressive thoughts, angry feelings, physiological arousal, and aggressive behavior. Violent games also

decrease helping behavior and empathy for others."

Additional research, the report suggests, would examine more closely at-risk individuals and differential impacts of these games. How do young people make fantasy-reality distinctions and transfers to real-life settings? How do intergroup processes influence the effect of these games? What are the media environments of children and youth, especially in this age of multiple platforms of delivery? Are video games addictive by tapping into biological reward systems, and how does that affect brain development?

Looking at the role of social rejection in these shootings, the report indicates that this "may have important implications for understanding whether and under what circumstances rejection triggers violence versus other responses." Some evidence suggests that rampage shooters are rejected from relatively small and cohesive peer networks that they have sought entry into, through behaviors that peers perceive as socially inept.

Despite a significant literature on school climates and cultures of social trust, the report recommends holistically studying how youth define and respond to behavior with peers and adults they find troubling. Particularly important are peer/reputational hierarchies, the quality of interpersonal and group relations, and sex differences. We also need to learn more about how youth seek out help and support from adults when dealing with troubling situations.

In a section called "Comparative Criminology," the report calls for more research "to discover the similarities and differences between rampage shootings or mass killings and other, more common forms of violent crime and delinquencies." There also appears to be a connection between self-destructive behavior and rampage shootings that needs more study.

Although there is a large body of research on family influences on violent behavior, including using interventions to change those influences, there are many gaps in the knowledge. The report cites the National Children's Study as an opportunity to explore these gaps.

Reduce Access to Firearms

Regarding guns, the report notes that more than 80 percent of homicides involving victims or perpetrators ages 15-24 were committed with firearms, as were virtually all mass killings committed by youth. It is therefore critical, the report concludes, to reduce youths' access to firearms, especially those with a history of delinquency, crime involvement, and certain mental illnesses. Yet, youth who commit suicide or rampage killings typically access their guns from parents or close family members. Therefore, studies of gun acquisition by not only youth, but adults, are necessary.

The report also discusses how online data sources "may have multiple potential uses for understanding, predicting, and preventing violence." These include: a) tracking population-level demographic and geographic trends in risk behaviors, b) geographic "hot spot" prediction for urban violence, c) "risk stratification" to identify those who are signaling violent intentions and who would benefit from early interventions, d) facilitating the reporting of planned or potential attacks by others, and e) understanding bullying behavior and its role in influencing violence. The methodological tools have been developed in the fields of machine learning, data mining, computational linguistics, and statistics to address these issues. In addition, other tools such as anomalous pattern detection, predictive modeling, sentiment analysis, and social network analysis are also available.

The report includes an Appendix in which the SBE Subcommittee members each provide summaries of what we know and what we need to know about many of these topics.

The full report including the Appendix can be found on Congressman Wolf's Web Page at: http://wolf.house.gov/uploads/Violence_Report_Long_v4.pdf.

Administration Issues Open Access Policy Statement

On February 22, John Holdren, Presidential Science Adviser and Director of the White House Office of Science and Technology Policy, issued the Administration's new policy on Open Access to publications containing the results of federally-funded research. This satisfies a provision of the America COMPETES Act as reauthorized in 2010.

The Administration, Holdren noted, is committed to ensuring that, "to the greatest extent and with the fewest constraints possible and consistent with law and the objectives set out below, the direct results of federally funded scientific research are made available to and useful for the public, industry, and the scientific community. Such results include peer-reviewed publications and digital data." Data is defined, "as the digital recorded factual material commonly accepted in the scientific community as necessary to validate research findings including data sets used to support scholarly publications, but does not include laboratory notebooks, preliminary analyses, drafts of scientific papers, plans for future research, peer review reports, communications with colleagues, or physical objects, such as laboratory specimens."

"The logic behind enhanced public access is plain. We know that scientific research supported by the federal government spurs scientific breakthroughs and economic advances when research results are made available to innovators," said Holdren. "Policies that mobilize these intellectual assets for re-use through broader access can accelerate scientific breakthroughs, increase innovation, and promote economic growth," he added.

The policy directs those Federal agencies with more than \$100 million in research and development expenditures to develop plans to make the results of federally-funded research publically available free of charge within 12 months after original publication. Acknowledging that this model has been working at the National Institutes of Health, Holdren indicated that the new policy "does not insist that every agency copy the NIH approach exactly."

The National Science Board (NSB), the policy overseer of the National Science Foundation, issued the following statement from its Chairman David Arvizu: "The National Science Board, as the policy making body for the National Science Foundation, endorses the agency's commitment to public access and looks forward to working with its colleagues and stakeholder communities to support and broaden the availability of federally-funded research data and results...The NSB understands the importance to the American people that public access brings to the taxpayer and the scholarly community, and that progress in science accelerates when researchers share and build on each other's results."

Catherine Woteki, Under Secretary for Research, Education and Economics at U.S. Department Agriculture, said: "USDA already makes much of its research available and transparent today, and we look forward to working with the wide range of scientists in the many disciplines and institutions that contribute to our work, to make these policies effective and beneficial to all."

Holdren also acknowledged that: "publishers provide valuable services, including the coordination of peer review, that are essential for ensuring the high quality and integrity of many scholarly publications. It is critical that these services continue to be made available. It is also important that Federal policy not adversely affect opportunities for researchers who are not funded by the Federal Government to disseminate any analysis or results of their research."

OSTP requires that as each agency develops the plans, they must contain the following elements:

- a) a strategy for leveraging existing archives, where appropriate, and fostering public/private partnerships with scientific journals relevant to the agency's research;
- b) a strategy for improving the public's ability to locate and access digital data resulting from federally funded scientific research;

- c) an approach for optimizing search, archival, and dissemination features that encourages innovation in accessibility and interoperability, while ensuring long-term stewardship of the results of federally funded research;
- d) a plan for notifying awardees and other federally funded scientific researchers of their obligations (e.g., through guidance, conditions of awards, and/or regulatory changes);
- e) an agency strategy for measuring and, as necessary, enforcing compliance with its plan;
- f) identification of resources within the existing agency budget to implement the plan;
- g) a timeline for implementation; and
- h) identification of any special circumstances that prevent the agency from meeting any of the objectives set out in this memorandum, in whole or in part.

Archiving, Storing, and Retrieving Research Results

In addition, consistent with law, resources, and security requirements, OSTP requires that unclassified research published in peer-reviewed publications directly arising from Federal funding should be stored for long-term preservation and publicly accessible to search, retrieve, and analyze in ways that maximize the impact and accountability of the Federal research investment. At the same time, agency plans must also describe, to the extent feasible, procedures the agency will take to help prevent the unauthorized mass redistribution of scholarly publications.

According to OSTP, each agency plan shall also ensure that the public can read, download, and analyze in digital form final peer-reviewed manuscripts or final published documents within a timeframe that is appropriate for each type of research conducted or sponsored by the agency. Although the twelve months is considered the goal, OSTP indicates that "an agency may tailor its plan as necessary to address the objectives articulated in this memorandum, as well as the challenges and public interests that are unique to each field and mission combination. In addition, stakeholders can also petition to change the embargo period for a specific field by presenting evidence demonstrating that the plan would be inconsistent with the objectives articulated in this memorandum."

The agencies should also ensure full public access to publications' metadata without charge upon first publication in a data format that ensures interoperability with current and future search technology. Where possible, the metadata should provide a link to the location where the full text and associated supplemental materials will be made available after the embargo period.

According to the directive, each agency shall submit its draft plan to OSTP within six months of publication of this memorandum. OSTP, in coordination with the Office of Management and Budget (OMB), will review the draft agency plans and provide guidance to facilitate the development of final plans. In devising its final plan, each agency should use a transparent process for soliciting views from stakeholders, including federally funded researchers, universities, libraries, publishers, users of federally funded research results, and civil society groups, and take such views into account.

NSF Implementation

The NSF issued a statement regarding its plans to implement the new policy. It indicated that: "With the breadth of NSF and other federal support across the scientific community, the implementation details for public access could vary by discipline, and new business models for universities, libraries, publishers, and scholarly and professional societies could emerge." NSF expects to consult with its stakeholders and with other government agencies in developing its plans.

"We expect our approach to evolve over time," said NSF Director Subra Suresh. "This transition will

result in innovative, cost-effective and sustainable approaches. With science becoming an increasingly global enterprise, we will also work with international science funding agencies through forums such as the Global Research Council to enable public access across borders."

The full White House memo is here:

http://www.whitehouse.gov/sites/default/files/microsites/ostp/ostp_public_access_memo_2013.pdf.

The NSF statement is here: http://www.nsf.gov/news/news_summ.jsp?cntn_id=127043.

More Newcomers for the Second Term



On February 11, President Obama announced his intention to nominate Karol Mason as the new Assistant Attorney General (AAG) for the Office of Justice Programs (OJP). Mason is currently at partner at the Alston & Bird law firm. She served as Deputy Associate Attorney General from 2009-2012. She will replace Laurie Robinson, whose second tenure as AAG ended last August. Mary Lou Leary has been serving as Acting since then.

OJP includes the National Institute of Justice and the Bureau of Justice Statistics, both seeking new leadership. The other components of the Office are the Bureau of Justice Assistance, the Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime

At Alston & Bird, Mason has been a member of the firm's Real Estate Finance & Investment Group, and a former member of the firm's management committee. She concentrates her practice in the area of public and project finance, maintaining a practice specialty in financings of student housing and academic facilities at public and private colleges and universities, and financings for public and nonprofit hospitals. Mason also provides counsel in the area of government investigations. She joined the firm in 1983 and, after her service at the Justice Department, returned in February 2012.

From 1982-83, Mason served as a judicial law clerk for Judge John F. Grady of the U.S. District Court for the Northern District of Illinois. She was a recipient of the U.S. Attorney General's Distinguished Service Award in 2011 and the University of North Carolina General Alumni Association's Distinguished Service Medal in 2010. She was a member of the Board of Trustees at The University of North Carolina at Chapel Hill from 2001-2009. Mason received an A.B. in Mathematics from the University of North Carolina at Chapel Hill and a J.D. from the University of Michigan Law School.

Mason's nomination is subject to confirmation by the Senate.

On February 1, the President announced he was elevating James Stock, the current chief economist for the President's Council of Economic Advisers (CEA), to join Chairman Alan Krueger and Katharine Abraham as Members of the Council.



Before joining the CEA staff in 2012, Stock worked at Harvard University, where he has held a number of positions since 1983, including service as the Harold Hitchings Burbank Professor of Political Economy with a dual appointment in the Kennedy School of Government. In addition, he chaired the Harvard Economics Department from 2006 to 2009.

His research areas are macroeconomic forecasting, monetary policy, and econometric methods for the analysis of economic time series data. His latest work includes an examination of the recent evolution of the U.S. business cycle and the impact of changes in monetary policy on that

evolution. He is a coauthor, with Mark Watson of Princeton, of *Introduction to Econometrics*.

Stock is a former member of the Academic Advisory Board of the Federal Reserve Bank of Boston, the National Bureau of Economic Research Business Cycle Dating Committee, and the Massachusetts Governor's Council of Economic Advisors. He received a B.S. from Yale University, and an M.A. in Statistics and a Ph.D. in Economics from the University of California, Berkeley.

His nomination must also receive confirmation by the Senate.

IES Oversight Board Meets

The National Board on Education Sciences (NBES) held a meeting on February 22 and 23. The oversight board for the Department of Education's Institute of Education Sciences (IES) is chaired by Bridget Terry Long, Professor of Education and Economics at the Harvard Graduate School of Education. COSSA Board Member Kris Gutierrez, Professor of Education at the University of Colorado, is the Vice-Chair.

The meeting heard from IES Director John Easton who discussed the effects of sequestration and the Continuing Resolution on the agency's grant making process. For FY2013, Easton announced that IES has decided to defer decisions about round one fall proposals and put these with round two proposals in one competition. They did not want to end up treating round two proposals on less equal footing than the previous proposals. Easton suggested an earlier hope to have decisions by early April will likely not happen, and when the grants will get awarded is now uncertain.

Anthony Bryk, a member of the NBES and President of the Carnegie Foundation for the Advancement of Teaching, reported on a meeting at the Aspen Institute where the reauthorization of the Education Science Reform act came under discussion. He suggested that despite some concern about making IES more relevant, a general consensus emerged that except for a little tinkering here and there, there was no need to change IES. There were also discussions about whether the National Center for Education Statistics (NCES) should remain within IES. In addition, participants expressed some concern about whether the Regional Laboratories and the content centers overlapped.

Ruth Neild, Director of the National Center Education Evaluation, reported that a Request for Proposals has been released to redesign the Education Resources Information Center (ERIC) web site, including the What Works Clearinghouse (WWC). The hope is to better integrate ERIC with the rest of IES. Judith Singer, a NBES Member, also a Professor of Education at the Harvard School of Education, remarked that the re-competition of ERIC "is a way to reimagine how ERIC works." She suggested that ERIC can be reworked as a repository rather than trying to use it as a search engine and "out Google Google." Bryk noted that the Aspen meeting participants indicated that the WWC was part of the relevance issue for IES.

Easton introduced Thomas Brock, the new head of the National Center for Education Research, an IES component. Brock reported that in 2012, NCER reviewed over 700 applications and that in the past year, 15 NCER-funded studies reported significant or substantially positive effects and meet the WWC standards.

Jack Buckley, Commissioner of NCES and a COSSA Colloquium speaker in 2012, discussed a new assessment in technology and engineering literacy. Student will utilize computers in order to measure 8th graders' capacity to use, understand and evaluate technology. The test will focus on three testing areas: technology and society, design and systems, and information and communications technology. The test will go into pilot testing in 2013 with 15,000 students. In 2014 operational data collection will begin and reporting of results will occur in 2015.

Richard Laine, Education Division Director of the National Governor's Association's Center for Best Practices, discussed the implementation of the Common Core of State Standards. He noted that

there are numerous political challenges in implementing common core, including:

- Anti-common core legislation pending in numerous states;
- 39 governors up for reelection in 2014;
- 26 governors were not in office when the common core was adopted in their state.

There are economic challenges as well; federal revenue to states is likely to continue to decline, creating increasing demands on state budgets.

In order to make the common core more successful, Laine indicated, policy changes are necessary. These would include: increased access to early education and improvement in quality; more focus on improvement rather than just punitive measures in assessment and accountability; the need for better teacher and leader recruitment, preparation, evaluation and professional development; and intervention in low performing schools and districts. Carmel Martin, Assistant Secretary for Planning, Evaluation and Policy Development, U.S. Department of Education, asked how the federal government can get out of the way of the states setting common core standards, while at the same time supporting these efforts.

EPA Solicits Nomination for its Board of Scientific Counselors

The U.S. Environmental Protection Agency (EPA) wants nominations of experts to serve on its Board of Scientific Counselors (BOSC). This Board is a federal advisory committee to the EPA's Office of Research and Development (ORD). The Office is forming a subcommittee to provide independent scientific and technical peer review, consultation, advice, and recommendations for each of its research programs: Air, Climate and Energy; Chemical Safety for Sustainability; Homeland Security; Human Health Risk Assessment; Safe and Sustainable Water Resources; and Sustainable and Healthy Communities. **The nomination period is open until April 1, 2013.**

EPA describes the six research areas as the following:

Air, Climate, and Energy (ACE)

The ACE program builds on 40 years of achievement in air pollution research that has led to landmark outcomes-including healthier communities and longer life expectancies. EPA researchers are exploring the dynamics of air quality, global climate change, and energy as a set of complex, interrelated challenges.

Safe and Sustainable Water Resources (SSWR)

EPA's SSWR program seeks to ensure that clean, adequate, and equitable supplies of water are available to support human well-being and aquatic ecosystems. SSWR research integrates social, environmental, and economic factors to provide smarter, more sustainable guidance for the management of the nation's water resources and infrastructure.

Sustainable and Healthy Communities (SHC)

The SHC program is designed to inform and empower community decision-makers as they create and implement sustainability policies. SHC research provides decision support tools, models, and metrics that can be used to make these policies more efficient, balanced, and equitable.

Chemical Safety for Sustainability (CSS)

The CSS program is primarily designed to assure the safety of chemicals and products that we use in our everyday lives and that impact the environment. CSS research provides decision-support tools needed to efficiently evaluate chemicals, conduct risk management, and prioritize time-critical research.

Human Health Risk Assessment (HHRA)

The HHRA program provides human health risk assessments for existing chemicals and chemical mixtures that find their way into our air, water, and land. The HHRA program plays a unique role in serving the needs of EPA programs by incorporating, integrating, and coordinating the use of

scientific information as a foundation for regulatory decision-making on these chemicals.

Homeland Security (HS)

The HS program conducts research that increases EPA's capability to carry out its homeland security responsibilities, which include helping communities prepare for and recover from environmental disasters, as well as acts of terrorism that might involve chemical, biological, or radiological weapons. The HS program also conducts research on drinking water, wastewater systems, and on technologies have broader environmental and health protection applications.

More information about each of these is available at: <http://www.epa.gov/ord/research-programs.htm>.

EPA is particularly interested in potential Board members from the following areas in the social and behavioral sciences:

- science policy
- public policy
- environmental justice
- science program evaluation
- community disaster recovery and resiliency
- economics (ecological economics, environmental economics, natural resource economics, human health economics)
- sociology and socioeconomics
- psychology (ecopsychology, environmental psychology, conservation psychology)
- social neuroscience
- risk perception and risk/crisis communication
- community decision making and decision analysis
- children's, community, and environmental health
- epidemiology
- exposure science (assessment, predictive)
- research communication
- spatial analysis
- uncertainty analysis
- Climate Change/Global Change adaption and modeling
- landscape and urban ecology

Individuals and organizations can nominate themselves or others by using the [nomination form](#) on the BOSC website. For more information about the BOSC go here: <http://epa.gov/osp/bosc/about.htm>.

Please contact the BOSC Designated Federal Officer, Greg Susanke (susanke.greg@epa.gov), for further information and assistance.

HUD Requests Input on American Housing Survey Redesign

The Department of Housing and Urban Development (HUD) seeks comments on a redesign of the American Housing Survey (AHS) for 2015 and later years. HUD is interested in comments that specify: (1) concerns related to redesigning the AHS sample; (2) important content that should be added to the AHS to meet current and future housing data needs; (3) current content that is no longer relevant, or has limited usefulness; and (4) ideas for expanding the dissemination of the AHS data. **Comments are due April 1, 2013.**

The AHS provides a periodic measure of the size and composition of the country's housing inventory. The current sample was drawn in 1985, with additions and subtractions to account for new construction, demolitions and conversions. The 2013 AHS will be the final survey administered to the current sample. HUD expects to draw a new sample for 2015, presenting the Department with

an opportunity to redesign the survey to better meet current and future needs.

The current AHS biennially collects data on subjects such as the amount and types of changes in the housing stock, the physical condition of the housing stock, the characteristics of the occupants, housing costs, the persons eligible for and beneficiaries of assisted housing, and the number and characteristics of vacant units. Starting in 2009, the AHS classified its questions into "core" modules and "rotating topical" modules in order to minimize respondent burden and satisfy widening needs for data content. Questions in the core modules are asked in each survey and typically undergo only minor revisions between surveys. Questions in the rotating topical modules are asked on a rotating basis. The 2013 AHS may include questions about neighborhood characteristics, people who had to temporarily move in with other households, ability to travel via public transportation, bicycling, or walking, energy efficiency, and emergency preparedness that were not in the 2011 AHS.

HUD uses the AHS data to monitor the interaction among housing needs, demand and supply, as well as changes in housing conditions and costs, to aid in the development of housing policies and the design of housing programs appropriate for different target groups, such as first-time home buyers and the elderly. The AHS data allow HUD to evaluate, monitor, and design programs to improve efficiency and effectiveness. Policy analysts, program managers, budget analysts, and Congressional staff use AHS data to advise executive and legislative branches about housing conditions and the suitability of public policy initiatives. Academic researchers and private organizations use AHS data in efforts of specific interest and concern to their respective communities.

Sample Redesign Issues

The current AHS sample includes approximately 60,000 housing units in a single longitudinal panel that are visited every two years for the purposes of generating national estimates and additional housing units in metropolitan areas that are visited periodically for the purposes of generating metropolitan area estimates. These are referred to as metropolitan area oversamples. In 2011, 29 metropolitan area oversamples were conducted. In 2011, the Census Bureau and HUD published a whitepaper on sample redesign options. After evaluating alternative designs, HUD determined that the current single panel was still the best option.

HUD has identified other sample redesign issues to explore as part of the redesign process. The following is a list of questions for comments:

1. What is the appropriate sample size for generating national estimates, taking into consideration the necessary level of precision required by AHS users?
2. Should the AHS continue to oversample metropolitan areas? If so, how many metropolitan areas should be oversampled, which metropolitan areas should be oversampled, and how large should the sample size be for metropolitan oversamples?
3. What housing unit subgroups should HUD consider oversampling? For instance, in prior years, HUD has oversampled HUD-assisted housing, assisted housing for the elderly, and manufactured housing.

Content Redesign Questions

HUD has also identified content and question issues for which it seeks comment:

1. Should HUD continue the strategy of core and rotating topical modules?
2. What content should be included in the core modules, considering that housing characteristics change slowly?
3. What topics should HUD consider for rotating topical modules from 2015-2019?

4. What questions should HUD consider reformatting to elicit more accurate responses? For instance, are the questions on utility usage providing accurate information?

5. What questions in the AHS are duplicative with other surveys and should be under consideration for removal from the survey?

6. What data collection modes (web, telephone, face-to-face interviews, administrative data matching) should be used, given the secular decrease in response rates in both face-to-face and telephone surveys? How should questions be formulated differently if we anticipate multimode data collection?

HUD disseminates AHS data three ways. First, the Census Bureau creates summary statistics tables and these are made available on the web in tabular format. Second, a public use file (PUF) of AHS microdata is available on the web. Third, researchers can gain approval to access Census Research Data Centers to use aspects of the AHS microdata the Department cannot release publicly.

AHS Dissemination Issues

In seeking answers to the following questions, HUD asks how to disseminate how the AHS data differently.

1. What geographic identifiers should be disclosed on the PUF, taking into consideration that disclosure policies require that geographic identifiers do not reveal geographic entities with less than 100,000 persons? Prior geographic identifiers include specific metropolitan area name, metropolitan area status, Census Urban Area classifier, State name, County name, and HUD-created sub-metropolitan area zones.

2. Are the national and metropolitan area summary tables useful to AHS data users?

3. In what ways can HUD improve the organization and dissemination of the PUF?

Respondents can submit comments on these questions or other issues by: 1) mail to: Shawn Bucholtz, Director, Housing and Demographic Analysis Division, Office of Policy Development and Research, Department of Housing and Urban Development, 451 7th St. SW., Room 8222, Washington, DC 20410; or 2) electronically through the Federal eRulemaking Portal at [regulations.gov](http://www.regulations.gov).

For further information contact: Shawn Bucholtz, Director, Housing and Demographic Analysis Division, Office of Policy, Development and Research, 202-402-5538.

New NCHS Data on Pharmaceutical Overdoses, Contraception, Nutrition

An analysis of National Center for Health Statistics (NCHS) data by the Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control, published in the Journal of the American Medical Association (JAMA), shows that there were more than 38,000 overdose deaths in the U.S. in 2010, a continuation of an 11-year increase. Sixty percent of overdose death involved pharmaceuticals, and three-quarters of those deaths involved opioid analgesics. Anti-anxiety medications were involved in 30 percent of overdose deaths, antidepressants in 18 percent, and antipsychotics in six percent of pharmaceutical overdose deaths.

The JAMA article is available at: <http://jama.jamanetwork.com/article.aspx?articleid=1653518>.

A press release is available at:

http://www.cdc.gov/media/releases/2013/p0220_drug_overdose_deaths.html.

A [National Health Statistics Report](#) looked at data on the methods of contraception used by women from 2006-2010. The report finds that nearly all women who have had sex used some type of contraception at some point. Eighty-eight percent of women reported having used a highly effective, reversible method of birth control (such as the pill, the birth control shot, an intrauterine device, or the birth control patch). The most common methods of birth control are condoms, the pill, withdrawal, and the birth control shot.

A [data brief on emergency contraception use among women 15-44](#) found that the percentage of women who have ever used emergency contraception rose to 11 percent over 2006-2010 from 4.2 percent in 2002. Young women (20-24 years old) were most likely to have used emergency contraception. Nearly half of women who used emergency contraception did so due to fear that other methods of birth control had failed; the other half used it after unprotected sex.

Caloric Intake in Adults and Children

A [brief](#) that analyzed data from the National Health and Nutrition Examination Survey, 1999-2010, found that children's caloric intake decreased slightly in 1999-2000 and 2009-2010. The percentage of calories children consumed from protein generally increased, while the percentage consumed from carbohydrates generally decreased, though these results were not consistent across all racial and ethnic groups.

An [analysis of adult caloric intake from fast food over 2007-2010](#) found that, on average, 11 percent of adults' calories came from fast food. The percentage of calories from fast food decreased with age and was highest among Black non-Hispanic adults. Overall, the proportion of calories from fast food does not vary with income, except among young people, where higher income is associated with a lower percentage of calories from fast food. The percentage of calories from fast food also increased with weight status.

American Community Survey Data Users Group Organized

The Population Reference Bureau (PRB), a COSSA member, and Sabre Systems are organizing a new American Community Survey (ACS) Data Users Group. The purpose of the ACS Data Users Group is to improve understanding of the value and utility of ACS data. All interested ACS data users can join, and there is no cost. Despite funding from the Census Bureau, the ACS Data Users Group will not advise or advocate to the agency on behalf of ACS data users. The group is led by a Steering Committee comprised of selected external stakeholders representing a broad spectrum of data users with different interests.

According to the organizers, facilitating communication among ACS data users is the key goal of the group. PRB and Sabre Systems will create and maintain an online forum, organize webinars and special sessions at professional meetings, and hold an annual ACS Data Users Conference. The online forum is the centerpiece of the project and will provide a discussion site where people can share messages, materials, and announcements related to ACS data and methods. Input from ACS Data Users Group members, Steering Committee members, and Census Bureau staff will determine the specific activities and topics addressed.

To collect information about activities and topics of interest to ACS data users, and to start assembling a preliminary list of ACS Data Users Group members, the Steering Committee has created a brief survey, available at: <http://www.surveymonkey.com/s/ACSDataUsers>. The survey takes about 10-15 minutes to complete. Individual responses will be kept confidential; only the aggregate data will be reported.

Please respond by March 8. If you have any questions about the survey, please contact Mark Mather, Associate Vice President of Domestic Programs at the Population Reference Bureau at mmather@prb.org or 202-939-5433.

National Humanities Alliance to Hear Senators Durbin and Warren at Annual Meeting

The National Humanities Alliance (NHA) will hold its Annual Meeting and Humanities Advocacy Day, March 17-19, 2013, in Washington, D.C. Speakers will include Senate Minority Whip Richard Durbin (D-IL) and newly-elected Sen. Elizabeth Warren (D-MA). In addition, Christina Hull Paxson, President of Brown University, will deliver a keynote address.

A luncheon address will feature Karl Eikenberry, William J. Perry Fellow in International Security at Stanford University, former U.S. Ambassador to Afghanistan, and a member of the American Academy Commission on the Humanities and Social Sciences.

Participants in the meeting will also find out how to be a part of NHA's strategy to build support for the humanities. They will learn effective arguments for the humanities and the data to back them up, make the case to Members of Congress as part of organized delegations to the Hill as crucial votes on federal funding approach, and join colleagues from across the country in NHA's advocacy network.

Click [here](#) to learn more and register. The registration deadline is March 1.

Interventions for Health Promotion and Disease Prevention in Native American Populations

The National Institutes of Health (NIH) recognizes that Native American (NA) populations are exposed to considerable risk factors that significantly increase their likelihood of chronic disease, substance abuse, mental illness, and HIV-infections. Therefore, it is seeking grant applications designed to develop, adapt, and test the effectiveness of health promotion and disease prevention in NA populations.

Native Americans' concept of health is often broader than the definition of absence of disease. The four elements of life -- physical, emotional, mental, and spiritual -- are intricately woven together and interact to support a strong and healthy person. In this holistic perspective, illness results from imbalance, either and/or both external or internal to the body. To be effective, interventions must demonstrate the immediate and long-term value of prevention and the importance to the balance of health. Additionally, it is important to note that the family structure is the most important social network in NA communities, as opposed to friends and faith-based organizations.

Increasing morbidity and mortality in NA are the result of a combination of factors. Tribal and cultural identity may have significant impact on health outcomes and disease progression. With increasing numbers of NA in urban areas, issues such as cultural identity, linguistic preference, and health outcomes should be considered. Poor mental, emotional, and spiritual health from intergenerational trauma has aggravated health issues, as well as suicide, risky sexual behaviors, and abuse of alcohol and other drugs. Additionally, NA communities often face disproportionate exposure to harmful environmental agents that may contribute to a variety of health outcomes.

Overall, traditional practices have not been consistently re-incorporated by the majority of NA communities, resulting in high prevalence of obesity, diabetes, high blood pressure, cardiovascular disease, mental illness, HIV-infection, substance abuse, and cancer.

Participating NIH institutes and offices in the funding opportunity announcement ([PAR-11-346](#)) include: the Office of Behavioral and Social Sciences Research (OBSSR), Cancer (NCI); Heart, Lung, and Blood (NHLBI); Alcohol Abuse and Alcoholism (NIAAA); Drug Abuse (NIDA); Mental Health (NIMH); Nursing (NINR); and Environmental Health Sciences (NIEHS). Each institute and office has specific areas of research interest.

- NCI is interested in applications that focus on both individual and community interventions relating to primary and secondary (screening) cancer prevention.
- NHLBI's interest lies in applications that evaluate interventions of health risk factors that contribute to cardiovascular and pulmonary morbidity and mortality including smoking, poor dietary intake, sedentary behavior, hypertension, dyslipidemia, sleep disorder, and chronic obstructive pulmonary disease (COPD).
- NIAAA is interested in prevention and interventions that seek to reduce high risk drinking and alcohol use, promote moderate drinking, postpone onset of drinking among youth, and prevention alcohol use among pregnant women.
- NIDA is interested in drug abuse prevention research involving comorbid conditions associated with drug use and or outcomes reflecting positive adjustment, such as educational achievement.
- NIMH interest is in applications relevant to preventive interventions in both non-AIDS and AIDS research areas.
- NINR is interested in research that assesses behavioral and social risk factors and responses to treatment, including the identification of biomarkers; identify and develop individual and family interventions designed to sustain health-promoting behaviors over time; and design interventions studies using community-based approaches to facilitate health promotion/risk reduction behaviors.
- NIEHS is interested in interventions aimed to reduce the impact of environmental exposures on diseases and disorders.

For more information and/or to apply see <http://grants.nih.gov/grants/guide/pa-files/PAR-11-346.html>.

RFI: Implementation Plans for NIH ACD Biomedical Research Workforce Working Group's Recommendations

The National Institutes of Health (NIH) has issued a time-sensitive Request for Information (RFI) ([NOT-OD-13-045](#)) inviting comments and suggestions on the implementation of the recommendations of the Advisory Committee to the NIH Director (ACD) Working Group on the Biomedical Workforce (see [Update, June 25, 2012](#)).

In December 2010, NIH Director Francis Collins charged an ACD working group, Working Group on the Biomedical Workforce, with examining the future of the biomedical research workforce in the United States. The Working Group was asked to recommend actions to the ACD to ensure a sustainable biomedical and behavioral research workforce. The Group, in conjunction with a subcommittee composed mainly of social scientists who study the labor force to model such workforce, defined the major issues facing the biomedical research workforce, gathered data on the current workforce, received input from multiple stakeholders, and solicited other input on the major issues from the public through a RFI.

In June 2012, the Working Group [presented](#) its findings and conclusions to the ACD at its meeting, including a snapshot of the current workforce and recommendations to the ACD regarding the training of graduate students and postdoctorates. The ACD [report](#) identified ways to improve and maintain a robust data collection on the biomedical research workforce to provide accurate information to those in the field and those thinking about joining it. The data collected by the Working Group is available on the NIH [website](#).

The NIH developed preliminary plans for implementation of the Working Group's recommendations, which were presented at the December 2012 ACD meeting. The agency is moving forward with implementation of these plans. Accordingly, the Notice is requesting input to inform the implementation plans in the following areas:

Developing Individual Development Plans (IDPs) for those in graduate and postdoctoral training

supported by NIH funds from any source. NIH is seeking input about how institutions could include IDPs in their policies and procedures to help tailor the training experiences for each student and postdoc. Also of interest are methods by which institutions would indicate adherence to these practices to NIH.

- Encouraging timely completion of doctoral study by establishing expected limits on the length of time NIH will provide support for graduate students. The Working Group felt that graduate training leading to the doctorate in general should last less than 6 years. To inform this recommendation, it is important to consider how institutions currently monitor graduate student support and time to degree, as well as to better understand challenges to potential reductions in the duration of training, and strategies that may mitigate the effects of such changes.
- Providing more uniform benefit packages for postdoctorates, which might include health insurance, contributions to a retirement plan, sick leave, etc. Information about the benefits currently provided to postdoctorates supported through NIH research grants, as well as those supported by NIH training grants and fellowships, would be useful in formulating implementation strategies for this recommendation.
- Developing a system for gathering information about individuals receiving NIH support for their training. One option the implementation team is considering is to incorporate graduate students into the [eRA Commons](#). In addition, the ongoing Science Experts Network Curriculum Vitae ([SciENCv](#)) project that will permit the development of a Federal-wide researcher profile also may be useful in implementing this recommendation, particularly through gathering information on individuals who are no longer in the NIH system. If NIH were to develop an electronic system for capturing information on graduate students, what challenges could impede providing high-quality data?
- Reporting by institutions of aggregate career outcomes of graduate students and postdoctorates on a public web site. Institutions have a number of ways of communicating the success of their programs. NIH is interested in assessing the willingness of institutions to participate in this effort and hearing strategies that would facilitate some standardization of this approach. The goals of these strategies would be to ensure that career outcomes are noted for all trainees, so that individuals contemplating biomedical research training and selecting a training institution would have access to current information about the career outcomes of students and postdoctorates from those institutions.
- Considering the following in training grant applications:
 - A range of career outcomes as indicators of success.
 - Outcomes of training for all graduate students and postdoctorates in relevant programs, whether or not they are supported by the training grant.

In developing policies and procedures for implementing these recommendations in the context of the current review process, it will be important to receive input about what types of careers should be considered a successful outcome. Also, input would be welcomed as to which students and postdoctoral fellows at an institution should be considered as participating in programs relevant to a particular training grant should be included in training grant reports.

- Launching a dialogue with the extramural biomedical research community to assess the construct of NIH support of the biomedical community, including faculty salaries. The implementation team currently is considering what types of data should be gathered to inform this dialogue, and would appreciate input from the community. In addition, the community's experience with the recent decrease in the rate at which NIH can pay individual's salaries, from Executive Level I of the Federal Executive Pay Scale (\$199,700) in FY2011 to Executive Level II (\$179,700) in FY2012, may provide useful information about the effects of changes in salary support.

Information Requested

To ensure a thorough and comprehensive consideration of the issues that may arise in implementing the Working Group's recommendations, responses are being sought from all stakeholders in the

extramural community, including students, postdoctorates, scientists, scientific societies, and NIH grantee institutions, as well as from the general public. Information is sought for each of the areas identified above and any other items that may affect implementation of these recommendations.

Comments may include but are not limited to:

1. Any of the areas identified above and any other specific areas worthy of consideration by the implementation team, including identifying the critical issues(s) and impact(s) on institutions, scientists, students and/or postdoctorates.
2. Information about personal or institutional experiences in these areas that would be useful to the implementation team in developing policies and procedures for implementation.

Response to this RFI is voluntary. Responders are free to address any or all of the above items. Please note that the Government will not pay for response preparation or for the use of any information contained in the response. NIH will provide a summary of all input received which is responsive to this RFI.

Responses to the RFI will be accepted through April 22, 2013. All comments must be submitted electronically on the [submission website](#).

NIA Seeks Applications to Explain Regional and International Differences in Health and Longevity at Older Ages

The recognition that life expectancy at birth in the United States has improved dramatically over the past century is a given. In addition, throughout the second half of the century, advances in medicine -- particularly in the treatment of heart disease and stroke -- along with healthier lifestyles, better access to health care, and better overall health before age 65 combined to produce impressive improvements in life expectancy above age 65. Despite this improvement, U.S. life expectancy (at birth and at older ages) -- especially for women -- has lagged behind other wealthy nations since 1980. Evidence from cross-national research indicates that older Americans get sick sooner compared to older Europeans. Within the U.S., similar disparities in health and longevity are observed across geographical areas.

The recent availability of longitudinal data expressly designed for cross-national comparisons has begun to prompt research inquiry into the underlying dynamics of, and reasons for, these differences in health and longevity at older ages. For example, research using the Health and Retirement Study (HRS), English Longitudinal Study of Ageing (ELSA) and the National Health and Nutrition Study (NHANES), indicates that older white non-Hispanic U.S. adults aged 55-64 are less healthy than their English counterparts for a range of diseases including diabetes, hypertension, heart disease, myocardial infarction, stroke, lung disease, and cancer. The results showed that these differences are not solely driven by the bottom of the Socio-economic Status (SES) distribution, and that for many diseases; the top of the SES distribution (which in the U.S. has near universal health insurance coverage) is less healthy in the U.S. as well.

Surprisingly, low-SES individuals in Great Britain have better health than high-SES U.S. individuals. This is a provocative finding, that U.S. residents in late middle-age are much less healthy than their English counterparts and that these differences exist at all points of the SES distribution. Possible explanations include survival advantages among U.S. adults with chronic illness, behavioral differences in risk factors not (or imperfectly) measured in these studies, psychosocial factors, the obesity epidemic (which is more advanced in the U.S.), differences in health care systems, social policy contexts other than medical care (e.g., social retirement benefits, unemployment compensation, sick pay, housing policies, transportation options, social integration, etc.), how health influences wealth (e.g., in the U.S., major health events lead to wealth depletion), measurement differences across studies, quality and comparability of biospecimen assays, etc.

A subsequent analysis using data from the HRS, ELSA, and the Survey of Health, Ageing and Retirement in Europe (SHARE) found similar results. American adults ages 50-74 at all wealth levels reported worse health than did European adults at comparable wealth levels. Similar to the analysis reported above, U.S. minorities were excluded, an indication that worse health of Americans compared with Europeans cannot be attributed to racial disparities with the U.S.

The National Institute of Health's (NIH) National Institute on Aging (NIA) is seeking research applications [investigator-initiated/R01 ([PA-13-125](#)), small grants/R03 ([PA-13-123](#)), and exploratory/developmental grants/R21 ([PA-13-124](#))] that are designed to pursue possible explanations for the divergent trends that have been observed in health and longevity at older ages, both across industrialized/high life expectancy nations and across the U.S. by geographic area. Research projects will not be restricted to using NIA-supported datasets and may propose research using any relevant data. Examples appropriate approaches and topics noted include:

- The prevalence of a condition is a function of its incidence, duration, and survival. These three parts have not been adequately differentiated in the comparative analysis of major chronic conditions. Do Americans have a higher prevalence of major conditions because they have a higher incidence of a condition, are more likely to have it diagnosed earlier or at all, or experience better survival from it?
- The cross-national studies discussed above found that differences were not explained by behavioral risk factors. Applicants are encouraged to conduct investigations of the adequacy and comparability of the behavioral risk factors measured in these studies and consider whether a fuller set of risk factors and would offer additional explanatory power.

Also, these studies do not include data on past differences in risk factors, or may not adequately measure cumulative exposure over the life course. Behavioral risk factors of interest include: physical activity, exercise, diet, eating patterns, tobacco/smoking, alcohol, drug use and abuse, obesity, sleep duration, sleep quality, time use, etc. Environmental exposures and risk factors are also of interest. Studies that quantify the contribution of risk factors and conditions to observed differences are encouraged.

- Smoking behavior has been hypothesized to account for a significant portion of the mortality differential among countries. Recent methodological research estimating the number of deaths attributable to smoking has shown that the ranking of the U.S. in international comparisons of longevity is heavily affected by the smoking history of American men and women. When the mortality profiles of a set of industrialized countries were adjusted by removing the effect of smoking, the relative position of both U.S. women and men significantly improved. Applicants are encouraged to study the effect of smoking and cohort smoking histories as a potential explanation for the U.S.'s international standing in health and longevity.
- Psychosocial factors such as social support, social integration, stress, well-being, etc. have not adequately been studied as potential explanations for observed health and longevity differences. Applicants are encouraged to develop better measures of psychosocial factors for incorporation into the above-mentioned NIA-funded cross-national surveys of the older population, and investigate their potential explanatory power.
- Available cross-national comparative data do not include much information on early life factors. Applicants are encouraged to gather retrospective data (both recall data and information from administrative records including vital statistics) from older cohorts in ongoing studies.
- Social policy contexts differ between the U.S. and Europe and it has been hypothesized that contextual factors may have causal effects in producing the observed health disadvantages in the U.S. Studies of the effect of contextual factors including retirement benefits, unemployment compensation, sick pay, working conditions, housing policies, transportation options, social integration etc. are encouraged.
- Despite its huge policy implications, the role of health and long-term care systems in international variations in disease prevalence and mortality is only beginning to be understood. The cross-national, longitudinal studies of older people referenced in this FOA,

which have frequent follow-up via biomarkers and linked data on medical records, should be further exploited to shed light on differences in the way medical systems interface with patients, and how such differences may have survival and disability implications. Applicants are also encouraged to take advantage of available natural experiments in medical care as they occur internationally.

- Applicants are encouraged to calibrate the biomeasure assays (e.g., assays of CRP, cholesterol, etc.) and self-reported physical performance measures across datasets used for comparative analyses.

For more information see <http://grants.nih.gov/grants/guide/PA-files/PA-13-125.html>, <http://grants.nih.gov/grants/guide/PA-files/PA-13-123.html>, <http://grants.nih.gov/grants/guide/PA-files/PA-13-124.html>.

NIAAA Seeks Research on Alcohol and HIV/AIDS

Approximately 1.6 million adult Americans are living with alcohol abuse and dependence, and an additional 40,000 to 60,000 new cases of HIV infection are reported each year. Estimates of the co-occurrence of alcohol abuse/dependence among individuals infected with HIV range from approximately 30 to 70 percent in different samples. The prevalence of alcohol dependence among HIV-infected men is approximately three times that of women, and both prevalences substantially exceed those for men and women in the U.S. population overall.

As HIV/AIDS research becomes more focused, there is growing evidence that alcohol consumption may play an important role in sexual transmission, susceptibility to infection, and progress of HIV disease. In addition, alcohol use, abuse, and dependence may have a significant impact on the occurrence and course of comorbid conditions HIV and TB, adherence to medications and provider advice, provider and patient attitudes toward treatment, and survival.

Accordingly, the National Institute of Health's (NIH) National Institute on Alcohol Abuse and Alcoholism (NIAAA) is seeking to appeal to a broad audience of alcohol and HIV/AIDS researchers, including alcohol researchers with no prior experience in HIV/AIDS research but with a keen appreciation for the relationship between problem drinking and HIV/AIDS and a strong interest in acquiring such experience.; HIV/AIDS researchers with no prior alcohol research experience who realize the importance of more intensive alcohol interventions to improving clinical outcomes among HIV-infected individuals; and those with prior research experience in the area of co-occurring HIV/AIDS and alcohol and other substance abuse.

NIAAA is seeking research project grants/R01 ([PA-13-121](#)); exploratory/developmental research project grant/R21 ([PA-12-122](#)), and small research project grants/R03 ([PA-13-120](#)). The primary objective for the announcements are to increase innovative developmental research: 1) to characterize the relative importance of reducing alcohol misuse in prevention and acquisition and transmission of HIV in order to identify and apply appropriate alcohol and HIV interventions in public health measures; 2) to more fully understand and prevent the progression of HIV disease in the presence of continued alcohol exposure; and 3) to develop operational research frameworks for addressing the occurrence and persistence of infections in high-risk populations and translate the findings into effective, culturally appropriate preventive and treatment interventions for these targeted population. **Applications are due May 16, 2013. Letters of intent are not required.**

Prevention of HIV Risk Behaviors Related to Alcohol: Behavioral, affective, and cognitive factors affect the risk for HIV infection and the efficacy of HIV prevention and treatment among people who use and abuse alcohol. Models should be developed to integrate these individual factors with contextual and social factors that influence alcohol misuse, sexual risk-taking, and other HIV risk behaviors. Development and testing of new interventions are needed at various levels, including: individual, dyadic, social network, organizational, and community. The following areas are suggested and not exclusive:

- Develop community-based interventions, e.g., bar-based server training, to alter alcohol

- availability and to improve linkage of alcohol and HIV preventive services.
- Develop school-based interventions, including middle school, high school, and college curricula focusing on the relationship between alcohol-related sexual risk behaviors and HIV/AIDS.
- Develop jail and prison-based interventions to reduce alcohol-related HIV sexual risk behaviors among re-entering populations.
- Target and retain the highest risk drinkers (including those from difficult-to-reach, underserved populations) in HIV/STD prevention and treatment interventions - including trials for prophylactic vaccines and microbicides.
- Motivate drinkers, including those who perceive themselves to be at low risk for HIV infection, to decrease risky sexual and substance use behaviors.
- Assess interaction of alcohol consumption, alcohol-related sexual expectancies, and social norms in decision-making related to HIV risk behaviors.
- Develop and test preventive interventions based on social dynamics and environmental characteristics of high-risk alcohol-related settings and situations (e.g., bars, parties, neighborhoods with a high density of drinking outlets, etc.).
- Develop and test family and peer group interventions to reduce alcohol use, unsafe behavior and exposure to co-occurring risks such as violence, poor health care, and disease.
- Improve multi-level methods for assessing and analyzing complex interrelationships among alcohol use and abuse, psychological and environmental factors, including alcohol regulations and policies, and HIV-related risk behaviors.

Multi-level Behavioral and Psychosocial Approaches to the Treatment of Individuals with Co-occurring HIV/AIDS and Alcohol Abuse/Dependence: The implementation of research-based behavioral/psychosocial interventions that will complement state-of-the-art pharmacologic interventions for the treatment of alcohol dependence in HIV+ individuals will be critical in achieving improved clinical outcomes. Research is needed to better characterize and address the impact of behavioral and psychosocial factors on access to treatment and on drinking and HIV/AIDS outcomes, and to ameliorate negative behavioral, affective, physical, cognitive and social consequences of HIV infection in alcohol-using and -abusing populations through multilevel interventions. Such interventions may target, separately or in combination, individuals, families, treatment programs and networks of programs, and communities. Alcohol and HIV/AIDS-related research efforts are needed in, but not limited to, the following areas:

- Integration of alcohol risk reduction goals into HIV/AIDS treatment programs, including behavioral, psychosocial, and pharmacological interventions. Evaluating effectiveness of behavioral/psychosocial interventions to help individuals stop drinking and avoid relapse. Development of tailored treatments as needed for special populations such as underserved minorities, pregnant women, and those with comorbid psychiatric diagnoses.
- Integration of HIV risk reduction goals into alcohol abuse treatment programs, including behavioral, psychosocial, and educational interventions. Evaluating effectiveness of HIV risk reduction strategies in alcohol treatment settings. Development of tailored treatments as needed for special populations such as underserved minorities, pregnant women, and those with comorbid psychiatric diagnoses.
- Development and testing of interventions to improve the quality of life of individuals with coexisting HIV/AIDS and alcohol use disorders (e.g., strategies to reduce the impact of alcohol-related consequences on social, family, vocational functioning, and well-being, and on the course of AIDS-related illnesses.)
- Development and testing of interventions to improve the quality of life of individuals with coexisting HIV/AIDS and alcohol use disorders (e.g., strategies to reduce the impact of alcohol-related consequences on social, family, vocational functioning, and well-being, and on the course of AIDS-related illnesses.)
- Identifying the determinants and consequences of personalized health care and secondary prevention for HIV-infected individuals with alcohol use disorders. This includes foundational research on economic aspects of tailored health interventions to provide a framework for

clinical decision-making.

- Advancing knowledge of effective collaborative approaches to the organization and management of services for HIV-positive adolescent alcohol abusers, including analyses of barriers to access and utilization of services, and strategies to overcome them (e.g., mobile vans as a means for improving access to health care among people who abuse alcohol).
- Improving understanding of the relationship between alcohol use and abuse, access to care, and delivery and cost of services for infected persons.

Community-Based Translational Research: Community-based translational research in public health is a partnership approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process. The partners contribute their expertise and share responsibilities and ownership to enhance understanding of a particular phenomenon, and to integrate the knowledge gained with action to improve the health and well-being of community members. Community-based translational research is important because it emphasizes conducting research in a community as a place or setting, and conducting research with members of a community who are full and equal partners. Such research recognizes the community as a social, cultural, and geospatial entity with the active engagement and influence of community members in all aspects of the research process. Within the area of community-based translational research, suggested special emphasis areas include, but are not limited to:

- Research on the characteristics of community-based organizations and coalitions most likely to be successful in implementing effective science-based interventions in at-risk communities.
- Studies which identify and evaluate outcome measures and data collection systems appropriate to the evaluation of research-based alcohol-related HIV prevention interventions implemented in community settings.
- Research on models for facilitating cooperation among research and service professionals.
- Studies of the mechanisms by which institutions network with other community agents and other community institutions. When and how do such connections and collaborations improve HIV and AOD prevention efforts? When and how do they fail to do so?
- Multi-level collaborative research to study patterns of communication between various sectors of society (e.g., Federal, state, and local governments, community-based service organizations, the business community, etc.) and their impact on the delivery of prevention, intervention, and treatment services to individuals with coexisting HIV/AIDS and alcohol use disorders.
- Studies of the unique cultural aspects of alcohol production, sales, and distribution and their impact on the spread of HIV in domestic and international settings.

Dissemination and Diffusion of Research Findings: Despite advances in the knowledge of effective approaches to preventing HIV infection, it is clear that information, strategies, and models for HIV prevention have not always reached community program levels. Likewise, information developed by community programs has frequently not reached or influenced HIV prevention researchers. It is extremely important that more effective collaborative relationships between the research community and the community of public organizations delivering prevention programs to high-risk populations be developed in such a way that a sustainable research infrastructure is established or enhanced at the level of local communities. Models of technology transfer need to be developed and validated in large-scale community settings.

These models must include effective training for community providers as well as ongoing assessment of what happens to research-based interventions when they are put into practice. Critical to the success of these efforts will be an awareness of the cultures in which the interventions were implemented and ways in which existing interventions may have to be modified to be successful. Interventions which leave in place infrastructures capable of complex problem-solving, program evaluation, and ongoing two-way communication with the research community

should facilitate future technology transfer. Suggested areas of operations and implementation research include but are not limited to:

- Studies that develop and test different models for transferring effective research-based HIV prevention interventions into relatively resource poor communities, and for bringing these interventions to population scale
- Studies of mechanisms that would enable community-based organizations to advise and communicate with the research community on needed research to improve responses to ongoing or emerging HIV-related public health issues.
- Collaborative programs to train minority investigators to conduct clinical, biomedical, and prevention research which explores the impact of alcohol abuse on HIV transmission, disease progression, and clinical outcomes.

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

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

