

COSSA

WASHINGTON UPDATE



SPECIAL EDITION

PROPOSED FY 2013 BUDGETS

FOR SOCIAL AND BEHAVIORAL SCIENCE

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COSSA

Washington UPDATE

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PROPOSED FY 2013 BUDGETS FOR SOCIAL AND BEHAVIORAL SCIENCE

“Tough Choices to Build an Economy that Lasts”

Faced with an American public skeptical of his leadership, potential 2012 opponents skewering him at every opportunity, a relentlessly hostile House GOP, a dysfunctional Senate that is sending Maine moderate Republican Olympia Snowe into retirement, and an economy gradually recovering but still with high unemployment, huge deficits, and a growing national debt, President Obama released his FY 2013 budget proposals on February 14.

Reiterating his theme from the State of the Union address, the President emphasized that this budget will help build an “Economy that Lasts.” At the same time, in his Cabinet Secretaries and other Administration spokespersons testimony to congressional committees, the phrase most often heard is that “tough choices” were necessary in assembling the FY 2013 proposed budget.

The President proposes that the federal government spend \$3.8 trillion in FY 2013. That total includes mandatory spending on Medicare, Medicaid, and other programs outside the control of the appropriations process as well as interest on the national debt. The discretionary spending portion of the budget designates \$851 billion as “security” spending and \$410 for “non-security” spending. The President’s budget projects the deficit decreasing from \$1.327 trillion in FY 2012 to \$968 billion in FY 2013. Looked at as a percentage of Gross Domestic Product, this drops the deficit from 8.5 percent to 5.5 percent. This, however, assumes the non-extension of the Bush tax cuts after they expire at the end of 2012.

Funding levels for appropriated spending are governed by the Budget Control Act of 2011, which set caps on allocations in this category. The President’s proposed budget for FY 2013 for this spending is \$1.043 trillion. The agreed-upon cap is \$1.047 trillion. Proposed appropriated spending for non-security areas is \$356.8 billion, down from over \$400 billion in FY 2010. Security agencies’ funding would be \$686 billion, similar to the past four years. Republicans in the House are currently debating whether to renege on the agreement and pass a FY 2013 budget resolution with a lower cap.

Also part of the Budget Control Act is the threat of across-the-board (ATB) cuts or sequestration starting in January 2013 if certain deficit reduction targets are not met. The Administration believes it can meet the targets with its new budget proposals. The sequestration would hit defense and non-defense programs equally, and many in Congress are loath to seeing the Defense budget decline. Therefore, the expectation is that political and budgetary machinations will take place to avoid the ATB cuts.

Science and Technology Budgets

In his message accompanying the release of the FY 2013 proposed budget, the President notes that: “This Budget also puts an emphasis on the basic research that leads to the breakthroughs of tomorrow, which increasingly is no longer being conducted by the private sector, as well as helping inventors bring their innovations from laboratory to market.”

Speaking on February 14 at the Research and Development (R&D) budget rollout at The American Association for the Advancement of Science (AAAS), Presidential Science Adviser John Holdren declared that: “The priority the President attaches to R&D and Science, Technology, Engineering and Math (STEM) education, as reflected in his 2013 Budget, is justified by the historic truth that investments in innovation and education today will more than pay for themselves tomorrow.”

The priorities for the Administration for Federal R&D in the FY 2013 budget are: Promoting Sustainable Economic Growth and Job Creation; Moving Toward a Clean Energy Picture; Defeating Dangerous Diseases and Achieving Better Health Outcomes; Understanding Global Climate Change and its Impacts; Stewardship of Natural Resources; and Science and Technology for Security.

Proposed funding for overall Federal R&D support in FY 2013 would increase by one percent to \$140.8 billion over FY 2012, but would remain below FY 2011’s \$142.7 billion. In FY 2013, basic research would increase by one percent to \$30.6 billion and applied research would go up by five percent to \$33.4 billion. In basic research the largest increases are at the National Science Foundation (NSF) and the Department of Energy. For applied research, the Department of Commerce receives the largest increase for the Administration’s emphasis on advanced manufacturing. The Development budget has a slight decrease to \$74.2 billion, with a two percent decline for the Department of Defense.

Despite another Government Accountability Office (GAO) report noting the large duplication of STEM education programs across the government, the Administration proposes spending \$3 billion in many agencies for this activity in FY 2013. The White House Office of Science and Technology Policy (OSTP) produced an inventory of these programs in late 2011 disagreeing somewhat with GAO’s conclusions and is working on a STEM education strategy it hopes to release in the coming months.

The U.S. Global Change Research program would receive \$2.6 billion, an increase of 5.6 percent over FY 2012 for its multi-agency effort to understand, predict, mitigate and adapt to global change. Major roles are played by NSF, the National Oceanographic and Atmospheric Administration (NOAA), and NASA.

National Science Foundation

In announcing the FY 2013 budget, NSF Director Surbra Suresh noted: “This investment in science and engineering 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.”

Although not as ambitious as the FY 2012 proposal of \$7.767 billion, the Administration has asked for \$7.373 billion for FY 2013, an increase of 4.8 percent. Although Congress rejected the huge proposed increase for FY 2012, it did provide NSF with close to a two percent boost over FY 2011. With strong support by the chairs of the appropriations subcommittees that consider NSF’s budget, Rep. Frank Wolf (R-VA) and Sen. Barbara Mikulski (D-MD), the agency came away from the conference committee with a higher number than either the House or Senate had provided in their original considerations of NSF’s FY 2012 budget.

The Research and Related Activities Account (R&RA), which funds all the research directorates and a number of offices at the Foundation, would receive a 5.2 percent increase to \$5.983 billion for FY 2013. The raise from FY 2011 to FY 2012 was 1.4 percent.

NSF would continue to focus on interdisciplinary, cross-directorate programs in FY 2012. Some continue over from FY 2011 including: Cyberinfrastructure Framework for 21st Century Science and Engineering (CIF-21); Comprehensive Cybersecurity Initiative; Science, Engineering and Education for Sustainability (SEES), Integrated Support Promoting Interdisciplinary Research and Education (ISPIRE); and the 2011-introduced Innovation Corps.

Speaking at the COSSA'S 30th Anniversary Colloquium last November, Suresh pronounced the relevance, importance, and centrality of the social sciences and the seamless integration of the social sciences with the natural sciences and engineering as the key to the science future. The importance of the social sciences, Suresh asserted, comes from science's role in meeting the needs of society and from the new globalized culture and its breakthroughs in telecommunications and transportation.

During 2011, Myron Gutmann, Assistant Director for the Social, Behavioral and Economic Sciences directorate (SBE), led an outreach effort to the community to provide input into a research agenda for these sciences in the coming decade. This activity culminated with the release in November of *Rebuilding the Mosaic*. The report identifies four major topic areas for focusing future research: population change; sources of disparities; communication, language, and linguistics; and technology, new media, and social networks.

In FY 2012, NSF sought a 12 percent increase over FY 2011 funding for the SBE directorate that would have moved its budget to over \$300 million. Since Congress did not increase the NSF budget sufficiently to allow this increase to occur, SBE wound up with \$254.2 million in FY 2012, up from 247.3 million in FY 2011. The proposed SBE budget for FY 2013 is \$259.6 million, a more modest 2.1 percent increase.

After seeing its budget decline from FY 2011 to FY 2012, the Administration is proposing a 5.6 percent increase to \$875.6 million for the Education and Human Resources directorate (EHR) in FY 2013. The Division of Research on Learning in Formal and Informal Settings (DRL) has a proposed FY 2013 budget of \$309.5 million, an increase of \$19 million from FY 2012. This division would lead the core research and development effort that hopes to provide a coherent body of knowledge and evidence about STEM learning. This includes developing new instruments for promoting and assessing learning.

NIH and Other Health Agencies

The FY 2013 proposed budget provides no increase for the National Institutes of Health leaving it at the FY 2012 level of \$30.987 billion. The budget does have funding for the start-up of the National Center for Advancing Translational Sciences, which has absorbed many of the activities of the former National Center for Research Resources. Since the overall budget is static, most of the Institutes receive either slight increases or small decreases in the request.

NIH is also proposing to reduce funding for the National Children's Study, designed to study the effects of genetics and the environment on the growth, development, and health of children across the United States. This would lead to the loss of the probability sample and the generalizability of the results as NIH studies alternatives that would save money.

The Office of Behavioral and Social Science Research (OBSSR) also has no increase requested for FY 2013. Nonetheless, the Office's plans include facilitating: (a) the next generation of basic behavioral and social sciences research; (b) trans-disciplinary "team science" that integrates biomedical, behavioral and social-ecological perspectives; (c) research that looks at how individual, group, and societal factors interact; and (d) the translation, implementation, dissemination and maintenance of best practices and proven strategies that reduce the burden of chronic disease and eliminate inequities in health and healthcare. OBSSR will continue to support the OppNet program in basic behavioral science. OppNet will be funded at \$20 million.

The Agency for Healthcare Research and Quality (AHRQ) has a slight increase proposed for FY 2013, but a significant increase for its Patient-Centered Health Research, which seeks to inform health-care decisions by providing evidence on the effectiveness, benefits, and harms of different treatment outcomes. In FY 2013, the Assistant Secretary for Planning and Evaluation will continue its focus on policy development, research, analysis, evaluation and data development in support of Affordable Care Act (ACA) implementation.

At the Centers for Disease Control and Prevention the FY 2013 proposed budget includes an increase for the National Center for Health Statistics. The boost is the same as requested in FY 2012, which Congress did not grant. There is also a proposed increase for HIV/AIDS prevention. The Chronic Disease and Prevention activity also gets a significant boost and receives significant funding from the Prevention and Public Health Fund of the ACA.

Research and Data in the Departments

At the Department of Agriculture, the President has just announced his intention to nominate Sonny Ramaswamy, Dean of the College of Agricultural Sciences at Oregon State University, as the new head of the National Institute of Food and Agriculture (NIFA). The President has asked once more for a significant increase for the Agriculture and Food Research Initiative (AFRI), the department's major competitive grant program. With the demise of earmarks, funding for AFRI has crept up in recent years, but not at the great leaps the administration had sought. There is a substantial increase for the National Agricultural Statistics Service (NASS) to complete the Census of Agriculture.

The U.S. Census Bureau has an increase for FY 2013 that would allow it to complete the Economic Census, the Census of Governments, and continue its research program toward a redesigned 2020 count. The American Community Survey will serve as a test-bed for these studies, including assessing the use of the Internet as a response mechanism. The Bureau of Economic Analysis seeks increased funds to implement the much requested, Quarterly Gross Domestic Product by industry survey, and to produce more useful data on how people get and spend their money, now called Decomposition of Personal Income.

With still no congressional reauthorization of the Elementary and Secondary Education Act, the Administration continues its challenge to the States, and soon school districts, to improve through its Race to the Top (RTTP) initiative. The Administration now wants to extend the RTTP idea to higher education and proposes funds to drive reform at the state level to help students complete college faster. The Department has also resuscitated its First in the World proposal, rejected by Congress in 2011. Once again, at about half the level proposed for FY 2012, the Administration hopes to transform the Fund for the Improvement of Postsecondary Education (FIPSE) by providing "venture capital" to encourage innovative approaches to improving college completion, research support to build the evidence of effectiveness needed to identify successful strategies, and resources to scale up and disseminate successful strategies.

The Administration has abandoned any attempt to revive the funding for the Title VI and Fulbright-Hays international education and foreign language programs, accepting the forty percent reductions from FY 2011 and preparing a new direction for these programs. The Javits Fellowship program, which provided funding for graduate students in the social sciences, humanities and arts, has been subsumed by the Graduate Assistance in Areas of National Need (GAAAN) program. The FY 2013 proposal does not include any funds for new Javits Fellows and it is unclear whether the GAAAN program will designate the Javits' areas as ones with national need. In addition, the Thurgood Marshall Legal Opportunity program is gone. The Administration proposed, as others before it had done, defunding many small education programs. The difference is that in this era of huge deficits and concern about the national debt, Congress has accepted these eliminations.

The Institute of Education Sciences has increases for research and evaluation that include funding for a Pell Grant evaluation and the continuation of the construction of state wide data systems for tracking individual students with a new emphasis on following these people through post-secondary education and into the workforce.

At the Department of Homeland Security (DHS), funding cuts to the University Programs account has resulted in the suspension of the fellowship and scholarship program. Congress was not kind to the Research, Development and Innovation account in FY 2012 and the FY 2013 proposal asks to restore funding for this major source of research support including some social and behavioral science. Improving behavioral screening techniques and understanding the economic incentives for cybersecurity breaches are among the topics in which DHS shows continued interest.

At the Department of Housing and Urban Development, the Office of Policy Development and Research has a proposed increase. It will also receive funds from the continuing Transformation Initiative, which sets aside program funds for a variety of departmental-wide initiatives including research and data collection. The Office is also in the midst of developing a Roadmap for a future research agenda.

Laurie Robinson has departed as Assistant Attorney General for the Office of Justice Programs (OJP) at the Department of Justice, and has been replaced in an acting capacity, by her principal deputy, Mary Lou Leary. Both the National Institute of Justice (NIJ) and the Bureau of Justice Statistics (BJS) have proposed increases for FY 2013. NIJ would continue implementing the recommendations of the 2010 National Research Council report. BJS would continue its revitalization of the National Criminal Victimization Survey. Both would again benefit from a proposed two percent set-aside of OJP program funds.

The Department of Labor has also proposed for its Employment and Training Administration a set-aside of program funds for research, demonstrations, pilots and evaluations. Unlike the HUD and DOJ set-asides, which supplement rather than supplant regular appropriations, Labor has zeroed out the regular budgets for these activities. At the Bureau of Labor Statistics, the National Longitudinal Surveys are under threat as the 1979 and 1997 cohorts are proposed for cuts as part of an elongation process that was supposed to fund a new cohort. Unfortunately, Congress did not provide enough funds to BLS to start the new cohort, leaving the elongation process to occur anyway.

Funding for the exchange programs at the Department of State has an increase, but for the most part the appropriations for these efforts have leveled off after significant increases during the Bush Administration. The Fulbright program has a large increase as a result of its absorbing the Regional Graduate Fellowships program. There will be a continued emphasis on the "Frontline States" - Iraq, Afghanistan, and Pakistan.

At the Department of Transportation, the Research and Innovation Transportation Administration (RITA), which houses the Bureau of Transportation Statistics, has been elevated into a new office of Assistant Secretary for Research and Statistics. BTS has an increase to reinstate the National Long Distance Data Travel program and to revive the *Journal of Transportation and Statistics*.

The National Archives and Records Administration has a significant decline in its proposed FY 2013 funding as a result of the Electronic Records Initiative moving into an operation and maintenance mode. The National Historical Publications and Records Commission grants program continues to lose funding.

The National Endowment for the Humanities has a slight increase. This Administration's initiative is called *Bridging Cultures*, which encourages projects that explore the ways in which cultures from around the globe, as well as the myriad subcultures within America's borders, have influenced American society. In the meantime, this Administration once again asks Congress to defund the last Administration's big initiative; *We the People*. Congress has not cooperated.

Finally, the United States Institute of Peace, having survived an attempt to remove its federal funding in early 2011, (there was dismay at the cost of its new headquarters) has a slight increase.

In a presidential and congressional election year budget politics take on added significance. Most recent election years have resulted in post-contest lame-duck sessions. An exception was 1996. Following the trauma of the government shutdown earlier, the Clinton Administration and the Congress, including the Newt Gingrich-led Republican majority House, actually finished the appropriations process on time. Do not bet on that happening this year with the sequestration or across-the-board cuts hanging like a sword above the policymakers' heads alongside the expiration of the Bush tax cuts, and other contentious spending issues. We are likely once again to see down-to-the-wire negotiations as the end-game in the appropriations process.

Howard J. Silver, March 2012.

How to interpret budget figures in this issue

COSSA's budget issue provides figures for Fiscal Year 2013 budget authority. All figures in the agency tables are in millions of current dollars, and, in most cases, are rounded to one figure after the decimal. Totals may contain rounding error.

Two types of data are compiled in the tables. Four columns provide recent and current budget figures, while the last three columns provide comparisons of numerical data.

Actual 2011	Proposed 2012	Current 2012	Proposed 2013	A 2011/ C 2012	C 2012/ P 2012	P 2013/ C 2012
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Column 1 provides actual spending figures for FY 2011. Column 2 offers requested funding in President Obama's FY 2012 budget request. Column 3 provides current FY 2012 funding as enacted by the Congress. Column 4 provides the Administration's new funding recommendation for FY 2013. Column 5 shows the percentage change from Actual FY 2011 spending to current FY 2012 spending. Column 6 compares the proposed FY 2012 funding with current FY 2012 funding, thereby reflecting congressional modifications to the Administration's budget. Finally, Column 7 compares current FY 2012 funding with the recently proposed FY 2013 funding, illustrating the Obama Administration's budget priorities as gauged against current spending.

COSSA would like to thank all the federal agency officials who assisted COSSA by providing information contained in this report.

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Economic Research Service
National Agricultural Statistics Service

DEPARTMENT OF COMMERCE

U.S. Census Bureau
Bureau of Economic Analysis

DEPARTMENT OF EDUCATION

Institute of Education Sciences
International Education and Foreign Language Studies
Fund for the Improvement of Postsecondary Education
Graduate Assistance in Areas of National Need

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Assistant Secretary for Health
Assistant Secretary for Planning and Evaluation
Agency for Health Care Research and Quality
Centers for Disease Control and Prevention
National Institutes of Health
Office of the Director
Division of Program Coordination, Planning, and Strategic Initiatives
Office of Aids Research
Office of Behavioral and Social Sciences Research
Office of Disease Prevention
Office of Research on Women's Health
Common Fund/Office of Strategic Coordination
Office of Science Education
John E. Fogarty International Center for Advanced Study in the Health Sciences
National Cancer Institute
National Center for Advancing Translational Research
National Center for Complementary and Alternative Medicine
National Eye Institute
National Heart, Lung and Blood Institute
National Human Genome Research Institute
National Institute on Aging
National Institute on Alcohol Abuse and Alcoholism
National Institute of Allergy and Infectious Diseases
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National Institute of Biomedical Imaging and Bioengineering
National Institute of Child Health and Human Development
National Institute on Deafness and Other Communication Disorders
National Institute of Dental and Craniofacial Research
National Institute of Diabetes and Digestive and Kidney Diseases
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National Institute of Environmental Health Sciences
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National Institute of Mental Health
National Institute on Minority Health and Health Disparities
National Institute of Neurological Disorders and Stroke
National Institute of Nursing Research

National Library of Medicine

DEPARTMENT OF HOMELAND SECURITY

Science and Technology Directorate: Research, Development, and Innovation
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DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Office of Policy Development and Research

DEPARTMENT OF JUSTICE

Bureau of Justice Statistics
National Institute of Justice

DEPARTMENT OF LABOR

Bureau of Labor Statistics

DEPARTMENT OF STATE

Education and Cultural Exchanges

DEPARTMENT OF TRANSPORTATION

Bureau of Transportation Statistics

INDEPENDENT AGENCIES

National Archives and Records Administration
National Endowment for the Humanities
National Science Foundation
United States Institute of Peace
Woodrow Wilson International Center for Scholars

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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.

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DEPARTMENT OF AGRICULTURE

Tom Vilsack, former Governor of Iowa, is the Secretary of Agriculture (USDA). Catherine E. Woteki is the Under Secretary for Research, Education and Economics and Chief Scientist for the Department.

The FY 2013 proposed discretionary spending budget for USDA is \$23 billion, \$700 million below the 2012 enacted level. A large portion of the USDA budget consists of Mandatory Spending on things like farm subsidies and nutrition assistance programs. The President's budget, however, proposes to reduce the deficit by \$32 billion over 10 years by eliminating direct farm payments, decreasing subsidies to crop insurance companies, and better targeting conservation funding for high priority areas. Whether these cuts will actually occur will get determined during the upcoming congressional activity reauthorizing the Farm Bill.

National Institute of Food and Agriculture (NIFA)

www.nifa.usda.gov

On March 9, President Obama announced his intention to nominate Dr. Sonny Ramaswamy, Appointee for NIFA Director. Ramaswamy is currently Dean of the College of Agricultural Sciences at Oregon State University and Director of the Oregon Agricultural Experiment Station. Until such time as Ramaswamy can actually take the position, Chavonda Jacobs-Young remains Acting Director of NIFA. NIFA, established in the 2008 Farm Bill, has the primary responsibility for providing linkages between the Federal and State components of a broad-based, national agricultural research, extension, and higher education system. NIFA provides funding for projects conducted in partnership with the State Agricultural Experiment Stations, the State Cooperative Extension System, land grant universities, colleges, and other research and education institutions. NIFA distributes funds to universities and institutions by statutory formula funding, competitive awards, and grants. NIFA is responsible for administering USDA's primary competitive research grants program, the Agriculture and Food Research Initiative (AFRI), which supports investigator-initiated research with strong potential to contribute to breakthroughs in agricultural science.

For FY 2013, the Administration's proposal of \$325 million for AFRI reflects an increase of \$60.5 million, but an identical number to the President's 2012 request. AFRI areas of focus for FY 2013 are: an alternative and renewable energy research initiative, research to address the adaptation of production systems to climate variables, international food security, and an integrated food safety research program to minimize antibiotic resistance through the food chain. With increased funding of AFRI, a significant rise in the number of applications is anticipated requiring increased efficiency of the grant-making processes and systems. Therefore, the 2013 proposed budget includes an increase of \$3.2 million to improve and consolidate its grants management systems, which is meant to lower the transactions costs of applying for AFRI or other NIFA competitive grants. The major formula funding mechanism is the Hatch Act program which funds research conducted by the State Agricultural Experiment Stations. The Administration proposes a decrease of \$1 million for Hatch Act funds in 2013.

The Administration is also proposing \$0.8 million increase for the Children, Youth, and Families at Risk (CYFAR) Program to assist Land-Grant universities and Cooperative Extension systems in developing educational community-based programs for at-risk children and their families. Further, the budget proposes an increase of \$10 million for Hispanic-Serving Institutions (HSIs) to establish the fund that will lead to significant and measurable advancement of Hispanic students in the food and agricultural sciences. The 2013 budget also proposes an increase of \$1.8 million to strengthen training programs in the food and agricultural sciences through the Graduate Fellowships Grants Program, Institution Challenge Grants Program, and the Multicultural Scholar Program. The Regional Rural Development Centers Program holds at \$1 million.

	Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
Hatch Act Agricultural and Food Research Initiative (AFRI)	236.0	204.0	236.0	235.0	0.0%	15.7%	-0.4%
	264.0	325.0	264.0	325.0	0.0%	-18.8%	23.1%

Economic Research Service (ERS)

www.ers.usda.gov

ERS, whose administrator is Mary Bohman, provides economic and other social science information and analysis on agriculture, food, the environment, and rural development. ERS produces such information and analyses to inform policy and program decisions made across the spectrum of USDA missions, and supplies them in outlets that are also accessible to USDA stakeholders and the general public.

ERS sees a slight decrease from FY 2012 in the proposed amount for FY 2013, down \$1 million including the termination of \$0.3 million in programs deemed low-priority. The administration notes, however, that additional funds received from other Governmental agencies may also be available for support of economic research and analysis. Among the cuts is a decrease of \$.2 million from Cooperative Agreements and Collaborations which fund competitive grants programs and a series of cooperative research agreements to obtain expertise from researchers outside the agency who can fill skills gaps or provide research that is value-added to ERS resources on particular research areas. Cooperative Agreements and Collaborations is left with \$3.1 million for building the critical links between university and ERS research, and for strengthening USDA land-grant partnerships.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
82.0	86.0	78.0	77.0	-4.9%	-9.3%	-1.3%

National Agricultural Statistics Service (NASS)

www.usda.gov/nass

The mission of NASS is to provide timely, accurate, and useful statistics in service to U.S. agriculture. NASS statistics provide the information necessary to keep agricultural markets stable and efficient and to help maintain a consistency for all users of agricultural statistics. In addition to other projects, the agency conducts the quinquennial U.S. Census of Agriculture. Cynthia Clark is NASS' Administrator.

NASS receives a significant increase in 2013 of \$20 million. All of these additional funds will go towards the Census of Agriculture, fully funded at \$63 million at the peak of its five-year cycle in 2013. The funding will be used to secure contract services for significant data collection and processing activities. The administration also called for NASS to use these funds for field enumeration to collect information from minority and disadvantaged populations, such as American Indians and Hispanic producers. Historically, these groups have been hard to reach and underrepresented in the Census.

Agricultural Estimates base funding is used for agricultural statistical reports that contribute directly to the Principle Economic Indicators of the United States, support USDA program delivery, and/or have specific legislative requirements for release. It will remain constant from 2012 to 2013 according to the President's request with \$117 million. The President's budget also proposes to reallocate \$3.4 million to improve the data quality of the County Estimates program which is used within the Department to administer crop insurance programs that provide U.S. Farmers a safety net ensuring protection against unstable growing conditions, as well as crop revenue support programs, emergency assistance payments, and the Conservation Reserve Program.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
156.0	165.4	159.0	179.0	1.9%	-3.9%	12.6%

DEPARTMENT OF COMMERCE (DOC)

With former Secretary John Locke now the U.S. Ambassador to China, John Bryson became the Secretary of Commerce in October 2011. According to the Department, its mission is “to make American businesses more innovative at home and more competitive abroad.” To accomplish this objective DOC provides direct assistance to businesses and communities, targeted investment in world-class research, science, technology, and more. In 2011 President Obama asked Congress for fast-track reorganization authority that would allow him to restructure the government. As an example of what he would do with this authority, the Administration floated the idea of reorganizing DOC, including the jettisoning of the National Oceanic and Atmospheric Administration (NOAA) to the Department of Interior and bringing the Bureau of Labor Statistics into a new division focused on economic statistics. So far Congress has not granted the President the authority he seeks.

The proposed FY 2013 discretionary budget for DOC is \$8 billion, a five percent boost over the FY 2012 enacted level. In Secretary Bryson’s announcement of the budget once again the phrase “tough choices” was paramount.

U.S Census Bureau

www.census.gov

While the Bureau continues to churn out data products from and await evaluations of the 2010 Census, Director Robert Groves is already looking ahead to 2020. He has started the Bureau on a program of research and development that will support fundamental changes to the design, cost, conduct, and management of that upcoming decennial count.

In the second fiscal year of the decade, Congress decided that the Bureau did not need all that it asked for. It reduced funding for FY 2012, particularly for the Periodic Censuses and Programs account, with the House number actually threatening the conduct of the Economic Census. In the end, the conferees provided this account with \$635 million, although \$55 was transferred from a Working Capital Fund (this is reflected in the chart below). The Working Capital Fund, according to the Bureau, “is a revolving fund account funded by contributions from appropriated and reimbursable accounts used to finance services within Census, which are more efficiently performed on a centralized basis.”

For FY 2013, the Administration seeks a significant increase for the Bureau to \$970.4 million. Of that total, \$711.3 million would go to the Periodic account. Within this account, funds will pay for the data collection of the Economic Census, conduct the Census of Governments, almost double funding for 2020 Census preparations, and decrease slightly funding for both the American Community Survey (ACS) and Geographic Support.

At a recent hearing considering legislation to make the ACS voluntary, Groves made it clear that this survey will be the test-bed for proposed changes for the decennial. Having succeeded in increasing the ACS sample size, one example of its use for testing is that starting in 2013 respondents can answer the survey using the Internet. Other research efforts for 2020 include effectively testing new processes to support field operations (the Bureau has cut its regional offices from 12 to 6); more cost-effective IT systems; and address and spatial frame-related methods that will complement efforts in the geographic support program.

The Salaries and Expenses appropriation funds monthly, quarterly, and annual surveys, and other programs used for planning both by the public and private sectors. These include current population and housing surveys and analyses that include the Survey of Income and Program Participation.

With help from BLS, the Bureau will try again to update its Supplemental Poverty Measure.

Census also receives \$30 million in Mandatory Funding (not included in the chart below). From these funds \$10 million supports the Survey of Social Dynamics to evaluate welfare reform activities. The other \$20 million goes for data collection and analysis of the State Children’s Health Insurance Program (S-CHIP).

	Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A)FY 11/(C) FY12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
Salaries and Expenses	259.0	272.1	253.3	259.2	-2.2%	-6.9%	2.3%
Periodic Censuses and Programs	893.0	752.7	689.0	711.3	-22.8%	-8.5%	3.2%
Census Totals	1,152.0	1,024.8	942.3	970.4	-18.2%	-8.1%	3.0%

Bureau of Economic Analysis (BEA)

www.bea.gov

The quest to improve the economic data this country relies on for policy decisions continues. At the forefront of this battle is the BEA, led by Steve Landefeld. The BEA promotes a better understanding of the U.S. economy by providing timely, relevant and accurate economic accounts data. It produces statistics that are used and influence critical decisions made by policy makers, business leaders, households and individuals. These decisions affect interest and exchange rates, tax and budget projections, business investment plans, and the allocation of \$300 billion in Federal funds to states and localities.

BEA is the main part of the Economics and Statistics Administration (ESA), which also provides policy research for the Secretary of Commerce. In FY 2013, the President’s request for ESA is \$100.3 million, a little less than \$4 million above the FY 2012 enacted level. The funding request for the policy research and administration is \$3.8 million, which would leave BEA with \$96.5 million. This is an increase of almost \$4 million.

Unlike recent years when it had four or five new proposals, BEA has scaled back its ambitions in FY 2013 to two. BEA is still trying to convince Congress to provide funding so that the Bureau could collect Gross Domestic Product (GDP) by industry on a quarterly basis. BEA argues that this would “provide real-time information on the health and stability of every sector in the U.S. economy.” This would help deliver, BEA asserts, “actionable intelligence” that could prevent another economic crisis. The second proposal for the increased funding is now called Decomposition of Personal Income. The idea is to collect and analyze personal income across households in many different dimensions. This new initiative will provide a more detailed picture of a households’ ability to consume, viewed as the single most important component of economic recovery and future growth. It will, BEA declares, “provide a true picture of discretionary income of consumers.”

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
92.3	108.8	92.5	96.5	0.2%	-15.0%	4.3%

DEPARTMENT OF EDUCATION

“The skills and training that employers are looking for begin with the men and women who educate our children,” President Obama said in a speech at Northern Virginia Community College where he unveiled his FY 2013 budget. That budget for the Department of Education is ambitious in light of Republican opposition to an increased federal role in education. With the Elementary and Secondary Education Act (ESEA) reauthorization five years overdue and states and school districts increasingly struggling with the punitive accountability measures of an outdated No Child Left Behind (NCLB), President Obama in September 2011 announced an ESEA flexibility initiative to help state and local governments “increase the quality of instruction and improve student academic achievement.”

President Obama is requesting \$69.8 billion in discretionary funding for the Department of Education in his FY 2013 budget, an increase of \$1.7 billion or 2.5 percent over FY 2012. The budget proposes a \$14 billion one time strategic investment focused on three major initiatives: (1) improving affordability and quality in postsecondary education, (2) elevating the teaching profession, and (3) strengthening the connections between school, and work and better aligning job training programs with workforce demands.

“In these tough budget times, the Obama Administration is making a clear statement that high-quality education is absolutely critical to rebuilding our economy,” said U.S. Secretary of Education Arne Duncan.

Obama's budget continues his commitment to innovative reform efforts like Race to the Top (RTTT) and Investing in Innovation (i3), requesting \$850 million and \$150 million respectively for these programs. As in the FY 2012 budget request, the Administration proposes to open the RTTT competition to school districts, while also calling for part of the budget to be used for early childhood reforms.

The Administration's budget also reaffirms Obama's commitment to community colleges and college access, targeting federal resources at job training and student aid programs. President Obama is proposing \$8 billion over three years in mandatory funding for a Community College to Career Fund. The fund, jointly administered by the U.S. Department of Labor, would provide funding to develop new partnerships between community colleges and businesses in order to train and place two million workers in high growth industries.

In addition to funding reform efforts for traditional postsecondary education, the FY 2013 request includes key discretionary and mandatory investments aimed at improving the connections between school and work and strengthening the alignment of job training programs with workforce demands.

The Administration also wants to invest \$1 billion for the first year of a new program, Race to the Top: College Affordability and Completion. The program would attempt to drive reform at the state level to help students complete college faster. It also would expand and reform campus based aid programs to provide more than \$10 billion in student financial aid for colleges that restrain cost increases. In addition, the Administration is continuing key investments in Pell grants, which serve 10 million students, by increasing the maximum award amount to \$5,635.

The Department of Education is also proposing \$5 billion in competitive funding to support states and districts to invest in the teaching profession while helping to drive reform that would reward effectiveness and performance. The new program would follow the general format of Race to the Top, with states designing their own proposals for teacher improvement and the federal Education Department selecting the most promising ones for multiyear funding.

Institute of Education Sciences

www.ed.gov/offices/IES

The Administration seeks \$621.2 million in FY 2013 for the IES, an increase of \$27.5 million over FY 2012. The request would enable IES, led by John Easton, to award up to \$30 million in new research and development grants. IES supports programs of research, evaluation, and statistics that are relevant to the needs of educators and policymakers. The Institute tries to identify effective instructional and program practices, tracks student achievement, and measures the impact of educational reform through its four centers: the National Center for Education Research, the National Center for Education Statistics, the National Center for Education Evaluation and Regional Assistance, and the National Center for Special Education Research.

The request includes an increase of \$12.5 million to support investments in education research, development, dissemination, and evaluation. The request would restore funding for research and development activities to the FY 2010 level, and also includes an additional \$2 million to complete an impact evaluation on Pell Grants to determine whether using them to support additional training and education for unemployed adults would result in higher earnings and employment.

IES's statistics programs are administered by the National Center for Education Statistics (NCES). NCES provides general statistics about trends in education, collects data to monitor reform and measure educational progress, and informs the IES research agenda. The FY 2013 request of \$114.7 million is a \$6 million increase, which would be used to support state participation in a pilot Program for International Student Assessment (PISA) study that would allow states to benchmark the performance of 15-year-old students against international standards.

The budget requests level funding for the Regional Educational Laboratories (REL) at the FY 2012 level of \$57.4 million. The RELs serve as a bridge between the research community and state and local education. Key priorities include providing technical assistance on performing data analysis functions, evaluating programs, and using data from State longitudinal data systems for research and evaluation that addresses important issues of policy and practice.

The National Assessment of Educational Progress (NAEP) is a nationally representative and continuing assessment of American students. NAEP measures and reports on the status and trends in student learning over time, on a subject-by-subject basis, making the information available to policymakers, educators, parents, and the public. The \$132.3 million request for NAEP and the National Assessment Governing Board represents a decrease of \$6 million. For FY 2013 the Department plans to conduct the 2013 national and state reading and math assessments at grades 4, 8, and 12, as well as support assessments in certain large urban districts; continue analysis and reporting of assessments conducted in prior years; and prepare for the 2014 assessments.

The statewide data systems support competitive awards to state educational agencies to foster the design, development, and implementation of longitudinal data systems. Up to \$11 million of the FY 2013 request of \$53.1 million would be used for awards to public and private agencies and organizations to support activities to improve data coordination, quality, and use at the local, state, and national levels. The proposed request is a \$15 million increase over FY 2012 and would support postsecondary data initiatives designed to improve information on students as they progress from high school to postsecondary education and to the workforce.

The Research in Special Education program supports discretionary grants and contracts for research to improve special education and early intervention services for children with disabilities. The FY 2013 request would retain level funding of \$49.9 million. The Special Education and Evaluations program supports competitive grants, contracts, and cooperative agreements to assess the implementation of the Individuals with Disabilities Education Act. The request of \$11.4 million would fund a new study of outcomes from preschool special education, continued support for studies of transition and learning outcomes for students with disabilities, and special education teacher preparation.

	Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A)FY 11/(C) FY12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
Research and Dissemination	199.8	260.4	189.8	202.3	-5.0%	27.1%	6.6%
Regional Education Labs	57.5	69.7	57.4	57.4	-0.2%	17.6%	0.0%
Statistics (NCES)	108.3	117.0	108.7	114.7	0.4%	-7.1%	5.5%
Assessment (incl. NAGB)	138.6	143.8	138.3	132.2	-0.2%	-3.8%	-4.4%
Statewide Data Systems	42.2	100.0	38.1	53.1	-9.7%	61.9%	39.4%
Special Education Studies and Evaluations	11.4	11.5	11.4	11.4	0.0%	-0.9%	0.0%
Research in Special Education	51.0	58.1	49.9	49.9	-2.2%	14.1%	0.0%

International Education and Foreign Language Studies

www.ed.gov/about/offices/list/ope/iegps/

President Obama's FY 2013 budget request is \$75.7 million, an increase of \$1.7 million over the FY 2012 level, for the International Education and Foreign Language Studies programs. These programs support comprehensive language and area study centers within the United States, research and curriculum development, and opportunities for American scholars to study abroad.

Unlike FY 2012, the Administration has chosen not to try and restore the over 40 percent cut in FY 2011 for the Title VI and Fulbright-Hays programs. In addition, in FY 2012, the Congress eliminated the small Institute for International Policy program and the Administration has not requested any funds for it in FY 2013. The Department appears interested in shifting the emphasis of its support in these areas to promote study abroad at all postsecondary institutions and spread the funding around beyond what it believes is the domination of Title VI by large, elite institutions of higher education. The small increase for the domestic programs in FY 2013 is aimed at meeting this goal.

	Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A)FY 11/(C) FY12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
Domestic Programs	66.7	108.4	66.6	68.3	-0.1%	-38.6%	2.6%
Overseas	7.5	15.6	7.5	7.5	0.0%	-51.9%	0.0%
Institute for International Public Policy	1.6	1.9	0	0	-100.0%	100.0%	
Total	75.7	125.9	74.0	75.7	-2.2%	-41.2%	2.3%

Fund for the Improvement of Postsecondary Education

www.ed.gov/about/offices/list/ope/fipse

FIPSE has had an interesting history. Once a small program that awarded competitive grants to support locally developed innovative reform projects in postsecondary education, in recent years it became a place for members of Congress to provide earmarks for projects at institutions of higher education.

With the demise of earmarks, FIPSE’s budget again decreased significantly. In FY 2012 the Administration proposed spending \$100 million on a First in the World (FITW) initiative, which would apply the lessons of the successful K-12 Investing in Innovation (i3) program to the challenge of improving college completion, particularly for minority and low-income students. Congress rejected the funding for FY 2012.

Not deterred, the Administration has again requested FITW, only for FY 2013 the proposal is \$55.5 million, out of a total proposed FIPSE budget of \$70 million. The proposed fund would provide “venture capital” to encourage innovative approaches to improving college completion, research support to build the evidence of effectiveness needed to identify successful strategies, and resources to scale up and disseminate strategies we already know are successful. Up to \$20 million of FITW funds would be dedicated to projects involving minority-serving institutions to encourage such institutions to leverage all available resources to improve their college persistence and completion rates.

Most of the rest of the FIPSE budget proposal would fund the Model Transition for Students with Intellectual Disabilities in Higher Education program.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
19.6	150.0	3.5	70.0	-82.1%	-97.7%	1900.0%

Graduate Assistance in Areas of National Need

www2.ed.gov/programs/gaann/index.html

Congress followed the Administration’s FY 2012 request to move the Javits Fellowship program, which funded graduate students in the social sciences, humanities, and arts, into the Graduate Assistance in Areas of National Need program (GAANN). Unfortunately, Congress did not move the Javits money into GAANN. The GAANN program provides fellowships, through competitive grants to postsecondary institutions, to fund graduate students with superior ability and high financial need studying in areas of national need designated by the Secretary of Education. Participating graduate schools must provide assurances that they will seek talented students from traditionally underrepresented backgrounds. The FY 2013 request of \$30.9 million would support approximately 687 fellowships, including non-competing continuation awards for Javits fellowship recipients. It is unclear whether the areas supported by Javits would become “areas of national need” for a new competition.

The Congress also eliminated the Thurgood Marshall Legal Opportunity fellowships. This \$3 million program, whose appropriations history had always been precarious, became a victim of the Administration’s quest to eliminate and consolidate small education programs.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
30.0	40.7	30.9	30.9	3.0%	-24.1%	0.0%

DEPARTMENT OF HEALTH AND HUMAN SERVICES

The largest domestic agency, representing almost one-quarter of federal expenditures, the Department of Health and Human Services (HHS), led by Secretary Kathleen Sebelius, includes more than 300 programs covering a wide spectrum of activities, including health and social science research. HHS plays a major role in implementing the Affordable Care Act (ACA). Most of HHS' funding goes to mandatory programs such as Medicare and Medicaid. The FY 2013 discretionary budget request for HHS is \$76.7 billion.

Office of the Assistant Secretary for Health (OASH)

www.hhs.gov/ash

OASH serves as the Secretary's primary advisor on matters involving the nation's public health and oversees the U.S. Public Health Service (PHS) for the Secretary. OASH is led by Howard K. Koh. The Office of Public Health and Science (OPHS) is under the direction of the OASH. OPHS performs both a policy and program role. The Office of Minority Health, Office of Population Affairs (OPA)/Adolescent Family Life (AFL) and the Office of Women's Health are among the 14 public health offices located within OPHS. Over the next four years, OASH intends to concentrate resources and efforts on achieving three goals: (1) creating better systems of prevention, (2) eliminating health disparities and achieving health equity, and (3) enhancing the public health infrastructure. The FY 2013 budget request for OASH is \$18.1 million, an increase of \$4.6 million above the FY 2012 funding level.

Office of Minority Health (OMH): The mission of OMH is to improve and protect the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities. Established in 1986, it advises the Secretary and the OPHS on public health program activities affecting non-Caucasian Americans. The Administration requests \$41 million for OMH in FY 2013, \$14.7 million below the FY 2012 funding level, to provide resources to continue disease prevention, health promotion, service demonstration, and educational efforts to reduce and ultimately eliminate disparities in racial and ethnic minority populations. The reduction will be accomplished by funding only the continuation of current OMH activities.

Office of Adolescent Health (OAH): OAH is responsible for coordinating activities of the Department with respect to adolescent health, including coordinating program design and support, evaluation, trend monitoring and analysis, research projects, and training of healthcare professionals. The Office is charged with carrying out demonstration projects to improve adolescent health as well as implementing and disseminating information on adolescent health. The Secretary continues to designate *Reducing Teen and Unintended Pregnancy* as one of her key inter-agency Collaboration areas. OAH also implements and administers the Pregnancy Assistance Fund, Support for Pregnant and Parenting Teens and Women, authorized in the Affordable Care Act (ACA).

The FY 2013 President's request for OAH is \$1 million, \$100,000 below the FY 2012 funding level. OAH intends to reduce operational costs to maintain the current level of services and programs.

Teen Pregnancy Prevention (TPP) / Longitudinal Study of Teen Pregnancy Project:: TPP is a discretionary grant program to support evidence-based teen pregnancy prevention approaches. The program is under the direction of OAH. The Office's funding supports competitive grants to public and private entities to fund medically accurate and appropriate programs designed to reduce teen pregnancy and for the Federal costs associated with administration and evaluation TPP is a key element of the above-mentioned *Reduce Teen Pregnancy and Unintended Pregnancy*. TPP funds support both the replication of evidence-based models and demonstration programs to replicate one or more of 28 evidence-based program models, identified by HHS through an independent systematic review of the literature. OAH is currently funding 75 grants. Nineteen additional grants are being funded to develop, refine and test additional models and innovative strategies for preventing teen pregnancy. Additionally, in collaboration with the Centers for Disease Control and Prevention (CDC), TPP is supporting eight grants to implement and test multi-component community-wide initiatives. OAH is

also collaborating with the Assistant Secretary for Planning and Evaluation (ASPE), the Administration for Children and Families (ACF), and CDC in implementing TPP program and evaluation activities. OAH is also partnering with ASPE to support an ongoing annual review of the evidence base.

In FY 2013 the President's budget request zeros out the Teen Pregnancy Prevention Program. The funding for the TPP program will be moved in FY 2013 from the General Departmental Management Account to the Prevention and Public Health Fund (PPHF) of the Patient Protection and Affordable Care Act of 2010.

As part of the Administration's government-wide initiative to strengthen program evaluation, the request includes \$4 million for a Federal evaluation of the projects funded under the discretionary TPP program. The study is one of 23 evaluation proposals specifically approved by the Office of Management and Budget for FY 2013 to strengthen the quality and rigor of Federal program evaluation. The FY 2013 budget request includes \$4.2 million, a reduction of \$4.2 million in Public Health Service (PHS) Act evaluation funds "to carry out evaluations (including longitudinal evaluations) of ten pregnancy prevention approaches." Most of the PHS evaluation funds support the Evaluation of Adolescent Pregnancy Prevention Approaches (PPA) study underway and this support will continue through the end of the contract in FY 2016. Additional PHS evaluation funds are being used to support the TPP Replication study that began in FY 2010 and will end in FY 2015.

Office of Population Affairs (OPA)/Adolescent Family Life (AFL): OPA administers the Family Planning Program under Title X of the Public Health Service Act which is funded through the Health Resources and Services Administration (HRSA). AFL is administered by the Office of Adolescent Pregnancy Programs, created in 1981 by Title XX of the Public Health Service Act. AFL's budget provides funding for care demonstration, prevention, and research. Similar to FY 2012, HHS is not requesting funds for the AFL program for FY 2013. Mandatory funding for the Pregnancy Assistance Fund was included in the Patient Protection and Affordable Care Act. The new program directs resources to similar populations and activities, making the AFL program duplicative.

Office of Research Integrity (ORI): ORI's mission is to promote integrity in the research programs of the Public Health Service (PHS), both intramural and extramural, including responding to allegations of research misconduct. In recent years, ORI has placed greater emphasis on education, research, evaluation, and prevention activities. In response to these changes, ORI adopted an action plan that would: 1) establish a research program to study the factors influencing research integrity; 2) support an education program on the responsible conduct of research; and 3) foster ongoing collaborations with ORI's teaching and research partners, including academic and scientific societies, and numerous individual institutions. The FY 2013 budget request for ORI is \$9 million, the same as the FY 2012 funding level.

Office on Women's Health (OWH): Established in 1991, the OWH's mission is to provide leadership to promote health equity for women and girls through gender-specific approaches, with the vision of ensuring that "all women and girls are healthier and have a better sense of well-being." The OWH achieves its mission and vision through the development of innovative programs, by educating health professionals, and motivating behavior change in consumers through the dissemination of health information. Under OWH's strategic plan, the office funds evidence-based interventions to address gaps in women's health areas that are not addressed at the national level by any other public or private entity. These interventions focus on disparities in women's health, in which minority status, disabilities, geography, family history, low socioeconomic status (SES), chronic conditions, and infectious diseases are contributing risk factors. The FY 2013 budget request for OWH is \$29.1 million, \$4.6 million below the FY 2012 funding level.

Prevention and Public Health Fund (PPHF): The Affordable Care Act established a mandatory appropriation for prevention and public health activities. In FY 2010, \$500 million was appropriated with levels increasing each year to \$2 billion in FY 2015 and remain at \$2 billion in the out years. In FY 2013, the budget request is \$1.5 billion. The purpose of PPHF is to "expand and sustain national

investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs.”

In FY 2013, intended PPHF activities include promoting wellness and preventing chronic disease and will support prevention research, community and State prevention, public health infrastructure, the health care workforce, targeted investments for tobacco and obesity and health care surveillance. This funding will support the following agencies and offices:

- The Assistant Secretary for Public Affairs (ASPA) public awareness campaigns targeting at-risk populations for anti-obesity and healthy lifestyle initiatives. HHS is not requesting regular appropriations for this program in FY 2013;
- \$5 million, a decrease of \$5 million below the FY 2012 funding level, to support the Secretary's Strategic Initiatives to prevent and reduce tobacco use. The funds will also support the Secretary's priority goals of creating better systems of prevention and eliminating health disparities and achieving health equity;
- \$104.8 million for the Teen Pregnancy Prevention (TPP) program, a discretionary grant program to support evidence-based and innovative approaches to teen pregnancy prevention. TPP is under the Office of Adolescent Health (OAH) and is a key component of the Secretary's Key Inter-Agency Collaboration to *Reduce Teen and Unintended Pregnancy*; **and**
- \$100 million for HHS' proposal to eliminate the national burden of Alzheimer's disease and related dementias by 2025, announced in December 2011 along with the National Institutes of Health annual review of Alzheimer's-related research. The draft National Plan to Address Alzheimer's disease outlines steps to accelerate research on treatment and prevention of AD.

Assistant Secretary for Planning and Evaluation (ASPE)

www.aspe.hhs.gov

ASPE, led by Sherry Glied, serves as the principal policy advisor to the Secretary of HHS on issues related to health, disability, aging, human services, and science. ASPE conducts research and evaluation studies; provides critical policy analysis, development, and advice; provides policy planning, coordination, and management; conducts research, evaluation, and data collection; and estimates the costs and benefits of policies and programs under consideration by HHS or Congress. ASPE has a long history of leading special initiatives on behalf of the Secretary (e.g., health care and welfare reform), and provides direction for HHS-wide strategic, evaluation, legislative and policy planning.

Four policy offices within ASPE (Health Policy, Science and Data Policy, Human Services Policy, and Disability and Long Term Care Policy) perform these functions with a focus on their primary population or issue of interest. The FY 2013 budget request for ASPE is \$53 million, including \$12.5 million for Health Reform activities. This funding level will allow ASPE to continue a variety of independent policy research and evaluation activities across the spectrum of the HHS' program, with particular attention to strategic plan goals, secretarial strategic initiatives, priorities, key interagency collaborations, and crosscutting initiatives.

ASPE maintains a grants program to support academically-based research centers and has a long history of supporting research and evaluation of important and emerging social policy issues associated with income dynamics, poverty, individual and family functioning, marriage and family structure, transitions from welfare to work, child wellbeing, and special populations. Federal support for the poverty center program, with both national and regional foci, has been continuous since 1968. ASPE instituted support for a national center on family and marriage research in FY 2007.

ASPE's grants for academic research institutes range from \$350,000 to \$750,000 per year. All of the centers develop and mentor social science researchers whose work focuses on these issues. The poverty center program conducts a broad range of research to describe and analyze national, regional and state environments (e.g., economics, demographics) and policies affecting the poor, particularly

families with children who are poor or at-risk of being poor. It also focuses on expanding our understanding of the causes, consequences and effects of poverty in local geographic areas, especially in states or regional areas of high concentrations of poverty, and on improving our understanding of how family structure and function affect the health and well-being of children, adults, families and communities.

In FY 2013 ASPE evaluation studies will identify key strategies to reduce the growth of healthcare costs while promoting high-value, effective care. Priority projects will produce the measures; data, tools, and evidence that healthcare providers, insurers, purchasers, and policymakers need to improve the value and affordability of health care and to reduce disparities in costs and quality between population groups and regions. Priority projects to accomplish ASPE's goal to advance scientific knowledge and innovation include research and analysis to support regulatory risk assessment and management, the translation of the fruits of biomedical research into every day health and health care practice, the development and adoption of innovation in health care, and food, drug and medical product safety and availability.

For its goal to advance the health, safety, and well-being of individuals, priority projects include: studying the ways to enhance the economic security, stability and well-being of families and communities; evaluating methods to improve the coordination of physical and behavioral health services; fostering innovative approaches to delivering integrated care; conducting research to promote healthy development, early learning, school readiness and comprehensive services for young children; and examining potential strategies to improve the safety and well-being of children involved with the child welfare system. Priority projects will also include research, data development and analysis to examine residential care alternatives for the aged, caregiver support, evidence-based clinical and community-based preventive services, mental health and substance abuse programs, and disparities in health. ASPE also intends to support research and evaluation of initiatives such as HIV/AIDS prevention and treatment, tobacco prevention and control, climate change, obesity prevention and reducing health disparities.

In FY 2013, ASPE will coordinate HHS data collection and analysis activities, including effective long-range planning for surveys and other collection and analysis activities; identifying opportunities for transparency, data sharing, and dissemination through electronic posting of datasets on data.gov and other means.

To accomplish its goal to strengthen the National Health and Human Services Infrastructure and workforce, ASPE's priority projects include policy research and evaluation related to the direct care workforce, the recruitment and retention of a qualified, stable and geographically well-distributed healthcare workforce, and improving the effectiveness and efficiency of the health system through adoption of health information technology. ASPE also intends to continue to develop and integrate HHS data capabilities for public health surveillance and health system change.

As HHS is responsible for the implementation of many of the provisions of the Affordable Care Act (ACA), ASPE plans to undertake a variety of policy development, research, analysis, evaluation and data development in support of ACA implementation in FY 2013.

Agency for Health Care Research and Quality (AHRQ) www.ahrq.gov

AHRQ funds health services research initiatives that seek to improve the quality of health care in America. It conducts and supports health services research, both within AHRQ as well as in leading academic institutions, hospitals, physicians' offices, health care systems, and many other settings across the country. Carolyn Clancy is the AHRQ Administrator.

The FY 2013 President's program level request for AHRQ is \$408 million, an increase of \$3.7 million and 0.9 percent above the FY 2012 funding level. AHRQ's budget consists of three funding streams:

- \$334.4 million from Public Health Service (PHS) Evaluation Funds. The FY 2013 request is \$34.7 (9.4 percent) below the FY 2012 funding level;
- \$62.4 million in Patient-Centered Outcomes Research Trust Funds and an increase of \$38.4 million above the FY 2012 funding level. Funding from the Trust Funds are mandatory funds appropriated to establish grants to train researchers, to disseminate research findings of the Patient-Centered Outcomes Research Institute (PCORI) and other government-funded research, to assist with the incorporation of research findings, and to establish a process of receiving feedback on disseminated information.
- \$12 million in Prevention and Public Health Funds (PPHF), the same as the FY 2012 funding level. PPHF are authorized by the Patient Protection and Affordable Care Act (ACA) and allocated by the Department of Health and Human Services, in consultation with Congress.

AHRQ supports research related to six research portfolios: Patient-Centered Health Research/Effective Health care, Prevention/Care Management Research, Value Research, Health Information Technology, and Patient Safety. In addition, AHRQ supports Crosscutting Activities Related to Quality, Effectiveness and Efficiency Research. Crosscutting Activities include a variety of research projects that support all of the research portfolios. These activities include data collection, measurement, dissemination and translation, program evaluation, grant review support, and other crosscutting contracts.

Patient-Centered Health Research (PCHR) is designed to inform health-care decisions by providing evidence on the effectiveness, benefits, and harms of different treatment outcomes. In FY 2013 the budget request includes \$72.4 million, an increase of \$31.8 million above the FY 2012 funding level. The funding comes from two sources: 1) \$10 million in PHS Evaluation Funds, a decrease of \$6.6 million below the FY 2012 funding level. The request provides \$6.7 million in support for evidence generation; \$2.1 million in funding for evidence synthesis, \$0.25 million in funding for grant commitments for translation and dissemination; and \$0.9 million for training and career development; and 2) \$62.4 million in support from the Patient-Centered Outcomes Research Trust Funds, an increase of \$38.4 million above the FY 2012 funding level. These funds will be allocated using a spending plan.

The goal of AHRQ's **Value Research** Portfolio is to help assure that consumers and patients are served by health care organizations that reduce unnecessary costs while maintaining or improving quality. The FY 2013 budget request for AHRQ's Value Research is \$3.6 million, a decrease of 3.1 percent below the FY 2012 funding level. In 2013, AHRQ intends to focus on MONAHRQ 2.0, an award-winning Web builder tool designed by the agency to provide community leaders and consumers with timely local information about health and health care. To improve value in health care, AHRQ believes it must be able to measure and track quality and cost, identify strategies to improve both, and partner with the field to implement findings. AHRQ plans to move forward on all three fronts by supporting work to develop and expand measures, data, and tools to support transparency, public reporting, and quality improvement.

AHRQ's Health Information Technology Research (IT) Portfolio's aim is to identify challenges to health information technology adoption and use, solutions and best practices for making health IT work, and tools that will help hospitals and clinicians successfully incorporate new health IT. The FY 2013 budget request for IT is \$25.6 million, the same as the FY 2012 funding level. In FY 2013, AHRQ plans to provide \$6.7 million in new research grants for investigator-initiated health IT research and for research on consumer-focused uses of health IT and health care decision-making. In order to support new research, AHRQ intends to curtail dissemination efforts, investing less in this activity. Instead, the agency plans to capitalize on new dissemination platforms created by coordinated efforts across HHS, including planned investments through the Office of the National Coordinator for Health IT and the development of a single, HHS-wide health IT-focused website. Areas of focus by AHRQ in this area include medication management, patient-centered care, and improved decision-making.

AHRQ's **Prevention/Care Management** program is designed to improve the delivery of primary care services and is accomplished through the support of health services and behavioral research and

facilitation of translation of evidence into effective primary care practice. Through the program, AHRQ fosters the generation of new knowledge about prevention and chronic conditions with a focus on the care of complex patients with multiple chronic conditions. The FY 2013 budget request for Prevention/Care Management Research is \$27.9 million, the same as the FY 2012 funding level. The funds come from two sources: (1) \$15.9 million in PHS Evaluation Funds, the same level as in FY 2012 and \$12 million from PPHF, the same as in FY 2012. Of this funding, \$4.3 million is intended to support the U.S. Preventive Services Task Force (USPSTF), for a total program level of \$11.3 million, including PPHF. An additional \$7 million is provided for research grants to improve primary care and clinical outcomes, which will support new investments in improving quality of care for people with multiple chronic conditions and in rapid cycle research to improve the delivery of primary care. It also includes \$4.4 million to support implementation activities to improve primary care. AHRQ plans to use \$5 million of the PPHF funds to provide continued support of the Research Centers of Excellence in Clinical Preventive Services, first funded in FY 2011.

AHRQ’s **Patient Safety** Portfolio supports health services research in: patient safety threats and medical errors, patient safety organizations, patient safety and medical liability reform, and health-care-associated infections. The FY 2013 budget request for Patient Safety Research is \$62.6 million, a decrease of \$3 million and 4.5 percent below the FY 2012 funding level. Of this sum, AHRQ intends to direct \$35 million to research with a focus on prevention of healthcare-associated infections (HAOs), equal to the funding level in FY 2012. It also plans to provide additional support (\$7 million) to continue the operation of the Patient Safety Organizations program and provide \$21.6 million to the Patient Safety Risk and Harms, a decrease of \$3 million below the FY 2012 funding level. Through its Patient Safety Portfolio, AHRQ plans to continue its strong focus on the development and implementation of evidence-based tools and safety practices that aim to eliminate serious patient harms that occur as unintended consequences of health care.

AHRQ’s **Crosscutting Activities** area supports investigator-initiated and targeted research that focus on health services research in the areas of quality, effectiveness and efficiency. The FY 2013 budget request for this program is \$88.9 million, a decrease of \$19.4 million and 17.9 percent below the FY 2012 funding level. The decrease will apply to both research grants (\$14.8 million) and research contracts (\$4.6 million). The FY 2013 budget request, however, does provide \$2.7 million for new grants, all of which is intended to support new investigator-initiated research, bringing total investigator research (continuing and new grants) to a total of \$29.3 million, a decrease of \$14.2 million below the FY 2012 funding level.

In addition to research, AHRQ supports the **Medical Expenditure Panel Survey (MEPS)**, the only national source of annual data on the specific health services that Americans use, how frequently they are used, their costs, and the sources for paying them. The FY 2013 budget request for MEPS is \$59.3 million, the same as the FY 2012 funding level. This funding level will allow MEPS to operate at current levels. In FY 2013, AHRQ plans to use the MEPS data to address several components of the Affordable Care Act, including determining the amount of the small employer health insurance tax credit and helping establish baselines on the availability, take-up, cost, and affordability of health insurance coverage.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
392.1	390.0	405.1	408.8	3.3%	3.9%	0.9%

Centers for Disease Control and Prevention (CDC)
www.cdc.gov

The mission of the Centers for Disease Control and Prevention (CDC) is to promote health and quality of life by preventing and controlling disease, injury, and disability. The CDC monitors health, detects and

investigates health problems, conducts research to enhance prevention, develops and advocates sound public health policies, promotes healthy behaviors, implements disease prevention strategies, and maintains national health statistics. Headquartered in Atlanta, the CDC is comprised of 18 institutes, centers and offices. Thomas Frieden, former New York City Health Commissioner, directs CDC.

The FY 2013 President's budget request includes a total funding level of \$11.2 billion in discretionary and mandatory budget authority, Public Health Service Evaluation funds, transfers from the Public Health and Social Services Emergency Fund (PHSSEF), and allocations from Prevention and Public Health Fund (PPHF). The overall amount is \$39.5 million above the FY 2012 level. Proposed CDC discretionary budget authority, reflected in the chart below, falls below \$5 billion, a decrease of \$0.7 million below the FY 2012 amount.

Included in the FY 2013 budget is an increase of \$88.2 million for CDC from the Affordable Care Act Prevention and Public Health Fund (ACA/PPHF). Of the \$1.3 billion available in the Fund, HHS has allocated \$903.2 million for CDC programs that would empower communities to support longer, healthier, more productive lives by preventing heart attacks; strokes; cancer; and disabling, costly, deadly conditions.

The FY 2013 request includes reductions or eliminates the following programs: Preventive Health and Health Services Block Grant (-\$79.5 million), Community Transformation Grants (-\$79.7 million), Racial and Ethnic Approaches to Community Health (-\$53.9 million), and Occupational Safety and Health (-\$43.2 million).

The National Center for Health Statistics: The National Center for Health Statistics (NCHS) is the nation's principal health statistics agency, providing the data to identify and address health issues. The FY 2012 budget request for Health Statistics is \$162 million, \$23.3 million above FY 2012, but the same as last year's request.

The National Health and Nutrition Examination Survey (NHANES) is the only national source of objectively measured health data capable of providing accurate estimates of both diagnosed and undiagnosed medical conditions in the population. In 2013, CDC will collect data using personal interviews, physical examinations, diagnostic procedures, and lab tests.

The National Vital Statistics System (NVSS) provides the most complete and continuous data available to public health officials at the national, state, and local levels, as well as the private sector. Most of NCHS' increase, \$16.5 million, will enable CDC to begin to phase in full implementation of the electronic death records in as many jurisdictions as possible (initial target of 15 to 17 states.)

The National Health Interview Survey (NHIS) is the nation's largest household interview survey. It provides extensive data on a broad range of health topics and serves as the core of HHS' data collection. The extra funds will support full implementation of new questions on sexual orientation into the full NHIS data collection pending the successful conduct of the pretest. NHIS will also develop and implement new sample designs for population-based surveys following the 2010 Census, as well as improve and expand data collection methods.

HIV/AIDS, Viral Hepatitis, STD, and Tuberculosis (TB) Prevention: In this area, the agency works in collaboration with its partners at the community, state, national and international levels applying well-integrated, multidisciplinary programs of research, surveillance, risk factor and disease intervention and evaluation. These efforts are guided by three overarching priorities: reducing health disparities; encouraging program collaboration and service integration; and maximizing global synergies. The FY 2013 budget is \$1.146 billion, an increase of \$35.7 million above the FY 2012 level.

The request includes an increase of \$40.2 million above the FY 2012 level for Domestic HIV/AIDS Prevention and Research for a total of \$826.4 million. This increase provides additional funding to achieve the goals of the National HIV/AIDS Prevention Strategy. These goals include supporting health

departments to improve linkage to and retention in care, increasing prevention services, and supporting successful treatment among persons with HIV. CDC's goals are to identify previously unrecognized HIV infections, improve health outcomes, and reduce HIV transmission. Of this increase, CDC will also use \$10.1 million to increase funding to state and local education and health agencies to implement school-based HIV prevention activities, increase funding to national nongovernmental organizations (NGOs) that support HIV prevention efforts serving youth in high prevalence communities, and expand surveillance and monitoring to collect national data to oversee priority health risk behaviors and school health programs and policies.

The FY 2013 budget request reflects a substantial investment to continue implementing the National HIV/AIDS Strategy (NHAS). CDC's FY 2013 request for National Programs to Identify and Reach High Risk Populations is \$384 million, which includes increased resources to implement key NHAS action steps. The increase will provide greater funding and support to health departments implementing CDC's core HIV surveillance system, which will begin a new project cycle in FY 2013 to stabilize HIV surveillance capacity in the states. The funds will also allow CDC to estimate the annual number of new HIV infections in the United States so CDC can appropriately target its prevention activities and assess progress towards national goals. CDC will support 25 project areas to conduct HIV incidence surveillance.

Also included in this budget is a decrease of \$4.6 million below the FY 2012 level for TB prevention activities, to be implemented in such a way that focus is maintained on TB control for the most urgent cases. Greater flexibility provided through the new appropriations language could allow both states and the CDC to direct up to 10 percent of CDC's total HIV/AIDS, STDs, TB and Hepatitis funding to Tuberculosis activities to address the overlapping epidemic of these diseases.

Chronic Disease Prevention and Health Promotion: The CDC's budget request for the Chronic Disease Prevention and Health Promotion is \$1.145 billion, including \$511.7 million from the ACA/PPHF. Eliminated from this budget is funding for the Racial and Ethnic Approaches to Community Health (REACH) program (-\$53.9 million) and Johanna's Law (-\$5 million).

The FY 2013 budget request includes \$128.7 million for CDC's consolidation of heart disease and stroke, nutrition, physical activity, obesity prevention, school health, diabetes, comprehensive cancer control, arthritis, and other chronic disease activities into a single grant program, the Coordinated Chronic Disease Prevention and Health Promotion Program. These increased resources will allow CDC to increase the average awards to states from approximately \$2.6 million to approximately \$4.5 million and will permit states, tribes, and territories to support a broader range of programs targeting the leading causes of chronic disease-related death and disability and associated risk factors. A similar proposal was found in last year's budget.

	Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A)FY 11/(C) FY12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
Total CDC Budget							
Authority	5,649.0	5,893.7	5,655.7	4,991.5	0.1%	-4.0%	-11.7%
HIV, Viral Hepatitis, STD, and VD Prevention	1,116.0	1,187.7	1,110.0	1,145.7	-0.5%	-6.5%	3.2%
Chronic Disease Prevention, Health Promotion	1,074.9	1,185.5	1,183.4	1,144.7	10.1%	-0.2%	-3.3%
Health Statistics	138.7	167.5	138.7	161.8	0.0%	-17.2%	16.7%
Environmental Health— Total	169.9	137.7	140.0	132.7	-17.6%	1.7%	-5.2%
Occupational Safety Health- Total	316.1	259.9	292.6	249.4	-7.4%	12.6%	-14.8%
Global Health—Total	340.3	381.2	347.6	362.9	2.1%	-8.8%	4.4%
Injury Prevention and Control	143.7	167.5	137.7	137.8	-4.2%	-17.8%	0.1%
Preventative Health & Health Services Block Grant	80.1	0.0	79.5	0.0	-0.7%	100.0%	-100.0%
Public Health Preparedness and Response	1,415.4	1,452.6	1,329.5	1,275.1	-6.1%	-8.5%	-4.1%

National Institutes of Health (NIH)

www.nih.gov

The NIH's mission is science in pursuit of fundamental knowledge about the nature and behavior of living systems, and the application of that knowledge to extend healthy life and reduce the burdens of illness and disability. The research supported by the agency extends from basic research that explores the fundamental workings of biological systems and behavior, to studies that examine disease and treatments in clinical settings, to prevention and population-based analyses of health status and needs. The agency is led by Francis Collins, the NIH's 16th director. The mission of NIH is pursued by 27 Institutes and Centers (ICs) and offices, which support and conduct research through a far-reaching extramural research community and an intramural research program.

The extramural community is composed of non-Federal scientists at universities, medical centers, hospitals, and research institutions throughout the country and abroad. More than 300,000 scientists and research personnel affiliated with more than 3,100 organizations make up the extramural community. NIH funds are primarily awarded through a two-tiered independent review system designed to ensure that the best proposals are funded. Approximately, 10 percent of NIH's budget supports a core program of basic and clinical research activities administered and staffed by NIH physicians and scientists.

The President's FY 2013 budget request for the NIH is \$30.987 billion, the same overall funding level for FY 2012. The FY 2013 priorities include basic and translational research "aimed at maintaining a vibrant and well-trained workforce." The agency emphasizes that the rapid understanding of basic biology, and new technological and methodological advances have vastly improved the ability to generate research findings that contribute to understanding environmental and behavioral influences on health.

The FY 2013 NIH budget request is built around four themes: 1) Investing in Basic Research; 2) Accelerating Discovery Through Technology; 3) Advancing Translational Sciences; and 4) Encouraging New Investigators and New Ideas.

FY 2013 will see the standing up of the newly created National Center for Advancing Translational Sciences (NCATS). Established in FY 2012 and replacing the National Center for Research Resources, NCATS “is to support rigorous scientific research designed to reengineer elements of the development pipeline that moves basic research findings into new diagnostics and therapeutics.”

The agency priorities also include support of the Department of Health and Human Services Secretary Kathleen Sebelius’ goal to reduce cigarette smoking. NIH has identified research to prevent and control tobacco use and tobacco-related cancers as a public health priority. The Tobacco Control Research Branch of the National Cancer Institute leads and collaborates on research and disseminates evidence-based findings to prevent, treat, and control tobacco use. Activities include funding research grants and contracts, sponsoring conferences and symposia, and disseminating tobacco control science. NIH scientists also conduct research and participate in diverse scientific and programmatic activities in support of national and international tobacco control efforts.

The unique longitudinal birth cohort observational study also known as the National Children’s Study (NCS) is highlighted in the FY 2013 budget. The NCS is designed to study the effects of genetics and the environment—broadly defined to include factors such as air, water, diet, family dynamics, community and cultural influences—on the growth, development, and health of children across the United States. NCS is being implemented in two phases: a pilot study or (the Vanguard Study) and the Main Study. In FY 2013, the Vanguard Study will continue and activities for the Main Study will begin. As the pilot for the Main Study, the Vanguard Study will continue to anticipate each phase of the Main Study, in an effort to provide reliable field data to inform Main Study methods, operations, and costs. The Vanguard Study will also test retention strategies and other procedures to help ensure that the Main Study includes a diverse selection of participants. The NCS Main Study will use FY 2013 funds to provide community outreach and communications and for administrative components including data coordination, an information management system, and study logistics.

There is concern, however, regarding the value of the study’s generalizability due to a decision to streamline administrative components in an effort to reduce the costs of the study. The loss of a probability sample, the agency acknowledges, will most affect the statistical generalizability of some relationships among psychosocial and economic parameters and outcomes. The NIH is evaluating alternative sampling approaches. The FY 2013 budget request for the NCS is \$165 million, a \$28.1 million and 14.6 percent reduction below the FY 2012 funding level.

In FY 2013, NIH intends: (1) to work with NCS contractors, survey statisticians from the National Center for Health Statistics (NCHS), biostatisticians from the NIH, and additional statisticians from other Federal agencies and the private sector to “develop further this proposed approach, evaluate alternatives parameters for the sampling strategy, and articulate the implications of the approach with respect to the generalizability of different types of findings;” (2) conduct a feasibility study of the proposed provider-based sampling approach, and develop protocols for this approach; and (3) work with the NCS Advisory Committee to understand the implications for the design of the Main Study from the pilot study results and the statistical evaluations.

Office of the Director (OD)
<http://www.nih.gov/icd/od/>

The Office of the Director (OD) centrally coordinates: extramural and intramural research activities; science policy and related social, ethical, and legal issues; health information, dissemination and education functions; legislative activities; oversight of the agency’s stewardship of public funds; and technology transfer and intellectual property protection policies for NIH. The FY 2013 budget request for the OD is \$1.429 billion, a reduction of \$28.2 million. For OD Operations the budget request is \$123.1 million, a \$122,000 reduction below the FY 2012 funding level.

The NIH Science Education Partnership Awards (SEPA) Program’s goals are to: (1) increase the pipeline of future scientists and clinicians, especially from minority, underserved, and rural kindergarten to grade 12 students; and (2) to engage and educate the general public on health-related advances may possible by NIH-funded research. The SEPA portfolio includes 48 K-12 STEM and 11 science museum projects. The Program continues its emphasis on developing a diverse workforce pipeline for rural and underserved populations with 21 SEPA projects in 16 of the 23 Institutional Development Award (IDeA) states and Puerto Rico. The FY 2013 budget request for SEPA is \$20.3, the same as the FY 2012 funding level.

The Director’s Discretionary Fund (DDF) is designed to allow the NIH Director to respond quickly to new and emerging high-priority research opportunities and health priorities. In FY 2011, funds were used to support trans-NIH initiatives, including the Institute of Medicine Chimpanzee Study, the National Alzheimer’s Project Act, Improving Data on International Collaborations and the Human Frontier Science Program. The FY 2013 President’s Budget request for DDF is \$9.98 million, the same as the FY 2012 funding level.

	Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A)FY 11/(C) FY12	(C)FY12/(P)FY12	(P) FY 13/(C) FY 12
Division of Program Coordination, Planning and Strategic Initiatives	8.1	N/A	8.1	8.1	0.0%	N/A	0.0%
Director's Discretionary Fund	9.8	10.0	9.9	9.9	1.0%	-1.0%	0.0%
Common Fund	543.0	556.9	544.9	544.9	0.3%	-2.2%	0.0%
Office of AIDS Research	63.3	65.8	63.8	63.8	0.8%	-3.0%	0.0%
OBSSR	27.0	27.9	27.0	27.0	0.0%	-3.2%	0.0%
Office of Research on Women's Health	42.3	43.8	42.3	42.3	0.0%	-3.4%	0.0%
National Children's Study	191.0	193.9	193.1	165.0	1.1%	-0.4%	-14.6%
OD Operations	122.8	153.9	123.2	123.1	0.3%	-19.9%	-0.1%

Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI)
dpcpsi.nih.gov

Created by the NIH Reform Act of 2006, DPCPSI fulfills the Act’s requirement to consolidate under one administrative home many aspects of trans-NIH program planning and implementation as well as other

cross-cutting NIH-wide functions. The Office's mandate includes identifying and reporting on research that represents areas of emerging scientific opportunities, rising public health challenges, or knowledge gaps that would benefit from conducting or supporting additional research that involves collaboration between two or more institutes and centers or would benefit from strategic coordination and planning. James M. Anderson is DPCPSI's director.

DPCPSI also serves as a resource for portfolio analysis and coordinates program evaluation and performance management activities across the agency. The Division includes major programmatic offices that coordinate research and activities: the Office of Strategic Coordination, the Office of AIDS Research, the Office of Research on Women's Health, the Office of Behavioral and Social Sciences Research, the Office of Disease Prevention, and the Office of Research Infrastructure Programs.

DPCPSI responsibilities include developing new approaches to analyzing the NIH research portfolio and the development and use of informatics tools for this purpose. In FY 2012 the Office's mission expanded to include programs related to comparative medicine, share and high-end instrumentation, and extramural research facilities improvement. Additionally, the Office of Science Education, previously housed in the Office of Science Policy, was positioned within DPCPSI "to better coordinate important cross-cutting science education programs."

The FY 2013 budget request for DPCPSI is \$8.1 million, the same as the FY 2012 funding level. In the FY 2013, the Division will be the home to new research infrastructure support programs transferred from the former National Center for Research Resources (NCRR). The Division also intends to implement enhancements to its portfolio analysis efforts and coordinate and collaborate on related activities with other Federal agencies and the private sector.

Office of AIDS Research (OAR)

www.nih.gov/od/oar

The Office of AIDS Research has the overall responsibility to plan and coordinate the NIH AIDS research programs sponsored by the 27 NIH ICs. As mandated by law, each year's priorities are determined through a collaborative process involving the ICs and non-government experts from academia and industry. Jack Whitescarver is the director of OAR.

In July 2010, the Administration released the first comprehensive National HIV/AIDS Strategy for the United States (NHAS). NHAS focuses on reducing the number of new HIV infections; increasing access to care for people living with HIV and improving disease outcomes; reducing HIV-related health disparities; and achieving a more coordinated national response. OAR, which has the authority to direct and coordinate resources for HIV/AIDS research across the NIH, has a critical role in ensuring that the NIH funding for domestic HIV/AIDS research focuses on projects that support the goals of NHAS.

The FY 2013 President's budget request for OAR is \$63 million, the same as the FY 2012 funding level. The OAR FY 2013 budget request for the trans-NIH AIDS research program is \$3.074 billion which is also the same as the FY 2012 funding level. This sum includes the total trans-NIH support for intramural and extramural research for basic, clinical, behavioral, social science, and translational research on HIV/AIDS and the wide spectrum of AIDS-associated malignancies, opportunistic infections, co-infections, and clinical complications; as well as research management support; research centers; and training. In FY 2013 OAR intends to provide increases to high priority prevention research in the areas of microbicides, vaccines, behavioral and social science, and treatment as prevention research, among others.

NIH supports research to better understand the risk behaviors and social contexts that lead to HIV infection and disease progression, how to change those behavioral and social contexts, and how to maintain protective behaviors once they are adopted. Studies are developing and evaluating interventions directly targeted to substance abuse and sexual behaviors associated with HIV

transmission. An important area of research is determining effective strategies to test HIV-infected persons, link them to care, and promote adherence to antiretroviral therapy. It is recognized that comprehensive approaches that integrate biomedical and behavioral science perspectives are necessary to develop the needed range of preventive and therapeutic strategies. The FY 2013 budget request for **Behavioral and Social Science** is \$428.4 million, an increase of \$4.2 million and one percent above the FY 2012 funding level. In FY 2013, NIH intends to continue to fund research to reduce HIV-related risk behaviors and to better understand social factors contributing to HIV transmission, with an emphasis on racial and ethnic communities most affected by HIV. It also plans to direct resources toward several new prevention initiatives addressing the challenges of integrating behavioral and social science methods with biomedical, prevention strategies, community-based approaches to engaging and retaining persons in care, as well as the impact of improved care on reducing HIV transmission. NIH also intends to support initiatives to better understand the multiple factors related to adherence, utilizing novel ways to ensure that patients take their medications and use prevention strategies appropriately.

HIV/AIDS natural history and epidemiologic research is critical to the monitoring of epidemic trends, to the evaluation of prevention modalities, the characterization of the clinical manifestations of HIV disease and related co-morbidities, and the measurement of the effects of treatment regimens at the population level. As the epidemic evolves there is a critical need for epidemiologic studies in domestic and international settings. The NIH-supported studies in this area have delineated the significant health disparities that are critical factors in the epidemic. Accordingly, research on HIV-related health disparities and their impact on treatment access and effectiveness as well as HIV prevention will continue to be an NIH AIDS research priority. The FY 2013 budget request for **Natural History and Epidemiology** AIDS research is \$276.6 million, a reduction of \$5.6 million and two percent below the FY 2012 funding level. In FY 2013, the NIH plans to continue to support high-priority epidemiology studies of groups and populations affected by HIV and at high risk of infection, including individuals over fifty years of age, men who have sex with men (MSM), especially MSM of color, women and adolescents. The agency also plans to increase support for critical studies of the specific role of race and gender, the effects of increased HIV testing and linkage to care on HIV spread, the impact of therapy in changing the spectrum of HIV disease, and the preventable causes of death. In addition, support for research of HIV in aging populations, and for implementation science, including how to implement strategies to scale up cost-effective interventions, is planned in FY 2013.

The FY 2013 budget request for **HIV/AIDS Training Infrastructure and Capacity Building** is \$217.6 million, a decrease of \$4.2 million and 1.9 percent below the FY 2012 funding level. The agency plans to support training programs for U.S. and international researchers to build the critical capacity to conduct AIDS research both in racial and ethnic communities in the United States and in developing countries. It also intends to provide support for the NIH AIDS Research Loan Repayment Program and the Intramural AIDS Research Fellowship program designed to ensure an adequate number of trained AIDS researchers at NIH.

Effective Information Dissemination approaches are an integral component of HIV prevention and treatment efforts especially as related to adherence to prescribed treatments, the advent of new and complex antiretroviral treatment regimens, and the need to translate behavioral and social prevention approaches into practice. The NIH is supporting initiatives to enhance dissemination of research findings; develop and distribute state-of-the-art treatment and prevention guidelines; and enhance recruitment and retention of participants in clinical studies. The FY 2013 budget request for Information Dissemination is \$49.9 million, the same funding level as in FY 2012. NIH plans to invest resources in clinical trials-related information dissemination to ensure recruitment of an adequate number of participants, particularly from populations at risk, including women and racial and ethnic minority populations in the United States.

Office of Behavioral and Social Sciences Research (OBSSR)

www.obssr.od.nih.gov

OBSSR recognizes the critical role behavioral and social factors play in health, including prevention. OBSSR serves as the focal point for coordination and development of NIH policies, goals, and objectives in the behavioral and social sciences at NIH. OBSSR serves as a liaison between the NIH intramural and extramural communities, other federal agencies, academic and scientific societies, national voluntary health agencies, the biomedical research community, the media, and the general public on matters pertaining to behavioral and social sciences research. Robert M. Kaplan became OBSSR's fourth Director in February 2011.

OBSSR's vision is to bring together the biomedical, behavioral and social science communities to work more collaboratively to solve pressing health challenges. The Office's plans include facilitating: (a) the next generation of basic behavioral and social sciences research; (b) trans-disciplinary "team science" that integrates biomedical, behavioral and social-ecological perspectives; (c) research that looks at how individual, group, and societal factors interact; and (d) the translation, implementation, dissemination and maintenance of best practices and proven strategies that reduce the burden of chronic disease and eliminate inequities in health and healthcare. The FY 2013 budget request for OBSSR is \$27 million, the same as the FY 2012 funding level.

In FY 2013, the OBSSR plans to support two new initiatives: 1) Shared Medical Decision Making which focuses on the development and use of tools to optimize joint medical decision making by patients and health care providers, and 2) behavioral interventions to address multiple chronic health conditions in primary care. The Shared Medical Decision Making initiative responds to the complex process of determining the best evidence-based treatment for individual patients. It attempts to respond to such scenarios as where medical literature does not clearly identify a dominant treatment alternative and treatment choice, the greater role in treatment selection by patients, and clinical consent process and the fact that it rarely elicits patient preferences. The OBSSR intends to partner with NIH Institutes and Centers to launch the initiative to support research on the effects of shared decision making on healthcare costs, patient satisfaction, and patient outcomes as well as the feasibility of implementing shared decision-making in clinical practice. The budget for the initiative is \$3 million.

The Office plans to also fund multi-year programs, including research to reduce or eliminate health disparities; a program to enhance behavioral and social sciences content of medical school curricula; research to develop and translate basic behavioral and social sciences research into effective health behavior interventions; research on social networks and health; research on medial adherence; and application of systems science methodologies to the behavioral and social sciences and health. OBSSR also intends to continue to support research that applies systems approaches to health disparities through the Network on Inequality, Complexity, and Health. The Office also plans to offer its annual summer training institutes on the topics of: systems science methodology and health; randomized clinical trials involving behavioral interventions; dissemination and implementation research in health; mobile health; and research methods in the social and behavioral sciences.

In FY 2013, OBSSR intends to support 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. The total NIH-wide support for OppNet in FY 2013 is \$20 million, the same as the FY 2012 funding level.

OppNet's mission is to pursue opportunities for strengthening basic behavioral and social science research at NIH while innovating beyond existing investments. All NIH ICs that fund extramural research collectively manage OppNet. Twenty-four ICs and five program coordination offices within the Office of the Director integrate existing NIH efforts, target research challenges best met collectively and collaborate on new research initiatives in complementary scientific areas. Stakeholders also provided input and scientific perspectives through a Request for Information in January-February 2010 and a public conference in October 2010.

As of July 2011, OppNet has supported 73 extramural research projects under 18 separate research solicitations. Research topics were diverse and included self-regulation across the lifespan, the effects of the social environment on health, the interaction of sleep and behavior, and the development of comprehensive measures of psychosocial stress that can be applied across species and across the lifespan. Many of these projects will remain active during FY 2013. A new research solicitation on the basic cognitive, affective, motivational, and social process that underlie decision making across the lifespan was recently released; it is anticipated that five to 15 grant awards will be made, and these projects will be active during FY 2013. OppNet is co-chaired by National Institute of Aging director Richard Hodes and National Institute of General Medical Sciences acting director Judith Greenberg.

Office of Disease Prevention (ODP)

www.prevention.nih.gov/

The mission of ODP is to foster, coordinate and assess research in prevention as a cost-effective means to improve public health in the nation and the world. The Office collaborates with other federal agencies, academic institutions, the private sector, nongovernmental organizations and international organizations to formulate research initiatives and policies designed to promote public health. Barnett Kramer is ODP's director.

ODP takes the lead at NIH in developing Healthy People 2020. It is also the lead NIH office that works with the Office of the Secretary on the development of the National Prevention Strategy within the Affordable Care Act. In that capacity, ODP advises the Office of the Secretary on the science base of clinical and community based preventive interventions.

ODP also leads the NIH Prevention Research Coordinating Committee (PRCC) which serves as a venue for exchanging information related to scientific advances in disease prevention; examining the impact of new policies on research; planning new or discussing on-going initiatives; and high-lighting program accomplishments. In FY 2011, a newly formed subcommittee was formed to examine the challenges in prevention science such as approaches in research methodology.

The FY 2013 budget request for ODP is \$6.1 million, the same as the FY 2012 funding level. In FY 2013, ODP plans to continue to stimulate disease prevention across the NIH and to coordinate and collaborate on related activities with other federal agencies and the private sector. ODP, like the other Offices within DPCPSI does not have research grant authority or funds, but will work through the PRCC and participating in other disease prevention and health promotion activities associated with the U.S. Preventative Services Task Force, the Community Preventive Services Task Force, Healthy People 2020, and the National Prevention Strategy. In addition, ODP plans to partner with NIH ICs and other agencies to develop consensus in areas of importance to patients, health care providers, and researchers.

Office of Research on Women's Health (ORWH)

www4.od.nih.gov/orwh

ORWH serves as the focal point for women's health research at NIH. ORWH collaborates through the NIH ICs as well as the scientific and advocacy community to implement a research agenda on women's health and provide funding and/or co-funding. ORWH's Deputy Director, Janine Clayton, is the Acting Director of ORWH.

In 2010, ORWH undertook a strategic planning process designed to determine future priorities for women's health and sex differences research and for career development initiatives for the coming decade. The resulting report, *Moving into the Future with New Dimensions and Strategies: a Vision for 2020 for Women's Health Research*, provides recommendations for advancing women's health research, based on progress and newer methodological advances.

The FY 2013 budget request for ORWH is \$42.3 million, the same as the FY 2012 funding level. In FY 2013, ORWH, in partnership with the NIH ICs plans to coordinate the implementation of the new NIH strategic plan, *Moving into the Future with New Dimensions and Strategies*.

The Office, through a research grant program, intends to encourage investigators to apply emerging technologies to sex differences research. It also plans to support a new round of awards of the ORWH-sponsored Specialized Centers of Research (SCOR) on Sex Differences. The Centers explore research from the basic level to translation into clinical practice. ORWH intends for the Centers to focus on developing more accessible, accurate and personalized prevention, diagnostics, and therapeutics that are sex and gender appropriate. The Office expects the centers to accelerate the application of research results to the clinical care of diverse populations.

ORWH also plans to maximize the domestic and global impact of women's health research via collaborative alliances. The Office plans to begin the development of strategic global initiatives in women's health and gender research to address issues such as the effect of environmental factors on women's health in the context of the lifespan, reproduction and aging in the global community.

Through the Expanding on the Building Interdisciplinary Research Careers in Women's Health (BIRCWH) program, ORWH aims to implement interdisciplinary research career development opportunities to address the organizational, institutional, and systemic factors that impeded the careers of women and men scientists across career stages.

Common Fund/Office of Strategic Coordination (OSC)

<http://dpcpsi.nih.gov/osc/>

The NIH Common Fund (CF) was codified into law by Congress through the NIH Reform Act of 2006 to support cross-cutting, trans-NIH programs that require participation by at least two NIH Institutes or Centers (ICs) or would otherwise benefit from strategic planning and coordination. The requirements for the Common Fund encourage collaboration across the ICs while providing the NIH with flexibility to determine priorities for CF support. To date, the CF has been used to support a series of short term, exceptionally high impact, trans-NIH programs known collectively as the NIH Roadmap for Medical Research. The Common Fund is coordinated by the Office of Strategic Coordination.

According to the NIH, fostering innovation is a theme throughout the Common Fund and an overarching goal of all of the programs. Most of these programs consist of a series of integrated initiatives that collectively address a set of goals that aim to transform the way research is conducted, the way that health and disease are understood, and/or the way that diseases are diagnosed or treated. Common Fund programs are intended to be supported for no more than ten years, with the exception of the High Risk/High Reward program. As the mature programs approach their last year of support, the NIH uses the opportunity to develop new programs. These programs result from a planning process that is designed to engage the community at large to identify opportunities where strategic investments can have a high impact. The process has resulted in the development of programs in the behavioral and social sciences, "resulting in a well-rounded portfolio of programs that support the entire NIH community." There are currently 24 Common Fund Program, including the Science of Behavior Change, Health Economics, and the Health Care Systems (HCS) Collaboratory.

In FY 2013, the Fund will approach its 10th year of support. OSC intends to emphasize program evaluation which is expected to deliver lessons learned regarding trans-NIH program management in addition to information concerning the scientific products and utility of the programs to date. Communication and outreach will be an increased focus as the products and data from the mature programs become ready for dissemination to the community at large. The FY 2013 budget request for the Common Fund is \$544.9 million, the same as the FY 2012 funding level.

The **Common Fund Science of Behavior Change** program is intended to improve the understanding of human behavior changes across a broad range of health-related behaviors. The initiative supports basic research to improve our understanding of human motivation and the maintenance of behavior

change across multiple diseases and conditions, and then using this knowledge to develop more effective and economical behavioral interventions. The FY 2013 budget request for the CF Science of Behavior Change is \$4.5 million, a reduction of \$0.9 million and 16.7 percent below the FY 2012 funding level. The decrease is due to the completion of one award in FY 2012.

The **Common Fund Health Economics** initiative addresses questions of how patient and healthcare providers respond to various incentives, and how their responses influence the cost of healthcare. It is intended to lead to recommendations for more efficient and effective healthcare policies and practices. In FY 2011, the program initiated a series of developmental research projects to identify and develop approaches to improve health and increase efficiency in delivery of healthcare. The FY 2013 President's budget request is \$13 million, an increase of \$1.1 million and 8.9 percent more than the FY 2012 funding level. In FY 2013, the CF will continue support for initiatives investigating the economics of prevention strategies, costs and outcomes of healthcare delivery, and improvement of data resources for the health economics research community. The increased level of funding will also be used to support expansions of the Science of Structure, Organization, and Practice Design in the Efficient Delivery of Healthcare initiative, which fosters research on scientific questions about the effects on costs and outcomes of changes in the way healthcare is organized and delivered.

The Common Fund launched the **Health Care Systems (HCS) Collaboratory** initiative in an effort to leverage the resources and expertise of networks of healthcare organizations for the benefit of research. The program provides support for improving informatics and other networking resources in healthcare delivery organizations with significant research interests. Initially intended to support an existing network of HMOs, the Collaboratory was later opened to any network of healthcare delivery organizations after the realization that non-HMO networks may be equally suited to the task of coordinating large patient populations and investigators. In FY 2012, the initiative funded a coordinating center and a set of demonstration projects. The ultimate goal is to develop capacity in the healthcare delivery system for networking among providers for the benefit of research which is being tested within the context of practical clinical trials. There are plans to pilot networking mechanisms for mega-epidemiology studies beginning in FY 2013. The FY 2013 President's budget request for the HCS Collaboratory is \$12.9 million, an increase of \$5.6 million and 76 percent above the FY 2012 funding level. The increase is expected to support a second round of demonstration projects focused on epidemiology studies that require large patient cohorts to test the ability of the HCS Collaboratory to identify and recruit these patients.

The **Common Fund High-Risk High-Reward Investigator-Initiated Research** is designed to provide opportunities for investigators to take risks when the potential impact is high, to think outside the box, and to try things that may not fare well in standard peer review. Four initiatives within the Common Fund foster innovation, risk-taking, and transformative research in any area of health research chosen by investigators: (1) the NIH Director's Pioneer Program, (2) the NIH Director's New Innovator Award program, (3) the Transformative Research Project program, and (4) the NIH Director's Early Independence Award Program. The New Innovator initiative and the Early Independence Awards program support early career-stage investigators specifically. The Transformative Research Project program awards provide unique opportunities for interdisciplinary, inter-IC projects that may require large budgets to address exceptionally high pay-off questions and that involve more risk than traditional IC-supported research. The FY 2013 budget request for **High-Risk High-Reward Investigator-Initiated Research** is \$210.4 million, an increase of \$14.1 million and 7.2 percent above the FY 2012 funding level. The increase is due to an expansion of the NIH Director's Early Independence Award program to support another cadre of young scientists in independent research positions. The Transformative Research Award program will also be expanded to support "exceptionally innovative or unconventional research projects that have the potential to create or overturn fundamental paradigms."

The NIH Common Fund Global Health Program is partnering with other NIH Institutes, Centers and Offices, federal agencies and the UK Wellcome Trust to support two initiatives designed to expand research capacity in Africa, largely through the support of training and career development. The

initiatives are the Medical Education Partnership Initiative and the Human Heredity and Health in Africa (H3Africa). The H3Africa involves collaboration with the Wellcome Trust to build research capacity in Africa by supporting career development and training, informatics, and laboratory equipment to researchers studying the genetic and environmental contributions to health and disease. The initiative addresses both communicable and noncommunicable diseases and conditions. The FY 2013 budget request for the Global Health program is \$9.3 million, a 3.9 percent increase above the FY 2012 funding level. In FY 2013, the H3Africa program will expand to study the societal implications of the genetics research conducted by the initiative.

The Common Fund Interdisciplinary Research Consortia designed to explore new ways to integrate different scientific disciplines to address critical health challenges. The program has resulted in a change of policy within NIH to recognize multiple Principal Investigators on NIH grants and developed new methods of inter-IC award management. Common Fund support of the program ended in FY 2011 with the expectation that the ICs will continue to use the award mechanisms as needed to support interdisciplinary approaches. Accordingly, the Interdisciplinary Research program will receive no funding in FY 2013 from the Common Fund, representing a decrease of \$200,000.

The FY 2013 Common Fund strategic planning process produced new potential program areas where CF investment could have a broad, transformative impact. Topics that are currently being pursued and will be the subjects of additional planning activities to identify and understand ongoing work in scientific areas include: disruptive proteomics technologies, exosomes, **mobile health**, and a synthetic clinical cohort for human genetic studies. Regarding Mobile Health, the recognition that cellular phones and other portable electronic devices have potential for health research has prompted the development of many devices and software applications that could be useful in the clinic. A potential Common Fund program would take advantage of these devices to establish, through public-private partnerships and partnerships with NIH ICs, studies that would validate existing devices in clinical settings. It might also develop improved software applications for use in recruiting and monitoring patients in clinical studies. The FY 2013 budget request for support of new Common Fund programs is \$97.9 million.

Office of Science Education (OSE)

The NIH **Office of Science Education (OSE)** develops programs, instructional materials, and career resources for science teachers, their students (kindergarten through college), and the public. Its activities are in conjunction with the NIH ICs and external organizations. The Office also advises the NIH leadership on education policy issues, coordinates related activities with NIH extramural and intramural offices, and represents NIH in Federal science, technology, engineering and mathematics (STEM) education initiatives. The FY 2013 President's budget request for OSE is \$4 million, the same as the FY 2012 funding level. In FY 2013, OSE will continue to work with the White House Office of Science and Technology Policy through the National Science and Technology Council (NSTC), and help to implement the NSTC Committee on STEM Education's first five-year Federal Strategic Plan for STEM Education (FSPSE).

John E. Fogarty International Center for Advanced Study in the Health Sciences (FIC)

www.fic.nih.gov

The Fogarty Center's core mission is to use science to reduce the deepening global disparities in health. Roger Glass is the director of Fogarty.

Research supported by FIC ranges from the genetic basis of disease to strategies to prevent transmission of HIV. The efforts are often multidisciplinary, embracing behavioral, clinical, epidemiological, and biomedical research. FIC-supported research and research training programs encompass a wide range of diseases and needs, including HIV/AIDS, malaria, TB and other infectious diseases; non-communicable diseases such as brain disorders, cancer, autism, and tobacco-related

illness; and critical areas that foster a research environment, including ethics and informatics for health research. Fogarty also supports the training of U.S. investigators to conduct global health research and actively engages in international scientific collaborations. The FY 2013 President's budget request for FIC is \$69.8 million, a \$200,000 increase above the FY 2012 funding level.

Non-communicable diseases, such as heart disease, stroke, cancer, and diabetes are the leading causes of worldwide mortality, accounting for 60 percent of all deaths and representing a serious threat to economic development. Fogarty is addressing this challenge through its expanded program on Chronic, Non-Communicable Diseases and Disorders across the Lifespan, which supports training of in-country scientists to conduct research on these diseases.

The FY 2013 budget request for FIC's Research Capacity Strengthening program is \$38.9 million, a slight increase above the FY 2012 funding level. Fogarty's new strategic plan for FY 2013 - FY 2017 has as its first goal mobilizing the scientific community to address the growing epidemic of chronic, non-communicable diseases related to increased longevity and changing lifestyles in the developing world. Through its Chronic, Non-Communicable Chronic Diseases and Disorders Across the Lifespan Research Training Program, FIC intends to provide \$1.4 million a year to support non-communicable diseases research training, with seven awards expected annually. FIC is working with other NIH ICs and private partners to develop further chronic disease initiatives.

In 2005, Fogarty launched the Framework Programs for Global Health, which provides competitive grants to universities in the U.S. and low- and middle-income countries (LMIC) to develop multidisciplinary curricula in global health and stimulate the participation of faculty and students from a wide range of disciplines in global health education and research. In 2010, FIC expanded the program using American Recovery and Reinvestment Act funds to include a problems-based multidisciplinary pilot training program - the Framework Programs for Global Health Signature Innovations Initiative. It was designed to provide one-year support to U.S. universities and their partners to explore models for training postdoctoral investigators to carry out multidisciplinary research likely to produce innovative devices, practices or policies in global health. The FY 2013 budget request for the Framework program is \$2.8 million, doubling the program from the FY 2012 funding level.

Fogarty supports research partnerships between U.S. and LMIC scientists in several high-priority areas through its International Collaborative Research program. The FY 2013 budget request for this collaboration is \$12 million, a slight increase above the FY 2012 funding level. The program encourages implementation science to address the "know-do" gap, and would expand research training opportunities for U.S. and foreign scientists. It would also foster a sustainable research environment in LMICs, and build strategic partnerships to further global health. In FY 2013, FIC plans to expand its International Clinical, Operational and Health Services Research Training Award program for AIDS and TB and has reinforced the initiative's support for implementation research.

Training researchers in LMIC remains a high priority for Fogarty. The FY 2013 budget request is \$4.2 million, a slight increase above the FY 2012 level. Fogarty intends to expand the number of overseas research experiences available for young U. S. scientists in order to encourage them to adopt careers in global health. The Center also plans to continue its research training partnerships between U.S. and foreign institutions and strive to enhance research opportunities for any foreign scientists when they return home.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
69.3	71.2	69.5	69.8	0.3%	-2.4%	0.4%

National Cancer Institute (NCI)
www.nci.nih.gov

The Nation's response to the burden of cancer is led and coordinated by the National Cancer Institute (NCI). Former NIH Director Harold Varmus is the director of the NCI.

The Institute focuses on research on all aspects of cancer including prevention, detection, diagnosis, treatment, survivorship, and causes. NCI's extramural research focuses on understanding the mechanisms of cancer, understanding the causes of cancer, improving early detection and diagnosis, developing effective and efficient treatments, supporting Cancer Centers, Specialized Centers and Specialized Programs of Research Excellence (SPOREs), and supporting research workforce development. The 2013 President's budget request for the NCI is \$5.068 billion, an increase of \$2.7 million above the FY 2012 funding level. NCI's budget request includes funds to support several trans-NIH initiatives such as the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

Since 1997, NCI's Division of Cancer Control and Population Sciences (DCCPS), has supported research intended to reduce the risk, incidence, and deaths from cancer as well as enhance the quality of life for cancer survivors. The Division supports an integrated program of genetic, epidemiologic, behavioral, social, applied, and surveillance cancer research. It also plays a central role within the federal government as a source of expertise and evidence on issues such as the quality of cancer care, the economic burden of cancer, geographic information systems, statistical methods, communication science, tobacco control, and the science of implementation. DCCPS provides grants for research, particularly in the behavioral sciences, to identify improved methods for changing personal lifestyles and to promote informed decisions about health-related behaviors. DCCPS has made a special effort to recruit experts in disciplines such as communication, anthropology, outcomes research, psychometrics, medical genetics, health psychology, economics, social work, policy analysis, geography, and family medicine—all disciplines that have been historically underrepresented at NCI. The overarching philosophy of science that guides the division's planning and priority setting is the belief that scientific progress in the 21st century will depend on the transdisciplinary integration of research methods, models, and levels of analysis. Robert Croyle heads the Division.

NCI supports research designed at Understanding the Causes of Cancer. The Institute notes that the likelihood of developing cancer is determined by a complex interplay of environmental, behavioral, and genetic factors. Its past investment in population cohorts has laid the groundwork for additional studies to identify these factors and a variety of population-based and laboratory research has helped to define the nature of these interactions. The FY 2013 budget request is \$1.273 billion, an increase of \$0.6 million above the FY 2012 funding level.

NCI Cancer Prevention and Control Research focuses on: understanding and modifying behaviors that affect risk, mitigating the influence of genetic and environmental risks, and interrupting cancer development through early intervention. Cancer control research seeks to better understand the factors that influence cancer outcomes, quality of care, quality of life, and cancer-related disparities. While smoking rates have declined over the past several decades, the Institute sees tobacco cessation as a tremendous opportunity for cancer prevention. NCI's State and Community Tobacco Control Policy and Media Research initiative is designed to instigate the effectiveness of the state and community tobacco control policy and media interventions. Focus areas include secondhand smoke policies, tax and pricing policies, tobacco industry marketing and promotion, mass media countermeasures, and community and social norms.

The Health Maintenance Organization (HMO) Cancer Research Network (CRN) consists of a system of 14 HMOs nationwide. It supports research in the areas of cancer prevention, early detection, treatment, long-term care, and surveillance research. Studies of lifestyle change include research into energy balance as a way to control cancer incidence. The Surveillance, Epidemiology and End Results (SEER) database provides data on cancer trends. It regularly samples nearly 26 percent of the U.S. population

and has information on 5.7 million cancer cases. The SEER-Medicare database combines two large population-based sources of data that provide detailed information about Medicare beneficiaries with cancer. The database is a unique population-based source for an array of epidemiological and health services research, including patterns of care, utilization of cancer tests, and efficacy of cancer treatment. The Institute’s National Outreach Network (NON) is a multidisciplinary program that bridges NCI- supported outreach and community education efforts with cancer health disparities research and training programs.

NCI funds research that examines, among other factors, cognitive and affective processes underlying decision making; basic decision-making processes involved in the initiation and long-term maintenance of healthy lifestyle behaviors; and health-related numeracy—how people use, process, and attach meaning to health-related numeric information. NCI experts and extramural scientists work together to examine cognitive, affective, and social processes involved in communication and risk perception. Accordingly, the Institute supports centers that conduct transdisciplinary cancer communication research aimed at directly contributing to improved health outcomes and quality of life for individuals. The FY 2013 budget request is \$197.9 million, a \$100,000 increase above the FY 2012 funding level.

NCI supports Cancer Centers which were established to actualize the benefit of research conducted by interdisciplinary partnerships, information sharing, and close links to health care delivery systems. The programs are increasingly reaching out to community oncology practices and minority and underserved patient populations. There are 66 NCI-designated Cancer Centers which conduct basic, translational, and population research. The Institute recently established the Center for Global Health (CGH) to coordinate and prioritize the Institute’s research and training efforts that have the potential to directly influence global cancer health, primarily in poorer countries. The Center fulfills a humanitarian role while at the same time expands the population base and sociocultural context for cancer research beyond the U.S. It is expected that this expanded base will yield insights into cancer that would not otherwise be attainable. The FY 2013 budget request for the Cancer Center Program is \$578 million, a \$200,000 increase above the FY 2012 funding level.

Through its Research Workforce Development program, NCI invests in early-stage investigators and for established investigators who have proven their ability to conduct robust science and who provide mentoring for the next generation of researchers. The Institute is committed to attracting and supporting scientists from populations underrepresented in biomedical research through efforts such as those conducted the Center to Reduce Cancer Health Disparities Diversity Training Branch. The FY 2013 budget request for the program is \$174.2 million, an increase of \$1 million above the FY 2012 funding level.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
5050.1	5,196.1	5066.1	5068.9	0.3%	-2.5%	5050.1

National Center for Advancing Translational Sciences (NCATS)
www.ncats.nih.gov

The National Center for Advancing Translational Sciences (NCATS) was established in FY 2012. Its mission is to catalyze the generation of innovative methods and technologies that enhance the development, testing, and implementation of diagnostics and therapeutics across a wide range of human disease and conditions. Research projects focus on addressing scientific and technical challenges to reduce, remove, or bypass significant bottlenecks across the continuum of translation. NCATS encourages results, both positive and negative, to be shared in an open collaborative environment. National Institute of Mental Health director Tom Insel is Acting Director of NCATS.

The Center’s highest priority is to advance the discipline of translational research. The NCATS FY 2013 budget will support infrastructure and resources for clinical and translational science efforts nationwide as well as innovative research projects addressing scientific and technical challenges to reduce, remove, or bypass significant bottlenecks across the continuum of translation. NCATS intends to continue its collaborations with the NIH Common Fund, and several projects will be transferred into NCATS from the Office of the Director. Programs funded by NCATS are aligned within five areas: 1) clinical and translational science activities; 2) rare diseases research and therapeutics; 3) reengineering translational sciences; 4) Cures Acceleration Network activities; and 5) translational research resources. The FY 2013 President’s budget request for NCATS is \$693 million, an increase of \$64.3 million above the FY 2012 funding level.

Reengineering the clinical research enterprise is a priority of both NCATS and the Clinical and Translational Sciences Awards (CTSA) program. The CTSA sites share a common vision to improve human health by transforming research and training environments to enhance the efficiency and quality of clinical and translational research. In FY 2013, the CTSA program plans to continue to develop and provide infrastructure and resources for diverse aspects of translational research, from biomarker discovery to community research. NCATS intends to strengthen the role of the CTSA program’s Coordinating Center to amplify its role as a hub for communication across the nation’s academic health centers and accelerate the adoption of best practices for clinical and translational research. This plan includes coordinating with the other NIH Institutes and Centers in an effort to allow the CTSA’s to support and enhance the mission of the entire NIH.

The CTSA’s provides infrastructure in support of the full spectrum of translational research. A working group found that beyond the maintenance of core infrastructure, the CTSA’s also serve as hubs of innovation, and as the program has evolved, the institutions have begun to develop their own unique and innovative technologies and capabilities. NCATS plans to require that the CTSA’s to maintain essential core components that are critical to the conduct of the entire spectrum of translational science in FY 2013. Additionally, the Center intends to continue to explore new strategies for affording each CTSA the flexibility to develop innovative approaches to translational research, while encouraging each to contribute to a whole that is greater than the sum of its parts.

In the report language accompanying the FY 2012 appropriations bill, Congress encouraged NCATS to include staff expertise and resources to manage research on the translation of behavioral interventions into communities. NIH has agreed and will transfer staff to NCATS who have experience and expertise in outreach to help ensure the research on the translation of behavioral interventions into communities is conducted effectively. The agency has expressed its recognition that the CTSA’s have broad experience and expertise in the full spectrum of translational research, including patient-centered outcomes research, community engagement, training, dissemination science, and behavioral research. This breadth and diversity is considered an important asset of the program. The FY 2013 budget request for CTS is \$462.5 million, an increase of \$1.1 million above the FY 2012 funding level.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
553.6	1,297.9	574.7	639.0	3.8%	-55.7%	11.2%

National Center for Complementary and Alternative Medicine (NCCAM)
www.nccam.nih.gov

The National Center for Complementary and Alternative Medicine (NCCAM) is dedicated to exploring complementary and alternative healing practices in the context of rigorous science, training CAM researchers, and disseminating authoritative information. Josephine Briggs is NCCAM’s director.

To fulfill its mission, NCCAM collaborates with multiple ICs as well as other Federal agencies, including the Centers for Disease Control and Prevention (CDC) and the Agency for Healthcare Research and Quality (AHRQ). The FY 2013 budget request for NCCAM is \$127.9 million, a slight increase over the FY 2012 funding level. NCCAM's budget request includes funds to support several trans-NIH initiatives such as the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

NCCAM is focusing its research efforts on specific areas of scientific promise. The Institute's newly accepted Strategic Plan is built around three long-range goals aimed at improving the state and use of scientific evidence for treating health problems and support or promoting better health and well-being. The three goals are to: 1) advance the science and practice of symptom management; (2) develop effective, practical, personalized strategies for promoting health and well-being; and (3) enable better evidence-based decision making regarding CAM use and its integration into health care and health promotion.

The study of the effects of mindfulness meditation is an area of special interest to NCCAM. Advancing research on mind and body interventions, practices, and disciplines was identified as a priority area for NCCAM as part of its strategic planning process conducted in 2010. The results from an NCCAM-funded study published in 2011 demonstrated that practicing mindfulness meditation appears to be associated with measurable structural changes in the brain regions involved in memory, learning, and emotion. Going forward, NCCAM intends to support and encourage research in this scientifically promising area.

NCCAM's extramural research funds multidisciplinary clinical investigations into various CAM modalities. This research ranges from small pilot studies to large-scale clinical trials and epidemiological studies supported through solicited research initiatives, collaborations between NIH ICs and the CDC, and investigator-initiated research. NCCAM intends to explore the use of outcomes and effectiveness research in developing practice-based evidence on how CAM approaches could aid in better symptom management. The FY 2013 budget request for extramural clinical research is \$48.8 million, a small decrease below the FY 2012 funding level.

Because researchers from many different biomedical and behavioral disciplines have the expertise required for in-depth investigation of the basic biological, physiological, and clinical effects and safety of CAM interventions, NCCAM supports programs designed to attract these researchers to CAM research and partnerships with CAM practitioners. The NCCAM FY 2013 budget request for extramural research training and capacity building is \$9.8 million, a small decrease below the FY 2012 funding level.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
127.9	131.0	127.9	127.9	0.0%	-2.4%	0.0%

National Eye Institute (NEI)
www.nei.nih.gov

NEI's mission is to conduct and support research, training, health information dissemination, and other programs with respect to blinding eye diseases, visual disorders, mechanisms of visual function, preservation of sight, and the special health problems and requirements of the blind. Paul Sieving is the director of NEI.

The FY 2012 budget request for NEI is \$693 million, a decrease of \$8.9 million below the FY 2012 funding level. NEI's budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
699.7	719.1	701.90	693.0	0.3%	-2.4%	-1.3%

National Heart, Lung and Blood Institute (NHLBI)
www.nhlbi.nih.gov

The National Heart, Lung, and Blood Institute (NHLBI) provides leadership for research in diseases of the heart, blood vessels, lung, and blood; blood resources; and sleep disorders. Susan Shurin, the Institute’s Deputy Director, is currently Acting Director for NHLBI.

NHLBI plans and directs research in the development and evaluation of interventions and devices related to prevention, treatment, and rehabilitation of patients suffering from such diseases and disorders. The Institute also conducts educational activities, including development and dissemination of materials for health professionals and the public in the above areas, strongly emphasizing prevention. The FY 2013 budget request for NHLBI is \$3.076 billion, an increase of \$709,000 above the FY 2012 funding level. NHLBI’s budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

NHLBI’s Division of Prevention and Population Sciences (DPPS) supports and provides leadership for population- and clinic-based research on the causes, prevention, and clinical care of cardiovascular, lung, and blood diseases. Research supported by the DPPS includes a broad array of epidemiological studies including: studies to describe disease and risk factor patterns in populations and to identify risk factors for disease; clinical trials of interventions to prevent disease; studies of genetic, behavioral, sociocultural, and environmental influences on disease risk and outcomes; and studies of the application of prevention and treatment strategies to determine how to improve clinical care and public health. The Division also supports training and career development for these areas of research.

NHLBI supports substantial research on the effects of psychosocial factors on cardiovascular disease (CVD) incidence and outcomes. This includes support for research examining the influence of social support provided within interpersonal relationships, families, neighborhoods, and broader social networks on CVD risk factors such as adverse diets, sedentary behavior, and obesity and on recovery and quality of life in patients who have heart attacks or heart failure. NHLBI-supported projects on social support and cardiovascular health include:

- Studies to test the impact of enhanced family provided support on 1) patient outcomes after placement of an implantable cardioverter defibrillator, 2) care quality and delivery for heart failure patients, or 3) re-hospitalizations following a heart attack;
- Examination of the role of social support within communities and neighborhoods in adolescents, lowering the risk of metabolic syndrome in black families, or preventing development of visceral fat in perimenopausal women;
- Social networking studies using mobile phones and web-based technology to facilitate weight control and other health promoting behaviors in young adults.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
3,065.3	3,147.9	3,075.4	3,076.1	0.3%	-2.3%	0.0%

National Human Genome Research Institute (NHGRI)
www.nhgri.nih.gov

The National Human Genome Research Institute (NHGRI) was established in 1989 to head the NIH’s efforts in the Human Genome Project (HGP). In 2010, Eric Green was appointed by NIH director Francis Collins as his successor as director of NHGRI.

In 2003, NHGRI expanded its mission to encompass a broad range of studies aimed at understanding the structure and function of the human genome and its role in health and disease. The Institute recognizes that for “individualized preventive medicine” to make a profound contribution to human health, it needs to address the accompanying ethical, legal, and social implications (ELSI).” Furthermore, it acknowledges the responsibility to address the broader implication of newfound abilities to decipher genetic information, Congress mandated the Institute to commit up to five percent of its annual extramural research budget for ELSI activities. The FY 2013 request for NHGRI is \$511.4 million, \$0.9 million below the FY 2012 funding level. The request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

NHGRI’s 2011 strategic plan identifies five distinct domains that together comprise a progressive continuum of research endeavors: 1) Understanding the Structure of Genomes, 2) Understanding the Biology of Genomes, 3) Using Genomics to Understand the Biology of Disease, 4) Using Genomics to Advance Medical Science, and 5) Using Genomics to Improve the Effectiveness of Healthcare.

Genomics and Society - NHGRI recognizes that realizing the benefits of genomics will require more than the research tools and clinical practices under development across the Institute’s research portfolio. Since its inception, NHGRI has funded research that examines the social, ethical, and legal genomic advances and the increasing availability of genomic information. This research area continues to be a vial component of the Institute’s vision. In July 2011, a new set of research priorities for the Institute’s Ethical, Legal, and Social Implications (ELSI) Research program were issued that focus on four areas: 1) genome to research, 2) genomes to health, 3) genomes to society, and 4) ethical, legal, regulatory, and public policy issues. Together the research programs will continue to examine issues that arise in the design and conduct of genomic research, such as questions about informed consent, data sharing, and privacy; when and how best to return individual genomic results to research participants; and whether and how to provide information about incidental genomic findings to participants. Other research supported by NHGRI will examine how advances in genomic technologies are influencing healthcare delivery and affecting the population’s health. Research that examines more fundamental questions, such as how we conceptualize and understand the health-disease continuum and individual responsibility for health and behaviors, is also considered vital for the development of effective regulations and public policies.

NHGRI’s Intramural Social and Behavioral Research Branch (SBRB) conducts leading-edge research at the intersection of genomics and society. SBRB is focused in four conceptual domains: 1) testing the effectiveness of strategies for communicating information about genetic risks; 2) developing and evaluating behavioral interventions relevant to genomics; 3) using genomic discoveries in clinical practice, and 4) understanding the social, ethical and policy implication of genomics. The FY 2013 budget request for Genomics and Society is \$26 million, a \$200,000 decrease below FY 2012 funding.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
510.6	524.8	512.30	511.4	0.3%	-2.4%	-0.2%

National Institute on Aging (NIA)
www.nia.nih.gov

The National Institute on Aging (NIA) supports and conducts genetic, biological, clinical, behavioral, social, and economic research related to the aging process, diseases and conditions associated with aging, and other special problems and needs of older Americans. Richard Hodes is NIA's director.

NIA-supported behavioral and social scientists are describing the economic and societal consequences of a rapidly aging population and using insights from the emerging field of behavioral economics to develop and test interventions that promote healthy behaviors among older people. The FY 2013 budget request for NIA is \$1.102 billion, an increase of \$0.5 million above the FY 2012 funding level. NIA's budget request includes funds to support several trans-NIH initiatives such as the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

The Institute is also continuing its efforts to enhance the evidence base for health decisions at both the individual and societal levels. Notably, NIA is emerging as a leader in research comparing the effectiveness of various interventions in diverse populations. The Lifestyle Interventions and Independence for Elders (LIFE) Study, a major comparative effectiveness research (CER) study, compares the effects of a moderate-intensity physical activity program to a health education program on prevention of mobility loss in older Americans.

The Institute provides support for social and behavioral science research through its Behavioral and Social Research Program (BSR), led by Richard Suzman. The Individual Behavioral Processes (IBP) Branch and the Population and Social Processes (PSP) Branch make up the BSR, which supports basic social and behavioral research that focuses on how people change with aging, the interrelationships between older people and social institutions, and the societal impact of the changing age composition on the population. A goal of the Institute's social and behavioral research is to maintain or enhance the health and well-being, including physical and cognitive function, of older individuals throughout the lifespan. Social and behavioral research is also supported by NIA's program in Neuropsychology and Neuroscience of Aging, as well as the programs of the Gerontology Research Centers and Epidemiology, Demography, and Biometry.

Training the next generation of researchers in aging is high priority for NIA. The institute supports several programs, including its annual Summer Institute on Aging Research which provides junior investigators the opportunity to be mentored in the substance and methodology of aging research by recognized experts in the field to enhance participants' potential for success as independent investigators. The Beeson Awards, co-supported by NIH, offer three- to-five year faculty development awards to outstanding junior and mid-career faculty who are committed to academic careers in aging-related research, training and practice.

Regarding international aging issues, NIA supports a number of projects devoted to understanding the implications of population aging at the global level, including an initiative to consolidate and standardize findings from multiple large health surveys from around the world.

BSR research areas include the behavioral, psychological, and social changes individuals experience over the adult lifespan; participation of older people in the economy, families and communities; the development of interventions to improve the health and cognition of older adults, and the societal impact of population aging and of trends in labor force participation, including fiscal effects on Medicare and Social Security programs. The FY 2013 budget request for BSR is \$195.2 million, an increase of \$100,000 thousand above the FY 2012 funding level.

BSR coordinates the long-running Health and Retirement Study (HRS), the nation's leading source of combined data on health and financial circumstances of Americans over age 50. As the larger Baby Boomer generation moves into retirement, HRS data have greatly informed the understanding of the effects of early-life exposures and later-life health, variables associated with cognitive and functional

decline in later life, and trends in retirement, savings and other economic behaviors. NIA collaborates with the Social Security Administration on retirement research, including funding the HRS work on pensions and retirement expectations. David Weir of the University of Michigan heads the HRS. Notably, HRS is a model for similar studies around the world: England, China, South Korea, Mexico, and Japan. Other studies, the World Health Organization's Study on Global Health and Ageing and Adult Health (which includes sites in Asia, Russia, Mexico, and Africa), have adapted methods and/or instruments from the HRS for their own use. NIA has taken the lead in building the necessary infrastructure and harmonizing cross-national data resources to facilitate comparative studies and has funded the initial concept work for HRS-like studies in other countries. Additionally, NIA has supported the development of an online resource that facilitates use and harmonization of data from the HRS and comparable studies around the world.

BSR is also collaborating with the Bureau of Labor Statistics and the National Academies to foster the development of useful measures of subjective well-being for policy and health analyses, including measures suitable for use in large-scale surveys in the United States and abroad. In addition, the Common Fund initiative in Health Economics has significant BSR input. Recent initiatives have included studies of Long-Term Care Insurance, comparative effectiveness findings on care delivery, and the economics of prevention.

In addition, BSR is moving forward to integrate genetics with social and behavioral research. Aside from the HRS activity in this area, a related initiative has promoted research on the effects of gene-social environment on health and behavior in later life. NIA has organized workshops and fostered exchanges on the role of genetic and environmental factors across the life course, improved measurement of economic and psychosocial phenotypes, and phenotype harmonization for behavioral, social, and genetic research.

BSR also supports 14 Centers on the Demography of Aging at leading universities and policy organizations around the United States. The Centers are designed to foster research in demography, economics and epidemiology of aging and to promote use of important datasets in the field. Research topics investigated by the Centers include Medicare, Social Security, and the implications of health care reform on the elderly. The Roybal Centers for Translation Research on Aging are intended to improve the health, well being, and productivity of older people through the translation of basic behavioral and social science research into practical applications. The Centers currently focus on research areas of social networks and health, extending behavioral economics approaches to financial decision making about health, older drivers, health and mobility, disease and pain management, decision making and behavioral change, and better data measurement, and forecasting. The Roybal Centers are supported by BSR in partnership with the NIH Office of Behavioral and Social Sciences Research, the Department of Education, the Agency for Healthcare Research and Quality, and the Social Security Administration. Three Roybal Centers for Translational Research on Aging focus on behavioral economics.

Other programs supported by NIA include the Resource Centers for Minority Aging Research (RCMARs), the Baltimore Longitudinal Study of Aging (BLSA), the Healthy Aging in Neighborhoods of Diversity across the Life Span (HANDLS), and the Work, Family, Health Study, among others. HANDLS is a multidisciplinary, community-based, prospective longitudinal epidemiologic study examining the influence of race and socioeconomic status on the development of age-related health disparities among socioeconomically diverse African Americans and whites living in Baltimore. NIA recently initiated the Insight into the Determinants of Exceptional Aging and Longevity (IDEAL) substudy to examine a spectrum of characteristics found in individuals over age 80 who are living free of physical and cognitive disease. The IDEAL study is designed to help uncover mechanisms—including behavioral, lifestyle, and environmental factors—that are important to exceptional aging and how they might translate into actions that promote health and physical function in older adults. The Work, Family, Health Study, a collaboration with the NICHD, is a multi-site intervention in the long-term care and telecommunication industries exploring how changes in the work environment can improve the health of workers and their families while benefiting organizations. NIA's National Health and Aging Trends Study (NHATS) is a successor to the National Long-term Care Study. NHATS is in its first wave of data

collection and is designed to provide a greatly improved ability to track and explain trends in disability and the social and economic impact of late-life functional changes for older people, their families, and society.

Comparative Effectiveness Research (CER) is an emerging research area at NIA. The Institute supports an evolving portfolio of specific interventions in subpopulations such as older adults; the best way to define complex outcomes such as quality of life, as well as outcomes assessed over variable time periods; and the challenges of comparing outcomes across differently-based treatment (e.g., behavioral versus drug) and across different health system and care contexts. Supported projects include a CER study that will take advantage of a unique health insurance lottery currently underway in Oregon to evaluate the effects of access to enhanced insurance on health care usage and health outcomes among low income adults.

In its **Neuroscience Program**, NIA supports research aimed at better understanding age-related and pathological changes in the structure and function of the aging nervous system and how these changes affect behavior. The Program also supports research relevant to problems arising from psychiatric and neurological disorders associated with aging. NIA is the lead federal agency for research on Alzheimer’s disease (AD). The Institute supports a national network of Alzheimer’s Disease Centers to translate research advances into improved diagnosis and care of AD patients while pursuing development of effective preventive and treatment interventions for AD, as well as a broad array of initiatives aimed at improving understanding of the disease. The FY 2013 budget request for the Neuroscience Program is \$438.8 million, an increase of \$200,000 above the FY 2012 funding level.

The **Institute’s Geriatrics and Clinical Gerontology Program** supports research on health, disease, and disability in the aged. Focus areas include age-related physical changes and their relationship to health outcomes, the maintenance of health and the development of disease, and specific age-related risk factors for disease. The program coordinates with the other NIH ICs for its research on diseases and conditions that are common among older people or represent a growing threat. The program coordinates the Claude D. Pepper Older Americans Independence Centers Program, which has the goal of increasing scientific knowledge leading to better ways to maintain or restore independence in older persons. The FY 2013 budget request for the Geriatrics and Clinical Gerontology Program is \$134.5 million, a small increase above FY 2012 funding.

NIA’s Intramural Research Program (IRP) conducts research in the areas of basic, behavioral, clinical, epidemiologic, and translational research. The IRP’s high priority research endeavors and areas of specific focus in behavioral research includes: personality, cognition, and psychophysiology. IRP’s high priority areas for epidemiology include frailty, cognition, body composition, disability, and molecular biomarkers of aging. The FY 2013 budget request for the Intramural Research Program is \$115.5 million, the same as the FY 2012 funding level.

NIA also supports research on the global phenomenon of population aging in developing and developed nations through its program on Population Aging and Global Health. NIH-supported investigators have identified potential causes for why the U.S. has lagged behind other high-income countries in life expectancy since 1980. It funded a National Academies’ report on international differences in longevity. The Institute is also particularly active in the area of international demographic and economic research, working with other agencies and organizations, including the World Health Organization and the Census Bureau.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
1,098.6	1,129.9	1,102.1	1,102.7	0.3%	-2.5%	0.1%

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
www.niaaa.nih.gov

NIAAA supports basic and applied research related to the etiology, prevalence, prediction, diagnosis, prognosis, treatment, management, and prevention of alcoholism and other related problems. Kenneth Warren, NIAAA's Deputy Director, is currently serving as the Institute's Acting Director.

NIAAA-supported research has reframed the understanding of alcohol use and its impact on health, including the recognition that the nature of alcohol-related problems significantly change over the course of the lifespan. Increased understanding of alcohol dependence has created a paradigm shift in alcohol research. Given that research shows that the majority of individuals who meet diagnostic criteria for alcohol dependence do not access treatment, NIAAA-supported research is evaluating screening and brief intervention in venues other than specialty treatment facilities. The FY 2013 budget request for NIAAA is \$457.1 million, a decrease of \$1.9 million below the FY 2012 funding level. NIAAA's budget request includes funds to support several trans-NIH initiatives such as the Basic Behavioral and Social Sciences Opportunities Network (OppNet). NIAAA also participates in the NIH Science of Behavior Change Common Fund initiative.

NIAAA is pursuing several key lines of research to better understand who drinks and why, and what works for those with alcohol problems. In FY 2012-13, NIAAA will be fielding the next National Epidemiologic Survey on Alcohol and Related Conditions (NESARC).

To address the pervasive use of alcohol among young people, NIAAA developed an empirically based alcohol screener and guide for pediatricians and other clinicians who care for children and adolescents. NIAAA also has a significant research investment targeting this period of life focusing on the effects of alcohol use on the developing body and brain; and the interplay of development, genes, environment and adolescent alcohol use. The FY 2013 budget request is \$57 million, a decrease of 0.5 percent below the FY 2012 funding level. In FY 2013, NIAAA intends to support research to evaluate its recently released youth alcohol screening guide in clinical settings. The institute also plans to support a multisite longitudinal study to address: 1) what the effects are of both long and shorter-term child and adolescent alcohol exposure on the developing human brain, 2) what is the effect of timing, dose and duration of alcohol exposure on brain development; 3) to what extent do these effects resolve or persist; 4) how do key covariates factor into alcohol's effects on the brain; and 5) potentially identify early neural, cognitive, and affective markers that may predict alcohol abuse and dependence and onset or worsening of mental illness during adolescence and/or adulthood.

NIAAA's support of research on the drinking behaviors of **young adults** includes risk assessment, universal and selective prevention, early intervention, and timely treatment for those who need it. The FY 2013 budget request for research in this area is \$171.7 million, a reduction of \$1 million below FY 2012 funding. In FY 2013, NIAAA's plans to field NESARC will collect data on the current prevalence of and trends in alcohol use and related conditions, along with DNA, from an estimated 46,500 participants. The new NESARC will be expanded to include questions on eating and personality disorders as well as risky behaviors. To address the cultural differences that influence alcohol use and related disorders, NESARC will be translated into six different languages. The Institute will also continue to support research on college drinking.

The Institute's research focuses for the midlife/senior population includes: development of treatment strategies for alcohol dependence (including medications) that are tailored to specific populations and treatment of individuals with co-existing psychiatric and medical disorders. The FY 2013 budget request is \$131.2 million, a decrease of \$0.6 million and 0.5 percent below the FY 2012 funding level.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
457.5	469.2	458.10	457.1	0.1%	-2.4%	-0.2%

National Institute of Allergy and Infectious Diseases (NIAID)

www.niaid.nih.gov

NIAID conducts and supports basic and applied research to better understand, treat, and ultimately prevent infectious, immunologic, and allergic diseases. The director of NIAID is Anthony Fauci.

NIAID has long been the leading agency supporting research on the AIDS pandemic, particularly the development of an effective vaccine. The Institute recognizes that ending the pandemic and curbing the spread of the disease will require multi-pronged biomedical and behavioral approaches. As care and treatment initiatives expand in non-industrialized countries, the Institute believes that it is essential to assure that prevention research is an integral part of these efforts. Accordingly, a priority of NIAID is the encouragement of further development and evaluation of behavioral interventions and communication strategies to reduce high-risk behavior associated with HIV transmission.

Another priority for the Institute is development and maintenance of international multi-disciplinary research capacities - including infrastructure, training, and networks - to support research on global and regional priorities that will improve public health in the United States and around the world. The FY 2013 budget request for NIAID is \$4.495 billion, an increase of \$10.2 million above the FY 2012 funding level.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
4,768.2	4,915.9	4,485.1	4,495.3	-5.9%	-8.8%	0.2%

National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)

www.niams.nih.gov

The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) is the lead Federal agency for research into the causes, treatment, and prevention of these diseases. NIAMS' director is Stephen Katz.

Since most of these diseases are chronic, NIAMS is focused on research, prevention and treatment of disorders characterized by a continuing disease process with progressive deterioration. Many of the diseases within the mission of the NIAMS have a disproportionate impact on women and minorities. The FY 2013 budget request for NIAMS is \$535.6 million, a small increase above the FY 2010 funding level. NIAMS' budget request includes funds to support several trans-NIH initiatives, including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

The Institute supports research that has identified the barriers that keep people who are economically disadvantaged as well as people from diverse ethnic backgrounds from complying with their prescribed medical treatments, including fear of side effects, belief that the medicines are not working, problems with the health system environment, and medication costs. NIAMS believes that this research is

important as it addresses the issues of health disparities, identifying the many, complex factors that make some populations more vulnerable to diseases within its mission areas.

NIAMS's Arthritis and Rheumatic Diseases program is designed to advance high quality basic, translational, and clinical biomedical and biopsychosocial research to treat and prevent arthritis and other rheumatic diseases. The Institute is committed to pursuing new opportunities designed to identify risk factors for these disorders, to enhance disease prediction, and advance prevention strategies. In FY 2011, it cosponsored a conference held on the NIH campus on translating scientific advances into clinical treatment of pain disorders, including arthritis and other rheumatic diseases. The FY 2013 budget request for this program is \$115.6 million, an increase of \$.1 million and .1 percent above the FY 2012 funding level.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
533.5	547.9	535.10	535.6	0.3%	-2.3%	0.1%

National Institute of Biomedical Imaging and Bioengineering (NIBIB)

www.nibib.nih.gov

NIBIB is devoted to merging the physical and biological sciences to develop new technologies that improve health. NIBIB's director is Roderic Pettigrew.

The Institute's goal is to accelerate the pace of discovery and speed the development of biomedical technologies that prevent illnesses or treat them when they do strike. Unlike many other NIH institutes, the NIBIB's mission is not limited to a single disease or group of illnesses; rather it spans the entire spectrum. The FY 2013 budget request for NIBIB is \$336.9 million, \$1.1 million less than the FY 2012 funding level. NIBIB's budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

NIBIB emphasizes that health information technology research requires an interdisciplinary approaches to enable the integration of clinical, diagnostic, and treatment data with the patient's medical history in a comprehensive electronic health record designed to improve clinical decision-making. The Institute is spear-heading research into new technologies to address issues such as: interoperability of data systems, compatibility of computer software across medical institutions, security of data during transmission, Health Insurance Portability and Accounting Act (HIPAA) compliance, and availability of affordable data systems for patient care providers.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
345.2	322.1	337.9	336.9	-2.1%	4.9%	-0.3%

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)

www.nichd.nih.gov

NICHD remains a major source of funding for social and behavioral sciences research, including research on the dynamics of human behavior at both the individual and population level. NICHD's director is Alan Guttmacher.

The Institute’s broad mission includes investigations of infant mortality, prevention of birth defects, learning disabilities, demographic and behavioral factors. Research supported by the NICHD increasingly crosses disciplinary boundaries to link psychological and behavioral processes in cognitive, social, and personality development with underlying biological processes, and to understand how social and economic factors affect developmental outcomes. The FY 2013 budget request for NICHD is \$1.32 billion, an increase of \$0.8 million above the FY 2012 funding level. NICHD’s budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet). In 2013, NICHD will complete its 50th birthday commemoration.

NICHD has made significant investments in trans-disciplinary science that addresses the biological, behavioral, and social factors that affect children’s development. This includes research focusing on: the effects of poverty on child development; the effectiveness of early childhood programs or interventions in promoting school readiness; and tools to measure important early childhood competencies. NICHD also has a longstanding interest in the study of normal language and reading development, learning disabilities, and disorders that adversely affect the development of listening, speaking, reading, writing, and mathematics abilities. The Institute also provides strong support for demographic research, investing in the collection and dissemination of population data.

The Institute recognizes the importance of longitudinal population studies and has supported a myriad of such research and training projects. It notes that in the past year, numerous studies revealed major scientific findings that significantly inform the understanding of human population and health, demographic change, and behavioral and social science. Examples of such studies include the National Longitudinal Study of Adolescent Health and the National Longitudinal Study of Youth Child Supplement and Panel Study of Income Dynamics. A longitudinal study of preschooler’s language-based bedtime routines, such as singing, reading and storytelling found lasting positive benefits for children’s sleep duration and cognitive development.

NICHD’s **Center for Population Research** focuses on reproductive health and biology, including human fertility, infertility, and reproductive disorders, as well as population research and behavioral science. The Center also supports behavioral and social science research on issues related to contraception use, the spread of sexually transmitted infections (STI), and health risk behaviors. Research projects supported by the Center seek to understand the consequences of changes in population composition, size and distribution; the factors that affect family formation, functioning, and stability; and the influence of families on child health and development. The FY 2013 budget request for the Center for Population Research is \$303.7 million, \$200,000 above the FY 2012 funding level.

The **Center for Research for Mothers and Children** supports an array of maternal and child health research, including studies of factors that affect growth and development, gestational diabetes, obesity and overweight, growth restriction, early origins of adult diseases, and congenital and factious diseases, including the prevention of HIV/AIDS in children, adolescents, and women. The Center also funds research on mechanisms of neurobiological, cognitive, emotional, and social development; genetic and environmental influences on development; causes of and treatments for specific learning disabilities; and health promotion and disease prevention in children and adolescents. In addition, the Center has a strong international presence. The FY 2013 budget request for this program is \$378.1 million, an increase of \$300,000 above the FY 2012 funding level. In FY 2013, the Center plans to maintain its strong research emphasis on obstetric and pediatric pharmacology, child development and behavior, the biological basis of learning and learning disabilities, maternal and child HIV/AIDS, and childhood obesity.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
1,315.6	1,352.2	1,319.8	1,320.6	0.3%	-2.4%	0.1%

National Institute on Deafness and Other Communication Disorders (NIDCD)
www.nidcd.nih.gov

The National Institute on Deafness and Other Communication Disorders' (NIDCD) mission is to support and conduct research and research training in the normal processes and the disorders of human communication, including hearing, balance, smell, taste, voice, speech, and language. James Battey is NIDCD's director.

The FY 2013 budget request for NIDCD is \$417.3 million, an increase of \$1.5 million and .4 percent increase above the FY 2012 funding level. NIDCD's budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet). In FY 2012, NIDCD intends to continue to support new and early stage investigators, and maintain an adequate number of RPGs, particularly investigator-initiated investigators.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
414.5	426.0	418.80	417.3	1.0%	-1.7%	-0.4%

National Institute of Dental and Craniofacial Research (NIDCR)
<http://www.nidcr.nih.gov/>

The National Institute of Dental and Craniofacial Research's (NIDCR) mission is to support the Nation's ongoing efforts to improve oral, dental, and craniofacial health. Martha Somerman is NIDCR's director.

The Institute is beginning to fund research that will contribute to the understanding of the complex interplay of factors that contribute to dental caries, including research that explores a wide range of factors that include genetics, family contextual factors, psychosocial determinants, diet, neighborhood settings and environmental factors, and their interactions. NIDCR's Health Disparities Research Program supports the full spectrum of research to identify practical, sustainable approaches to oral health. The FY 2013 budget request for NIDCR is \$408.2 million, a decrease of \$2 million and 0.5 percent below the FY 2012 funding level. NIDCR's budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

In addition to the intervention studies, NIDCR supports the key foundational research required before intervention development begins, including those studying the psychosocial needs of infants and families with oral disease or associated conditions - early childhood caries, craniofacial anomalies, very low birth weight and early respiratory problems, and family dietary patterns and early obesity. NIDCR also supports research on the social determinants of oral health and disease among infants and their mothers, including studies of childhood oral health in households in which interpersonal violence exists, or parents have varying degrees of oral health knowledge, or in communities in which there is limited access to quality oral health care.

In its 2009-2013 Strategic Plan the Institute stresses its commitment to the support of basic and applied research in the behavioral and social sciences. It now recognizes that many opportunities for improving oral health lie in achieving behavioral changes. Its **Behavioral and Social Sciences Research** program supports basic research to understand both the mechanisms of behavior change and the influence of behavioral and social factors on oral health. Clinical research aims to develop efficacious and sustainable interventions that target relevant behavioral and social factors. Of particular interest to NIDCR is early intervention for the prevention of childhood cavities. NIDCR is examining ways to equip investigators with the expertise to conduct research in this area; including the use of intensive workshops, online problem-based learning modules, and expert consultations. In addition, based on

the recommendations of two expert panels NIDCR launched a funding opportunity to support the development of manuals and protocols. The FY 2013 budget request for the **Behavioral and Social Sciences Research program** is \$15.9 million, a decrease of \$100,000 compared to the FY 2012 funding level. In FY 2013 NIDCR intends to give support to new research and ongoing initiatives that contribute to an understanding of behavioral and social mechanisms required for advancing oral health.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
408.9	420.4	410.2	408.2	0.3%	-2.4%	-0.5%

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
www.niddk.nih.gov

The mission of NIDDK is to support research to combat diseases that are mostly common, chronic, have severe health consequences, and are costly to individuals and their families. They include: diabetes and other endocrine and metabolic diseases, liver and other digestive diseases, nutritional disorders, obesity, kidney and urologic diseases, and hematologic diseases. The Institute also supports diseases that are less wide-spread such as cystic fibrosis and other genetic diseases. Griffin Rodgers is NIDDK's director.

The FY 2013 budget request for NIDDK is \$1.942 billion, a decrease of \$2.8 million below the FY 2012 funding level. NIDDK's budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

NIDDK co-chairs the **NIH Obesity Research Task Force** and supports a multidimensional research portfolio on obesity. The Institute also supports research that impacts health care reform efforts by identifying cost-effective ways to translate findings from diabetes and obesity intervention studies to real-world clinical practice and community settings. An example of this research is the Institute's *Action for Health Diabetes (Look AHEAD)*, an ongoing intervention study that builds on past research and is testing a lifestyle intervention to help prevent common, costly, and often deadly cardiovascular complications in people with type 2 diabetes. NIDDK also supports comparative effectiveness research, ranging from identifying the best procedures for treating obesity and type 2 diabetes with bariatric surgery, to comparing strategies for engaging providers and patients in efforts to delay or prevent type 2 diabetes in women with gestational diabetes.

The NIDDK's **Diabetes, Endocrinology, and Metabolic Diseases program** is designed to increase the understanding of diabetes and other diseases and disorders of the endocrine system and metabolism, and to develop and test potential prevention and treatment strategies. In 2011, NIDDK completed the first major trial of type 2 diabetes management in children and adolescents. The FY 2013 budget request for the Program is \$634.1 million, a decrease of \$1.1 million below the FY 2012 funding level. In FY 2013, NIDDK plans to continue major diabetes clinical trials and encourage and support major new investigator-initiated clinical studies. The Institute also intends to continue funding translational research in FY 2013 and support health information dissemination activities. It also plans to continue an initiative encouraging collaborative, multidisciplinary research teams to work on complex biomedical problems in diabetes, endocrinology and metabolic diseases.

NIDDK's **Digestive Diseases and Nutrition** program is designed to increase understanding of digestive diseases, nutrition, and obesity, and to develop and test strategies for disease prevention and treatment. The program supports Look AHEAD, a major long-term study that is designed to determine whether intensive lifestyle measures involving diet and exercise improve morbidity and mortality from cardiovascular diseases in people with diabetes. Support for the study will continue in FY 2013. The FY 2013 budget request for the Program is \$492.9 million, a decrease \$0.9 million below the FY 2012

funding level. In FY 2013, NIDDK plans to support major ongoing observational studies to assess the health risks and benefits of weight-loss surgery in extremely obese adults and adolescents, as well as the Look AHEAD study.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
1,939.2	1,987.9	1,944.9	1,942.1	0.3%	-2.2%	-0.1%

National Institute on Drug Abuse (NIDA)

www.nida.nih.gov

The National Institute on Drug Abuse (NIDA) is the lead Federal agency and predominant source of funding for research on drug abuse and addiction. Nora Volkow is NIDA’s director.

NIDA seeks to explore the scientific basis for the development of effective biomedical, behavioral, and psychosocial approaches to the prevention and treatment of drug abuse. The Institute is also charged with supporting research on the relationship between drug use and AIDS, tuberculosis, as well as other medical problems. The FY 2013 budget request for NIDA is \$1.054 billion, an increase of \$1.9 million above the FY 2012 funding level.

NIDA participates in a variety of activities supported through the NIH Common Fund, including OppNet - the Basic Behavioral and Social Sciences Opportunity Network; and the Neuroscience Blueprint. The Institute has the lead role on an OppNet-supported Request for Applications, the Effects of the Social Environment on Health, which will fund research to investigate structural, behavioral, sociocultural, environmental, cognitive, emotional, and/or biological mechanisms by which the social environment affects health outcomes; and the NIH Blueprint-supported Institutional Training Grants on Computational Neuroscience and Neuroimaging - Integrating First Principles and Applications.

NIDA is also supporting Comparative Effectiveness Research (CER) in the criminal justice setting, where drug use disorders are over-represented and where, without treatment, offenders remain at high risk for relapse, recidivism, and even overdose upon their return to the community. The Institute also supported a randomized controlled trial of the Communities that Care (CTC) coalition-based prevention system which identifies community-specific risk and protective factors and implements evidence-based interventions that address them to attend to the research-to-practice gap for implementing evidence-based prevention.

NIDA has sought to learn more about the linkage of the HIV/AIDS epidemic and drug abuse and addiction, both to understand the critical role of drug abuse in the spread of HIV and to learn how to best prevent and treat these intertwined conditions. Individuals involved in the criminal justice system represent a vulnerable population with disproportionately high rates of substance abuse disorders and HIV/AIDS. NIDA also continues to support research to increase HIV/AIDS and drug abuse prevention efforts among offender and other under-served populations, specifically targeting women, juvenile offenders, and racial and ethnic minorities disproportionately affected by the HIV epidemic.

NIDA supports research to identify risk and protective factors that can be modified to prevent drug use initiation. The Institute points out that while research on evidence-based prevention interventions has shown potential to reduce risk factors and promote positive development in youth, substantial challenges are faced when implementing these interventions within communities. To help shrink the gap in translating prevention science to practice and significantly improve the public health impact of prevention programs across communities, Prevention Implementation Science, designed to move interventions into communities, is an important focus area for NIDA.

NIDA’s Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) program fosters partnerships with public health agencies and drug treatment, criminal justice, and health and social service professionals to test evidence-based treatments in criminal justice settings.

The Institute’s Epidemiology, Services and Prevention Research program area supports integrated approaches to understand and address the interactions between individuals and environments that contribute to drug abuse-related problems. Large surveys and surveillance networks that monitor drug-related issues exemplify programs supported by this NIDA Division. NIDA intends to continue to support epidemiological studies to understand the scope and underlying reasons for prescription drug abuse to inform prevention efforts and help tailor and evaluate evidence-based interventions (proven effective for other drugs of abuse) to prescription drug abuse. The FY 2013 budget request for the program is \$246 million, an increase of \$100,000 above the FY 2012 funding level.

NIDA’s National Drug Abuse Treatment Clinical Trials Network (CTN) is comprise of 13 research nodes and more than 240 individual community treatment programs in 38 states, plus the District of Columbia and Puerto Rico. The CTN works to develop treatment protocols for drug abuse and addiction and related conditions, such as testing the real-world effectiveness of promising medication and behavioral treatment approaches with diverse patient populations and community treatment providers. It also serves as a research and training platform to help NIDA respond to emerging public health threats. The CTN is currently preparing for a multisite study to evaluate e-delivery of evidence-based psychosocial treatment for substance use disorders, and a study of evaluating the impact of screening and brief intervention in emergency departments on substance use and substance-related outcomes. The FY 2013 budget request for the CTN program is \$47.7 million, a small increase over FY 2012 funding.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
1,048.8	1,080.0	1,052.1	1,054.0	0.3%	-2.6%	0.2%

National Institute of Environmental Health Sciences (NIEHS)
www.niehs.nih.gov

NIEHS’ mission is to reduce the burden of environmentally-associated diseases. Linda S. Birnbaum is NIEHS’ director.

The Institute has identified a need for research into the influence of poverty and environmental pollution into human health needs. For years, the environment was considered to have a minor role in the etiology of human illness. With the expansion of the definition of ‘environment’ to include diet and nutrition, behavior and other social and cultural factors, the relationship is now worthy of study. The FY 2013 budget request for NIEHS is \$684 million, a decrease of \$0.7 million below the FY 2012 funding level. NIEHS’ budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet). The Institute has begun a 15-month process of Strategic Planning for the next five years.

NIEHS supports research to understand the role of physical and social influences on the environmental impact of toxic pollutants, including the involvement of community-based organizations in educating vulnerable or susceptible populations, children, adults from poor socioeconomic status and minorities. The Institute also supports several epidemiological studies to understand, among other things: community-based approaches to study the potential benefits of preventive interventions, such as the use of air filters and air conditioners in childhood asthma; and the influence of modifiable social and physical factors in susceptible populations.

The Institute is also a leader in supporting research focusing on understanding, predicting, and preventing adverse health impacts resulting from changes in the Earth's climate. It leads an Interagency Working Group on Climate Change and Health which includes representatives from NIH, the CDC, EPA, the National Oceanic and Atmospheric Administration, NASA, and the U.S. Department of Agriculture, among other Federal agencies. The Working Group is compiling a report with recommendations for basic and applied research needs on the human health effects of climate change for use by all Federal agencies with a human/environmental health mission.

NIEHS's Clinical and Translational Research: Bench to Bedside to Public Health program is designed to encourage integration of clinical, population, and community-linked research to effectively translate findings into improved public health practice and disease prevention. The FY 2013 budget request for the program is \$202 million, an increase of \$9.2 million and 4.7 percent above the FY 2012 funding level. The Institute intends to support a variety of clinical and translational research activities, including increasing translational research capacity through its new translational research consortia.

NIEHS' Pathways for Future Environmental Health Scientists hopes to attract young students and scientists into the environmental health sciences field. The program provides opportunities for laboratory-based training at the high school and undergraduate levels; institutional and individual training grants including a new training initiative designed to prepare individuals to study environment and genetic factors in disease etiology at the graduate level; and grants for young investigators and short term sabbatical awards at the faculty level. The Institute's signature career development program is the Outstanding New Environmental Scientists (ONES), an investigator-initiated program for new independent investigators. The FY 2013 budget request for the program is \$34.5 million, a decrease of \$300,000 and one percent below the FY 2012 funding level. The Institute intends to use the resources to continue ongoing training programs.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
682.6	700.5	684.8	684.0	0.3%	-2.2%	-0.1%

National Institute of General Medical Sciences (NIGMS)

www.nigms.org

The fundamental biomedical and behavioral research supported by the National Institute of General Medical Sciences (NIGMS) canvasses a wide spectrum, ranging from experiments with organisms, cells, genes and molecules to studies of systems biology that examine the behavior of interconnected networks. NIGMS Deputy Director Judith Greenberg is the institute's Acting Director. Chris A. Kaiser is NIGMS director-designate.

NIGMS supports basic behavioral and social sciences research and training related to its mission areas. The research is supported through its centers and divisions: Bioinformatics and Computational Biology; Genetics and Developmental Biology; Minority Opportunities in Research; and Pharmacology, Physiology and Biological Chemistry. NIGMS-supported basic behavioral and social sciences research activities include: 1) basic behavioral research in model organisms; 2) computational modeling of human populations including social and behavioral factors; 3) studies of the efficacy of interventions in promoting research careers; 4) support of a range of behavioral and social sciences research at minority-serving institutions; and 5) predoctoral training at the interface between behavioral and biomedical sciences. The Institute continues to explore the potential for new directions in its funding of basic behavioral and social sciences research. The FY 2013 budget request for NIGMS is \$2.378 billion, a decrease of \$48.4 million and 2 percent below the FY 2012 funding level. NIGMS's budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

In addition to its role in OppNet, NIGMS continues to develop additional research areas in basic behavioral research, particularly on modeling approaches such as those used in the NIGMS-funded Models of Infectious Disease Agent Study (MIDAS) program. This program develops computational models for conducting virtual experiments to test how emerging pathogens might spread in the presence and absence of interventions. Behavioral and social scientists collaborate with computer scientists to test the understanding of the impact of a range of social and other interventions on the behavior of populations. Using data from real populations and geographical locations, interdisciplinary MIDAS researcher teams have created computer simulations that help predict a range of public health outcomes for epidemics of flu and other diseases in the U.S., Mexico, and India.

NIGMS' Division of Biomedical Technology, Bioinformatics and Computational Biology (BBCB) supports research that draws expertise from mathematics, statistics, computer science, engineering, and physics to solve problems in biomedicine. BBCB funded three new projects under MIDAS that enlist computers to identify strategies to control contagious diseases. In FY 2011, BBCB announced its intent to encourage research in the area of modeling social behavior; this research is expected to begin in the current fiscal year. The budget request the BBCB program is \$252.8 million, an increase of \$300,000 above the FY 2012 funding level. In FY 2013, BBCB plans to give priority to major initiatives including MIDAS, biomedical technology research, and the systems biology centers program.

A cornerstone of the Institute's mission is its support of Research Training for the next generation of biomedical and behavioral researchers. NIGMS' Division of Training, Workforce Development, and Diversity (TWD) oversees and coordinates the Institute's policies and efforts related to research training, and it is the focal point facilitating the development of a diverse and inclusive biomedical research workforce. A major activity within the TWD is the training of Ph.D. and M.D.-Ph.D. students as well as postdoctoral fellows through advanced and specialized training in basic, translational, and clinical research. TWD also supports the Institutional Development Award program (IDeA) designed to broaden the geographic distribution of NIH funding for biomedical and behavioral research. IDeA grants support faculty development and research infrastructure enhancements at those institutions. Other TWD programs support institutions serving a substantial number of students from groups underrepresented in the biomedical sciences. The FY 2013 budget request for TWD program is \$586.4 million, a decrease of \$50 million under the FY 2012 funding level. In FY 2013, TWD plans to support activities that promote diversity in the biomedical research workforce through research training activities that involve undergraduate, pre-doctoral, and post-doctoral students and through other efforts that support institutions that serve a substantial number of students from groups underrepresented in the biomedical sciences.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
2,368.5	2,102.3	2,427.2	2,378.8	2.5%	15.5%	-2.0%

National Institute of Mental Health (NIMH)
www.nimh.nih.gov

The mission of NIMH is to reduce the public health burden of mental and behavioral disorders through research on mind, brain, and behavior. NIMH is led by director Tom Insel.

To fulfill its mission, the Institute: conducts research on mental disorders and the underlying basic science of brain and behavior; and collects, analyzes, and disseminates information on the causes, occurrence, and treatment of mental illnesses. The FY 2013 budget request for NIMH is \$1.479 billion, an increase of \$0.7 million above the FY 2012 funding level. NIMH's budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

NIMH's Division of Neuroscience and Basic Behavioral Science provides support for research in the areas of basic neuroscience, genetics, basic behavioral science, research training, resource development, technology development, drug discovery, and research dissemination. The Division supports such projects as the investigation to understand the genetics of brain development. The effort includes collecting behavioral and genetics data on 10,000 children, teens and young adults. The data will allow more comprehensive research to study links between brain development, genetics, and behavior. The FY 2013 budget request for the Division is \$472.8 million, a slight decrease below FY 2012 funding.

The Division of Developmental Translational Research stimulates and promotes an integrated program of reach across basic behavioral and psychological processes, environmental processes, brain development, genetics, developmental psychopathology, and therapeutic interventions. The FY 2013 budget request for the Developmental Translational Research is \$160.1 million, a small decrease from FY 2012 funding. Priority will be given to studies that delineate the neurobehavioral mechanisms responsible for the development of mental disorders, including the identification of critical and sensitive periods in brain development and the effects of behavior and experience on brain function.

The Division of Adult Translational Research and Treatment Development plans, supports, and administers programs of research, research training, and resource development aimed at understanding the biological, psychological, and functional changes that are involved in the causes and course of mental illness, and hastening the translation of scientific advances into innovations in clinical care for adults. The Division supports research studies of the risk factors for major psychiatric disorders; clinical neuroscience; and psychosocial, pharmacological, and somatic treatment development. The FY 2013 budget request for the program is \$260.8 million, a slight below FY 2012 funding level. The division plans to give priority to research that advances the understanding of the biological underpinnings of mental illness and hastens the translation of behavioral science and neuroscience advances in to innovations in clinical care. In FY 2013, the program will emphasize studies evaluating the safety and efficacy of novel pharmacological agents and behavioral interventions that target features of mental illness that are inadequately addressed by current therapies and prevention strategies.

The Division of Services and Intervention Research supports research to evaluate the effectiveness of pharmacological, psychosocial, rehabilitative, and combination interventions on mental and behavioral disorders. The Division supports mental health services research, including: services organization and delivery; interventions to improve the quality and outcomes of care; and research on the dissemination and implementation of evidence-based interventions into service settings. The FY 2013 budget request for Services and Intervention Research program is \$165.7 million, a decrease of \$100,000 below the FY 2012 funding level. The Division plans to give priority to research that develops innovative interventions, including treatment regimens, prevention strategies, and innovative service delivery approaches to reduce the prevalence and burden of mental disorders. The institute plans to emphasize research that will personalize interventions for optimal use among diverse populations, including underserved groups and those with comorbid conditions, across geographic locations, and across age groups. In FY 2013, the Program plans to emphasize research that will reduce the burden and mortality associated with suicide. This area of emphasis includes studies on early detection, assessment, interventions, and services for individuals at risk for suicide, across populations and ages.

NIMH's Division of AIDS Research supports research and research training to develop and disseminate behavioral interventions that prevent HIV/AIDS transmission; clarify the biological, psychological and functional mental health effects of HIV/AIDS infection; and, alleviate those effects among affected individuals. Recent research advances in prevention using combined biomedical and behavioral approaches indicate the possible achievement of significant decreases in HIV incidence. NIMH will continue to foster the behavioral research that must be effectively integrated with biomedical approaches to achieve such decreases. The FY 2013 request for the Division is \$179.3 million, a small drop from the FY 2012 funding level. In FY 2013 the program will emphasize innovative, interdisciplinary HIV prevention research designed to better understand individual, community, social,

and structural factors that impact HIV risk-reduction in order to improve preventive behaviors. The Division also intends to support innovative, interdisciplinary prevention science research that examines the psychosocial needs of children affected by AIDS, particularly children in low-resource settings.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
1,474.8	1,517.0	1,478.5	1,479.2	0.3%	-2.5%	0.0%

National Institute on Minority Health and Health Disparities (NIMHD)
www.nimhd.nih.gov

Authorized by the Affordable Care Act of 2010, the former National Center on Minority Health and Health Disparities (NCMHD) is now the National Institute on Minority Health and Health Disparities (NIMHD). John Ruffin is the new Institute’s director.

NIMHD’s mission is to conduct and support research, training, information dissemination, and other programs aimed at reducing the disproportionately high incidence and prevalence of disease, burden of illness, and mortality in racial and ethnic minorities and other groups such as the urban and rural poor. NIMHD emphasizes that increased research focus is necessary to study the interplay of prevailing and emerging social and economic determinants that perpetuate health disparities, and the potential of a restructured healthcare system for improving the health of underserved populations. The Institute also stresses that the elimination of health disparities requires a transdisciplinary framework that fosters an integrated approach across multiple disciplines, including biology, genetics, environmental science, economics, and behavioral and social science. It further stresses that such an approach is necessary because of the interplay between the biological and social factors causing health disparities. The FY 2013 budget request for NIMHD is \$279.4 million, an increase of \$3.3 million and 1.2 percent above the FY 2012 funding level. NIMHD’s budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

Over the past decade, health disparities have become a recognized scientific field of study. There is increased focus on non-biological factors such as socioeconomic, politics, discrimination, culture, and environment that research suggests has a significant correlation to disparities in health experienced by racial/ethnic minority, rural, and low-income populations. NIMHD notes that the field of health disparities has evolved from documenting and investigating differences in health status and risk factors among affected populations, to addressing health disparities using traditional and nontraditional research approaches such as community participation, novel interventions, and cross collaborations.

In FY 2011, NIMHD created the Resources Related Minority Health and Health Disparities Research Grant. The purpose is to embrace strategic partnerships and collaborations with other Health and Human Services and federal agencies scientific and public health researchers, health planners, community leaders representing minority and health disparity populations, and health policy experts. The intent is to encourage greater coordination, investment, and national focus on health disparities in the areas of: 1) bioethics, 2) global health research, 3) data infrastructure and information dissemination on health disparities, and 4) healthcare for rural populations.

In FY 2013, NIMHD intends to advance its health disparities research agenda by:

- expanding its translational and transdisciplinary research to include community and population health intervention studies that integrate disease prevention with modifiable determinants of health;
- advancing research on the health outcomes over the life span that are impacted over the life course, including early programming and cumulative pathways through adulthood;

- supporting and conducting research aimed at addressing the conceptual, definitional, and methodological limitations of health disparities research through improved measurement models, quantitative and qualitative data collection, analysis, tracking, and evaluation;
- supporting and conducting epidemiological studies and research that patterns and/or maps social, economic, and environmental determinants; and
- strengthening and advancing the research infrastructure in collaboration with other ICs in order to promote training and workforce development initiatives as a way to increase the pool of diverse health disparities researchers and to offer training and mentoring opportunities for students, trainees, and faculty from health disparity populations interested in health-related research.

NIMHD’s Health Disparities Research program supports research to enhance the scientific knowledge necessary to develop interventions that may lead to disease prevention and treatment for health disparity populations. The FY 2013 budget request is \$110.4 million, an increase of \$2.6 million and 2.4 percent above the FY 2012 funding level. In FY 2013, NIMHD intends to increase its support for investigator-initiated health disparities research, provide continuation support for Centers of Excellence, and support collaborations that expand the NIMHD health disparity research agenda.

The Institute’s Research Capacity-Building and Infrastructure program is designed to strengthen the infrastructure of academic institutions and to increase the number of researchers interested in minority health and health and health disparities research. NIMHD also provides support to institutions for student training and faculty development, conferences on health disparities; and the creation of endowed chair programs. The FY 2013 budget request for the program is \$123.1 million, a decrease of \$2.7 million or 2.2 percent below the FY 2012 funding level. In FY 2013, NIMHD plans to continue to support the Research Endowment, Building Research Infrastructure and Capacity (BRIC), Minority Health and Health Disparities International Research Training (MHIRT), and the Loan Repayment programs. In addition, NIMHD intends to support the Research in Minority Institutions (RCMI) program. In FY 2013, the budget request for the RCMI program is \$58.3 million to support the Institute’s efforts to strengthen capacity-building and infrastructure already underway through the NIMHD Research Endowment program and BRIC program.

NIMHD’s Outreach and Information Dissemination activities include its Community-Based Participatory Research (CBPR) program that supports collaborative partnerships between health disparity communities and researchers to develop, implement, and disseminate findings from behavioral interventions. The FY 2013 budget request for NIMHD’s Outreach and Information Dissemination is \$23.5 million, an increase \$300,000 above the FY 2012 funding level. In FY 2013, NIMHD plans to support the dissemination phase of the Community-Based Participatory Research Initiative. Following assessment of the effectiveness of the program, the Institute intends to launch a new 11-year cycle with a funding opportunity announcement for the planning phase.

As part of the Institute’s Intramural Research Program, NIMHD supports the Disparities Research Education Advancing our Mission (DREAM) program. The program currently supports eight fellows and is a collaborative initiative with other ICs that serves as an entry into the IRP for highly qualified health disparities researchers. The researchers spend two years as fellows in the IRP and then return to their extramural academic institutions with three years of research funding support. NIMHD is promoting cross-cutting research and supporting fellows in five ICS: Cancer, Aging, Mental Health, Child Health and Human Development, and Human Genome. The FY 2013 request is \$7 million, an increase of \$3.2 million and 83.4 percent above the FY 2012 funding level.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
276.0	214.6	276.10	279.4	0.0%	28.7%	1.2%

National Institute of Neurological Disorders and Stroke (NINDS)

www.ninds.nih.gov

The National Institute of Neurological Disorders and Stroke (NINDS) supports research on the causes, prevention, diagnosis, and treatment of neurological disorders and stroke,. It also funds basic research in related scientific areas to reduce the burden of neurological disease. Story Landis is NINDS' director.

NINDS supports a broad portfolio of basic behavioral research, which includes studies on a variety of cognitive and behavioral processes. Examples include research: exploring the neural bases of language and cognitive development, understanding the neural substrates of decision making, and examining the cellular and molecular mechanisms of learning and memory. The Institute also sponsors a wide range of training grants, fellowships, and career development awards in all areas of the neurological sciences, including basic behavioral and social science research. The FY 2013 budget request for NINDS is \$1.624 billion, an increase of \$278 thousand above the FY 2012 funding level. NINDS' budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

NINDS supports a number of activities to ameliorate the long-term effects of stroke on the quality of life of its survivors and their families. The Institute is funding a study to address psychosocial impact of stroke on family caregivers. The aim of the project is to understand how stroke affects depression, physical health, health care access and use, and quality of life in primary caregivers identified from the Reasons Geographic and Racial Differences in Stroke (REGARDS) study. The project is designed to assess how depression, quality of life, and stressfulness experienced by the caregiver can impact the physical and emotional recovery of the stroke survivor.

Through its various offices NINDS supports infrastructure for clinical research and clinical trials, training and career development, research resources, diversity in the research workforce, and research on minority health and health disparities that serves these activities throughout NINDS extramural programs. The Office of Clinical Research supports increased efficiency and effectiveness of NINDS clinical research programs, which include early phase clinical trials through large, multi-site phase III trials, as well as large epidemiological studies and other clinical research. NINDS is working with the research community to develop common data elements that will enable comparison and sharing of clinical data across studies. The Office of Minority Health and Research (OMHR) coordinates programs to attract, retain, and develop minority neuroscience health and research professionals and research to reduce population disparities for disorders of the nervous system. The Office of Training and Career Development oversees NINDS grant programs to support training and career development of investigators at all career levels who have research interests in line with the mission of the Institute. The Office of International Activities supports the coordination and development of programs and initiatives that foster international research, training and collaborations that are relevant to the institute's mission.

The FY 2013 budget request for the estimate for its Infrastructure, Training Programs, and Resources program is \$231 million, a small decrease below the FY 2012 funding level. Following the advice of strategic planning panels on workforce diversity and on health disparities, the Institute has integrated diversity activities with other NINDS training programs and on health disparities in the NINDS Office of Clinical Research, as well as continuing infrastructure programs within the Office of Special Programs in Diversity.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
1,619.3	1,664.3	1,624.4	1,624.7	0.3%	-2.4%	0.0%

National Institute of Nursing Research (NINR)
www.ninr.nih.gov

NINR supports basic and clinical research designed to establish a scientific basis for the care of individuals across the life span, research on the reduction of risks for disease and disability, and the promotion of healthy lifestyles. Patricia Grady is the NINR's director.

A dominant theme of NINR's research portfolio is the linkage between biological and behavioral research. The science supported by NINR seeks to advance a patient management paradigm that is increasingly person-centered rather than disease-oriented, that focuses on preventing the development of chronic illness rather than treating it, and that features the person as an active participant in their health. As the lead NIH Institute for end-of-life research, NINR supports studies that explore key end-of-life areas such as clinician/family member communication, decision-making, and issues of pediatric end-of-life and palliative care. The FY 2013 budget request for NINR is \$144.2 million, a \$0.4 million reduction below the FY 2012 funding level. NINR's budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet).

In FY 2013, NINR plans to fully support trans-NIH efforts leveraging areas of extraordinary opportunities. The Institute plans to maintain its focus on designing and testing interventions for preventive care, health promotion, and self-management of chronic illness, to translate evidence-based research findings into clinical and community health practices, and to facilitate the transition of new models of health care. NINR also intends to continue to emphasize research that develops new clinical and behavioral interventions, and translates them into general practice.

NINR's **Symptom Management** program supports basic, clinical, and translational research to: enhance the individual's role in managing disease; reduce the burden of debilitating symptoms; and improve health outcomes for individuals and their caregivers. The program places emphasis on symptom management. NINR supports research initiatives designed to advance quality of life and symptom management across the life span and to involve individuals more fully as active participants in their own health. Research projects supported by the Institute include studies to explore nutritional and psychosocial care to improve quality of life for chronic heart failure patients; and a nurse delivered cell-phone counseling intervention to increase adherence to HIV medications in individuals living in urban and rural areas. The FY 2013 budget request for the program is \$44.4 million, a decrease of \$100,000 below the FY 2012 funding level. In FY 2013, NINR intends to continue to address the many challenges and opportunities that exist in the area of self-management and caregiving.

The Institute's **Health Promotion and Disease Prevention (HPDP)** program fund studies on the key biological, behavioral, and social factors that promote health and healthy behaviors and prevent the development of disease. This activity also supports scientific discoveries of health predictors and prevention strategies across conditions, diseases, and settings, often focusing on minority and/or underserved communities. With the goal of decreasing the burden of acute and chronic illness while reducing health care costs, NINR's research efforts involve: understanding the multiple causes of illness; designing personalized, evidence-based interventions that are culturally appropriate; building interdisciplinary and community partnerships in research; and reducing health disparities. The Institute highlights a research project that compares two evidence-based parent training programs for urban, African American families with children at risk for behavioral problems; a study comparing the effects of nurse care coordination intervention to traditional home health care on cost, hospitalization, and health care utilization in older adults; and a study that examines hospital-acquired infections and cost-effective means to prevent them. The FY 2013 budget request for the Program is \$39 million, a decrease of \$100,000 below the FY 2012 funding level.

The Institute's **Investing in Innovation** program provides the foundation for innovative strategies and advances in technology that address a variety of health care challenges and deliver real-time personalized information to individuals, families, and communities. The program encourages novel

approaches to identify effective methodologies and strategies to link underserved populations with available health resources, provide health equity, and help resolve health disparities. Currently supported activities include a clinical trial and cost-effectiveness study of a multi-component diet and physical activity intervention using the web, phone, and print materials to target pre-diabetic adults. The FY 2013 budget request for the program is \$9.6 million, slightly less than in FY 2012.

NINR's **End-of-Life** research program applies interdisciplinary biological, behavioral, and social science strategies to advance understanding the challenges of a life threatening illness with respect to the needs of the individual and their caregivers. Specific research topics and activities include: improving awareness and relief of pain, suffering, and distressing symptoms through effective palliative care; understanding and facilitating decision-making by patients, caregivers, and providers, including through the use of advance directives; promoting wellness and self-management of symptoms through meaningful health activities; and developing new investigators in this area of science. The FY 2013 budget request for the End-of-Life program is \$15.9 million, a small decrease from FY 2012 funding. In FY 2013, NINR intends to expand end-of-life research efforts to build upon continuing accomplishments in the program area. The proposed level of funding will allow the Institute to support existing commitments and fund additional awards.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
144.1	148.0	144.6	144.2	0.3%	-2.3%	-0.3%

National Library of Medicine (NLM)
www.nlm.nih.gov

NLM is the world's largest library of the health sciences and has extensive Web-based information resources for the scientific community, health professionals, and the general public. Donald Lindberg is NLM's director.

Begun in 1836, NLM applies its resources broadly to the advancement of medicine. The Library collects materials in all areas of biomedicine and health care, as well as works on biomedical aspects of technology, the humanities, and the physical, life, and social sciences. The NLM's budget request includes funds to support several trans-NIH initiatives including the Basic Behavioral and Social Sciences Opportunities Network (OppNet). The FY 2013 budget request for NLM is \$372.7 million, an increase of \$7.7 million and 2.1 percent above the FY 2012 funding level.

NLM's extramural programs focus on three priority areas: (1) biomedical information research to develop and test sophisticated computational approaches for acquiring, integrating, managing, mining, and presenting biomedical data, information and knowledge; (2) training and career transition programs for research careers in biomedical informatics; and (3) early support for novel biomedical knowledge resources. In FY 2013, NLM intends to offer grants in four categories: training support, research and resource project grants, and SBIR/STTR grants.

In the past, NLM's Informatics Research grants have supported research and development in computational intelligence in medicine, clinical decision support, protection of privacy in electronic medical records, secondary use of routine clinical data for research purposes, regional health data integration, health applications of advanced telecommunications networks, automated bio-surveillance, and information management in disasters. NLM grant programs support both basic and applied research; both large and small projects, ranging from major research resources to small business innovation research; and investigator-initiated projects as well as focused requests for applications in target areas important to NLM's mission. A unique NLM resource grant program supports

scholars doing research in the history of medicine and biomedical science. NLM plans to fund 27 new research and SBIR/STTR projects in FY 2013, three new career transition awards, and up to three new awards for knowledge resource or scholarly works projects. The FY budget request for the program is \$20.1 million, an increase of \$0.8 million and 4.2 percent increase above the FY 2012 funding level.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
362.5	387.2	365.0	372.7	0.7%	-5.7%	2.1%

DEPARTMENT OF HOMELAND SECURITY (DHS)

According to DHS Secretary Janet Napolitano: “We have continued to grow and mature as a department by strengthening our existing capabilities, building new ones where necessary, enhancing our partnerships across all levels of Government and with the private sector, and streamlining our operations and increasing efficiency.” DHS’ mission remains: “To lead the unified national effort to secure America. We will prevent and deter terrorist attacks and protect against and respond to threats and hazards to the nation. We will ensure safe and secure borders, welcome lawful immigrants and visitors, and promote the free-flow of commerce.” DHS requests \$59 billion in FY 2013, down from \$59.7 billion in FY 2012 (this includes mandatory spending, fees, and trust funds).

Science and Technology Directorate: Research, Development, Innovation www.dhs.gov/xres

Although Congress accepted Undersecretary Tara O’Toole’s restructuring of the Science and Technology directorate, it has not been kind to the budget. In FY 2012 Congress reduced funding by almost \$160 million from the FY 2011 level. The restructuring eliminated the division alignment (including one for human factors) and lumped all research and development, for flexibility reasons, in one big amorphous account. Now called Research, Development, and Innovation (R,D &I), its emphasis appears to be developing new technologies to prevent terrorism. There are still activities to improve behavioral techniques to detect deception, although a House Science Committee hearing in 2011 indicated significant skepticism about these techniques. There is also a Cyber Economic Incentives (CNCI) Project that hopes to increase the a science-based understanding of markets, decision making, and motivators in the role economics plays in cybersecurity by identifying incentives to engage in socially responsible behavior and deter those who participate in criminal and malicious behavior. The proposed FY 2013 budget would restore to R,D&I the significant cut to its funding from FY 2011 to FY 2012.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
459.7	659.9	265.8	478.0	-42.2%	-59.7%	79.8%

University Programs

This program supports critical homeland security-related research and education at U.S. colleges and universities to address high-priority, DHS-related issues and to enhance homeland security capabilities over the long term. The three areas within University Programs are the: Centers of Excellence, Education Programs, and Minority Serving Institutions. There are currently 12 Centers of Excellence including the National Consortium for the Study of Terrorism and Responses to Terrorism (START), led by the University of Maryland, which informs decisions on how to disrupt terrorists and terrorist groups

through empirically-grounded research on the human element of the terrorist threat, and the Center for Risk and Economic Analysis of Terrorism Events (CREATE), led by the University of Southern California, which develops advanced tools to evaluate the risks, costs and consequences of terrorism.

With the recent budget reductions, the scholarship and fellowship program that supported undergraduate and graduate students to work with DHS, and which included many in the social and behavioral sciences, has been suspended for 2012. The Minority Serving Institutions (MSIs) program strongly supports the participation of these colleges and universities in the Centers of Excellence Program with summer research opportunities for their students and collaboration with other institutions of higher education.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
39.9	36.6	36.6	40.0	-8.3%	0.0%	9.3%

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)

Shaune Donovan remains Secretary of HUD and in keeping with the Administration’s theme, the HUD FY 2013 budget will build “communities that last.” Donovan maintained that HUD’s goals include “protecting families and keeping them in their homes,” “building sustainable communities,” and increasing the efficiency of the Department. The proposed FY 2013 budget is \$44.8 billion, an increase of 3.2 percent over FY 2012. Reflecting another theme of the Administration’s budget mantra, Donovan asserted that HUD had made “tough choices” in producing the proposed budget. HUD also proposes to continue its recent Transformation Initiative (TI), which allows the Secretary to transfer up to 0.5 percent or up to \$120 million of program funds for research, evaluation, demonstrations, and technological upgrades.

Office of Policy Development and Research (OPD&R) www.huduser.org

OPD&R, led by Assistant Secretary Raphael Bostic, provides fundamental support for informed decisions by HUD and national policy makers through data collection, research, policy analysis, and program evaluations. It also plays a key role in the improvement of national housing data infrastructure as well as meeting other key national information needs such as disaster response and recovery research.

OPD&R is in the midst of a Roadmap exercise to identify a long-term research agenda for HUD. The agency held a conference with stakeholders in November 2011 and will continue to gather input and move toward decisions in 2012.

The FY 2013 request is \$52 million to continue the enhancement of PD&R’s capabilities to address the wide array of America’s housing and urban development challenges. These funds will support:

- The American Housing Survey (AHS), which collects information on housing costs, underwater mortgages, community satisfaction, and includes data on worst case housing needs. This survey conducted every other year has collected information from the same 50,000 household sample since 1985. Early in 2011 the Department held a AHS users’ research conference.
- The Rental Housing Finance Survey, which is the main source of data concerning rental housing developments in danger of foreclosure and rental affordability.
- Dissemination and research support to ensure that studies conducted and supported by OPD&R reach the broad audience of policymakers, researchers, practitioners, and the American public.

In addition to its base budget, the Department hopes to transfer 10 to 20 percent of the TI budget for research and evaluation. Expected projects include: a process evaluation of the Job Plus demonstration project, which seeks to understand the effects of large-scale implementations; energy efficiency and utility cost analysis for residents of public housing; and a follow-up to a 1995 HOME program Affordability Study to assess the impact of different levels of subsidy.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
48.0	57.0	46.0	52.0	-4.2%	-19.3%	13.0%

DEPARTMENT OF JUSTICE (DOJ)

At the presentation of the FY 2013 budget Attorney General Eric Holder announced that the goal of the Department of Justice is to be the premier resource for the justice community by: providing and coordinating information, research and development, statistics, training, and support to help the justice community build the capacity it needs to meet its public safety goals; and embracing local decision-making, while encouraging local innovation through national policy leadership. He is also quite proud that DOJ, under his watch, ensures the integrity of, and respect for, science—including a focus on evidence-based, “smart on crime” approaches in criminal and juvenile justice. The proposed FY 2013 budget for DOJ is \$27.1 billion, slightly less than the enacted level of \$27.2 billion.

The beginning of 2012 saw a transition at the Office of Justice Programs (OJP), home to the National Institute of Justice and the Bureau of Justice Statistics. Laurie Robinson, who was the Assistant Attorney General for OJP for seven years in the Clinton Administration and the first three years of the Obama Administration, left the Department. She has been replaced on an acting basis by Mary Lou Leary, who was serving as her Principal Deputy. One of Robinson’s legacies will be the CrimeSolutions.gov website, which shapes rigorous research into a central, reliable, and credible resource to inform practitioners and policy makers about what works in criminal justice, juvenile justice, and crime victim services, and to help them integrate these findings into programmatic and policy decisions.

In addition, once again OJP has asked Congress in the FY 2013 budget proposal to set-aside two percent of program funds to help support research, evaluation, and statistics. OJP’s plans for the set-aside would include: examining the retaliatory cycles of crime by seeking and testing emerging strategies to minimize victimization among young minority males and identifying the conditions under which these strategies are most likely to succeed; supporting research to identify new crime control strategies that may be effective in altering the offender’s decisions about offending or desisting from criminal behavior; exploring social media and cutting-edge communications technology for use in crime prevention and control; and funding a study on the issue of victim-offender overlap, including its implication for both victim services and crime control policies, through supplements to ongoing BJS surveys of inmates.

Bureau of Justice Statistics (BJS)

www.ojp.usdoj.gov/bjs

Led by James Lynch, BJS collects, analyzes, publishes, and disseminates information on crime, criminal offenders, crime victims, and criminal justice operations. The agency also provides financial and technical support to state, local, and tribal governments to improve their statistical capabilities and the quality and the utility of their criminal history records.

For a number of years now, with the support of Congress, BJS has been redesigning and modernizing its major activity, the National Crime Victimization Study. It proposes to continue to do this in FY 2013 with a special emphasis on sub-national estimates and the crimes of rape and sexual assault.

BJS in FY 2013 will also explore building a system of administrative records using police crime data bases in the largest U.S. cities. It will conduct a number of activities regarding recidivism and reentry as well as fund studies of the justice and regulatory systems response to white collar crime. It also hopes to support the development of software and data sharing arrangements to permit automated information exchange with up to 25 state court systems and will continue to support the State analysis centers.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
59.9	57.5	45.0	60.0	-24.9%	-21.7%	33.3%

National Institute of Justice (NIJ)
www.ojp.usdoj.gov

NIJ focuses on research, development, and evaluation of crime control and justice issues. It funds research, development, and technology assistance, as well as assesses programs, policies, and technologies. NIJ also publicizes the research it conducts and the evaluation findings through conferences, reports, and the media. John Laub leads NIJ and remains committed to implementing many of the recommendations of the 2010 National Research Council report, *Strengthening the National Institute of Justice*.

The Department is requesting an \$8 million boost for NIJ’s budget in FY 2013. NIJ hopes to focus the increase on *translational research* to transform criminal justice practice and policy. The plan for translational research has four essential components: (1) generating knowledge; (2) building and sustaining the research infrastructure; (3) supporting the adoption of research evidence in practice and policy; and (4) creating innovative dissemination and communication policies. The enhancement funds will also support visiting research fellows and visiting practitioner fellows in 2013.

Core areas of knowledge development in the *behavioral and social sciences* will include pursuit of broad knowledge goals in the areas of crime prevention, policing, corrections (including community supervision of offenders), violence, victimization, and crime and safety issues affecting American Indians and Alaskan Natives.

The proposed additional funding will also allow NIJ to increase its investment in secondary data analysis and in outreach to the university-based research community, particularly to historically black and Hispanic colleges and universities, through the DuBois Fellowship program.

Congress provided \$4 million in FY 2012 to support research on domestic radicalization. This is not in the FY 2013 administration request. However, the FY 2013 budget proposal continues the \$3 million transfer NIJ receives for research and evaluation on violence against women and related issues addressed by grant programs of the Office on Violence Against Women.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
47.9	55.0	40.0	48.0	-16.5%	-27.3%	20.0%

DEPARTMENT OF LABOR (DOL)

The goal of the DOL, according to Secretary Hilda Solis, is “good jobs for everyone.” For FY 2013, the Department’s objectives are: “Getting America Back to Work,” “Keeping Workers Safe,” and “Helping Workers Provide for Their Families and Keep What They Earn.” DOL’s proposed FY 2013 discretionary budget is \$12 billion, down from \$12.6 billion, the FY 2012 enacted level.

Like other Departments, DOL seeks to set-aside a portion (0.5 percent) of program funds in its Employment and Training Administration for pilots, demonstrations, research and evaluations. Unlike the other Departments, which use the set-aside to supplement base budgets, DOL proposes in FY 2013 to zero-out the regular funding for these functions. In FY 2012 there is \$6.6 million for pilots, demonstrations, and research, and \$9.5 million for evaluations. In addition, DOL proposes to reduce its contribution, cutting it in half since FY 2011, to a Workforce Data Quality Initiative funded jointly with the Department of Education.

Bureau of Labor Statistics (BLS)

www.bls.gov

The BLS describes itself as “an independent national statistical agency within the Department of Labor responsible for measuring labor market activity, working conditions, and price changes in the economy. It collects, analyzes, and disseminates essential economic information to support public and private decision-making. These policies and decisions affect virtually all Americans.”

BLS Commissioner Keith Hall’s four-year term ended in early 2012. President Obama has nominated New York Federal Reserve official Erica Groshen to replace him. While her nomination is pending before the Senate, Jack Galvin is Acting Commissioner.

BLS has five activities that encompass 21 economic programs: Labor Force Statistics; Prices and Cost of Living; Compensation and Working Conditions; Productivity and Technology; Executive Direction and Staff Services.

The FY 2013 request has an increase of \$8 million above the FY 2012 enacted level. Part of the increase will add one annual supplement to the Current Population Survey (CPS). In even years, BLS will conduct the Contingent Work Supplement to capture data on contingent work and alternative work arrangements. In odd years, BLS will conduct other supplements relevant to its mission, including topics that will provide more data on workplace flexibility and work-family balance.

The FY 2013 proposal also includes increased funding for the Consumer Expenditure Surveys program to support the Census Bureau in its development of a supplemental statistical poverty measure using these data. At the same time, the Bureau is again asking for the elimination of the International Labor Comparisons program, a request Congress rejected in FY 2012.

Finally, BLS has requested reductions for the National Longitudinal Surveys (NLS) program. The program had sought a new cohort to supplement the remaining 1979 and 1997 cohorts. The price was the elongation of the frequency of the surveys of these older cohorts. Since Congress did not appropriate sufficient funding to begin the new cohort and did not increase the BLS budget from FY 2011 to FY 2012, BLS pronounced that the elongation would still occur this fiscal year. After discussions with the NLS leadership and support from the user community, BLS backed off. It still proposes a reduction for the NLS in its FY 2013 request.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
610.2	647.0	610.2	618.2	0.0%	-5.7%	1.3%

DEPARTMENT OF STATE

According to Secretary of State Hillary Clinton, the State Department’s FY 2013 request “continues to strengthen diplomacy and development so that they stand alongside defense as core pillars of American power.” Furthermore, she notes, “We are strengthening alliances, forging new partnerships, and using every tool of American power to advance our objectives—including enhanced diplomatic and development capabilities with the ability both to prevent conflict and to work alongside our military.” The Department is asking for \$9.6 billion, a 7.6 percent increase over FY 2012 enacted, but over \$1.6 billion below the FY 2011 level.

Education and Cultural Exchanges

According to the Department, exchange programs give U.S. citizens broad exposure to the world and help foreign students better understand the United States. Scholarship programs and cultural exchanges such as the Fulbright Program advance U.S. national interests by preparing the next generation of leaders to work together to tackle global challenges. The \$587 million requested for FY 2013 will “promote mutual understandings between the people of the United States and other countries.” These programs involve almost 50,000 U.S. and foreign exchange participants in over 180 countries.

The request does not include funding for Overseas Contingency Operations (formerly known as the Global War on Terror), which amounted to \$15.6 million above the \$583.2 million enacted in FY 2012.

The mission for exchange programs in the early 21st Century is to target underserved populations, including religious and ethnic minorities, women and girls, people living in provincial areas and the economically disadvantaged. The program will also fund exchange activities in the Frontline States - Iraq, Afghanistan, and Pakistan.

The FY 2013 request shifts \$12 million from the Regional Graduate Fellowship program to the Fulbright program, whose budget would climb to \$250.7 million. It would also include \$5 million for a Global University Innovation Fund to support a new model of multilateral university exchange and academic collaboration with key partners, emerging partners, and countries in transition on topics of shared global importance.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
599.5	637.1	598.8	587.0	-0.1%	-6.0%	-2.0%

DEPARTMENT OF TRANSPORTATION (DOT)

For Secretary of Transportation Ray LaHood the importance of his Department’s FY 2013 budget proposal is to “build infrastructure for America’s future.” To jump start this, the Department proposes to spend an additional \$50 million in FY 2012 for “Immediate Transportation Investments.” DOT seeks \$74.5 billion in FY 2013, a two percent increase over FY 2012.

In the meantime Congress continues to consider the reauthorization of the most important law governing DOT funding: the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU), enacted in 2005.

One of the highlights of the proposed FY 2013 budget is an emphasis on research coordination. To accomplish this, the budget proposes to elevate the vital role research plays in transportation decision-making by moving the Research and Innovative Technology Administration (RITA) into a new Office of the Assistant Secretary for Research and Technology. According to DOT, “this will strengthen research functions across the Department by providing a prominent centralized focus on research and technology, which will improve collaboration and coordination between the Department’s operating administrations.” The requested FY 2013 budget for the new office is \$13.7 million, a decrease of \$2.3 million below FY 2012.

Another objective for FY 2013 is to promote research into Intelligent Transportation Systems (ITS) including Vehicle to Vehicle (V2V) technologies. In FY 2013, the ITS program will dedicate a total of \$22.4 million to the V2V program, some of which will go to human factors research and vehicle connectivity policy research. In addition, the Department seeks additional highway safety specialists, social scientists, and program managers to research, develop, and implement programs designed to encourage safe driving.

Bureau of Transportation Statistics

www.bts.gov

The BTS, led by Patricia Hu, was established as a statistical agency in 1992 to administer data collection, analysis, and reporting and to ensure the most cost-effective use of transportation-monitoring resources. BTS brings a greater degree of coordination, comparability, and quality standards to transportation data, and facilitates in the closing of important data gaps. As part of RITA, it will also now become housed in the new Assistant Secretary’s Office.

BTS receives its funding from the Surface Transportation authorization. Under the FY 2013 President’s Budget and reauthorization proposal \$38 million is included for BTS.

Within these funds, \$3 million is requested to re-establish a National Long Distance Travel Data program. BTS indicates that this would provide city-to-city passenger travel data necessary to inform the Nation’s considerable transportation investments, including the President’s initiative on high-speed rail. In addition, \$8 million is requested for the Freight Statistics Program. These funds will be used for the Commodity Flow Survey, which provides national data on freight movement. Also funded would be the Vehicle Inventory and Use Survey, which collects national data that captures the physical and operating characteristics of trucks, and, the International Freight Data System, a partnership project with the Customs and Border Protection’s International Trade Data System (ITDS) that will provide a single source of comprehensive import and export data. In addition, the Bureau hopes to revive the international *Journal of Transportation and Statistics*.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
27.0	35.0	25.2	38.0	-6.7%	-28.0%	50.8%

INDEPENDENT AGENCIES

National Archives and Records Administration (NARA)

www.archives.gov

The National Archives was established in 1934 by President Franklin Roosevelt to manage the Government’s archives and records, and operate the presidential libraries. David Ferriero, former director of the New York Public Libraries, became the nation’s 10th Archivist in November 2009.

NARA preserves textual records, maps, charts, architectural drawings, photographs, machine-readable data sets, films and videotapes. In addition, NARA is managing the rapidly growing number of electronic Government records.

In introducing NARA’s FY 2013 budget proposal, Ferriero declared: “The President’s budget request will have some impact on every genealogist, historian, and anyone else who uses the many services of the National Archives and Records Administration.” The request is \$386.8 million, slightly below the FY 2012 enacted level. It also represents a reduction of more than ten percent since FY 2011.

The major factor in the decreasing budget is the movement of NARA’s Electronic Records Archive from its start-up phase to an operation and maintenance phase. The request for the National Historical Publications and Records Commission (NHPRC) grants program is \$3 million a 40 percent reduction from FY 2012 funded levels.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
434.0	422.5	391.5	386.8	-9.8%	-7.3%	-1.2%

National Endowment for the Humanities (NEH)
www.neh.gov

NEH is an independent federal agency created by Congress in 1965. As one of the largest funders of humanities programs in the United States, NEH provides critical support for research, education, preservation, and public programs in the humanities through grants to educational institutions, non-profit organizations, and individual scholars.

The President’s request of \$154.2 million represents a 5.6 percent, or \$8.2 million, increase over the FY 2012 appropriated budget of \$146 million. The budget includes \$9 million for the Bridging Cultures initiative. The initiative, designed to “enhance Americans’ understanding of the nation’s rich cultural heritage, as well as the cultural complexity of the world we live in,” received a proposed increase of \$5.5 million over the FY 2012 level of \$3.5 million.

Like last year, the Administration’s budget seeks to eliminate funding for the We the People program, a favorite of the Bush Administration, which was designed to encourage and enhance the teaching, study, and understanding of American history, culture, and democratic principles. Congress restored the program’s funding and appropriated \$3 million for FY 2012. The Administration would use the savings from the eliminated program’s \$3 million budget to help partially fund the increase in the Bridging Cultures initiative.

The proposed budget also provides a \$2.6 million increase in each of the NEH’s core program divisions and offices: Research, Education, Preservation & Access, Challenge Grants, Digital Humanities, and Public Programs.

Also included in the budget is \$3 million to help NEH defray some of the costs of moving from its current headquarters in the Old Post Office Building to a new location, since its current headquarters will be transformed into a luxury hotel by the once leader in the 2012 Republican presidential polls, Donald Trump.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
154.6	146.3	146.0	154.2	-5.6%	-0.2%	5.6%

National Science Foundation (NSF)

www.nsf.gov

President Obama continues his support for basic research funded by the NSF. In announcing the FY 2013 budget NSF Director Surbra Suresh noted: “This investment in science and engineering 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.”

Although not as ambitious as the FY 2012 proposal of \$7.767 billion, the Administration has asked for \$7.373 billion for FY 2013, an increase of 4.8 percent. Although Congress rejected the huge proposed increase for FY 2012, it did provide NSF with close to a two percent boost over FY 2011. With strong support by the chairs of the appropriations subcommittees that consider NSF’s budget, Rep. Frank Wolf (R-VA) and Sen. Barbara Mikulski (D-MD), the agency came away from the conference committee with a higher number than either the House or Senate had provided in their original considerations of NSF’s FY 2012 budget.

The Research and Related Activities Account (R&RA), which funds all the research directorates and a number of offices at the Foundation, would receive a 5.2 percent increase to \$5.983 billion for FY 2013. The raise from FY 2011 to FY 2012 was 1.4 percent.

NSF would continue to focus on interdisciplinary, cross-directorate programs in FY 2013. Some continue over from FY 2012 including: Cyberinfrastructure Framework for 21st Century Science and Engineering (CIF-21); Comprehensive Cybersecurity Initiative; Science, Engineering and Educational for Sustainability (SEES), Integrated Support Promoting Interdisciplinary Research and Education (ISPIRE); and the 2011-introduced Innovation Corps.

The significant increase for Integrative Activities noted below reflects increased support for Graduate Research Fellows and a new class of Science and Technology Centers.

	Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A)FY11/ (C)FY12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
Biological Sciences	712.3	794.5	712.4	733.9	0.0%	-10.3%	3.0%
Computer, Information, Science, and Engineering	636.1	728.4	653.6	709.7	2.8%	-10.3%	8.6%
Engineering	763.3	908.3	826.2	876.3	8.2%	-9.0%	6.1%
Geosciences	885.3	979.2	885.3	906.4	0.0%	-9.6%	2.4%
Mathematics and Physical Sciences	1,312.4	1,432.7	1,308.9	1,345.2	-0.3%	-8.6%	2.8%
Social, Behavioral, and Economic Sciences	247.3	301.1	254.3	259.6	2.8%	-15.5%	2.1%
Office of Cyberinfrastructure	300.8	236	211.6	218.3	-29.7%	-10.3%	3.2%
Office of Polar Programs	440.7	477.4	435.9	449.7	-1.1%	-8.7%	3.2%
Office of International Science and Engineering	49.0	58.0	49.9	51.3	1.8%	-14.0%	2.8%
Integrative Activities	259.6	336.2	349.6	431.5	34.7%	4.0%	23.4%
Total NSF	6,912.6	7,767.0	7,033.1	7,373.1	1.7%	-9.4%	4.8%

Social, Behavioral and Economic Sciences Directorate (SBE)

Speaking at the COSSA'S 30th Anniversary Colloquium last November, Suresh pronounced the relevance, importance, and centrality of the social sciences and the seamless integration of the social sciences with the natural sciences and engineering as the key to the science future. The importance of the social sciences, Suresh asserted, comes from science's role in meeting the needs of society and from the new globalized culture and its breakthroughs in telecommunications and transportation. A technologically advanced society also needs the social sciences for examining social networks and enlarged human interconnectedness. In addition, the social sciences are necessary, he declared, for examining real time data networks and for explaining the response of people to disasters.

During 2011, Myron Gutmann, Assistant Director for SBE, led an outreach effort to the community to provide input into a research agenda for these sciences in the coming decade. This activity culminated with the release in November of *Rebuilding the Mosaic*. The report identifies four major topic areas for focusing future research: population change; sources of disparities; communication, language, and linguistics; and technology, new media, and social networks.

NSF supports 61 percent of academic basic research in the social sciences. In FY 2012, NSF sought a 12 percent increase over FY 2010 funding for the SBE directorate that would have moved its budget to over \$300 million. Since Congress did not increase the NSF budget sufficiently to allow this increase to occur, SBE wound up with \$254.2 million in FY 2012 up from 247.3 million in FY 2011. The proposed SBE budget for FY 2013 is \$259.6 million, a more modest 2.1 percent increase.

SBE will continue to invest funds to participate in NSF's Cross Directorate programs such SEES, CIF21, the Comprehensive National Cybersecurity Initiative, and INSPIRE to enhance interdisciplinary research and training.

The FY 2013 budget proposes \$100.3 million for the Social and Economic Sciences (SES) division, a boost of about \$3 million over FY 2012. A significant part of the increase would go to support interdisciplinary research, training and integration opportunities. Supporting this effort would require reductions in core disciplinary programs.

SES's contribution to CIF-21 would focus on how researchers can enhance the effectiveness of virtual organizations. SES would also increase SEES funding to support investments in understanding energy use and in decision making, coastal communities, and vulnerability and resilience. SES would also support the enabling of SBE scientists to make targeted research data available for educational uses through the Expedition in Education initiative. Support will continue for research on understanding population change in the 21st century, with an emphasis on migration and aging.

The Behavioral and Cognitive Sciences (BCS) division would increase by \$2.7 million to \$95.4 million under the FY 2013 proposed budget. Like SES, BCS is also making a significant commitment to interdisciplinary activities. Following report language in the FY 2012 appropriations bill, BCS would increase its funding for neuroscience and will work with the OSTP to coordinate federal research in this field. SEES support would stress human behavior and decision making regarding energy use and interactions among natural and human systems. Although the Science of Learning Centers would receive additional funding, the gradual phasedown of the program will continue. BCS would also increase support for interdisciplinary activities in learning and the brain sciences.

SBE's new Office of Multidisciplinary Activities (SMA) has a proposed FY 2013 budget of \$29.1 million, up from \$28.2 million in FY 2011. SMA would fund some of the same cross-NSF activities as SES and BCS and encourage co-funding with other NSF directorates. It would also continue, but at a reduced level, funding for the Science of Science and Innovation Policy. This office also supports SBE's Research Experience for Undergraduates program and the Minority Postdoctoral Research Fellowships.

The National Center for Science and Engineering Statistics (NCSES) would see a decrease of \$1.4 million to \$34.8 million in the FY 2013 request. NCSES released the latest version of *Science and Engineering Indicators* in early 2012. The data collection in its National Survey of College Graduates, which helps provide information on the overall science and engineering workforce, will be enhanced by a new question on the American Community Survey. Following advice from the National Research Council, NCSES will continue to explore new methods, including testing the feasibility of using administrative data, to enhance its collection, analysis, and sharing capabilities.

	Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A)FY 11/(C) FY12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
Division of Behavioral and Cognitive Sciences	91.1	105.9	92.7	95.4	1.8%	-12.5%	2.9%
Division of Social and Economic Sciences	95.7	113.8	97.2	100.3	1.6%	-14.6%	3.2%
National Center for Science and Engineering Statistics	35.4	38.0	36.2	34.8	2.3%	-4.7%	-3.8%
SBE Office of Multidisciplinary Activities	25.1	43.4	28.2	29.1	12.4%	-35.0%	3.1%

Education and Human Resources Directorate (EHR)

The future of the nation’s economy, the President declares, is tied to the development of a scientifically and technologically literate workforce. Therefore, Science, Technology, Engineering and Math (STEM) education is still a major driver for NSF’s EHR directorate led by Joan Ferrini-Mundy.

After seeing its budget decreased from FY 2011 to FY 2012, the Administration is proposing a 5.6 percent increase to \$875.6 million for EHR in FY 2013.

The Division of Research on Learning in Formal and Informal Settings (DRL) has a proposed FY 2013 budget of \$309.5 million, an increase of \$19 million from FY 2012. This division would lead the core research and development effort that hopes to provide a coherent body of knowledge and evidence about STEM learning. This includes developing new instruments for promoting and assessing learning.

The Division of Undergraduate Education will coordinate EHR’s work with the research directorates in an initiative known as Expeditions in Education. There is a big boost for Transforming Undergraduate Education in STEM to help introduce the evidence-based best practices noted in the recent report of the President’s Council of Advisers on Science and Technology (PCAST).

The increase for the Human Resource Development division will provide grant awards to document successful approaches and models for broadening STEM participation and building institutional capacity.

The FY 2013 proposal would allow the addition of 2,000 new Graduate Research Fellows and raise the stipend from \$30,000 to \$32,000. This Graduate Division will also support grant awards to document what is known about STEM Professional Workforce Preparation.

	Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A)FY 11/(C) FY12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
Research on Learning in Formal and Informal Settings	322.5	264.1	290.4	309.5	-10.0%	10.0%	6.6%
Undergraduate Education	217.3	295.4	235.7	246.7	8.5%	-20.2%	4.7%
Graduate Education	176.6	191.8	173.3	184.8	-1.9%	-9.6%	6.7%
Human Resource Development	144.7	160.0	129.6	134.6	-10.4%	-19.0%	3.9%
EHR Total	861.0	911.2	829	875.6	-3.7%	-9.0%	5.6%

United States Institute of Peace (USIP)

www.usip.gov

The USIP, where Richard Solomon remains as president, is an independent and federally-funded institution established by Congress. The Institute states its goals are to help prevent and resolve violent international conflicts, promote post-conflict stability and democratic transformations, and increase peacebuilding capacity, tools, and intellectual capital worldwide. The Institute does this by empowering others with knowledge, skills, and resources, as well as by its direct involvement in peacebuilding efforts around the globe.

USIP thinks, acts, teaches, and trains, providing a unique combination of nonpartisan research, innovative programs, and hands-on support. USIP provides on-the-ground operational support in zones

of conflict. Work performed by the Institute includes: building leadership capacity through training and workshops; facilitating dialogue among parties in conflict; identifying and disseminating best practices in conflict management; sponsoring leadership summits and strategic conferences; promoting the rule of law; developing educational and teacher training materials; helping build civil society institutions; sponsoring a wide range of countrywide working groups (e.g., Afghanistan, Haiti, Iraq, Korea, Sudan); and educating the public through informative events, radio, and other outreach.

USIP also performs cutting edge research on the dynamics of conflict and analysis relevant to policymakers and practitioners. The Institute also identifies best practices and develops innovative programs focused on the prevention, management, and resolution of violent conflict, and the stabilization and transformation of societies emerging from conflict. It continues to support the Jennings Randolph Senior Fellowship program and the Jennings Randolph Peace Scholar Dissertation program.

In early 2011 there was an attempt in the House to cut off all federal funding for USIP. Although the amendment passed, the bill containing the provision did not and USIP got its regular appropriation. For FY 2013 the Administration has asked for an increase to \$37.4 million.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
38.4	42.7	30.6	37.4	-20.3%	-28.3%	22.2%

Woodrow Wilson International Center for Scholars

www.wwics.si.edu

The Woodrow Wilson Center, now led by former California Congresswoman Jane Harman, facilitates scholarship in the social sciences and humanities and communicates that scholarship to a wide audience within and beyond Washington, D.C. This is accomplished through a resident body of fellowship awardees, conferences, publication, and dialogue.

The Administration has requested a slight decrease for the Center for FY 2013.

Actual FY 11	Proposed FY 12	Current FY 12	Proposed FY 13	(A) FY 11/ (C) FY 12	(C)FY12/ (P)FY12	(P) FY 13/ (C) FY 12
11.2	11.0	11.0	10.5	-1.8%	0.0%	-4.5%