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HOUSE SCIENCE PANEL EXAMINES THE ROLE OF SBE SCIENCES IN PUBLIC HEALTH

On September 18, the House Subcommittee on Research and Science Education, chaired by Rep. Brian Baird (D-WA), held the last of a series of hearings on the role and contributions that social and behavioral sciences can make toward combating the challenges before our nation. The hearing examined the role that the social, behavioral and economic (SBE) sciences play in improving health and well-being and reducing the economic burden of health care. In his welcoming remarks, Baird observed that it seemed "fitting, as we are in the midst of a heated campaign season in which skyrocketing health care costs are a hot topic, that we highlight an aspect of health care that gets too little attention from the research and medical communities and government alike: *prevention*." He emphasized that our health is "not governed entirely by our behavior and acknowledged that even those with the healthiest habits can be "struck by a physical or mental illness that requires treatment." It is only in the last 10-20 years that researchers have bee been "seriously exploring the mind-body connection," he pointed out and noted another "important and recent advance," genes and environment interaction, where "increasingly, clinicians, biologists and behavioral scientists are joining forces."

Ranking member Rep. Vern Ehlers (R-MI) praised Baird for holding the hearings and related that Baird had "done the [Subcommittee] a service." The discussions "had opened his eyes to the power . . . and the value of social science." Ehlers acknowledged that the social sciences "face similar challenges as the physical sciences in the marketplace."

The hearing's overarching questions included: How can behavioral, social and economic (SBE) sciences contribute to the design and evaluation of more effective public health problems and to what extent are public health polices in general

being shaped by what has been learned from these sciences? What new and continuing areas of basic research in the SBE sciences could significantly improve our ability to deign effective policies? Are there promising research opportunities that are not being adequately addressed? What is the nature of interactions and collaborations between SBE scientists, biomedical scientists and health (including mental health) practitioners? Is the Federal government playing an effective role in fostering such collaboration?

The National Science Foundation (NSF) which is under the Subcommittee's jurisdiction provides the "main support for basic research in the non-medical" SBE sciences through its SBE Directorate. The National Institutes of Health (NIH) which is not under the Subcommittee's jurisdiction funds both basic research and research-based interventions. NIH also supports health economics research. The NIH's Office of Behavioral and Social Sciences Research (OBSSR) serves as the agency's focal point for coordination of social and behavioral research agendas within the NIH and across the federal agencies, including NSF.

Appearing before the Subcommittee were: **Lisa Feldman Barrett** (Harvard Medical School and Massachusetts General Hospital) **John B. Jemmott III** (Annenberg School of Communication and University of Pennsylvania), **Donald S. Kenkel (**Cornell University), and **Harold Koenig** (Duke University). Below is a composite of the witnesses' oral and written testimonies.

Emotional Literacy 'Translates into Economic Stability and Productivity'

Barrett runs an interdisciplinary lab that studies the very basic nature of emotion, from the standpoint of the psychologist (who measures behavior) and the neuroscientist (who measures the brain). In her testimony, Barrett told the story of "a single scientific discovery that is already improving the lives of Americans. It is also a promising lead to solving some of the country's most pressing public health issues, and illustrates the value of basic research in making a healthier and more productive nation."

According to Barrett, "[s]ome people used emotion words to refer to very precise and distinct experiences – they felt the health of anger, the despair of sadness, the dread of fear. Others used the words 'anger,' 'sadness,' and 'fear' interchangeably, as they did not experience these states as different from one another." Supported by the NSF and NIH, Barrett's lab discovered the differences in emotional expertise translate to important outcomes. "Emotion connoisseurs," she explained to the Committee, are "more flexible in regulating their emotions. They are more centered, and less buffeted by slings and arrows of life." Conversely, those with less emotional expertise "live life as a turbulent rollercoaster with more ups and downs."

She explained these basic research findings are in the process of being translated into emotional training programs for children, teachers, and school administrators. Children who can identify, understand, label, and regulate their emotions effectively have fewer clinical symptoms, and are at a lower risk for violent behavior and drug and alcohol abuse. They have better social skills, and stronger leadership skills, Barrett explained. Most surprisingly, she related to the Subcommittee is that "hundreds of studies show that emotionally intelligent children have higher grades in math, science, and reading." She stressed that emotional literacy is not just about happiness and that it "translates into economic stability and productivity." Feldman also explained that emotional literacy may also prevent early retirement in adults that results in higher costs for the government in social security and health care benefits.

Noting that science is like a food chain, with basic research at the base, feeding translational research, which feeds applied research, which can then be used by service providers, Barrett concluded that "basic research in the social and behavioral sciences is being starved in America. And without this basic research today, there will be no critical health solutions for tomorrow."

Research on Behavioral Interventions to Prevent HIV/STD
Can Be Applied to Other Public Health Challenges

Jemmott whose research is around HIV/STD risk-reduction in urban populations, testified that the his research has several objectives: 1) identify the social psychological factors that underlie HIV/STD risk behavior; 2) identify theory-based strategies that are culturally and developmentally appropriate; 3) evaluate the efficacy of those strategies using scientifically sound methodology which usually involves the use of a randomized controlled trial; 4) address practical questions about the best way to implement interventions; and 5) disseminate efficacious interventions to providers who can employ it to curb the spread of HIV.

Emphasizing the need for an array of interventions that can be implemented in a variety of venues by different kinds of facilitators, Jemmott explained that he and his colleagues' research has provided the basis for many different types of interventions. He acknowledged the contentious debate in the area of HIV education and sex education for adolescents which has revolved around the extent to which interventions should emphasize sexual abstinence as opposed to condom

use. Jemmott informed the Subcommittee that he and his colleagues have developed safer sex interventions emphasizing condom use, abstinence only interventions, and comprehensive interventions stressing both abstinence and condom use. They have identified several efficacious interventions, including Be Proud! Be Responsible!, Making a Difference – an Abstinence Based Approach, Sisters Saving Sisters an intervention for African American and Latina adolescent girls, among others.

He explained the theory of planned behavior to the Subcommittee, which "according to the theory, the best predictor of a specific behavior is an intention or plan to engage in the behavior." Research, Jemmott explained, has demonstrated that there is a strong longitudinal relationship between intention and sexual behaviors, including condom use and abstinence. "Behavioral beliefs about the consequences of engaging in the behavior determine attitudes toward using them."

According to Jemmott, considerable evidence from studies done in the U.S. and abroad document that HIV/STD risk reduction interventions can reduce sexual risk behaviors in a wide range of populations. He emphasized that "to have the most impact on the HIV/AIDS epidemic, these successful preventive interventions must be scaled up." Just as important, "efforts to scale up may be most successful if scaling up is considered from the beginning." Several issues need to be considered when focusing on scaling up; among them are adaptation, adoption, and effectiveness of interventions. Research is needed on: how to adapt evidence-based interventions to meet the needs of different communities; how to adapt interventions for new populations or settings while retaining the qualities that made the interventions efficacious; and why evidence-based interventions are not adopted, he maintained. He also emphasized to the Subcommittee that the findings from research on behavioral interventions to prevent HIV can be applied to other public health challenges.

Echoing Barrett regarding the federal investment in behavioral research, Jemmott contended that the "federal government's investment in behavioral research on HIV has not been sufficient." He explained that there "are still important gaps in the portfolio of intervention strategies. Additional funding is needed urgently for behavioral research on dissemination of efficacious interventions, including the adaptation, adoption, and effectiveness of those interventions.

Jemmott has been funded since 1988 by the National Institute of Mental Health, the National institute of Child Health and Human Development, the National Institute of Nursing Research, and the Centers for Disease Control and Prevention. The studies have been conducted in a variety of settings, including schools, churches, universities, clinics, community-based organizations, low-income housing developments, and neighborhoods/communities.

'It Ain't So Much the Things That We Don' Know That Get Us into Trouble,
It's The Things That We Do Know That Just Ain't So'

Expressing his convictions that "the social sciences in general, and economics in particular, have much to offer to help improve our Nation's health, Kenkel began his testimony by quoting Nobel Prize-winning economist Gary Becker. Becker, according Kenkel, has argued that: "Economic theory is not a game by clever academicians but is a powerful tool to analyze the real world." Kenkel told the Subcommittee that empirical health economists like him "combine economic theory with the careful analysis of data to try to quantify the impact of various influences on individuals' health behaviors."

Kenkel noted that "many key health behaviors are outside the health care sector." Another way to view the field of health economics is that health care sector economics is mainly about "cure," while the economics of health behaviors is mainly about "prevention." He acknowledged that "investing in prevention will not necessarily reduce aggregate health care spending. But our public policy goal is not simply to contain health care costs, but to spend our health care dollars well." Kenkel emphasized that preventing deaths due to smoking, obesity, and other unhealthy behaviors can help the U.S. get the most value from the societal resources we invest in health.

According to Kenkel, the economic approach to human behavior emphasizes that people respond to incentives and the health consequences only matter if people know about them. He cited the history of smoking in the U.S. as a good example. Since the 1964 Surgeon General's Report on the health consequences of smoking, the prevalence of smoking among U.S. adults has fallen from more than 40 percent to about 21 percent, he explained. Econometric studies, he explained, "suggest that improved consumer information about the risks of smoking led to part of this drop: when they learned smoking was unhealthy, many people quit smoking, and others didn't start in the first place." The prices consumers have to pay for health-related goods also provide important incentives that influence health behaviors, Kenkel testified, noting that dozens of econometric studies estimate the price-responsiveness of demand for alcoholic beverages and cigarettes.

Health economics research on the role of health information has important implications for broad public policies, Kenkel noted. In addition to directly providing information, other polices such as marketing regulations affect the flow of health information to consumers. Social science research also contributes to public policy when it reminds us of the wisdom of the comment: "It ain't so much the things that we don't know that get us into trouble, it's the things that we do know that just ain't so," Kenkel told the Subcommittee. He observed the comment that is at the end of academic papers: "More research is needed" is "not an admission of failure, but reflects how science progresses." Kenkel concluded his testimony by noting that the NIH and NSF provide important resources for health economics research through supporting investigator-initiated data collection. He praised the agencies' data sharing policies.

Religion, Spirituality, and Public Health

Koenig testified that until recently, scientists have largely avoided studying the relationship between religion and health. Over the last few years, however, there has been a tremendous surge in research examining relationships between religion, spirituality, and health. Koenig emphasized the implications of this research for public health and clinical care.

Koenig began his testimony by making several observations: The U.S. is a very religious nation; stress and depression are common in Americans society, especially due to the recent economic downturn; stress and depression have effects on physical health and need for health services; many in the U.S. turn to religion for comfort when stressed or sick; religious involvement may help to reduce stress, minimize depression, and enhance quality of life; religious involvement is related to lower rates of alcohol and drug abuse, less crime and delinquency, and better grades in school; religious involvement is related to healthier life styles and fewer risky behaviors that could adversely affect health; and religion is related to better physical health and faster recovery.

According to Koenig, these observations and others like them have implications for public health and patient care. However, more research is needed. He emphasized that "although there is every reason based on existing research to suggest that religious involvement is related to better health, we don't really understand why this is the case." Koenig noted that we do not "know which aspects of religion are particularly healthy, or how these health benefits occur in terms of behavioral and physiological mechanisms." He explained that in addition, "we don't fully know how religion impacts the health of communities, or their resiliency to crime, poverty, teenage pregnancy, school performance, venereal disease transmission, natural disasters, etc."

Koenig emphasized that while it is not ethical or desirable to change or increase religious involvement for health it reasons, it "is important for social and behavioral scientists to learn how religion and spirituality is affecting health and then inform the public about this." It would then be up to individuals "to make their own choices in this regard, free from coercion or manipulation," he maintained.

Koenig pointed out that there are many "human characteristics that we study in the social and behavioral sciences that we cannot change, but need to understand what impact they are having on health for planning purposes," including anticipating the health needs of the population. This does not prevent us from conducting research to better understand how these factors affect health."

HOUSE PANEL EXAMINES IMPLEMENTATION OF THE NIH REFORM ACT OF 2006; NIH ANNOUNCES SMRB MEMBERS

On September 9, the House Energy and Commerce Subcommittee on Health held a hearing to examine the "Progress, Challenges and Next Steps" associated with the NIH Reform Act of 2006. Included in the law's provisions is the requirement that the National Institutes of Health (NIH) submit a biennial report to Congress detailing how the agency uses its budget, along with the progress made by the institutes and centers (ICs). Welcoming the hearing's only witness, NIH Director Elias Zerhouni, Subcommittee Chair Rep. Frank Pallone (D-NJ) emphasized that "there is mutual understanding of the importance of [NIH] research and public education, which up until recent years was reflected in a bipartisan effort to double the funding for the NIH." The Subcommittee has oversight jurisdiction over the agency.

Ranking member Rep. Joe Barton (R-TX) pointed out that when he served as Chair of the Subcommittee reforming NIH was a top priority. Barton acknowledged that it took three years "with significant input from NIH, advocacy groups and other stakeholders," to draft the legislation that was eventually passed into law "on the very last day of the 2006 legislative year." He also observed that the new system "appears to be working," but bemoaned the fact that there are "some stakeholders who don't understand the new system, and perhaps they don't want to understand the new system...Once again, this Congress and this committee have had numerous disease-specific bills" before it. Barton maintained that he feels strongly that the "Congress should not micromanage the NIH." The whole purpose of the bill,

Barton declared was let the experts, the people who are most qualified to do the research, decide where to put the highest priority.

The members of the Subcommittee expressed bipartisan concern that the NIH continues to struggle with flat funding. Rep. Tammy Baldwin (D-WI) summed up members concerns and noted that the consequences of this struggle are two-fold: 1) it increases the average age of first time grants to researchers from 39 years to 43 years; and 2) it decreases the number of grants that go to first time researchers.

NIH Reform Act: Has Made A 'Huge Difference In the Outlook for Science and Health.'

Zerhouni thanked the Barton for his effort and noted that the NIH Reform Act has made a "huge difference in the outlook for science and health." He explained that he is "witnessing an unprecedented explosion of research advances and discoveries, emphasizing that there is a convergence of science which tells "us we have to cross boundaries." He stressed that it is essential that the NIH "match organizational change to fit the science." According to the NIH director, the "scientific boundaries between NIH's Institutes and Centers have become blurred by the interdisciplinary coordination among them. The functional integration required by the Act has helped this process." He cautioned the Subcommittee that as it considers NIH issues in the future not to "go backwards in mandating disease-specific research at a time when barriers need to be torn down, not rebuilt."

Zerhouni observed that "the timing of the consideration and passage of the Act have intersected quite well with the convergence of science." The statute's authorities and mechanisms have allowed facilitation of and speeding up of trans-NIH research, he told the Subcommittee. "The Act was an elegant response to the science of our day, to the opportunities of this moment in the annals of medical research, and a stimulus for experimentation with new and bold approaches to science and public health."

"Science cannot wait for the consensus of many" and "bold ideas are not adopted by 24 people at once," declared Zerhouni, noting that streamlining the governance of NIH through the creation of a steering committee composed of ten NIH directors has allowed for the elimination of 63 NIH committees. Zerhouni acknowledged that he is pleased that the Roadmap for Medical Research has been adopted and "enshrined in the Reform Act."

Responding to the Chairman's question regarding the NIH's efforts in the translation of discovery to patient care, Zerhouni answered that it is a "crucial quest" of the agency and the "weakest, most difficult link to manage." According to Zerhouni, the agency believes that 60 percent of its resources should be allocated to basic discoveries and 40 percent to applied research.

Biennial Report

Zerhouni noted that the NIH had complied with the new statute's requirement that NIH issue a Biennial Report which explains NIH programs to Congress in one consolidated and transparent publication.

Chapter 1 opens with a statement from Zerhouni and provides an assessment of the state of biomedical and behavioral research. The reduction in tobacco use and related diseases is noted by the director as a "public health success story." Zerhouni stresses that it is a "trans-HHS [Health and Human Services] victory," with significant research investments over the last 50 years made by many ICs. Zerhouni further observed that "[a]dding to the level of complexity, many of the public health problems NIH confronts have a behavioral component." Citing the escalation of obesity as an example, he stated that NIH "must address a multitude of intersection factors, from inherent biological traits that differ among individuals; to environmental and socioeconomic factors; to behavioral factors – which may have both molecular and environmental influences."

Chapter 2 of the report addresses NIH activities from the perspective of diseases, disorders, and adverse health conditions. The topics covered in the report were specified in the statute and included: cancer, neuroscience and disorders of the nervous system; infectious diseases and biodefense; autoimmune diseases; chronic diseases and organ systems; life stages, human development, and rehabilitation; and minority health and health disparities.

Chapter 3 addresses NIH research activities from the perspective of key research approaches and resources. Topics specified in the statute and covered in the report are:

> **Fields and Approaches** – epidemiological and longitudinal studies, genomics, molecular biology and basic sciences, clinical and translational research;
>
> **Tools and Training** – diseases registries, databases, and biomedical information systems; technology development; and research training and career development; and

Health Information and Communication – health communication and information campaigns and clearinghouses.

The report emphasizes that the topics in chapters 2 and 3 are representative rather than comprehensive, each providing an overview and highlights. In addition, in the future edition of the Biennial Report, NIH will have the benefit of using the NIH Research, Conditions, and Disease Categorization (RCDC) system, an NIH-wide automated research categorization system currently in development. The new system is intended to improve the "consistency, transparency, and efficiency in NIH reporting."

Chapter 4 addresses certain NIH Centers of Excellences. It is noted that overall, the NIH Centers of Excellence are diverse in focus, scope and origin. The Centers described in the report at those that were congressionally mandated. They include the:

- Alzheimer's Diseases Centers (1984)
- Claude D. Pepper Older American Independence Centers of Excellence (1989)
- Senator Paul D. Wellstone Muscular Dystrophy Cooperative Research Centers (2001)
- National Center on Minority Health and Health Disparities Centers of Excellence (2001)
- Rare Diseases Clinical Research Network (2002)
- New Autism Centers of Excellence (2006)

The agency provided members of Congress with copies of the over 700 pages document on a USB drive which is available on its website at http://ospp.od.nih.gov/planning/NIHBReport_AdminCopy_May 22Congress.pdf.

NIH Announces Members of the SMRB

The NIH Reform Act of 2006 directed the NIH to create a Scientific Management Review Board (SMRB) designed to examine the NIH's organizational structure and balance along with providing recommendations for enhancing NIH's mission through greater agency flexibility, allowing it to be more responsive. On September 9, Zerhouni announced the names of the individuals nominated to serve as members of the SMRB. Norman R. Augustine has been nominated to serve as the Board's first chairman. Augustine is the former chairman of the executive committee of Lockheed Martin Corporation. Additional nominees include:

Jeremy Berg, Ph.D., National Institute of General Medical Sciences
William R. Brody, M.D., Ph.D., President, Johns Hopkins University
Gail Cassell, Ph.D., Scientific Affairs and Distinguished Lilly Research Scholar for Infectious Diseases, Eli Lilly
Anthony Fauci, M.D., National Institute of Allergy and Infectious Diseases
Dan Goldin, former NASA administrator
Richard Hodes, M.D., National Institute on Aging
Stephen Katz, M.D., National Institute of Arthritis and Musculoskeletal and Skin Diseases
Thomas Kelly, M.D., Ph.D., Sloan-Kettering Institute, Memorial Sloan-Kettering Cancer Center
Story Landis, Ph.D., National Institute of Neurological Disorders and Stroke
Elizabeth G. Nabel, M.D., National Heart, Lung, and Blood Institute
John E. Niederhuber, M.D., National Cancer Institute
Deborah Powell, M.D., University of Minnesota Medical School
Griffin Rodgers, M.D., National Institute of Diabetes and Digestive and Kidney Diseases
William Roper, M.D., University of North Carolina, former CDC Director
Arthur Rubenstein, M.D., , University of Pennsylvania School of Medicine
Solomon H. Snyder, M.D., Johns Hopkins University
Lawrence Tabak, D.D.S., Ph.D., National Institute of Dental and Craniofacial Research
Harold Varmus, M.D., Memorial Sloan-Kettering Cancer Center
Eugene Washington, M.D., University of California, San Francisco
Huda Zoghbi, M.D., Baylor College of Medicine.

WITH THE HIV EPIDEMIC "FAR FROM OVER," A HOUSE COMMITTEE DISCUSSES LATEST PREVENTION STRATEGIES

On September 16, the House Committee on Oversight and Government Reform held a hearing to discuss some "alarming developments in the fight against HIV and AIDS in the United States." Chaired by Rep. Henry Waxman (D-CA), the Committee examined the recent announcement by the Centers for Disease Control and Prevention (CDC) that the HIV epidemic is growing at "a rate far greater than was previously thought." The new figures, according to Waxman are a "stark reminder that the HIV epidemic is far from over, and that we must take urgent steps to strengthen our national HIV prevention efforts."

Opening the hearing, the chairman observed that over the past ten years, CDC's official estimate for annual new infections has been approximately 40,000 cases per year. In August, the agency announced that in fact there were more than 56,000 new HIV infections in 2006. This higher figure is due to improved counting methods, not an actual jump in infections, he explained. "But it tells us that the epidemic in the U.S. is – and has been – growing faster than we had thought. The message these findings send is clear; we're not doing enough to limit the spread of this deadly disease." Waxman stressed that "part of the problem is that the federal government has not been doing enough for HIV prevention in the U.S. In adjusted dollars, the CDC's HIV prevention has dropped more than 20 percent since 2002."

'Prevention Works'

CDC director Julie Gerberding, accompanied by Kevin Fenton (director, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, CDC) explained to the Committee the various types of surveillance data the CDC collects and their utility in HIV prevention. She acknowledged that the estimates from the new HIV incidence surveillance system called Serological Testing Algorithm for Recent HIV Serocovernsion (STARSHS) shows that the U.S. epidemic is and has been worse than previously estimated. In 2006, CDC estimates that 56,300 new HIV infections occurred. The new HIV incidence estimate clearly shows that HIV infection is taking a greater toll than was previously known, Gerberding stated. "A large number of research studies and multiple independent reviews show that prevention works, but too many people are living with HIV or at-risk for HIV infection and are not being reached by prevention programs." According to the CDC director, 25 percent of people living with HIV/AIDS in the U.S. are unaware of their infection and unknowingly account for more than half of new HIV infections. She emphasized that "the new estimates underscore the continued challenges facing HIV prevention programs but reveal some encouraging signs of success."

Reiterating that many people are not being reached by HIV prevention efforts, Gerberding explained that the "HIV epidemic exists within a back drop of other epidemics and social problems that interact synergistically to increase an individual's risk for HIV infection and make it difficult to obtain high quality health care that includes appropriate antiretroviral treatments if infected. This context includes other sexually transmitted infections, substance abuse, poor mental health, physical and sexual assault, homelessness, destabilization of relationships due to incarceration, poverty, racism, homophobia, and the stigma, discrimination, and secrecy that often surround HIV and AIDS."

Gerberding stressed to the Committee that despite the inherent challenges, there is considerable evidence that prevention works. She cited substantial declines in HIV infections among injection drug users and heterosexuals, and from mother-to-child transmission, as examples. "An overwhelming number of published studies and multiple independent reviews have also documented that prevention works." The CDC's HIV/AIDS Prevention Research Synthesis Project, she explained identifies evidence-based HIV behavioral interventions to help HIV prevention planners and providers in the U.S. select interventions appropriate for their communities." Citing several examples of CDC's efforts, Gerberding concluded that the CDC is taking additional steps including appointing an independent panel of national experts to review HIV surveillance, research, and program efforts and make recommendations for the future. The review is being initiated and is scheduled to be completed by mid-2009. A report will be issued.

National Institute of Allergy and Infectious Diseases director Anthony S. Fauci testifying on behalf of the National Institutes of Health (NIH) emphasized that the "NIH supports a broad portfolio of HIV prevention research that includes basic, translational, and clinical research on biomedical interventions for HIV infection as well as basic, translational, and clinical behavioral and social sciences research associated with HIV risk, transmission acquisition." NIH's highest priority for HIV/AIDS research, he explained is to expand the range of modalities for prevention HIV transmission beyond those currently available.

Noting that the NIH works closely with the CDC in coordinating NIH's behavioral and biomedical prevention research activities with the prevention activities of CDC, Fauci highlighted a May 2008 program announcement to encourage applications in dissemination, implementation, and operational research for HIV prevention. A critical component of NIH prevention research is the development and testing of behavioral interventions, Fauci informed the Committee. The

interventions may be focused on men, women, and adolescents at high risk of acquiring HIV (primary prevention) or they may be directed towards persons living with HIV to reduce the risk of their transmitting HIV to others (secondary prevention). In addition, the NIH supports research to better understand the sociocultural context of HIV risk or protection, particularly in communities at high risk of acquiring HIV, Fauci added.

He informed the Committee that data summarized from more than 100 intervention trials indicate that behavioral modification strategies are effective in increasing condom use, delaying initiation of sexual activity in adolescents, and reducing acquisition of sexually transmitted diseases. Fauci stressed that behaviors associated with drug abuse are important factors in the spread of HV infection in the U.S. Drug and alcohol intoxication affect judgment and can lad to risky sexual behaviors that place people in danger of contracting or transmitting HIV. Other NIH prevention efforts discussed by Fauci included adult male circumcision, antiretroviral therapy as prevention, microbicides, and vaccines. Concluding his testimony, Fauci emphasized that new prevention interventions should include the combination of biomedical advances with effective behavioral strategies to prevent HIV, providing a comprehensive approach that addresses both biological risk as well as the behavioral and social factors that contribute to HIV infection.

David Holtgrave, Johns Hopkins University and former director of the CDC's Division of HIV/AIDS Prevention – Intervention Research and Support, stressed to the Committee that "there are also important fiscal consequences of the epidemic." According to Holtgrave, HIV care and treatment costs are approximately $22,500 per year (depending on health status), and life treatments can total to more $275,000. He maintained that "HIV prevention have been very successful at keeping the HIV transmission rate relative low in the U.S., but as a nation, we have failed to scale up the implementation of evidence-based prevention programs to the level of coverage necessary to further impact the epidemic." The U.S. must, he argued, scale up the use of evidence-based HIV prevention tools already at our disposal even as we all hope for the development of new interventions such as microbicides and a vaccine.

SENATE JUDICIARY PANEL LOOKS AT CRIME: WITNESSES CALL FOR INCREASED FEDERAL RESEARCH AND DATA ACTIVITIES

On September 10, the Senate Judiciary Committee, chaired by Sen. Patrick Leahy (D-VT), held a hearing to ascertain why "while we saw great progress in reducing violent crime in the 1990s that success has largely stalled." Leahy's concern focused on the different trends that have emerged in recent years regarding our nation's crime situation. Some places, particularly large cities like New York, Los Angeles, and others continue to see declines in major criminal activity. Others, including small to medium-sized cities and even rural areas like Rutland, VT (close to Leahy's farm) have experienced spikes in crime.

While giving various explanations for this phenomenon, one theme came through and that was the need to reinvigorate Federal support for crime research. Former National Institute of Justice (NIJ) Director Jeremy Travis told the panel, "compared to virtually any other area of high policy interest in America, we have a very limited ability to track, analyze, and describe the phenomenon of violence." Travis, now President of the John Jay College of Criminal Justice in New York, called for the creation of a "culture of professionalism" in Federal research and data collection activity. He also cited James Q. Wilson, author of *Crime in America,* who argued years ago that the federal government should support the creation of a robust "research and development capability for the nation" in this policy arena.

For Travis, this would include: rapid collection and dissemination on a monthly basis of standardized police reporting on crime; funding for annual local victimization surveys for tracking citizens experiences of crime, independent of the police data; reinvigoration of the Arrestee Drug Abuse Monitoring System (ADAM) to 75 major cities to help track changes in offender behavior, drug markets, and illegal gun distribution; and funding of an analysis of gang dynamics. In addition, the federal government should help support proven interventions scaling them up for replication across the country.

Another witness was Rutgers University Professor George Kelling, who with Wilson developed the "Broken Windows" theory of combating quality of life issues as a key step in helping reduce crime. Kelling declared that the success of local law enforcement efforts in places like New York City in reducing crime during the last 10-12 years "is a direct result of the research conducted during the last forty years…If we are to maintain, and improve on, our gains of the recent past, the federal government must view ongoing crime control research and support as equally essential to that needed for medical problems."

Carnegie Mellon Professor and former COSSA President Al Blumstein joined the chorus contending: "It is essential that there be a strong and effective research and development program to build that capacity [to accumulate knowledge of what works] for the future." As he has done before, he bemoaned the small amount of federal funding allocated to

crime and criminal justice research (around $50 million) compared to the large federal commitment to dental research (almost $400 million).

Blumstein presented the committee with his explanation for the long-term trends in crime rates (from 1970 to 2007) for murder and robbery. He noted the peaking of these crimes in 1980, "largely as the 1960 peak birth-cohort of the baby-boom generation started moving out of the high crime ages." Then in the early 1980s, Blumstein continued, the crack phenomena "stimulated a vigorous competitive market, one in which violence was and still is the normal means of dispute resolution." This led to punitive measures that helped swell our nation's prisons with drug sellers making the U.S. the world leader in incarceration rates.

Locking up drug sellers, Blumstein maintained, simply led to the recruitment of replacements who tended to be younger and more prone to violence. As a result, between 1985 and 1993 murders increased by 25 percent as African American males killed other young African American males. With the decline in new users of crack, the robust economy of the mid-to-late 1990s, and the adoption of new police methods such as community policing and crime mapping techniques, there was a 40 percent decline in murders and robbery from 1993 to 2000, Blumstein reported. However, since then the overall national levels of murder and robbery have remained essentially flat.

Blumstein suggested two possible explanations for the recent spikes of violence particularly in non-large cities: "One might be attributable to a spurt of conflict in drug markets, perhaps with former sellers coming out of prison and seeking to recover their former turf." This concern with re-entry problems led Congress to pass the Second Chance Act this year to provide education, housing, and training assistance to newly released prisoners to try and reduce the very high recidivism rates. Travis has played a major role in re-entry research and intervention programs.

The second explanation, Blumstein attributed to Yale sociologist Elijah Anderson who in his book *Code of the Streets* described urban inner-city areas as composed predominately of decent people but with groups of "street people" who have little skills, little prospects for the future, and extremely sensitive egos such that any act of disrespect generates a compulsion to avenge that act. Often these folks, Anderson suggests, congregate into rival gangs that only exacerbate the problem.

Kelling described his experiences in six cities over the past five years: Newark, Los Angeles, Denver, Boston, Milwaukee, and Allentown, PA. With the exception of Allentown, all of these cities have, some more recently than others, seen significant reductions in violent crime. He attributed these declines to political, police, and community leadership committed to ending the carnage on their streets, and a shift in approach from "reacting to crime after it occurs to stopping the next crime."

He advocated for the following methods of crime prevention. First, increase the felt presence of capable guardians in neighborhoods. Police, Kelling argued, need to get out of their cars and return to walking a beat. Second, persuade people, especially the young, to behave. Third, restore order. This involves fixing "broken windows;" minimal levels of order must be established and maintained in communities. Fourth, solve problems at the community level that help prevent crimes. Fifth, when necessary enforce the law swiftly and fairly. The small part of the population that repeatedly commits both minor and serious crimes should be incarcerated for extended periods of time, Kelling declared.

For Travis, despite recent declines, American crime rates are still too high, especially compared to other nations. To examine the differential crime rates at the sub-national level, he called for a robust analytic capability to diagnose local trends and a targeted approach to federal resource commitments. We must deal with the fact that violent crime is concentrated in urban America where young men are the perpetrators and most often, the victims, Travis added.

Also appearing at the hearing were Reverend James Sumney of the English Road Baptist Church in High Point, NC, and Colonel Dean Esserman, Chief of Police in Providence, RI. Sumney was a key participant in the implementation of an intervention developed by John Jay College Professor David Kennedy and cited by both Travis and Kelling in their testimony. At the NIJ Conference in July Kennedy described the application of crime reduction techniques he developed in Boston to High Point (see Update, July 28, 2008). Sumney suggested it was not easy for the community to accept the need to confront its criminals, but it has certainly worked. There has not been a homicide in High Point since May 2004, he reported. Esserman noted that Providence has unabashedly adopted Kennedy's strategies as well and that they are working in his town too.

HOUSE JUDICIARY PANEL EXAMINES NIH OPEN ACCESS POLICY

In the FY 2008 Consolidated Appropriations Act, Congress required that recipients of National Institute of Health (NIH) grant funding must deposit, one year from its original publication, all the articles that result from that funding in Pub Med Central, a free digital archive of biomedical and life sciences journal literature. This followed a three year experiment with voluntary compliance where less than ten percent of research articles were deposited. This policy is generally referred to as "Open Access."

On September 10th, the House Judiciary Committee's Subcommittee on Courts, the Internet, and Intellectual Property held a hearing to examine this policy. Full Judiciary Committee Chairman Rep. John Conyers (D-MI) has introduced legislation, the Fair Copyright in Research Works Act (H.R. 6845), to repeal the depository requirement. In his opening remarks at the hearing, Conyers seemed most disturbed by the fact that the appropriators ignored the Judiciary Committee last year and imposed the requirement without input from his panel.

Subcommittee Chairman Howard Berman (D-CA) described the proposed legislation as "turning back the clock" to before the FY 2008 appropriations provision in that the bill would prohibit any requirement of assigning copyright to any Federal agency as done under the current NIH open access policy.

Berman said that he saw merits to both sides of an argument that has been waged for a number of years now. On one side are open access advocates who contend that since the Federal government (i.e., the public) is paying for the research, people should have free unfettered access to publications that result from those studies. On the other side are publishers of scientific journals (including COSSA's members), who maintain that the process of scientific publication, including peer review, necessitates the retention of copyright by the authors or the journals, and that open access poses a danger to the financial viability of the journals and the groups who publish them.

Ranking Member Rep. Howard Coble (R-NC) described the situation as a "difficult one." He noted the intertwining of three important interests – taxpayers, intellectual property holders, and health care advocates. He reminded the Committee that Europe, Canada, and Australia have committed their systems to some form of open access. His mind was still open about the proposed legislation.

Appearing at the hearing, NIH Director Elias Zerhouni defended the new mandatory policy. He noted that compliance has increased to over 50 percent and continues to grow. During this early period of implementation, he reported that 400,000 users have accessed 700,000 articles every day. He suggested that the new policy has two basic premises: "1) the integration and accessibility of biomedical research that will speed discoveries, resulting in the prevention of death and disability; and 2) the public has a right to full access, without charge, to research findings supported by taxpayer dollars, after a reasonable period of embargo."

He also described how NIH has begun a formal process to engage its stakeholders in enhancing the effectiveness of the open access policy. He noted the Request for Information earlier this year (see Update, April 7, 2008) and that NIH is now reviewing the comments and suggestions. It expects to report its analysis by September 30, 2008. The Director did not take a position on the proposed legislation deferring to the Administration which has not issued any statement.

Another witness, Heather Dalterio Joseph, representing a coalition of Scholarly Publishing and Academic Resources, as well as the Association of Research Libraries, strongly opposed Chairman Conyers legislation. She claimed overturning the NIH open access rules would have a "negative impact…on the advancement of scientific research and on the availability of health care information for millions of Americans." She cited support for the NIH policy from 33 Nobel Laureates and used the argument that the high cost of journals makes it difficult to access taxpayer-funded research findings. "Even the most well-funded, private university libraries cannot afford to subscribe to all of the journals they would like to provide to their students," she testified. The NIH policy "is a simple, effective, and carefully balanced policy," and "ensures that the U.S. taxpayers are able to benefit fully from the research that they have underwritten," she concluded.

Martin Frank, Executive Director of the American Physiological Society, testified on behalf of the DC Principles Coalition, a group of 73 not-for-profit publishers responsible for the publication of nearly 400 journals. Frank expressed his strong support for the proposed legislation noting that the bill "preserves the current incentives for the continued investment in the peer review process that is essential for the quality and integrity of scientific research." Claiming that "mandatory requirements like those implemented by NIH undermine scholarly publication," Frank argued that the mission of these publishers is "to maintain and enhance the independence, rigor, trust, and visibility that have established our journals as reliable filters of information emanating from basic and clinical research." The publishers, Frank maintained, need protection to recover the costs of conducting peer review, editing, publishing and archiving of

scientific articles, and to create unique journal identities on which researchers and funders rely in making critically important personal and professional judgments. The new legislation would provide that, he concluded.

Professor Ralph Oman of the George Washington University Law School also argued in support of the bill. "My basic concern," he told the panel, is that the NIH policy "will, sooner or later, destroy the commercial market for these scientific, technical, and medical (STM) journals." It is one thing, he contended, for fair market competition to bring about such a result, "it is another to be brought down by an ill-considered governmental fiat." Oman further maintained that the NIH "does not intend to perform any of the vetting, selection, and editing functions now performed by the learned societies, by the professional associations, and by the STM publishers." Who would do it if publishers went under, he asked? Finally, pointed out that "experience teaches that as a general rule Congress prefers to keep the hairy snout of the federal government out of the peer-review and manuscript selection process."

Given the soon-to-end 110th Congress, it is likely that this argument will continue and the bill would need re-introduction in the 111th Congress convening in January 2009.

IES STUDY LOOKS AT AFTER SCHOOL PROGRAMS

As the pressure to improve student achievement increases, educators are increasingly turning to after school programs as a way to provide supplemental academic support. However, findings from a previous national evaluation of the Department of Education's 21st Century Community Learning Centers (CCLC) program showed that on average, these programs have limited impact on elementary school students' academic achievement. A possible reason for this lack of success is that most academic activities at the evaluation sites consisted of only homework assistance; students received little additional academic assistance. The evaluations highlighted the need for improved academic instruction in after school settings.

The IES, in response to these findings, has funded the development and evaluation of instructional resources for reading and math that could be used in after school programs for elementary schools students. The study "The Evaluation of Enhanced Academic Instruction in After School Programs," tests whether such instructional approaches produce better academic outcomes than regular after school programs that consist primarily of homework help or use study materials that do not follow a structured curriculum.

The National Board on Education Sciences focused its attention on after school programs at its meeting on September 9. Fred Doolittle, one of the authors of the IES-funded study presented the results to the board. Doolittle also spoke about this study to the Scientific Evidence in Education Forum on September 17.

The evaluation tests whether providing formal after school instruction in reading or math for 45 minutes per day produces better academic outcomes than regular after school programs. The evaluation included 50 after school centers including 25 for reading and 25 for math with students in grades two through five. The results from the first year of the study show that students who participated in the enhanced math class attended an average of 73 daily sessions, which is 30 percent more hours of math instruction over the course of the school year, compared with students in the regular after school program group. There were also positive and statistically significant impacts for the enhanced math program on student achievement representing 8.5 percent more growth over the school year for students in the enhanced program group, as measured by the SAT 10 math test. While the students improved academically they did not improve in academic behavior measures such as student engagement, behavior or homework completion. In total, the math enhanced students received 59 more hours of after school academic instruction than those attending the regular after school program.

The results for students in the enhanced reading after school program were a little more disappointing. Although students attended an average of 70 daily sessions, which represented 20 percent more hours of reading instruction over the school year, compared with students in the regular after school program group. However, the reading program did not produce any statistically significant increases, or decreases, on student academic performance, despite the reading enhanced students receiving 48 more hours of after school academic instruction annually. And as with the math program it did not produce any changes in academic behavior.

The evaluation is continuing into a second year, with 27 of the original 50 study centers, 12 for reading and 15 for math. You can find out more information about this study at http://ies.ed.gov/ncee/pubs/20084021.asp

POLITICAL SCIENTIST RECIPIENT OF 2008 NIH DIRECTOR'S PIONEER AWARD; NEUROPSYCHOLOGIST RECEIVES NEW INNOVATOR AWARD

On September 23, National Institutes of Health (NIH) director Elias Zerhouni announced the awardees of the 2008 NIH Director's Pioneer and New Innovator Awards to 47 scientists. The grants enable recipients to pursue exceptionally innovative approaches that could transform biomedical and behavioral science. The awards are estimated to be up to $138 million over five years.

Political scientist, Joshua M. Epstein, senior fellow in economic studies and director of the Center on Social and Economic Dynamics at the Brookings Institution, is a recipient of the Pioneer Award. Each Pioneer award provides $2.5 million in costs over five years.

Epstein is also an external professor at the Santa Fe Institute. His primary research is in modeling complex social, economic, and biological systems using agent-based computational methods and nonlinear dynamical systems. He has taught computational and mathematical modeling at Princeton University and the Santa Fe Institute Summer School. His Pioneer Award research is modeling how human behavioral adaptations shape infectious and chronic disease dynamics at multiple scales.

Epstein is a recognized leader in the field of agent-based computational modeling. The Large-Scale Agent Model, built under his direction, won the 2008 Award for Outstanding Achievement in Analysis from the National Training and Simulation Association. His book, *Generative Social Science: Studies in Agent-Based Computational Modeling*, was published in 2006. He received a Ph.D. in political science from the Massachusetts Institute of Technology in 1981.

Shelli Kesler, Stanford University School of Medicine assistant professor of psychiatry and behavioral sciences is a recipient of a NIH New Innovator Award. New Innovator Awards are for $1.5 million in direct costs over five years.

In her research, Kesler uses neuroimaging analyses to determine the specific effects of cancer and its treatments on brain structure and function and designs and tests ways to improve cognitive functioning in these patients. Her work stems from previous findings that radiation and chemotherapy can cause damage to the brain and result in cognitive difficulties for some patients.

One of Kesler's current studies involves the exploration of cognitive and emotional outcomes in women with breast cancer. Kesler plans to use her award money to further this research. She plans to compare cognitive function, emotional status, brain function and genetic markers in breast cancer patients who received chemotherapy and patients who did not. She also plans to test two novel cognitive rehabilitation programs. Her ultimate goal, she said, is to minimize or prevent cognitive impairment in cancer patients. Kesler received her Ph.D. in Clinical Neuropsychology from Brigham Young University, Provo, Utah.

In its fifth year, 63 Pioneer Awards have been made by the NIH, 16 of them in 2008. Launched in 2007, the New Innovator Award program supports 61 investigators – 30 in 2007 and 31 this year. "Nothing is more important to me that stimulating and sustaining deep innovation, especially for early career investigators and despite challenging budgetary times," said Zerhouni. "These highly creative researchers are tackling important scientific challenges with bold ideas and inventive technologies that promise to break through barriers and radically shift understanding," he added. According to the NIH director, the "nontraditional application processes" for selecting the recipients of the awards are "serving as models in [NIH's] efforts to enhance the NIH peer review system so that the agency can fund the best science, by the best scientists, while reducing the administrative burden for both applicants and reviewers."

ASSET BUILDING, PARTICULARLY FOR WOMEN, FOCUS OF CONGRESSIONAL BRIEFING

Women's Policy, Inc., held a briefing on, "Expanding the Middle Class: Paths to Economic Self Sufficiency for Women and Their Families," on September 17th. The briefing focused on the need for more low-income and middle-class families, especially women, to accumulate more savings and asset wealth. Ray Boshara, Vice President for Domestic Policy Programs at the New American Foundation, and Margarita Alvarez Gomez, Director, Family Development Network of New Economics for Women, were the speakers. In addition, briefing sponsor the Annie E. Casey Foundation provided material about its many activities in this policy arena.

Currently, half of all Americans have very few or no assets. Our nation's public policies have failed to assist middle and low income families in finding a pathway to savings and wealth accumulation. According to the Annie E. Casey Foundation, 40 percent of white children and 73 percent of black children grow up in households with zero or negative net financial assets. Personal savings are a critical component to the economic security of families. They help protect individuals and families against unexpected loss of income, help maintain a reasonable standard of living in retirement, and serve as the basis of intergenerational wealth transfer.

In 2007, US households saved $42.9 billion or 0.4 percent of total disposable personal income. According to a poll by the Consumer Federation of America (CFA) and Wachovia, 52 percent of adults do not believe they are saving adequately, and 17 percent say that they cannot afford to save at all. In 2004, nearly one in five households had zero or negative wealth levels and close to one in three had a net worth of less than $10,000. In the six most recent Survey of Consumer Finances (1984-2004) conducted by the Federal Reserve Board, families earning less than $20,000 had the greatest share of debtors, with more than a quarter of families having a debt to income ratio that exceeded 40 percent.

Gaining access to mainstream financial services is often the first step in building assets and wealth. Unfortunately, according to the U.S. Census Bureau, 46 percent of U.S. born black families are without a bank account compared to 14 percent of U.S. born white families. Low income families especially often avoid traditional bank accounts because of their minimum balance requirements, high overdraft penalties, monthly maintenance fees, and deposit holds on checks. People without bank accounts often turn to non-bank financial service providers, such as check cashing businesses. The Center for Financial Services Innovation estimates that those without or with limited bank access spend more than $13 billion a year on over 340 million of these non-bank transactions. This has resulted in a two-tiered financial system, with mainstream banks catering to higher income consumers and with low income consumers using non-bank financial service providers.

A strong theme during the discussion was the need for increased financial education for all Americans. If families are going to be able to save and build up their assets they need to have access to financial education. Strong financial skills and effective financial advice are crucial to low-income and middle-income families. However, low income communities often do not have access to financial counseling and financial literacy is not something that is taught in our schools or in the workplace.

If low income and middle class Americans are going to start saving more and building their wealth assets they will need help from the government, Boshara emphasized. Policies are needed to not only encourage Americans to save more but also to make it easier for them to save. Tough economic times demonstrate why it is so important for families to have savings and assets to provide a safety net and cushion from economic turmoil.

APPLICATIONS WANTED FOR NIH ROADMAP TRANSFORMATIVE PROGRAM

As part of its Roadmap for Biomedical Research, the National Institutes of Health is seeking transformative Research Project Grant (R01) applications (RFA-RM-08-029) from institutions and/or organizations proposing exceptionally innovative, high risk, original and/or unconventional research with the potential to create new or challenge existing scientific paradigms.

According to the agency, the Transformative Research Projects Program (T-R01) is designed to "provide a more flexible and engaging avenue for support of investigators testing novel concepts and truly transformative ideas." A High Risk/High Reward Demonstration Project, the T-R01 program will be supported by the NIH Common Fund. Applicants must clearly articulate (1) the fundamental issue to be addressed and its overarching importance to the biomedical/behavioral research enterprise, (2) how the research will establish new or disrupt existing paradigms, and (3) how the proposed rationale and/or approaches significantly differ from the state of the art in the field.

While the announcement is open to projects any are of NIH interest that the above criteria, the NIH has identified several areas of highlighted need that have been identified through an NIH strategic planning process. Included in these highlighted areas is Understanding and Facilitating Human Behavior Change. The announcement notes that:

Behavior change is critical to the prevention, management, and treatment of many important health conditions. However, the initiation and maintenance of behavior change can be very difficult, and even those interventions that succeed in controlled clinical trials do not always scale well. Transformative advances in the science of behavior change, especially those that can unify disease-specific efforts, are urgently needed. In response to this challenge, the T-R01 program invites proposals from investigators and interdisciplinary teams working to understand basic mechanisms of behavior change at the biological, behavioral and social levels and developing innovative approaches to intervention. Questions of particular interest include how the interaction between neural, biological, behavioral, psychological, and

social factors result in initial and sustained behavior change (possibly best understood via transdisciplinary approaches including neuro- and behavioral economics, affective neuroscience, and approaches that focus on "will power" or behavior regulation). Highly responsive applications may also propose the use of new technologies and/or consider the broader context in which individuals live to understand basic mechanisms of behavior change common to multiple health conditions.

The other areas include:

- Formulation of novel protein capture reagents
- Functional variation in mitochondria in disease
- Complex 3-Dimensional tissue models
- Transitions from acute to chronic pain
- Providing an evidence base for pharmacogenomics

Applications are due by January 29, 2009. The NIH Common Fund intends to commit $25 million in FY 2009 to fund up to 60 applications submitted in response to the announcement. For more information or to apply see http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-08-029.html

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