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# COSSA Washington Update

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## SBE ADVISORY COMMITTEE MEETS AND HEARS MANY REPORTS

With its new leader, Assistant Director Myron Gutmann on the job for 18 days, the National Science Foundation's (NSF) Social, Behavioral and Economic Sciences (SBE) Directorate's Advisory Committee met on November 19-20. The advisory panel is chaired by Michael Goodchild, Director, Center for Spatial Studies at the University of California, Santa Barbara.

During its two days, the Committee explored a number of areas with the premise that the SBE sciences had an important role to play in the nation's science and innovation agenda. In examining that agenda, Committee Member Ira Harkavy of the University of Pennsylvania expressed the view that there are certain areas where the SBE sciences are needed, others where they are necessary, and still others where these sciences should be leading the policy response. The Committee related this idea to the NSF leadership, director Arden Bement and deputy director Cora Marrett, who met with the group.

Bement responded that the "social sciences have been discovered in a big way in this city [Washington, DC]." He indicated that many other agencies, from the National Oceanic and Atmospheric Administration (NOAA) to the Department of Defense are "knocking on NSF's door" to involve the SBE directorate in many of their initiatives. At the same time, he noted, there are still problems, particularly with the Congress, as evidenced by the recent problem with the Coburn Amendment to the NSF FY 2010 Appropriations bill (see Update, [November 9](#), [October 26](#), and [October 12, 2009](#)). He praised Sen. Barbara Mikulski (D-MD) for her defense of NSF's political science program and suggested that having NSF-supported political scientist Elinor Ostrom win the Nobel Prize in Economics was an enormous help in defeating the amendment.

Questioned by Committee members about the danger of NSF's agenda moving away from basic research given the practicality of the overtures of those other agencies and some of the Obama Administration's thrusts in science policy, Bement assured the panel that NSF could respond to those situations without "abandoning our basic research mission" and that "protection of the core" was still important. Marrett added that there is enormous appreciation for fundamental research at the Office of Management and Budget, the White House Office of Science and Technology Policy and on Capitol Hill. However, she noted that it was going to become even more important in the future to "show outcomes" related to that research.

Bement added that the strategy of SBE partnering with NSF's other research directorates should continue and that broadening participation in science and technology remained his "top priority" for the agency. Marrett indicated that the National Science Board has stressed increased cooperation between the SBE and Education and Human Resources directorate.

### Sunley Reports On NSF ARRA Funding

Judy Sunley, who served as the Directorate's Acting Director during the interregnum between David Lightfoot's departure and Myron Gutmann's arrival and who has now returned to her previous position as SBE's Deputy Director, provided the Advisory Committee with a review of NSF and SBE spending under the American Recovery and Reinvestment Act (ARRA).

NSF received \$3 billion from the Congress under ARRA, of which \$2.5 billion was appropriated to the Research and Related Activities account. From this allocation, Sunley reported that NSF made 4,686 awards. These included 307 awards for the CAREER program. This program is a Foundation-wide activity that offers NSF awards in support of junior faculty who exemplify the role of teacher-scholars through outstanding research, excellent education and the integration of education and research within the context of the mission of their organizations.

The EAGER program, which supports high-risk, exploratory and potentially transformative research made 82 awards under ARRA. The RAPID program, a funding mechanism to support quick-response research on natural or anthropogenic disasters and similar unanticipated events, made 17 awards. ARRA awards also included 489 that were energy-related and 800 that were climate-related. Forty-five percent of the awards included at least one new Principal Investigator (PI), a major strategy for NSF's ARRA spending, according to Sunley.

In the SBE directorate, combining the \$85 million in ARRA funding with the regular FY 2009 appropriation of \$240.3 million, led to 1,337 competitive awards, some 211 more than in FY 2008. The funding rate increased from 26 percent to 30 percent. There were 873 new PI or co-PI related grants. In addition, SBE made 221 supplements to grants for increased student support. SBE also, for the first time Sunley noted, made its own Graduate Research Fellowship awards. There were also 25 CAREER awards.

### After the NSTC Report: What's Next

Mark Weiss, Director for SBE's Division of Behavioral and Cognitive Sciences and Executive Secretary of the National Science and Technology Council's SBE Subcommittee, reported on the new agenda for that inter-agency panel. Having completed the report *Social and Behavioral Research in the Federal Context* (see Update, [January 26](#) and [July 27, 2009](#)), the question facing the Subcommittee is what to focus on next.

According to Weiss, Tom Kalil, Deputy Director for Policy at OSTP, asked the Subcommittee to "tell us specifically and succinctly how the Administration can engage the SBE research community on important problems."

In response, the Subcommittee created three inter-agency working groups to develop working papers on current national priorities in health, education/learning, and climate change. For each of the groups the objectives are to identify ready-to-implement policy recommendations rooted in rigorous SBE research, including challenges to widespread implementation such as scaling up and unintended consequences. The groups are also seeking to identify longer-term research agendas with the potential to make evidence-based policy contributions.

In the health area, the working group, chaired by Christine Bachrach of NIH, is ready to inform policy in the areas of obesity, family violence prevention, and health care quality and safety. In the education/learning area, the research-based policy areas are improving the quality of early education for children in poverty, implementing evidence-based math curricula, and improving the transition to post-secondary education. For the climate change policy working group, led by Carl Shapiro of the United States Geological Survey, the research is ready to help alter responses to community vulnerability and resilience in the face of climate change and rising sea levels, equity and community vulnerability to natural hazards, and land use and resource management decisions' effects on ecosystem services.

## Environment Report Presents More Opportunities for SBE Scientists

Susan Cutter, Professor of Geography at the University of South Carolina and a former COSSA President, discussed the report *Transitions and Tipping Points in Complex Environmental Systems*, prepared by the NSF Advisory Committee for Environmental Research and Education. The report, Cutter noted, make a forceful statement on the urgency of new forms of interdisciplinary environmental research "because the business as usual model is not working."

The world needs a better understanding of complex environmental systems, a higher level of environmental literacy, and a stronger foundation for informing policy decisions and addressing critical environmental concerns, Cutter told the group. The report recommended increasing understanding of coupled natural-human systems through enhanced investments. Cutter suggested this presents opportunities for the SBE sciences for research on agents of change, responses to changes, and the integration of the social and natural sciences. Another recommendation seeks changes in NSF indicating it should evolve from discipline-centric modes to more interdisciplinary and collaborative structures to address critical environmental challenges. This, for Cutter, presents an opportunity for SBE to enhance its portfolio and train the next generation of social scientists in multi- and interdisciplinary contexts. The report also wants to ensure implementation of integrated observational sensor networks to measure critical environmental variables as well as the changes in key human activities with environmental consequences. This should lead, Cutter pronounced, to human-environmental observational networks and long-term data gathering on human activities and behavior.

With regard to environmental education, the report calls for the promotion of new and participatory approaches and public engagement through formal and informal ventures. For SBE, Cutter indicated this could include more research on enhanced understanding of learning modes and styles, cognition of risks, social networks, and participatory actions.

Finally, the report suggests scientists need to help policy makers understand complex environmental systems including tipping points, thresholds of large magnitude or abrupt change, and the socio-economic impacts of altered environmental systems.

The report is available at: [http://www.nsf.gov/geo/ere/ereweb/ac-ere/nsf6895\\_ere\\_report\\_090809.pdf](http://www.nsf.gov/geo/ere/ereweb/ac-ere/nsf6895_ere_report_090809.pdf).

## Funding for Disaster Resilience in Rural Areas Available

One new competition that has grown out of this report is Disaster Resilience for Rural Communities, a joint program between the NSF's SBE directorate, the NSF's Engineering Directorate, and the U.S. Department of Agriculture's Cooperative State Research, Education, and Extension Service, now the National Institute on Food and Agriculture.

According to the announcement, "communities and their residents in the United States experience droughts, earthquakes, floods, hurricanes, tornadoes, tsunamis and volcanic eruptions as well as accidents at facilities that handle dangerous materials such as explosive chemicals. These phenomena will continue, but their consequences need not be disastrous if communities and people reduce their vulnerabilities and increase their resilience. There is much research on vulnerability and resilience in urban communities, but much less about how rural communities and their residents are responding to natural and man-made hazards. The long term goal of this program is to advance basic research in engineering and in the social, behavioral, and economic sciences on enhancing disaster resilience in rural communities."

Applicants must apply to the National Institute on Food and Agriculture. The deadline is January 20, 2010. For further information contact: Siva Sureshwaran at (202) 720 - 7536 or [ssureshwaran@nifa.usda.gov](mailto:ssureshwaran@nifa.usda.gov)  
For the full grant announcement go to: <http://www.csrees.usda.gov/fo/disasterresilienceforruralcommunities.cfm>.

## LAUB GETS HEARING AT SENATE JUDICIARY COMMITTEE

Confirmation hearings for non-controversial appointments are usually short and sweet. Such was the case for John Laub, President Obama's choice to head the National Institute of Justice. The Senate Judiciary Committee, on November 18, with Sen. Chuck Schumer (D-NY) in the chair in place of Committee Chairman Sen. Patrick Leahy (D-VT), examined Laub, Susan Carbon, named to lead the Office of Violence Against Women, and three Obama nominees to the federal judiciary.

Aside from introducing his family and thanking the President for his nomination, Laub, Distinguished University Professor in the Department of Criminology and Criminal Justice at the University of Maryland, had to respond to few

questions. In keeping with the thorough opposition research that is conducted on nominees these days, Sen. Jeff Sessions (R-AL), the Committee's Ranking Republican, inquired about an article Laub wrote over thirty years ago that gave the impression he was advocating anarchy. Laub told the Senator that he had long since repudiated the ideas in that article and the Senator seemed to accept his answer. He also responded to a question from Sen. Al Franken (D-MN) regarding the DNA backlog, which Laub indicated he would address if he was confirmed.

Schumer announced that Laub had received a letter of support from his home state Senator Barbara Mikulski (D-MD) that would go into the hearing record. (For further information about Laub's background see Update, [October 12, 2009](#).)

The nomination now needs approval by the Committee and then the full Senate. The hope is that this will happen before the end of the current congressional session, which may extend very close to Christmas as the Senate works on its version of health care reform.

## SHAH LEAVES AGRICULTURE; NOMINATED TO HEAD USAID

A little more than one month after appearing at the launch celebration of the new research structure and agenda at the Department of Agriculture (see Update, [October 12, 2009](#)), Rajiv Shah, Undersecretary for Research, Education and Economics, and the Department's Chief Scientist, has been nominated by President Obama as Administrator of the U.S. Agency for International Development.

In announcing the nomination, the President said: "The mission of USAID is to advance America's interests by strengthening our relationships abroad. Rajiv brings fresh ideas and the dedication and impressive background necessary to help guide USAID as it works to achieve this important goal." One of USAID's most recent initiatives is to bring more than \$20 billion for agriculture development to the world's most food-insecure countries.

Prior to joining the Administration, Shah served as the Director for Agricultural Development at the Bill and Melinda Gates Foundation. Previously, he served as the Foundation's first Director for Financial Services to the Poor and led the Strategic Opportunities initiative through which he worked with foundation co-chairs to identify, assess and recommend new areas of giving.

Shah's nomination needs Senate confirmation.

## COLLINS ADDRESSES SMRB; URGES SCIENTIFIC COMMUNITY TO TELL STORY

After nearly 95 days on the job, at the November 13<sup>th</sup> meeting of the NIH Scientific Management Review Board (SMRB) NIH director Francis Collins shared a more expansive perspective of the direction he would like to see the NIH head with the SMRB (see related story). He began by noting that the "NIH strongly supports the SMRB." He acknowledged that the questions the Board has been asked to address are quite complex. The tasks given to SMRB by the Congress are critical ones as the agency tries to maximize its structure and its function, observed Collins.

Collins outlined what he believes are the exceptional scientific opportunities the NIH has before it. He highlighted the NIH's dual mission: "the 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 NIH, said Collins, is very serious about its mission and trying to achieve balance which is often the subject of intense discussions in scientific communities. Insisting that NIH is still driven by investigator-initiated research, Collins shared the five areas of scientific opportunities he believes are ripe for exceptional progress right now: 1) maximize scientific discovery and innovation using new research technologies; 2) translate research into new diagnostics and therapeutics; 3) provide a scientific foundation for health care reform; 4) encourage a focus on global health; and 5) reinvestigate and empower the research community (see Update, [September 14, 2009](#)).

### NIH 'Pushing' To Fill Comparative Effectiveness Research Gaps

Collins emphasized that those opportunities include pushing the science of health care reform "as vigorously as we can." This consists of supporting such applications as comparative effectiveness research (CER), a topic of great interest in the Congress. The NIH, Collins explained, has been doing CER for quite some time although the agency did not call it that. But looking back through the agency's inventory of clinical research projects, he noted that there are hundreds of projects which compared one approach to another in a systematic rigorous way. With a great deal of attention to the need for more of those studies, NIH, with its own funds from the American Reinvestment and

Recovery Act (ARRA), "is pushing this agenda quite hard" in an attempt to fill the gaps identified by the Institute of Medicine and others, Collins reported (see Update, [July 13, 2009](#)).

He pointed out that a NIH team consisting of Institute on Aging director Richard Hodes; Heart, Lung, and Blood director Betsy Nabel, Division of Program Coordination, Planning, and Strategic Initiatives acting director Lana Skirball, and himself have been engaged in weekly meetings with the Agency for Healthcare Quality and Research (AHRQ). The Congress also appropriated CER funds for AHRQ in ARRA. CER is an ongoing need and the NIH's challenge is to identify the priorities and design studies to ensure that the agency is providing the scientific grounds for health care reform decisions. He also indicated that NIH should contribute more to CER, particularly in the area of personalized medicine.

Providing a scientific focus for health care reform also includes the areas of prevention; personalized medicine which Collins noted cannot be successful without a strong emphasis on behavioral research and health disparities research; pharmacogenomics; and large scale prospective studies that will give ongoing "incredible information" about genetic and environmental risk factors. He reported that the National Children's Study remains in a pilot phase which will need evaluation so that NIH can make a decision on going ahead with the main study by next summer. He also referenced the possibility of a large scale prospective study of adult onset diseases.

Collins also emphasized that the NIH has become very interested in health economics research through the years. He recognized that Hodes and the Aging Institute have made a major investment in this area for some time. But there may be opportunities for NIH to "ramp that part up," said the director, including looking at health care delivery in the real world, including areas such as payment incentives, and how to design trials to help discover how to reduce costs and improve outcomes.

Collins reiterated that he would like to see additional focus on global health. While investments in global health have been a major focus at NIH for quite some time, there is the opportunity to assist the U.S. in enhancing its foreign policy role as a purveyor of soft power and smart power by providing support for early investigators who have interest in these areas, he observed. He added that NIH needs to address chronic non-communicable diseases and injuries, which are the most rapidly growing diseases in the developing world. NIH investments to understand interventions that would work in those settings would be highly appropriate, Collins pointed out. He highlighted National Heart, Lung and Blood's director Betsy Nabel's efforts in leading a global effort in this area.

### Budget Concerns

Collins expressed great concern regarding the agency's budget, especially after NIH spends its Recovery Act dollars. Clearly, the ARRA funds inspired a great outpouring of creative ideas from the scientific community, he insisted. Citing as an example the overwhelming response to the Challenge Grants competition (NIH received 20,000 applications); Collins noted that he expected that many of the applications not funded will be resubmitted as revived applications and will "be quite good." With the simultaneous increase in applications and the Recovery Act funding expiring, "FY 2011 is going to be a very challenging year for NIH," said Collins. NIH will do everything it can to soften that blow, Collins declared, and will likely accept no-cost extensions. In that context, Collins maintained, it is important that the agency not revert back to a totally conservative view about what to fund and continue to spur on innovation.

Responding to a question about the "cliff" in funding that has resulted because of stimulus funding and the huge worry of this happening throughout the scientific community, Collins acknowledged that scientifically the community is facing a significant challenge. The ability to speak clearly with one voice so that they are heard could hardly be timelier, he stated. From his point of view as a member of the administration, Collins indicated that it is important that the community tell what science can do now and put forth concrete examples of what NIH-funded research might be able to do, and how NIH support has changed health for the better. These are important stories to tell because not everybody seems to know it, Collins observed.

Collins also emphasized that the agency will continue to fund the Director's Pioneer Award, the Director's New Innovator Award and the Transformative R01s. He noted his interest in training. The agency continues to seek a reduction in the age of the first award and provide confidence to the scientific community that the NIH is a stable source of funding. He admitted that the agency has not made the strides it has hoped for in terms of representation of diverse groups. He theorized that a longer term question that the NIH needs to address is "what is the right answer" as far as the workforce is concerned, what should we be striving to achieve as far as the pipeline of trainees? He acknowledged that it is an awkward issue to discuss and recognized that the agency may not want to know the answer; nevertheless it needs to be clear about what the workforce goals should be, he maintained.

Concluding his remarks, Collins maintained that the agency cannot be complacent. From his viewpoint NIH is a scientific organization; therefore its organization should serve getting its scientific mission accomplished. The current NIH structure is the result of many forces including both science and the political environment. Nevertheless, it works pretty well because of the talents of the individuals and their shared mission. "It's not broke," but could be "optimized," Collins argued. "Any proposed changes require thorough evaluation and cautious consideration." The principle driver of change has to be how to support the best science and how to support public health needs, he concluded.

## NIH SMRB: WORKING GROUPS PROVIDE STATUS REPORTS

On November 13, the National Institutes of Health (NIH) Scientific Management Review Board (SMRB) held the second of the five statutorily-required meetings before it can make recommendations with regard to structural changes to the agency. Opening the meeting, SMRB chair Norman Augustine reminded the Board that the objective of the SMRB is to "advance the cause of science and public health." Augustine thanked NIH Deputy Director Raynard Kington for his leadership as Acting NIH Director. He also encouraged the scientific community to send letters to the Board and noted that the SMRB had received a number of very constructive letters from organizations. The Board received status reports the three working groups established at its inaugural meeting in April: 1) Deliberating Organizational Change and Effectiveness (DOCE); 2) NIH Intramural Research Program; and 3) Substance Use, Abuse and Addiction Working Group (see Update, [May 4, 2009](#)).

### Deliberating Organizational Change and Effectiveness

SMRB member Thomas Kelly, Sloan-Kettering Institute and chair of the DOCE working group, noted the charge to the group was to articulate indicators, factors and circumstances that might prompt the agency to contemplate organizational change and come up with a set of principles to guide any such change and its implementation. Admitting that they are not going to achieve perfection, Kelly indicated that the group would be constantly revising the basic principles which will inform and be informed by the real life organizational issues contemplated by SMRB.

Kelly reported that the working group is in the data gathering phase and has begun to put together an outline. Their briefings have included examining NIH director Francis Collin's vision for the agency (see related story above). They have also met with members of the National Academies Committee on *Enhancing the Vitality of NIH: Organizational Change to Meet New Challenges*. A common theme of the briefings has been the interdisciplinary nature of science and the need to engage fields beyond the life sciences; a need for new approaches for training the next-generation of scientists; the need for increased collaboration within NIH, across the federal agencies, between intramural and extramural research and integration; and the need for balance between funding basic science and translational research.

Thus far, the working group has come up with five overarching principles that SMRB can use to analyze any contemplated changes. These principles include: 1) Strengthen the ability of NIH to effectively carry out its mission of advancing science and improving public health. Any change will alter resources and infrastructure which can alter the pace of discovery. The SMRB will need to identify those impacts and assess their significance. 2) Provide an environment that will enable more effective collaboration, coordination and interaction across all disciplines to advance the pace of scientific discovery and improve health outcomes. 3) Bring together units in which there is synergy of the science and/or clinical foundation for discovery and translation. 4) Enhance public understanding of confidence in, and support for science. 5) Increase operational efficiency and ensure a high return on public investment in research.

Kelly cautioned that no single organizational change is going to impact all of the areas and that change is expensive and disruptive in the short term. He shared that the Advisory Committee to the Director of the NIH discussed the issue extensively and concluded that change that has a real impact is what is needed and that there are ways to transform the NIH without dramatic organizational change.

SMRB member Bill Roper, now at the University of North Carolina, Chapel Hill and a former director of the Centers for Disease Control and Prevention (CDC), commented that "collateral damage" had occurred along with chaos at the Health Care Financing Administration (HCFA) and CDC as a result of reorganization of those agencies. Roper argued that there needs "to be a real good reason" for the change along with what it will accomplish. National Institute of Allergy and Infectious Diseases director Anthony Fauci interjected that new CDC director Tom Frieden is looking at reversing the recent changes to the agency. Kelly indicated that the working group will hear from CDC and other government agencies for lessons that could inform the SMRB.

Going forward, the working group plans to examine case studies from the government, academia, and industry. Similarly, it will also get the perspective from former NIH directors and hold discussions with experts in organizational change. Kelly's Subcommittee will circulate its report to the full SMRB and hopes to have the report finished by March.

### Substance Use, Abuse and Addiction

Roper chairs the Substance Use, Abuse and Addiction working group and reported on its discussions. He began by pointing out that a question that the working group has discussed and is on many people's mind is "why consider the particular organizational change [combining the National Institute on Drug Abuse (NIDA) and the National Institute on Alcoholism and Alcohol Abuse (NIAAA)] at this particular time?" He then noted that there is a background context of scientific discoveries that show commonality work between alcohol and drugs. The working group's charge is to recommend whether organizational change within NIH could further optimize research into substance use, abuse, and addiction and maximize human health and/or patient well being.

In making its recommendations, Roper indicated that the working group will consider: the scientific opportunities, public health needs, and new research technologies; research in these areas under the NIH structure; criteria for contemplating changes in the organization and management of NIH; strategies for implementing any such changes; and metrics and methodologies that could be used for evaluating the impact of any changes. To date, the group has heard from the directors of NIDA and NIAAA; about the public health needs from the perspective of prevention specialists, treatment providers, patient advocates and policy specialists; about the science from the viewpoint of scientists on the mechanisms, pathology and treatment; and alternative models for organizing research on substance use and abuse from the standpoint of academia, industry and the judicial system.

The working group plans to hold additional briefings on alternative models, past decisions, and future considerations for the organization of substance use, abuse and addiction. This includes hearing the lessons learned from the Substance Abuse and Mental Health Services Administration; the former Alcohol, Drug Abuse, and Mental Health Administration; and the Office of National Drug Control Policy. The group will also solicit the perspectives of former institute directors, Roper reported.

He summarized for the SMRB what the working group has heard in its briefings. The advocates for reorganization say the science would benefit from synergies of commonalities. This group believes that the emerging science research indicates similar reward pathways underlie compulsive behavior and alcohol and drug use often begins in adolescence with similar early risk factors. The high prevalence of drug users who also use alcohol suggests both scientific and policy justification. The segregation of disciplines creates public health gaps. Accordingly, these advocates believe that merging the institutes would create synergy for advancing the science of substance use, abuse and addiction. It would also increase flexibility in cross training, they believe.

Conversely, those against a merger point out that reorganization would create gaps in understanding. This group believes that there are multiple targets of alcohol and unique factors underlie abuse and addiction. There are contextual and socio-cultural differences that warrant separate focused research efforts. They point to a lack of compelling evidence to suggest reorganization would improve treatment, prevention, research, and/or training. Additionally, the current organization of the institutes mirrors separation of professional and scientific associations. Accordingly, this group believes that reorganization would decrease emphasis on the effect of alcohol on multiple organ targets. It would jeopardize the budgets for alcohol-related research and would create organizational and administrative obstacles and reversals.

Roper indicated that the working group would like to consider the additional questions of: How is the science being (or not being) served by the current organization? Are any areas of science neglected? Are gaps in public health created? Are there sufficiently common biological pathways warranting a more integrated scientific approach? What research is (or is not) being conducted by NIH in the field of addiction (including tobacco research at the National Cancer Institute and/or addiction research at the National Institute of Mental Health)? What is the scientific and funding portfolio of addiction-related research across the institutes and centers and what percentage of the budget? Are there existing collaborations across institutes and centers? What are some examples of intramural and extramural research?

He observed that there are a series of options for reorganizing research on substance use, abuse and addiction at the NIH despite the current focus on consolidating NIDA and NIAAA. He also stressed that it is important to consider the full spectrum of options, including considering whether there are other parts of the NIH that one might want to bring into any new institute on these areas.

Responding to Roper's comments regarding tobacco research outside of that related to carcinogens, NCI director John Nieberhuber observed that the institute has a rich history in working against tobacco use and is looking to apply these same lessons learned to obesity which is viewed as the next challenge for NCI in reducing the risk of cancer. The institute works not only on the carcinogenic side of tobacco but works on the behavioral aspects, equally, if not more, Nieberhuber maintained.

### NIH Intramural Research

Arthur Rubenstein, University of Pennsylvania, provided the Board with an update of the NIH Intramural Research Program (IRP) working group's deliberations. Everyone agrees that the IRP has a "history of great accomplishments," said Rubenstein. The charge to the working group is to take a broad look and recommend whether any change in organization and/or management could further optimize the opportunities for such a central research program at NIH and maximize human health and/or patient well being.

As a result of recent internal assessments of the NIH clinical center and its fiscal vitality, the IRP working group will perform an analysis of and make recommendations regarding the fiscal sustainability and utilization of the clinical center. One of the pressure points at this time is maintaining funding of the clinical center at a time of budget constraints. The group will also perform an analysis of the optimal organization of the overall NIH intramural research program. Historically, the clinical center has provided a versatile clinical research environment enabling the NIH mission to improve human health, Rubenstein pointed out.

Like the DOCE working group, the IRP group has had several meetings including briefings on the: concerns and current status of the clinical center including an overview of the current fiscal challenges and options for future sustainability; clinical center mission, function and capabilities and vision for the future from the perspective of distinguish NIH investigators and advisors; and business models for hospital management from the perspective of research hospital administrators. Rubenstein reported that the working group has discussed whether there are untapped opportunities for a broader expansion of the mission of the clinical center to engage scientists outside of the NIH. Acknowledging that some of this already occurs, he explained that the thinking was whether this could be made more of a national resource in a proactive way.

He outlined some of the benefits of the clinical center which provides researchers flexibility: investigators devote full attention to research and a lot of training gets done; permits nimble response to emergent scientific opportunities and public health needs; patient care is fully funded; staff has immediate access to cutting edge technology; provides opportunities to conduct high-risk trials for life threatening diseases; it permits failure; houses a critical mass of highly skilled individuals; supports longitudinal studies; fosters distinctive training opportunities and provides a visible window to NIH for the public and policymakers. The working groups needs to be cognizant of protecting these benefits, he noted.

According to Rubenstein, the working group is focused on three overlapping challenges: mission, governance and budget. Regarding the mission, Rubenstein noted that there is a perceived lack of prioritization of and commitment to fund clinical research at the clinical center; barriers to partnerships and leveraging resources (e.g., barriers to intra-/extramural collaborations, intellectual property); and barriers to recruitment, mentorship, and retention of investigators. In terms of governance, according to the working group there is a lack of trans-NIH vision for priority setting in the clinical center accompanied by complexity in administrative approval processes. The working group will look at streamlining governance.

Noting that the budget process is quite complex, Steve Katz, director of the National Institute of Arthritis and Musculoskeletal Diseases and a member of the working group, explained that there have been increased costs connected with the clinical center associated with health care inflation. NIH currently uses a "school tax" method that does not keep up with inflation and as a result there is instability in clinical center funding. Cost shifts, Katz explained, have had unintended and undesirable consequences, essentially significantly reducing the use of the clinical center by the institutes and centers. In addition, the current budget mechanisms used do not support extramural investigators use of the clinical center, Katz explained.

Rubenstein reported that the working group is currently examining potential models and identifying their attributes and evaluating them for: stability and continuity of funding; responsiveness to trends in science and health; incentives for institutes and centers collaborations; ability to position the clinical center as a national resource, both internally and externally; and resiliency in the face of economic constraints. Going forward, the working group intends to hold additional briefings including a public forum with relevant stakeholders. The importance and urgency of the matter is rather significant, Collins maintained. The NIH director noted that scientifically, the clinical center is poised to increase its importance for the future of biomedical research. Collins emphasized that the Board's recommendations on this issue "will be taken with great seriousness."



## NIH DIRECTOR'S COUNCIL OF PUBLIC REPRESENTATIVES MEET

On October 30, NIH Director Francis Collins chaired his inaugural meeting of the Director's Council of Public Representatives (COPR). Collins informed the committee that he has positive feelings about COPR. He shared that some in the community are afraid that he will only care about genetics. He reassured them that he was "the director of all of NIH, not just the DNA part." He expressed gratitude to President Obama, Vice-President Joe Biden and the Congress for the opportunity for NIH to play its part in improving the Nation's health. According to the director, NIH creates or sustains seven high quality jobs for every grant it distributes. Every dollar invested by the agency results in a return of \$2.21 in one year. In stringent economic times, NIH is a good investment, Collins insisted, adding that "more important it is a good investment in human health."

Collins discussed aspects of the five areas of opportunities he sees for the NIH (see related story). COPR members felt that there is a role for the Council. New COPR member Greg Nyce (executive director of Family Health Center of Marshfield, Inc.) pointed out that one of the concepts at the NIH is "bench to bedside." He noted that most of the COPR members are connected with the people in those beds. But from a public health standpoint, most Americans are not in the beds and do not want to find themselves there. He suggested to Collins that in shaping some of his presentations that the NIH director add a "little bit" about prevention and cures which are critical to health care reform. NIH's contributions to these areas will brighten its future, Nyce suggested.

Responding, Collins "wholeheartedly endorsed" the sentiment and explained that in his brief presentation to COPR that he neglected to mention the personalized medicine components of what NIH needs to scientifically demonstrate and figure out how to implement. If "we focus solely on the people who have presented at the ICU with the preventable disease then we have deprived them the opportunity to live a longer and healthier life and we have ratcheted up our health care costs in ways that are not sustainable," he maintained. Yet the system has not done a good job of shifting attention to prevention in terms of the science and the reimbursement paradigms, which tend to undervalue prevention and overvalue procedures on people who are already sick, said Collins.

Collins also noted the revelations about the individual risks for disease coming out of studying DNA have been pretty dramatic in the course of the last four to five years. We are still in the early days for capturing heritability for disease, he acknowledged, but noted that it is coming along. He agreed that this was an opportunity for NIH to make contributions to the future of health care and to run studies to uncover exactly what having your DNA analyzed does in terms of outcomes. He also informed COPR that the NIH is supporting research to see if it is really motivating for people to get this type of information? Do they act upon it? Does it inspire a more serious look at one's own health status?

Stephanie Aaronson from the Public Broadcasting Service, also a recently appointed COPR member, suggested that another opportunity Collins might consider is to focus on health communications and public engagement, given the explosion in technology that has led people to define their communities beyond physical neighborhoods, using experiences or race instead. There is an opportunity Aaronson pointed out to change public participation, science and health communications, and science and health literacy. Collins agreed, explaining that this is an area NIH has begun to explore and hoped the agency could continue to do more to tap into COPR's expertise on the subject.

Naomi Cottoms, Director of the Tri County Rural Health Network, Inc., noted that is she is from rural Arkansas. With regard to NIH's opportunity to reinvigorate the biomedical workforce, she wanted to know how the agency plans to reach the disenfranchised, uninsured, and uneducated. She acknowledged that COPR has done a significant amount of work in communications; but there are still schools and communities that lack access to the Internet. As a result of her service on COPR, she shared that her community is working to increase participation in clinical trials. If scientists could try to create ways to reach these communities, it would increase the quality of the research, she suggested. Collins noted that the agency "should not just assume that getting something up on the web is actually equivalent to getting it into the hands of the people who need it. Even those who have internet access may not find their way to this information without being triggered in some way to know to go and look there." He noted that alternative methods for providing information will be critical for some time to come.

### 'Extraordinary Time for Global Health Research'

Eileen Naughton, Representative in the Rhode Island General Assembly, applauded Collins initiative in global health. She also thanked him for including social and behavioral research and "hopefully embracing the community

engagement piece." She expressed belief that it would change not only what is happening in the U.S., but globally. In terms of the global health agenda, Collins asked COPR if they thought global health "is an area that the American public agrees is a good investment of their money?" He noted that he gets "a bit of a push back sometimes" from some critics who believe that American dollars should not be spent on global health initiatives.

Naughton responded that she is from Rhode Island and the state recognizes the importance of reaching out to the Nation and the world at large. She informed COPR members that former Rhode Island congressman John Fogarty, for whom the NIH Fogarty International Center (FIC) is named, was instrumental in deepening the state's appreciation for international research. Rhode Islanders see how quickly, for example with SARS and H1NI, that diseases and conditions are transnational. "The world is shrinking and the United States has been missing a chance in leadership in the global efforts," Naughton observed. New member Amye Leong, CEO of Healthy Motivation, noted, that through her international work with the United Nations and the World Health Organization, she has seen that people outside of the U.S. look to the NIH for leadership.

COPR also heard from FIC director Roger Glass, on *NIH's International Biomedical Research Initiatives*. Glass is also the NIH Associate Director for International Research and Global Health (see Update, [July 14, 2008](#)). He said the landscape is flat; everything has become globalized -- business, banking, communication, music, entertainment, and news. Biomedical science needs to be added to the list, he declared.

### President Obama's Support for Global Health Research

Glass highlighted President Obama's commitment to science and global health and pointed out that Obama has been to 14 countries (at the time of the meeting) and has made a statement about global health every time. In Cairo, Obama had the backing of former NIH director Elias Zerhouni to expand partnerships with Muslim communities to promote child and maternal health, Glass noted. The President understands that evidence-based medicine can do great things for science, for humanitarian efforts and for health diplomacy, said Glass. He also highlighted the Administration's commitment of \$63 billion for its Global Health Initiative; Collins' initiative for global health, and the Consortium of Universities for Global Health (CUGH) which consists of 58 universities which have global health as a theme on their campuses, as additional indicators of the interest in this area. According to Glass, CUGH sees global health in the 21<sup>st</sup> century not only as an issue of biomedical science but also an opportunity for law and ethics to help health agendas go overseas; for business, journalism, and economics to make impacts sustainable; and for anthropology, behavioral sciences, and bioengineering.

Glass also pointed out the former director Harold Varmus chaired the Institute of Medicine report on the U.S. Commitment to Global Health. As a result, the NIH has established a trans-NIH working group on global health hosted through Fogarty. Twenty-one institutes are participating. Activities include developing a database of NIH international activities; formulating trans-NIH international framework or guidelines; developing guidelines for international clinical research; developing tools for bioethics; expanding and extending partnerships; and strengthening communication and outreach. He further observed that there are lots of other advocates for global health including former presidents Bill Clinton and Jimmy Carter and Bill and Melinda Gates, among others.

Global health has changed with development, Glass reported. The transition, he related, has been remarkable. It affects the thinking about global health because throughout the developing world, with the exception of sub-Saharan Africa, life expectancy has increased. These increases now mean that many countries have to think about chronic noncommunicable diseases.

The primary diseases in the developing world, with the exception of sub-Saharan Africa, have also changed. Cerebral vascular diseases, ischemic heart diseases, depressive diseases, perinatal conditions, explained Glass, are not what are normally thought of as global health. So the NIH has a different portfolio as it reaches out globally. Likewise, each country has different portfolios of illnesses to address. This means that the research done in global health could actually inform the U.S. about how better to address the diseases here. Given the U.S. melting pot, the easiest way to find out about these diseases, he concluded, is to go back to the founder populations.

## COPR CELEBRATES TEN-YEAR ANNIVERSARY: WELCOMES SIX NEW MEMBERS

The Director's Council of Public Representatives (COPR) recently celebrated its 10<sup>th</sup> anniversary. Additionally, six new members were selected to serve on the Council. COPR advises the NIH Director on issues important to the public. When announcing the selection of the new members, NIH director Francis Collins, noted that they "bring extensive knowledge and professional experience in patient advocacy, health disparities, pediatric research, social welfare and aging, minority health, and educational media, along with a strong commitment to enhancing public participation in biomedical and behavioral research." He noted that "COPR's diversity is the keystone to its effectiveness in bringing the public's voice to the level of the NIH Director."

The COPR is a federal advisory committee made up of members of the public who advise the NIH Director on issues related to public input and participation in NIH activities, the NIH research priority setting process, and public outreach programs and efforts (see Update, [May 3, 1999](#)). It is made up of 21 people from across the country who have been chosen to represent the public through an open nomination process. They are patients, family members of patients, health care professionals, scientists, health and science communicators, and educators. To be considered for the COPR, individuals must have some interest in the work of NIH and must be in a position to communicate regularly with the broader public about COPR and NIH activities. COSSA Deputy Director Angela Sharpe serves on the selection committee for COPR membership.

COPR meets twice a year in public session to discuss topics identified by the Director and by COPR members. At the request of the NIH Director and the Directors of the Institutes and Centers, members also sit on NIH committees, including review committees for strategic planning, current research issues, health education campaigns and outreach efforts. COPR members work on special trans-NIH issues, such as building public trust in clinical research and enhancing public input and transparency in the NIH research priority-setting process. The Council reports to the Director in a variety of ways, depending upon the topic. In serving as the NIH voice to the public, members give presentations at various events, including professional meetings, nonprofit organization forums, local town hall and chamber of commerce meetings, and health fairs. These opportunities are also used to seek additional input from the public.

#### 2009 New Members to the NIH Director's Council of Public Representatives:

**Stephanie Aaronson** is senior director of communications at PBS and PBS KIDS, where she serves on the senior corporate strategy and operations team. She also created and leads the PBS Healthy Kids and Healthy Communities Initiative, leveraging PBS' resources to help children, families, teachers, and communities better understand their health and adopt healthy habits.

**Amye Leong** is president and chief executive officer of Healthy Motivation, a health advocacy and communications consulting firm in California and France, and a motivational speaker. She is the international spokesperson and director of strategic relations for the Bone and Joint Decade 2000-2010, established by the United Nations and the World Health Organization to improve quality of life for people affected by bone and joint diseases.

**Jordan Lewis** is the vice president of the National Association of Social Workers, Alaska Chapter, for which he oversees recruitment and retention of members from rural areas of the state. He has just completed his doctorate in cross-cultural community psychology at the University of Alaska Fairbanks, and he plans to use his diverse social work skills and policy background to improve health care programs for Alaska Natives.

**Greg Nycz** is the executive director of the Family Health Center of Marshfield, Inc., a federally and state-funded community health center. For more than 36 years, he has worked to improve access to quality care for disadvantaged populations and to eliminate health disparities, especially in rural communities.

**Lynn Olson** is the director of the Department of Research for the American Academy of Pediatrics. Olson has extensive experience working on teams to translate research findings into better patient care by including primary care pediatricians from all 50 states in the research process. As a sociologist, Olson works to promote the patient perspective (parent and child) in pediatric research, including issues involving lack of health insurance and preventive care.

**Leo Wilton** is an associate professor of Human Development and Africana Studies at Binghamton University, State University of New York. He specializes in health disparities related to HIV and AIDS, community-based research, and psychological development and mental health. As a regional trainer for the American Psychological Association's HIV Office for Psychology Education, Wilton provides outreach to diverse communities about HIV prevention.

Additional information about COPR is available at [www.copr.nih.gov](http://www.copr.nih.gov).

## HEALTHY PEOPLE 2020: OBSSR/ODP WORKING TO PUT SOCIAL AND BEHAVIORAL SCIENCE INTO ACTION TO IMPROVE HEALTH

Every 10 years, the U.S. Department of Health and Human Services (HHS) leverages scientific insights and lessons learned from the past decade, along with new knowledge of current data, trends, and innovations. Healthy People 2020 will reflect assessments of major risks to health and wellness, changing public health priorities, and emerging

issues related to our nation's health preparedness and prevention. On October 30, 2009, HHS issued a call for public comments on its draft Healthy People Objectives for the Next Decade. Comments will be accepted online through December 31, 2009.

Healthy People is designed to provide science-based, ten-year national objectives for promoting health and preventing disease. Since 1979, Healthy People has set and monitored national health objectives to meet a broad range of health needs, encourage collaborations across sectors, guide individuals toward making informed health decisions, and measure the impact of our prevention activity.

Drawing on the expertise of a Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020, public input and a Federal Interagency Workgroup, Healthy People provides a framework to address risk factors and determinants of health and the diseases and disorders that affect communities.

The recommended overarching goals for Healthy People 2020 continue the tradition of earlier Healthy People initiatives of advocating for improvements in the health of every person in our country. The goals address the environmental factors that contribute to our collective health and illness by placing particular emphasis on the determinants of health. Health determinants are the range of personal, social, economic, and environmental factors that determine the health status of individuals or populations. They are embedded in our social and physical environments. Social determinants include family, community, income, education, sex, race/ethnicity, geographic location, and access to health care, among others. Determinants in the physical environments include our natural and built environments.

The overarching goals for Healthy People 2020 are:

- Eliminate preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote healthy development and healthy behaviors across every stage of life.

*Healthy People 2020* will be released in two phases. The framework (the vision, mission, goals, focus areas, and criteria for selecting and prioritizing objectives) was recently released. In 2010, the *Healthy People 2020* objectives will be released along with guidance for achieving the new ten-year targets.



#### OBSSR and ODP to Highlight Healthy People 2020 Goals

Over the next several months, the National Institutes of Health's (NIH) Office of Behavioral and Social Sciences Research (OBSSR) and the Office of Disease Prevention (ODP) will collaborate on a series of columns highlighting the four *Healthy People 2020* goals. According to Acting OBSSR director Christine Bachrach, "bringing different perspectives and responsibilities, the two Offices will examine how behavioral and social sciences research supported by [NIH] informs the *Healthy People 2020* goals and how intervention science and community-based studies can guide strategies to address them." The Offices will also explore promising research opportunities that have the potential to accelerate achievement of the *Healthy People 2020* goals.

In her column on the OBSSR's [website](#), Bachrach stresses that: "Researchers in the behavioral and social sciences have long endorsed the multi-level, life course approach to understanding health. This approach recognizes that health and disease are products of a complex set of factors—biological, behavioral, medical, social, and environmental—as well as their extensive interrelationships and interactions over time." Bachrach recognizes that "no one discipline or field of science can address the goals of Healthy People 2020 single-handedly. Nevertheless, the behavioral and social sciences are uniquely suited to help advance the mission of HP2020," she insists.

OBSSR and ODP will seek to respond to the broad question of how can NIH-supported behavioral and social sciences research inform and support efforts to improve the nation's health through these four key pathways. Their goal for the columns is to highlight the knowledge and resources that NIH-supported behavioral and social sciences research can "bring to bear on achieving the overarching goals of Healthy People 2020." "Behavioral and social scientists and NIH-supported science can and must play a central role in leading the way towards creating a society in which all people live long, healthy lives," Bachrach maintains.

For more information about *Healthy People 2020* and/or submit comments go to:  
<http://www.healthypeople.gov/hp2020/default.asp>.

## NIH LAUNCHES SECOND PHASE OF PATIENT REPORTED OUTCOMES INITIATIVE

In October, the National Institutes of Health launched the second phase of Patient Reported Outcomes Measurement Information System (PROMIS) initiative. The initiative which is managed by the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) awarded 15 new grants to further develop and test PROMIS.

A part of the NIH's Roadmap for Medical Research, one of the goals of PROMIS is to develop valid and reliable clinical instruments that will allow the measurement of patient-reported symptoms more efficiently and effectively. It uses advances in computer technology and modern measurement theory to assess outcomes such as pain, fatigue, and other aspects of quality of life in a standardized manner. Roadmap initiatives are designed to pursue major opportunities and gaps in biomedical and behavioral research that no single NIH institute could undertake alone, but which the agency as a whole can address to make the biggest impact possible on the progress of medical research. Because of the "success of PROMIS and growing interest of various research and health care communities, the NIH Roadmap mechanism has allowed an additional four years of funding" for the initiative, said NIH Deputy Director Raynard S. Kington.

"These outcomes have a major impact on quality of life across a variety of chronic diseases and are often the best way to judge the value of treatments, said NIAMS director Steven Katz. He emphasized that "an important priority" during the second funding phase will "be to strengthen assessment of patient-reported outcomes in all relevant population groups, including minorities, women, underserved individuals, and children."

The network is designed to support a comprehensive, integrated approach to data collection, storage, and management and will consist of three administrative centers and 12 research sites. The administrative centers include:

PROMIS Statistical Center: David F. Cella, Northwestern University, Chicago, Illinois  
PROMIS Technology Center: Richard C. Gershon, Northwestern University, Chicago, Illinois  
PROMIS Network Center: Susan D. Keller, American Institutes for Research, Washington, DC

PROMIS research sites:

University of North Carolina, Chapel Hill, NC (Darren A. Dewalt)  
Children's Hospital of Philadelphia, Philadelphia, PA (Christopher Forrest) and  
Stanford University, California (James F. Fries)  
Boston University, Boston (Stephen M. Haley)  
Kessler Research Center, West Orange, NJ (David Scott Tulsky)  
University of California, Los Angeles, CA (Dinesh Khanna and Brennan Spiegel)  
Children's Hospital Medical Center, Cincinnati (Esi M. Morgan Dewitt)  
University of Washington, Seattle (Heidi M. Crane, Paul K. Crane, and Donald L. Patrick)  
University of Pittsburgh, Pittsburgh (Paul A. Pilkonis)  
Fred Hutchinson Cancer Research Center, Seattle (Carol M Monipour)  
Georgetown University, Washington, DC (Arnold L. Potosky)  
University of Maryland, Baltimore (Lisa M. Shulman)  
State University New York Stony Brook, NY (Joan E. Broderick and Arthur A. Stone)  
Duke University (Kevin P. Weinfurt)

Funds provided by the American Recovery and Reinvestment Act (ARRA) are supporting some of the PROMIS activities. For more information about the NIH Roadmap see [www.nihroadmap.nih.gov](http://www.nihroadmap.nih.gov).

## CONFERENCE EXAMINES MEASUREMENT OF INNOVATION

On November 17th the Heritage Foundation and the Brookings Institution co-hosted a conference on "Measuring Innovation and Change during Turbulent Economic Times." The conference explored the measurement challenges associated with the recession; how innovation can become a standard component of our national account system; and how incorporating innovation metrics will aid the development of a unified picture of the sources of growth and

economic disruption. A video of the conference and copies of some of the papers are available at <http://www.heritage.org/press/events/ev111709a.cfm>

Rebecca Blank, Under Secretary of Economic Affairs at the Department of Commerce, opened the conference speaking on monitoring the recession and recovery. She called for economic and social measures of change that capture the full range of effects of new technologies; mixed methods of analysis that provide both quantitative and qualitative information about the effects of innovation; timely longitudinal data on wealth and immigration; environmental measures that better capture environmental intangibles and sustainability; and improved measures of well-being that better describe the quality of health and the quality of life.

Marshall Reinsdorf of the Bureau of Economic Analysis (BEA) and Paul Smith of the Federal Reserve Board presented preliminary results on saving and retirement incomes obtained from analyzing integrated data from the Federal Reserve's Flow-of-Funds data with BEA's National Income Accounts. They use alternative definitions of income, consumption and taxes to help fill out the saving picture, to monitor the current recession, and to identify gaps in the data. A major gap, they concluded, is the lack of data on unfunded liabilities in defined benefit pension plans. Their preliminary analysis estimated the difference between the liabilities and the assets of state and local government pension plans at from one to three trillion dollars.

Steve Landefeld, BEA's Director, presented possible alternative measures of economic activity that could expand the usefulness of existing national accounts for assessing the sustainability of economic growth and avoiding economic crises. For example, BEA has produced for decades measures of income and production that net out the capital and natural resources used up in production. Over time, estimates of Net Domestic Product, Net Domestic Income and Net Domestic Investment differ significantly from the much more widely used Gross Domestic Product, Gross Domestic Income and Gross Domestic Investment, although the former provide more accurate indicators of the sustainability of economic trends than the latter. Landefeld used data from the newly integrated Federal Reserve flow of funds accounts and the BEA national income accounts to show how these data could have highlighted for policy makers how out of line housing and equity prices were and how big an adjustment was required to bring them back in line.

#### **Current Economic Crisis Reveals Weakness of Economic Data**

Alan Krueger, Assistant Secretary for Economic Policy, Department of the Treasury, found the stress of the current economic crisis had revealed weaknesses in existing economic statistics. He discussed problems of timeliness, unreliable and invalid data, and missing data in the financial and housing sectors. These problems could be addressed by providing more funding for government statistical offices and by leveraging private sources of economic data to improve the national statistical infrastructure. He proposed as part of the process of leveraging private economic data, establishing guidelines for privately collected economic data to assure that they meet high standards of transparency and scientific design.

Mark Doms, Chief Economist from the Department of Commerce, recommended adding financial capital to other variables used to explain the real economy and collecting information in surveys and directly from banks about different measures of financial capital.

Karen Dynan, co-director of the Brookings Institution's Economic Studies Program, discussed crisis-related data. Specifically, she addressed the difficulties of creating useful alternative indicators, the importance and the difficulty of obtaining information about the tails of distributions of key indicators, the advantages and disadvantages of having the government distribute sensitive crisis-related data, and the importance of supporting the collection and improvement in the data needed to understand underlying relationships.

Donald Marron, Lightyear Capital, suggested that the audience for the research presented at this conference was far broader than the participants probably realize because so many families depend on 401Ks for their retirement. The current financial crisis is the first 401K crisis and the statements households receive about the value of their 401Ks is affecting not only their spending patterns but their sense of self-worth and status.

Dennis Fixler, BEA's Chief Statistician, discussed innovation and intangibles specifically the way BEA estimates Research and Development (R&D). BEA uses a National Science Foundation survey of industrial R&D by performer to estimate R&D by owner or funder. That survey has just gone through a major redesign that will make it much more useful and improve the quality of the BEA estimates. He also discussed the difficulties of measuring depreciation of R&D and price deflators.

Michael Harper, Associate Commission of Productivity and Technology, Bureau of Labor Statistics, described how BEA R&D estimates are used to estimate productivity growth. One finding is that most of the speed up in productivity growth before the recent economic crisis was due to investments in Information Technology.

E.J. Reedy, Kauffman Foundation, called for an ongoing dialogue between data producers, funders and users to increase data access and move beyond data access. He urged support for greater access by academics to microdata and for the collection and dissemination of regional data. The Kauffman Firm survey reaches small businesses not covered by government surveys and the survey found those businesses make substantial investments in R&D. Brent Moulton from BEA discussed the new architecture for national income accounts for integrating statistics, a framework for putting together a set of accounts for the total economy. Concepts must be used consistently, he said. Data in the past has been produced in a fractured manner and researchers need to spend time adjusting data to make them consistent. There have been a number of calls for integration. He also suggested that there are important applications for integrated national income statistics. He presented results of research using the integrated private sector which shows that multi-factor productivity is slowing. The multi-factor productivity framework has become an international standard. Moulton discussed problems in extending the architecture to the total economy.

### A Call for Combining Statistical Agencies

Martin Bailey of the Brookings Institution said statistical agencies should be combined but indicated that was politically impossible because of Congressional pressure to protect the collection of relatively expensive agricultural data. He urged BLS to bring back productivity measures it used to collect for different government sectors so that best practices could be identified. According to Bailey, we are in a period of uncertainty about productivity growth. There is some microeconomic evidence that there are opportunities for continued productivity gain. Recent macroeconomic data suggest a slowing in productivity but productivity growth is still close to the long-term trend. Forecasts for future productivity growth range from 1.8 to 2.8 percent. Bailey provided a sector-by-sector discussion of the sources of productivity gains. The major sources of productivity growth were the diffusion of lean management technology from Japan to the U.S. and advances in computer and electronic products. Michael Harper from BLS described in detail a project to estimate government outputs from inputs and the difficulties with some of the results.

Dale Jorgenson from Harvard closed the conference with the "big picture," a review of the different presentations within the context of the "New Architecture: Roadmap for US National Accounts." The current National Income Products Account looked at the production account and missed the massive downward revaluation of the domestic balance sheet in housing and pensions. A comprehensive and integrated approach is a major step forward in national income accounts, he concluded.

(Dan Newlon, Director of Government Relations, American Economic Association, contributed this article to Update.)

## NIH AND CDC SEEK APPLICATIONS FOR OBESITY POLICY RESEARCH

Despite growing awareness of the negative health impact of poor diet, physical inactivity, and excess weight, obesity prevalence has increased markedly. For adults, the obesity rates have doubled in the last twenty five years and in 2005-2006, 33.3 percent of men and 35.3 percent of women were defined as obese. Similarly, overweight and obesity rates in children and teens have also risen significantly. From 1976-1980 until 2003-2004, obesity in children and teens tripled (17.1 percent are currently obese), and overweight almost doubled in the same period, from 9.1 percent to 16.5 percent.

Experiences in tobacco control and other public health initiatives (e.g. seatbelt use and vaccinations) have revealed that public policy may be a powerful tool to effect structural change in order to alter population-level diet and physical activity behavior. Increasingly, a variety of policies that are intended to promote healthier eating and physical activity patterns are being implemented at local and state levels of government. Many of these have targeted the food environment and activity requirements in schools. Despite promising findings from research interventions at school, community, and state levels, relatively little is known about the absolute and relative effects of these policies, or other potential policies, on diet and physical activity behavior and health outcomes.

The National Institutes of Health (Cancer (NCI), Heart, Lung, and Blood (NHLBI), Diabetes and Digestive and Kidney Diseases (NIDDK), Child Health and Human Development (NICHD), Office of Behavioral and Social Sciences Research (OBSSR)), and the National Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control and Prevention, are seeking applications that propose to: (1) conduct evaluation research on obesity-related "natural experiments" or community and other population-level public policy interventions that may affect diet and physical activity behavior, and/or (2) develop and/or validate relevant community-level measures (instruments and

methodologies to assess the food and physical activity environments at the community level). The funding opportunity announcement's (FOA) overarching goal is to inform public policy and research relevant to diet and physical activity behavior, and weight and health outcomes of Americans. Previous research focusing on altering dietary and physical activity behavior has targeted individuals. These interventions have been generally unsuccessful in establishing long-term energy balance behavior changes.

A number of environmental influences—spanning community, societal, national, and international environments—are correlated with increased obesity prevalence, including: increased portion sizes; school food and physical activity environments; the built environment (such as sidewalks and street design); the community food environment (including access to supermarkets); relatively high costs of fresh produce and other nutrient-dense foods, such as lean meats and fish; technological advances leading to reduced requirements for physical activity at work and at home; developments in agriculture and food technology leading to decreased costs of processed food and food products; as well as marketing of high-calorie and low nutrient-dense food, especially to children.

Many of these environmental influences may be manipulated at different levels of government using the traditional policy levers, including regulations, taxes, subsidies, and information campaigns. The potential policy interventions that may improve dietary choices and/or encourage physical activity are both “deep” and “broad” in scope. That is, policies may be enacted at federal, state and local levels, and include policy areas as diverse as: education; transportation and urban planning; healthcare; and agriculture and food policy, including food assistance programs. Examples of potential topics include, but are not limited to:

#### 1) Evaluation of Obesity-Related Natural Experiments

What are the behavioral, health and/or other effects of:

- taxes/subsidies/price changes/other incentives (e.g., farmers market vouchers) to improve diet;
- the introduction of a supermarket in an underserved neighborhood;
- changes to school food and/or physical activity environments;
- information campaigns: What is the optimal dose, intensity and medium of messages
- calorie labeling in restaurants on consumers' choices, restaurant offerings, and/or overall diet;
- active transportation options, e.g. the implementation of bike lanes in urban areas, multi-use trails, or subsidies for public transit on activity of citizens; and
- community-level changes, e.g., upgrades of sidewalks, implementation of complete streets, walking trails, traffic calming measures, and/or bike lanes on physical activity.

#### 2) Community-level Measures

- Refine and test existing measures of the food and physical activity environments for use in population surveillance, policy research, epidemiological studies, and/or behavioral research;
- Develop or refine new measures of the community-level food and physical activity environment, e.g., restaurants, schools, worksites, food stores, parks, multi-use trails, gyms;
- Explore psychometric properties of instruments so that questionnaire items can be developed for various demographic groups, that are compared using the same metric, or administered with innovative approaches;
- Conduct validation or testing of existing instruments to assess utility in populations at high risk for obesity, poor diet and inactivity;
- Comparative research of objective versus perceived measures;
- Formative research, such as qualitative research necessary to develop new measures;
- Validate methods for measuring the food and physical activity environment using appropriate reference instruments.

This investigator-initiated FOA [PA-10-027](#) runs in concert with two other FOAs of identical scientific scope, [PA-10-028](#) and [PA-10-029](#) that encourage applications under the NIH Exploratory/Developmental (R21) and NIH Small Research (R03) grants.

## SOCIAL WORK RESEARCH GROUP JOINS COSSA

COSSA is pleased to welcome the Society for Social Work and Research as its newest member. The Society is devoted to the involvement of social workers, other social work faculty, and social work students in research and to promotion



of human welfare through research and research applications. COSSA looks forward to working with the Society on matters of mutual interest.

## CONSORTIUM OF SOCIAL SCIENCE ASSOCIATIONS

# COSSA

Executive Director: Howard J. Silver  
Deputy Director for Health Policy: Angela L. Sharpe  
Associate Director for Public Affairs: Pamela L. Pressley  
Assistant Director for Government Affairs: La Tosha C. Lewis  
President: Aletha C. Huston

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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**NEW ADDRESS**  
1701 K Street, NW, Suite 1150  
Washington, D.C. 20006  
Phone: (202) 842-3525; Fax: (202) 842-2788

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## **MEMBERSHIP ORGANIZATIONS**

Academy of Criminal Justice Sciences  
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Council on Social Work Education  
Eastern Sociological Society  
International Communication Association  
Justice Research and Statistics Association  
Midwest Sociological Society  
National Association of Social Workers

National Council on Family Relations  
North American Regional Science Council  
North Central Sociological Association  
Population Association of America  
Social Science History Association  
Society for Behavioral Medicine  
Society for Research on Adolescence  
Society for Social Work and Research  
Society for the Psychological Study of Social Issues  
Sociologists for Women in Society  
Southern Political Science Association  
Southern Sociological Society  
Southwestern Social Science Association

## **COLLEGES AND UNIVERSITIES**

Arizona State University  
Brown University  
University of California, Berkeley  
University of California, Davis  
University of California, Irvine  
University of California, Los Angeles  
University of California, San Diego  
University of California, Santa Barbara  
Carnegie Mellon University  
University of Chicago  
Clark University  
Columbia University  
Cornell University  
Duke University  
Georgetown University  
George Mason University  
George Washington University  
Harvard University  
Howard University  
University of Illinois  
Indiana University  
University of Iowa  
Iowa State University  
Johns Hopkins University  
John Jay College of Criminal Justice, CUNY  
Kansas State University  
University of Maryland  
Massachusetts Institute of Technology  
Maxwell School of Citizenship and Public Affairs, Syracuse  
University of Michigan

Michigan State University  
University of Minnesota  
Mississippi State University  
University of Nebraska, Lincoln  
New York University  
University of North Carolina, Chapel Hill  
North Carolina State University  
Northwestern University  
Ohio State University  
University of Oklahoma  
University of Pennsylvania  
Pennsylvania State University  
Princeton University  
Purdue University  
Rutgers, The State University of New Jersey  
University of South Carolina  
Stanford University  
State University of New York, Stony Brook  
University of Texas, Austin  
University of Texas, Brownsville  
Texas A & M University  
Tulane University  
Vanderbilt University  
University of Virginia  
University of Washington  
Washington University in St. Louis  
West Virginia University  
University of Wisconsin, Madison  
University of Wisconsin, Milwaukee  
Yale University

## **CENTERS AND INSTITUTES**

American Academy of Political and Social Sciences  
American Council of Learned Societies  
American Institutes for Research  
Brookings Institution  
Center for Advanced Study in the Behavioral Sciences  
Cornell Institute for Social and Economic Research  
Institute for Social Research, University of Michigan  
Institute for the Advancement of Social Work Research  
Institute for Women's Policy Research

National Bureau of Economic Research  
National Opinion Research Center  
Population Reference Bureau  
Social Science Research Council

