



COSSA

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Register Now For the COSSA Colloquium on Social and Behavioral Science and Public Policy: November 29-30

Go to www.cossa.org.

Speakers include: former Census Director and COSSA President Ken Prewitt, American Enterprise Institute Scholar Norman Ornstein, former Assistant Attorney General for the Office of Justice Programs Laurie Robinson, National Science Foundation Assistant Director for SBE, Myron Gutmann. Panels include: congressional staff discussing the Dangers Ahead for Funding of Social/Behavioral Science Research, Using Social/Behavioral Science in Public Policy, and the Future of Work.

Congress Passes CR Recesses for Election; Administration Releases Sequestration Estimates

The House on September 13 and the Senate on September 22 passed the FY 2013 Continuing Resolution (CR) that will fund the agencies and programs of the Federal government until March 27, 2013. The CR includes an across-the-board increase of 0.6 percent above the FY 2012 funding levels. This action negates the riders attached to the individual FY 2013 appropriations bills by the House and Senate and their respective funding committees. Thus, the political science program at the National Science Foundation and the American Community Survey, eliminated by the House, and economics research at the National Institutes of Health, recommended for no further funding by the House Labor, Health and Human Services, and Education spending subcommittee, are safe for now.

Having punted on appropriations, the Members left Washington to return home and their re-election contests. The Congress also failed to complete reauthorization of the Farm bill before it left town. The Republicans hope to pick up the four seats they need to gain control of the Senate; the Democrats hope to switch 24 seats to take back control of the House.

When Congress returns post-election, the current Congress will face the daunting task of coming to terms with numerous policies that some have dubbed "the fiscal cliff." The Budget Control Act of 2011's provision for across-the-board cuts known as sequestration loom on January 2. The expiration of the Bush tax cuts and the Obama cuts to employee Social Security taxes as well as various small tax provisions such as the Research and Experimentation tax credit also are on the horizon.

In the meantime, responding to a bill recently enacted by the Congress, the Office of Management and Budget (OMB) released figures providing the Administration's estimates of the impact of the sequestration cuts on agencies. In general domestic discretionary programs face an 8.2 percent reduction, while defense discretionary programs would decline by 9.4 percent. There cuts would also include 7.6 reductions in entitlement programs such as Medicare, Medicaid and Social Security.

The major research agencies would lose significant funds. The National Institute of Health would see its funding reduced by \$2.5 billion. The National Science Foundation would decline by \$568 million. The following chart indicates OMB's estimates by programs that fund social and behavioral science research.

	Budget	%	Sequester	Budget Post-Sequestration
DEPARTMENT OF AGRICULTURE				
Economic Research Service	78	8.2	6	72
National Agricultural Statistics Service	159	8.2	13	146
National Institute on Food and Agriculture <i>Extension Activities (Discretionary)</i>	475	8.2	39	436

<i>Extension Activities (Mandatory)</i>	5	7.6	<1	4
<i>Research and Education Activities</i>	710	8.2	58	652
<i>Integrated Activities</i>	21	8.2	2	19

DEPARTMENT OF COMMERCE

Bureau of the Census				
<i>Salaries and Expenses (Discretionary)</i>	253	8.2	21	232
<i>Salaries and Expenses (Mandatory)</i>	30	7.6	2	28
<i>Periodic Censuses and Programs</i>	689	8.2	56	633
<i>Census Working Capital Fund</i>	683			683
Economic and Statistical Analysis	96	8.2	8	88

DEPARTMENT OF EDUCATION

Institute of Education Sciences	594	8.2	49	545
Office of Post Secondary Education				
<i>Higher Education (Discretionary)</i>	1,870	8.2	153	1,717
<i>Higher Education (Mandatory)</i>	428	7.3	33	395
<i>College Housing and Academic Facilities Loans Program Account</i>	21	8.2	2	19
<i>Howard University</i>	234	8.2	19	215
<i>College Housing and Academic Facilities Loans Liquidating Account (Mandatory)</i>	6			6

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality				
<i>(Discretionary)</i>	351			351
<i>(Mandatory)</i>	12			12
Centers for Disease Control and Prevention				
<i>CDC-Wide Activities and Program Support (Nondefense Discretionary)</i>	5,657	8.2	464	5,193
<i>CDC-Wide Activities and Program Support (Nondefense Mandatory)</i>	905			905
<i>CDC-Wide Activities and Program Support (Defense Mandatory)</i>	57	10.0	6	51
<i>Toxic Substances and Environmental Public Health, Agency for Toxic Substances and Disease Registry</i>	76	8.2	6	70
<i>World Trade Center Health Program Fund</i>	190	7.6	14	176
National Institutes of Health				
<i>(Discretionary)</i>	30,711	8.2	2,518	28,193
<i>(Mandatory)</i>	167	7.6	11	156

Departmental Management				
<i>Prevention and Public Health Fund (Mandatory)</i>	1,000	7.6	76	924
DEPARTMENT OF HOMELAND SECURITY				
Science and Technology	668	8.2	55	613
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT				
Policy Development and Research	46	8.2	4	42
DEPARTMENT OF JUSTICE				
Office of Justice Programs				
<i>Research, Evaluation, and Statistics</i>	104	8.2	9	95
<i>State and Local Law Enforcement Assistance</i>	1,119	8.2	92	1,027
<i>Juvenile Justice Programs</i>	254	8.2	21	233
<i>Community Oriented Policing Services</i>	162	8.2	13	149
<i>Violence against Women Prevention and Prosecution Programs</i>	398	8.2	33	365
<i>Crime Victims Fund (Mandatory)</i>	705	7.6	54	651
<i>Public Safety Officer Benefits (Discretionary)</i>	16			16
<i>Public Safety Officer Benefits (Mandatory)</i>	65			65
DEPARTMENT OF LABOR				
Bureau of Labor Statistics	542	8.2	44	498
DEPARTMENT OF STATE				
Administration of Foreign Affairs				
<i>Education and Cultural Exchange Programs</i>	599	8.2	49	550
DEPARTMENT OF TRANSPORTATION				
Office of the Secretary				
<i>Transportation, Planning, Research, and Development</i>	9	8.2	1	8
<i>Research and Development</i>	16	8.2	1	15
INDEPENDENT AGENCIES				
National Archives and Records Administration				
<i>Operating Expenses</i>	356	8.2	31	325
<i>National Historical Publications and Records Commission</i>	5	8.2	<1	4
<i>Repairs and Restoration</i>	9	8.2	1	8
<i>Office of the Inspector General - National Archives and Records Administration</i>	4	8.2	<1	3
<i>National Archives Trust Fund (Mandatory)</i>	17	7.6	<1	16
<i>Records Center Revolving Fund</i>	194			194

<i>National Archives Gift Fund (Mandatory)</i>	10			10
National Endowment for the Humanities				
<i>Grants and Administration</i>	146	8.2	12	134
<i>Gifts and Donations (Mandatory)</i>	1			1
National Science Foundation				
<i>Research and Related Activities (Nondefense)</i>	5,651	8.2	463	5,188
<i>Research and Related Activities (Defense)</i>	68	9.4	6	62
<i>Education and Human Resources (Discretionary)</i>	829	8.2	68	761
<i>Education and Human Resources (Mandatory)</i>	100	7.6	8	92
<i>Agency Operation and Award Management</i>	299	8.2	25	274
<i>Office of the Inspector General</i>	14	8.2	1	13
<i>Office of the National Science Board</i>	4	8.2	<1	3
<i>Major Research Equipment and Facilities Construction</i>	167	8.2	14	153
<i>Donations (Mandatory)</i>	25	7.6	1	24
United States Institute of Peace				
<i>Operating Expenses</i>	39	8.2	3	36
Smithsonian Institution				
<i>Salaries and Expenses, Woodrow Wilson International Center for Scholars</i>	11	8.2	1	10

The full report is available

at: http://www.whitehouse.gov/sites/default/files/omb/assets/legislative_reports/stareport.pdf.

U.S. Census Bureau Releases 2011 ACS One-Year Estimates

The embattled American Community Survey (ACS), which the House voted to eliminate (see [Update, May 14, 2012](#)), continues to provide the most up-to-date socioeconomic information about this nation. The Census Bureau has now released the 2011 ACS One-Year estimates.

This release provides local data on 40 topics, such as educational attainment, occupation, language spoken at home, nativity, ancestry and selected monthly homeowner costs. The data are available for the nation, all 50 states, the District of Columbia, Puerto Rico, every congressional district, every metropolitan area, and all counties and places with populations of 65,000 or more. To learn more about this release, go to the [2011 Data Release page](#).

In addition, the Census Bureau has released a set of [American Community Survey Briefs](#). These short reports supplement detailed tables with additional analysis on three key topics. These include the following:

- [Household Income for States: 2010 and 2011](#)
- [Poverty: 2010 and 2011](#)
- [Health Insurance Coverage of Young Adults Aged 19 to 25: 2008, 2009, and 2011](#)

NCES Releases Results of New NAEP 2011 Writing Assessment

The National Center for Education Statistics (NCES) released new data for the National Assessment of Education Progress (NAEP) Writing Assessment for 8th and 12th grade. The Department of Education redesigned the 2011 writing assessment to make it computer-based with a sample of 24,100 eighth graders and 28,100 twelfth graders composing their responses solely on the machine. As a result, the 2011 writing assessment cannot be compared to previous assessments.

Eighty percent of 8th graders performed at or above the Basic level in writing in 2011. Fifty-four percent performed at the Basic level, 24 percent performed at the Proficient level, and 3 percent performed at the Advanced level. Below is a breakdown of how racial groups performed on the assessment.

	Below Basic	Basic	Proficient	Advanced
White	13	54	30	4
Black	35	54	10	1
Hispanic	31	55	13	1
Asian	11	45	36	8

Among 8th graders who scored below the 25th percentile, 67 percent were eligible for free or reduced lunch. Of the 8th graders who scored above the 75th percentile, only 18% were eligible for free or reduced lunch. Only 11 percent of those eligible for free or reduced lunch scored at the proficient level, as opposed to 32 percent who weren't eligible.

Fifty-two percent of 12th grade students performed at the Basic level, 24 percent of scored at the Proficient level, and three percent performed at the Advanced level. The chart below shows the levels broken down by race.

	Below Basic	Basic	Proficient	Advanced
White	13	52	30	4
Black	39	52	9	0
Hispanic	35	54	11	1
Asian	15	48	33	5

For the complete NCES report, go to: <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2012470>.

White House Announces Initiative on Educational Excellence for African Americans

President Obama, in late July, issued an Executive Order (EO) that establishes a *White House Initiative on Educational Excellence for African Americans*. The initiative's goals are to "strengthen the Nation by improving educational outcomes for African Americans of all ages, and to help ensure that all African Americans receive an education that properly prepares them for college, productive careers, and satisfying lives."

The EO explains the problem: "substantial obstacles to equal educational opportunity still remain in America's educational system. African Americans lack equal access to highly effective teachers and principals, safe schools, and challenging college-preparatory classes, and they disproportionately experience school discipline and referrals to special education. African American student achievement not only lags behind that of their domestic peers by an average of two grade levels, but also behind students in almost every other developed nation. Over a third of African American students do not graduate from high school on time with a regular high school diploma, and only four percent of African American high school graduates interested in college are college-ready across a range of subjects. An even greater number of African American males do not graduate with a regular high school diploma, and African American males also experience disparate rates of

incarceration."

The Department of Education will house the initiative, with an Executive Director appointed by the Secretary. An Interagency Working Group will support the initiative and an Advisory Commission composed of non-governmental experts will provide guidance. The new initiative complements and reinforces the Historically Black Colleges and Universities Initiative established by an earlier EO thus increasing support to enhance educational outcomes for African Americans at every level of the American education system. It also resembles an earlier EO on Educational Excellence for Hispanic Americans.

The Interagency Working Group will consist of senior officials from the Department, the White House Domestic Policy Council, the Department of Justice, the Department of Labor, the Department of Health and Human Services, the National Science Foundation, the Department of Defense, and such additional agencies and offices as the President may subsequently designate.

The Advisory Commission will have 25 members appointed by the President and will meet twice a year.

The full Executive Order is available at: <http://www.whitehouse.gov/the-press-office/2012/07/26/executive-order-white-house-initiative-educational-excellence-african-am>.

Science of Science and Innovation Policy Focus of NAS Conference

The National Academy of Sciences (NAS) hosted a two-day Principal Investigators' Conference for recipients of National Science Foundation (NSF) Science of Science Policy and Innovation (SciSIP) grants. The conference was the largest gathering of SciSIP researchers since the creation of the program in 2006. It gave scientists, policymakers, and other stakeholders a chance for dialogue about challenges and opportunities in science and innovation policy. It featured plenary discussions by policymakers and researchers and thematically-oriented breakout sessions, as well as poster sessions.

Many presenters discussed the need to better translate research results into conclusions that can be utilized by policymakers, which involves striking a balance between keeping research timely and relevant while maintaining scientific rigor. They also discussed the challenges and opportunities presented by "big data."

As part of a panel of science and innovation policymakers, Joel Scheraga of the Environmental Protection Agency called on scientists to get their research into the hands of policymakers and make sure that it is understood. He observed that scientists are often hesitant to draw policy conclusions from their research due to concerns that the science is not ready or the results are not clear. However, especially in the case of climate change, decisions are being made now, only without scientific backing. "An informed decision is better than an uninformed decision," Scheraga said. He called for a "lasting bridge" between researchers and policymakers so that policymakers can be kept informed of findings and scientists know where policymakers' knowledge gaps are.

In a session on human capital, Richard Freeman, of Harvard University, reported the finding that to a significant degree, researchers tend to choose members of the same ethnicity as collaborators. Rajshree Agarwal-Tronetti of the University of Maryland discussed the career trajectories of scientists based on their decisions to work in industry or academia, and to focus on basic or applied sciences. She also discussed ongoing research into the gender gap in earnings for industry and for academia (there is a much higher earnings gap for women in academia, compared to those in industry). Eric Stuen, of the University of Idaho, presented research on the productivity of international students in U.S. doctoral programs, finding that foreign scholarship students publish more and are cited more often than foreign paying students (differences between international and domestic students were not statistically significant). Megan MacGarvie of Boston University discussed her findings regarding how requirements that scholarship students return to their home countries once their scholarship ends impact the global diffusion of knowledge. While there was not

a significant difference overall, there was a 150% increase in home-country citations for those from low-income countries. However, this cohort was also less productive overall.

As part of a panel on the role of organizations, institutions, and networks, Susan Cozzens of Georgia Tech discussed her research on international collaborations among scientists researching biofuels and neutron scattering. She found that "US researchers are using international collaborations as a strategic opportunity to learn from the world." Jerald Hage of the University of Maryland discussed the role of organizational size of research laboratories in time use and researcher satisfaction. He found that the larger the lab, the more time is spent on activities other than research (funding, administrative, organizational tasks), and the more dissatisfied employees were.

During a session on assessment and program evaluation, Amy Pienta of the University of Michigan presented her research on the data-sharing behavior of researchers. She found that about 43% of NSF grant recipients and 46% of National Institutes of Health (NIH) grant recipients share their research. Most researchers cited either time constraints or difficulty of documentation as barriers to sharing data. Catherine Eckel of Texas A&M discussed the implementation of an energy-saving program targeted at the poor in one neighborhood in Dallas. She found that only a very small proportion of the target population participated in the program and suggested that those who are living day-to-day may not have the time or energy to take advantage of such programs.

More information about the conference is available at:

http://sites.nationalacademies.org/DBASSE/CNSTAT/CurrentProjects/DBASSE_072054.

CNSTAT Holds Workshop on Aging and the Arts

On September 14, the Committee on National Statistics (CNSTAT) at the National Academy of Sciences held a workshop on "Research Gaps and Opportunities for Exploring the Relationship of the Arts to Health and Well-Being in Older Adults." The workshop was held at the request of the National Endowment for the Arts and the National Institutes of Health (the National Institute on Aging, the Office of Behavioral and Social Sciences Research, and the National Center for Complementary & Alternative Medicine).

Speakers emphasized the multimodal impact of arts interventions-participating in arts activities can affect cognitive, emotional, physical, and social faculties simultaneously. As a result, however, the mechanisms by which the arts promote health are poorly understood. Throughout the day, speakers stressed that we need more research to understand these processes. Another common theme was the need for more rigorously designed studies, consistent metrics, and alternatives to traditional randomized controlled trials. Finally, many speakers expressed a desire for better communication between researchers and practitioners of art therapies in order to facilitate putting the results of research into practice.

In a panel on the health impacts of arts activities, Tony and Helga Noice, of Elmhurst College, presented results of research they had conducted with Art Kramer of the University of Illinois at Urbana-Champaign. Their work studied the impact participating in acting classes had on the health and well-being of seniors. They found that participating in the classes improved their subjects' cognitive function and sense of well-being. Nina Kraus of Northwestern University presented research she had conducted with Alexandra Parbery-Clark, also of Northwestern, about the effects of lifelong musicianship on cognition. Kraus reported that such musical experience was associated with better auditory processing (picking speech out of noise, for example).

Researchers also compared arts therapies to other interventions in adults experiencing declining function (including those with dementia, stroke, and Parkinson's). Kate de Medeiros of Miami University and Anne Basting of University of Wisconsin-Milwaukee discussed the state of intervention research regarding dementia patients. They noted that pharmacologic interventions are associated with weak benefits and highly negative side effects, but it is difficult to draw conclusions about arts interventions because the literature is not as robust (though such

interventions do appear to show promise). They stressed a need for more rigorous studies about the impact of these interventions. Research presented by Gottfried Schlaug, of Harvard University, suggested that music may be able to help the brain recover from trauma such as a stroke or Parkinson's disease. Listening to and singing music may improve the brain's plasticity and help it to create alternative pathways to circumvent damaged ones (such as those that control speech or movement). Julene Johnson, of University of California San Francisco, discussed the state of the research regarding treating dementia with music interventions. She argued that more rigorous studies are needed to determine what impact these treatments have.

Other panels addressed the cost-benefit considerations of arts programs and interventions and the importance of aesthetics and design to the well-being of older adults in long-term care and assisted living facilities.

More information on the workshop can be accessed at:

http://sites.nationalacademies.org/DBASSE/CNSTAT/CurrentProjects/DBASSE_071761.

Brookings Session Examines Census Bureau Poverty Report

On September 12, the Brookings Institution held a briefing to discuss the newly released U.S. Census Bureau report, *Income, Poverty, and Health Insurance Coverage in the United States: 2011*. Richard Burkhauser of Cornell University summarized the findings: "The good news is the bad news isn't as bad as it was in 2010."

The poverty rate has increased every year since 2007; in 2011 the official poverty rate was 15 percent, which translate into 46.2 million people living in poverty. However, the rate was not statistically different from the previous year. For people 18 to 64, 13.7 percent or 26.5 million, were in poverty compared with 8.7 percent or 3.6 million, of people 65 and older, and 21.9 percent or 16.1 million, of children under 18. None of the above age groups experienced a statistically significant change in the number or rates of people in poverty between 2010 and 2011. The poverty rate for families also remained statistically unchanged with 11.8 percent or 9.5 million, families living in poverty. As in previous years, the group with the highest poverty rate was female-headed households with 31.2 percent, as compared to 6.2 percent for married-couples.

"Median income overall is not a good story but not a horrible story," said Ron Haskins of Brookings' Center for Children and Families. Median family household income declined by 1.7 percent in real terms between 2010 and 2011 to \$62,273. The real median earnings of both men and women who worked full time, year-round, declined by 2.5 percent between 2010 and 2011. In 2011, the median earnings of women who worked full time, year-round was \$37,118. This is 77 percent of men's earnings for those working full time, \$48,202.

Government benefits are important to helping alleviate poverty, said Haskins. He suggested that government support for the poor is in jeopardy, with serious cuts in programs in the future resulting in significant increases in the poverty rate.

One bright spot in the poverty report is that the number of people with health insurance increased to 260.2 million from 256.6 million in 2010. The percentage of people covered by government health insurance also increased from 31.2 percent to 32.2 percent. The percentage covered by Medicaid increased from 15.8 percent in 2010 to 16.5 percent in 2011, and those covered by Medicare also rose from 14.6 percent to 15.2 percent. Unfortunately the uninsured rate for children in poverty, 13.8 percent, was higher than the rate for all children, 9.4 percent.

Haskins pointed out that the picture of poverty this report paints is flawed in many ways due to the current way the Census Bureau calculates the "official" poverty rate. Haskins noted that this figure does not include benefits from government programs for the poor such as SNAP (formerly Food Stamps), housing allowances, and the Earned Income Tax Credit. The Census Bureau is now providing a supplemental poverty measure and expects to release the 2011 figure on November 13.

For more information on the Brookings event please go to:
<http://www.brookings.edu/events/2012/09/12-poverty-income-2011>. For the U.S. Census report, go to <http://www.census.gov/prod/2012pubs/p60-243.pdf>.

Policy Fellowship Opportunities from SRCD and PAA

Two of COSSA's members are offering opportunities to participate in the policy making process in the Federal government. **The deadline to apply for both fellowships is December 15, 2012.**

The Society for Research in Child Development (SRCD) seeks applications for upcoming Policy Fellowships for 2013-2014. There are two types of Fellowships: *Congressional* and *Executive Branch*. Both provide Fellows with exciting opportunities to come to Washington, DC and use their research skills in child development outside of the academic setting to inform public policy. Fellows work as resident scholars within their federal agency or Congressional office placements.

Fellowships are full-time immersion experiences and run from September 1st through August 31st. Following a two-week science policy orientation program sponsored by the American Association for the Advancement of Science (AAAS), Fellows receive an SRCD orientation to child development and public policy. The SRCD Office for Policy and Communications in Washington facilitates the Fellows' experience and is available as a resource throughout the year.

Applicants must have a doctoral-level degree in any relevant discipline (e.g., Ph.D., M.D.), must demonstrate exceptional competence in an area of child development research, and must be a member of SRCD. *Both early-career and advanced professionals are encouraged to apply.*

More information about the Fellowships is available at www.srcd.org under the Policy and Communications tab, or email policyfellowships@srcd.org.

The Population Association of America (PAA) is also accepting applications for the 2013 -2014 class of American Association for the Advancement of Science (AAAS) Science and Technology Fellows.

This PAA fellowship provides an opportunity for researchers to come to Washington, DC and use population science, outside of the academic setting, to inform public policy. Fellows will work for one year in either a federal agency or a congressional office.

This fellowship is open to doctoral scientists from any discipline relevant to population research. Both early and mid- career professionals are encouraged to apply.

For more information or to apply for the fellowship, please go to:
<http://www.populationassociation.org/government-affairs/paa-fellowship/>.

Secondary Analyses and Archiving of Social and Behavioral Datasets in Aging

The National Institute on Aging (NIA) and the Office of Research on Women's Health (ORWH) are seeking one-year applications (RFA-AG-13-004) for secondary analysis of data on aging in the areas of psychology, behavioral genetics, economics, demography or archiving and dissemination of data sets. A second funding opportunity announcement (RFA-AG-13-004) is seeking two-year applications for secondary analysis of data on aging in the area cited above.

NIA supports collection of data and biological samples, including a broad array of measures that are relevant to: the dynamics of health and disability, cognition, psychosocial and sociodemographic factors, genetics and biomarkers, long-term care, caregiving, behavioral medicine, retirement, economic status and well-being over the life course.

Examples of secondary analysis include:

- Studies examining how personality, motivation, and related affective or cognitive phenotypes impact - physical health and socioeconomic outcomes in older ages
- Studies of gene by environment interaction where social environments may modify genetic risk, or genetic factors may modify responses to the social environment
- Studies examining the impact of social relationships, social or cognitive engagement, and psychosocial stress on cognition
- Studies of early life determinants of late-life health, well-being, cognition, morbidity, and mortality
- Studies examining the role of sex/gender in psychological and social processes in aging populations
- Labor force participation and time-use of older population
- Demography of aging, including family demography and trends in chronic disease, disability and life expectancy
- The relationship between healthcare spending and health status
- Effects of the recession on retirement savings, family relationships, and health
- The economic impact of population aging, including effects on both microeconomic decision-making and the macroeconomy
- Intergenerational transfers of time and money
- Descriptive demographic analysis of important population phenomena that will provide insight into population dynamics
- Relationship between age and productivity in labor market, including productivity of researchers in academic environments
- Causes of geographic differences in health and longevity for men and women within United States and around the world
- Studies of sex/gender differences or similarities in various outcomes related to the economics and demography of aging
- Archiving and development of sociobehavioral datasets (including demographic data) that conform to international standards for data documentation, including adequate descriptions of metadata and searchable instruments for public use
- Archiving of data sets with data disaggregated by sex/gender and race/ethnicity, as appropriate
- Harmonization of measures across studies to enable secondary analysis where multiple data sets are needed (such studies should then make public and archive the algorithms used to generate the harmonized measures)
- Creation of synthetic datasets that facilitate the use of data that would otherwise not be available for public use in original form, because they include geographic information or sensitive administrative records.

Applications for the one-year grants are due October 19th. Applications for the two-grants may be submitted starting on January 14, 2013 and are due by February, 14 2013. Letters of intent, while not required, will also be accepted beginning January 14, 2013. For more information and/or to apply see <http://grants.nih.gov/grants/guide/rfa-files/RFA-AG-13-004.html> and <http://grants.nih.gov/grants/guide/rfa-files/RFA-AG-13-009.html>.

RFI: Identifying Organizations with Appropriate Expertise to Participate in Mobile Health Collaborative Public-Private Partnership

The National Institutes of Health (NIH) Office of Behavioral and Social Sciences Research (OBSSR) has issued a request for information (RFI) which seeks to identify organizations with the appropriate expertise to serve as a managing partner and/or participants for the "mHealth Public-Private Partnership" (mHealth PPP) with the Office.

The mission of mHealth PPP is to facilitate research and evidence collection to enable the appropriate use of wireless devices to improve health in both the domestic and global environment. The partnership will achieve its mission through collaborate between public (government agencies

and institutes), civil society (academia, nongovernmental organization, philanthropic institutions) and private sector entities.

OBSSR is interested in entering into a mHealth PPP to address "a profound public need to better utilize mobile technologies to improve health research, health care and health prevention efforts." The mHealth PPP is expected to start in 2012 in collaboration with stakeholders to accelerate the science of mHealth, generate information on the mHealth regulatory and payment landscapes, and create an infrastructure for supporting education and integration of stakeholders on mHealth opportunities and challenges. It is an example of a public-private partnership, which is a means to accomplish NIH's mission "to improve the public health through bio-behavioral research in a faster, more economical, and more effective way by leveraging its resources in synergy with those of public and private partners."

PPPs benefit academia by increasing access to resources for research and training while extending the application of finding more directly into the improvements in health. With regards to industry, PPP benefits include increasing the knowledge base and facilitating access to thought leaders and policy-makers in settings of a scientific exchange of information and collaboration.

According to the RFI, most critically, PPPs benefit patients and the public by accelerating the expansion of a robust body of basic, translational and applied science to support regulatory decision-making, thereby facilitating the development of safe and effective interventions and prevention strategies. In partnership with expertise in public health, mHealth PPPs can increase the access to new interventions and preventive strategies.

OBSSR intends to contribute subject matter expertise and staff time, provide access to scientific infrastructure at NIH, and serve in a leadership role by spearheading the development of this mHealth PPP. The contributions of other partners can include monetary support, in-kind contributions of expertise, time, tools data sets, and access to patient population, among others.

Responses to the RFI will be accepted through Monday, October 5, 2012. Responses should be mailed to mHealth.PPP@mail.nih.gov. For more information, see <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-12-151.html>.

Research Answers to NCI's Provocative Questions - Group A

The National Cancer Institute has issued a funding opportunity announcement, Research Answers to NCI's Provocative Questions - Group A (RFA-CA-12-015) to support research projects designed to use "sound and innovative research strategies to solve specific problems and paradoxes in cancer research identified by the NCI Provocative Questions Initiative."

According to the announcement the problems and paradoxes phrased as questions are not intended to represent the full range of NCI's priorities in cancer research. Instead, they are meant to challenge cancer researchers to think about and elucidate specific problems in key areas of cancer research that are deemed important but have not received sufficient attention.

Some of the "Provocative Questions" (PQs) stem from intriguing but older, neglected observations that have never been adequately explored. Other PQs, it is noted, are built on more recent findings that are perplexing or paradoxical, revealing important gaps in current knowledge." Other PQs reflect problems that traditionally have been thought to be intractable but that now may be open to investigation using new strategies and recent technical advances.

The PQs in Group A challenge investigators to seek answers to specific unsolved problems generally related to investigation of changes in behavior and various exposure risks, mechanistic links between cancer risk factors, and biological events associated with cancer development, and "how we might identify and better understand prevention mechanisms. "

Letters of intent are due November 4, 2012 and May 20, 2013. Applications are due

December 4, 2012 and June 20, 2013. For more information see <http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-12-015.html>.

PCORI Issues Four Funding Opportunity Announcements

The Patient-Centered Outcomes Research Institute (PCORI) is an independent organization created to help people make informed health care decisions and improve health care delivery. It will commission research that is guided by patients, caregivers, and the broader health care community. These are standing announcements with three applications deadlines per year. For this deadline, letters of intent are due **October 15, 2012**.

Assessment of Prevention, Diagnosis, and Treatment Options

PCORI is soliciting studies comparing the effectiveness of alternative strategies for prevention, treatment, screening, diagnosis, or management. PCORI seeks to fund projects that address critical decisions that face patients, their caregivers, and clinicians every day with too little information. These decisions must be consequential, be occurring now without key evidence about the comparative effectiveness of two or more options, and patients/caregivers must benefit from new knowledge in ways that are clear and important. This knowledge will provide insight about the comparative benefits and harms of the options and provide information about outcomes that are experienced by patients and important to patients.

PCORI is interested in the following broad topical areas:

- Studies that compare the effectiveness of two or more strategies for prevention, treatment, screening, diagnosis, or management that have not been adequately studied against alternative options.
- Studies that compare the use of prognostication/risk-stratification tools with usual clinical approaches to treatment selection or administration.
- Studies that investigate the key determinants of outcomes patients experience following treatment decisions, with attention to various patient factors, including demographic, biological, clinical, social, economic, and geographic factors that may influence the outcomes that follow a specific treatment.

PCORI is seeking to change how research is done by emphasizing the role of strong research teams that include varying perspectives. It anticipates that approximately 54 contracts totaling up to \$48 million in total costs may be funded. Additional funding cycles related to this announcement are anticipated. Funds may vary, however.

Improving Healthcare Systems

According to PCORI, healthcare systems interventions are often initiated and adopted without robust evaluation of their impact on the health and well-being of the population - especially of more vulnerable patients with populations, such as the elderly, disabled, low-income patients, and those with multiple chronic illnesses. Many system-level concerns require better understanding of the relationship between the organization and delivery of care within the system and the circumstances, characteristics, and values of the patient.

PCORI seeks comparative outcomes studies of strategies (e.g. policies, interventions, service designs) employed by healthcare systems to improve the quality of care, the outcomes of care, or the efficiency of care for the patients they serve. It seeks studies that will provide information of value to patients, their caregivers, and clinicians, as well as to healthcare leaders and decision makers on which types of systems and which system strategies lead to better patient outcomes. More recent and less-studied system strategies are of particular interest. Specifically,

PCORI is interested in:

- Research that compares alternative system-level approaches to supporting and improving patient access to care; receipt of appropriate evidence-based care; the quality, timeliness, and safety of the patient care experience; decision-making based on patients' personal values; and self-care. Research that compares alternative approaches to models of care delivery or coordination of care across healthcare services or settings, including care for patients with complex, chronic, and/or multiple conditions, are of interest.
- Research that compares alternative system-level approaches that aim to improve efficiency of health care delivery to patient populations.

Strategies of interest include, but are not limited to, novel applications of health information systems, including electronic health records, patient systems, and personal health records; the use of incentives directed at clinicians or patients; of patient reforms such as value-based purchasing and bundled payments; reconfigurations (redesign) of care, such as the patient-centered medical home and accountable care organizations; models of care coordination and integration; organizational decision-making protocols to guide care referral and specialized assessment of patients with specific complex conditions; and extended roles for allied health professionals.

Communication and Dissemination

Studies that evaluate and compare new and alternative approaches to the communication, dissemination, and uptake of patient-centered research to patients, their caregivers and clinicians are of interest to PCORI. The studies must address a critical gap in knowledge, and the potential of the research to benefit patients and their caregivers must be clear and important.

In this area, PCORI is interested in:

- Research that compares alternative communications, dissemination, health literacy and/or implementation strategies that aim to improve patients' health outcomes, by increasing patient, caregiver, and /or provider awareness of health care options in clinical or community-based settings.
- Research that compares the effectiveness of alternative approaches, across a range of patient-centered outcomes, to increase or encourage effective patient, caregiver, or clinician participation in care decisions and in shared decision making.
- Studies to develop and compare alternative methods and tools to elicit and include patient-desired outcomes in the health care decision making process.
- Studies comparing alternative approaches, including use of public health strategies or social media, for providing new information to patients, caregivers, or clinicians, with attention to differences in effectiveness in different populations.
- Research that compares innovative approaches in the use of existing electronic clinical data and other electronic modalities from the healthcare system or from a network of systems to enhance clinical decision making by patients and providers.

Examples of, but not limited to, questions proposed research may help answer:

- How do designs for decision support interventions compare in their ability to assist patients and/or caregivers with lower levels of literacy/numeracy, and how do strategies for communicating risk information to vulnerable populations compare?
- How do methods for distributing comparative effectiveness research findings to patients, caregivers, or health care providers compare in their ability to improve patients' health outcomes?
- To whom are clinicians most likely to turn for trustworthy information about the effectiveness, relative effectiveness, benefits, and harms of different treatment options for a given condition, and how do they access that information?
- How do strategies learned from public health communication and social marketing compare in their ability to promote the distribution of CER to patients and/or their caregivers and to their clinicians?
- How do strategies in community-based settings compare with strategies in clinical-based

settings in their ability to promote the distribution of CER to patients and/or their caregivers?

- How, and how effectively, can strategies using social media be deployed to distribute CER to patients and/or their caregivers and to their clinicians?
- How do patient outcomes compare when patient preferences around screening, diagnosis, treatment, and management strategies have been elicited and accounted for in the decision making process?
- How do strategies compare in their ability to effectively engage patients with lower levels of literacy and/or numeracy in clinical decision making?
- How do strategies for training health care providers in imparting information about risk to patients and their caregivers compare in their ability to improve patient outcomes?
- How do interventions to promote shared decision making compare in their ability to influence patients' health behaviors and self-care (e.g., adherence to medication) or patients' behavior in the clinical encounter?

Addressing Disparities

Disparities in health status and health care persists based on race/ethnicity, gender, geographic location, socioeconomic status and other factors. PCORI recognizes that solutions that can reduce persistent disparities have been understudied and are likely to be both complex and context specific.

PCORI seeks comparative outcome studies that evaluate new and alternative interventions to reduce or eliminate disparities in health and health care outcomes, to overcome barriers that may disproportionately affect the outcomes of specific groups of patients, or to identify best practices for sharing results and information about patient-centered research across patient groups. The research must address critical gaps in knowledge.

PCORI is interested in:

- Research that compares interventions to reduce or eliminate disparities in patient-centered outcomes, including health, health care, and patient-reported outcomes.
- Research that identifies and compares promising practices that address contextual factors such as socioeconomic, demographic, or community factors and their impact on patient-centered health outcomes.
- Research that compares benefits and risks of treatment, diagnostic, prevention, or service options across different patient populations, with attention to eliminating disparities.
- Research that compares strategies to overcome patient, provider, or systems level barriers(e.g. language, culture, transportation, homelessness, unemployment, lack of family/caregiver support) that may adversely affect patients and relevant to their choices for preventive, diagnostic, and treatment strategies - as well as patient-centered outcomes.
- Research that compares and identified best practices within various patient populations for information sharing about treatment outcomes and patient-centered research. .

Examples of types of questions proposed research may help answer includes:

- If the medical home is a promising model for promoting health equity, what characteristics are most critical to implement to improve outcomes?
- How does the availability of a patient navigator for patients and/or caregivers improve patients' health outcomes compared to usual strategies? Under what circumstances, or for what conditions, are patient navigators most effective?
- What are the best options, materials, and venues for patient education materials that take into consideration patient and caregiver culture, beliefs, literacy, and numeracy?
- How do outcomes of patients whose care entails a community health worker compare with those whose care does not? What is the optimal role for a community health worker in different care settings?
- How do the practices of the top-performing facilities that primarily serve racial or ethnic

minority or low-income populations compare with lower-performing facilities?

- How do patient outcomes for patients whose provider has received cultural competence training compare with patients whose providers have not?
- What are the best methods for developing cultural competency curricula that lead to measurable changes in provider knowledge, attitudes, and practices?
- Does enhanced primary care access (extended hours, open access) improve patient outcomes for different target patient populations compared to usual access?
- Given that effective interventions to improve care in vulnerable populations often require a multipronged approach, under what circumstances do different options for interventions work best?

For more information and/or to apply for the above funding opportunity announcements see <http://www.pcori.org/funding-opportunities/funding-announcements/>.

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