



# COSSA

## Washington UPDATE



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### **Groves to Leave Census Bureau for Georgetown**

Robert M. Groves, who led the nation through the 2010 decennial Census, has announced he will leave the Bureau in August 2012 to become Provost at Georgetown University in Washington, DC.

Groves was nominated by President Obama to lead the Bureau on April 2, 2009 and confirmed by the Senate on July 13, 2009. He stepped into the job with 2010 Census Day only seven and a half months away. At the time, the Bureau was reeling from enormous criticism from Congress and the Government Accountability Office (GAO) for a disastrous attempt to employ hand-held computers

for post-enumeration follow-up and for ballooning costs associated with the decennial count. Further complicating preparations was an anti-immigrant campaign in certain areas of the country that exacerbated the difficulty of contacting normally hard-to-count populations and a growing "leave-me-alone" attitude among some in the country who would not cooperate with a U.S. government sponsored survey.

Working with a reinvigorated staff, the 2010 Census Advisory Committee, of which COSSA was a member, an enormous partnership effort with state and local governments as well as private and public sector groups, a large targeted advertising campaign, and real-time data on Americans' responsiveness, Groves led a successful 2010 count that included the Bureau returning \$1.7 billion in unspent funds to the U.S. Treasury.

Members of Congress initially hostile to Groves' appointment, such as Rep. Patrick McHenry (R-NC), came to admire and appreciate the Director and his approach to dealing with the legislative branch. House Oversight and Government Reform Committee Chairman Rep. Darrell Issa (R-CA), whose panel has oversight responsibility for the Bureau, had words of praise for Groves in comments following the departure announcement. Senator Tom Coburn (R-OK), another skeptic regarding the Bureau, has also had very kind words for the departing director.

With the 2010 count complete and many of the products from the Census now in release, attention has turned to preparations for 2020. In this time of budget constraints, Congress has made clear that it expects the next decennial to cost a lot less than 2010. The big question is: how to do that? Groves has put in place an operation to test numerous options, including using the Internet and/or administrative records. However, getting to the hard-to-count populations could remain as difficult as ever.

Some of the experiments for 2020 will use the American Community Survey (ACS) as a test bed. Yet, the ACS, implemented to replace the old decennial long-form in order to provide annual data, continues to receive challenges to its existence. Legislation has been introduced in the House by Rep. Ted Poe (R-TX) to make the ACS voluntary, which Census Bureau research has indicated would make the survey much less useful.

Another question for the Bureau's future revolves around the constrained budgets that should be with us for the foreseeable future. How does the Bureau continue to carry out its non-decennial work? Funding for this year's Economic Census was threatened and, as the cost of surveys continue to climb, certain activities may face curtailment. Trying to cut administrative costs, such as last year's closing of six regional offices, probably will not suffice.

Groves was director of the Survey Research Center at the Institute of Social Research at the University of Michigan, and Research Professor at the University of Maryland, where he directed the Joint Program in Survey Methodology before entering government to lead the Census Bureau. In recent remarks, including at the COSSA 30<sup>th</sup> Anniversary Colloquium last November, Groves has raised questions about the future of social and economic data collection. He will now return to academia to continue to ponder these issues.

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## CRS Examines STEM Funding at NSF

The Congressional Research Service (CRS), which issues reports to inform Members of Congress about federal programs and the choices that they need to make, has taken on the issue of Science, Technology, Engineering and Math (STEM) education at the National Science Foundation (NSF). The report was written by Heather Gonzalez, a CRS specialist in science and technology policy.

The document notes that the federal government has established a wide-ranging STEM education effort. In December 2011, an inventory by the White House Office of Science and Technology Policy found 252 STEM education "investments" totaling \$3.4 billion in FY 2010 across 13 federal agencies. Federal STEM education funding is concentrated at three federal agencies-the National Science Foundation (NSF or the Foundation), the Department of Education (ED), and the Department

of Health and Human Services (HHS). Of these the NSF, the report indicates, has the most STEM education funding and largest number of programs.

Despite this, CRS points out that education funding at the Foundation has decreased as a percentage of the total NSF budget since FY 2003. These changes appear to result from a combination of holding the main education account more-or-less constant while applying most of the Foundation's FY 2003-FY 2011 budget growth to the main research account. However, in constant dollar terms, it appears that at least some of the increase in funding for research activities during the observed period may have come at the expense of education activities. Further, Congress reduced enacted funding levels for the Foundation's main education account in both FY 2011 and FY 2012.

CRS suggests that "It is not clear if these funding changes reflect evolving congressional and Administration policy priorities and an intentional prioritization of research over educational activities at the NSF or if they reflect the cumulative impact of funding decisions made in response to specific conditions in specific fiscal years that happen to have had this effect."

According to the report, the policy rationale for NSF involvement in STEM education is "their perceived impact on the U.S. Science and Engineering (S&E) workforce-and through it, on U.S. economic competitiveness and national security." Many academic and business leaders have argued that STEM educational weaknesses will lead to a diminished science and engineering workforce that will challenge U.S. economic prowess. Others argue that perceived limitations in the U.S. S&E workforce are overstated and that U.S. competitiveness is not threatened. A third view holds that perceptions of S&E workforce shortages are accurate if the increasing numbers of jobs that are technically non-STEM, but that require STEM competencies (e.g., analytical skills), are included in labor demand calculations.

NSF's role in STEM education includes research on teaching and learning and improving teaching and retention of students in STEM subjects at both the K-12 and undergraduate education levels. The dissemination of NSF's STEM education research, including research evaluating the effectiveness of NSF STEM education programs, to other federal agencies and education stakeholders is an ongoing policy challenge, the report suggests. Some policymakers have responded to this challenge by seeking improved collaboration between federal agencies at both the portfolio and program levels, including sharing evidence-based approaches as a primary strategy toward accomplishing federal STEM education goals. At the program level, the Administration's FY 2013 budget request seeks funding for three STEM education collaborations between NSF and ED.

CRS tells Congress it has a number of options regarding STEM funding at NSF and across the government. It can decrease funding for STEM activities across the government, a Government Accountability Office report claiming duplication and redundancies across federal agencies has helped fuel this option. Another avenue is to reduce NSF's role and increase other agencies', particularly the Department of Education. And there is the simple option to increase, decrease, or keep the same budgets for STEM at NSF as we move forward.

The report concludes: "As Congress weighs these various options in the context of the FY 2013 appropriations process, it may be useful to consider the short, medium, and long-term impact of congressional funding choices on the entire federal STEM education portfolio, on the respective research and education missions of the NSF, and on the general policy purposes (e.g., advancement of the national STEM labor supply) these investments seek to serve. Congress may also wish to consider these investments in the context of a national STEM education strategy."

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## **NIH's OBSSR Launches Online Resource on Behavioral and Social Science Research Methods**

The National Institutes of Health (NIH) Office of Behavioral and Social Sciences Research (OBSSR) recently launched a web-based interactive anthology which will provide social and behavioral scientists (psychologists, sociologists, and economists, etc.) and other scientists with the latest

research methods and tools to address emerging challenges in public health. The free resource, known as e-Source (<http://www.esourceresearch.org>) was done in collaboration with the New England Research Institutes. OBSSR's mission is to stimulate behavioral and social science research throughout the NIH and to integrate these disciplines to improve the understanding, treatment, and prevention of disease.

The anthology is in response to the need for a central resource for current, high quality behavioral and social science research methods, given the fact that behavioral and social scientists come from widely varying disciplines from political science to social work research. It includes contributions from international experts and provides authoritative answers to methodological questions. Further, it sets quality stands for the research community. The interactive collection consists of 20 interactive chapters with new features including a discussion forum and enhanced note-taking capabilities. The chapters cover a range of topics that are accessible to all users, including those with limited familiarity of concepts such as how to conduct a qualitative analysis.

According to OBSSR director Robert M. Kaplan, "The behavioral and social sciences research community has long needed an easily accessible, low-cost central resource for standardized methods." The program's goal is to demonstrate the potential of behavioral and social science research, focusing on applying research findings to public health activities and the potential to enhance biomedical research. It is also a useful training resource for biological scientists, providing them with a basic foundation for collaborations with behavioral and social scientists.

Five major categories relevant to behavioral and social sciences are included in the chapters:

1. **Setting the Scene** - major concepts in design and planning of social and behavioral science research;
2. **Describing How** - methodologies used to explain how something occurs;
3. **Explaining Why** - guidance on how qualitative methods appropriate for describing why something occurs;
4. **What Works** - research methods that can evaluate whether one treatment is better than another and whether there are cost differences;
5. **Emerging Issues** - addresses challenges in behavior and social science research.

The site has been developed with the expectation that it will provide a foundation of methods, but also evolve as new issues emerge. Future topics may include the effects of living in a particular neighborhood, the impact of differences in language and lifestyles, and the science of writing questions.

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## Gary H. Gibbons Named Director of NHLBI

On April 5, National Institutes of Health (NIH) director Francis S. Collins announced the selection of Gary H. Gibbons as the new director of the NIH's National Heart, Lung, and Blood Institute (NHLBI). Gibbons is the founder and current director of the Cardiovascular Research Institute (CRI), chairperson of the Department of Physiology, and professor of physiology and medicine at the Morehouse School of Medicine in Atlanta. He is expected to start his new position in the summer of 2012.

The CRI is recognized for its discovery science related to cardiovascular health of minority populations. Gibbons' laboratory is focused on discovering novel mediators of vascular disease. His program involves collaborative efforts to study the functional significance of genomic variation and changes in gene activities due to 'epigenetic' modifications of DNA that do not involve a change in the genetic code, as factors that enhance the susceptibility to cardiovascular disease.

Susan B. Shurin will continue as acting director of NHLBI until Gibbons arrives, at which point she will resume her role as the institute's deputy director. Collins extended his "deep gratitude to Susan for her strong leadership in this role."

As NHLBI director, Gibbons will oversee the third largest institute at the NIH, with an annual budget of more than \$3 billion and a staff of 917 federal employees. He will also direct his own lab at the NIH, focusing on predictive health and genomic medicine in minority populations. The NHLBI provides global leadership for research, training, and education programs to promote the prevention and treatment of heart, lung, and blood diseases and enhance the health of all individuals so that they can live longer and more fulfilling lives.

Gibbons has served as a member of the National Heart, Lung, and Blood Advisory Council (NHLBAC) since 2009, a position he resigned after his selection as the new director of the NHLBI. He was also a member of the NHLBI Board of Extramural Experts, a working group of the NHLBAC. He has received 15 NHLBI-supported grants since 1997.

Gibbons, who is originally from Philadelphia, earned his undergraduate degree from Princeton University and graduated magna cum laude from Harvard Medical School in Boston. He completed his residency and cardiology fellowship at the Harvard-affiliated Brigham and Women's Hospital in Boston. Prior to joining the Morehouse School of Medicine in 1999, he was a member of the faculty at Stanford University from 1990 until 1996, and Harvard Medical School from 1996 until 1999.

Gibbons has received numerous honors, including election to the Institute of Medicine of the National Academies of Sciences; selection as a Robert Wood Johnson Foundation Minority Faculty Development Fellowship awardee; selection as a Pew Biomedical Scholar by the Pew Charitable Trusts; and recognition as an Established Investigator of the American Heart Association.

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## **NIH Research Finds Social/Behavioral Interventions to Prevent Type 2 Diabetes Good Return on Investment**

In 2002, the National Institutes of Health (NIH) Diabetes Prevention Program (DPP) study results showed that lifestyle changes leading to modest weight loss reduced the rate of type 2 diabetes in high risk adults by 38 percent, compared with placebo. The drug metformin reduced the rate by 31 percent. In the follow-up DPP Outcomes Study (DPPOS), the researchers continued to monitor participants for seven more years and continued to see lower rates of diabetes in the lifestyle and metformin groups compared with placebo. The study reported that lifestyle changes were especially beneficial for people age 60 and older.

An analysis of costs and outcomes in the DPP and DPPOS found that prevention programs that apply interventions tested in the DPP clinical trial would improve quality of life for people who would otherwise develop type 2 diabetes and over time lower health care costs. The lifestyle intervention as applied in the study was cost-effective, or justified by the benefits of diabetes prevention and improved health over 10 years, compared with a placebo.

When announcing the study results, National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) director Griffin P. Rodgers noted that "while the lifestyle intervention was cost effective, we would see greater savings if the program was implemented in communities. This has already been demonstrated in other NIDDK-funded projects, including one in YMCAs, where a lifestyle-change program cost \$300 per person per year in a group setting, compared to about \$1,400 for one-on-one attention in the DPP."

It is pointed out that in the DPP, direct costs over 10 years per participant for the lifestyle and metformin intervention were higher than for the placebo (\$4,601 lifestyle, \$2,300 metformin, and \$769 placebo). The higher cost of the lifestyle intervention is attributed to the individualized training participants received in a 16-session curriculum during the DPP and in group sessions during the DPPOS to reinforce behavior changes.

Conversely, when the costs of medical care received outside the DPP such as hospitalizations and outpatient visits, were higher for the placebo group (\$27,468), compared with lifestyle (\$24,563) or

metformin (\$25,616). The study reported that over the 10 years, the combined costs of the interventions and medical care outside the study were lowest for metformin (\$27,915) and higher for lifestyle (\$29,154) compared with placebo (\$28,236). Additionally, throughout the study, quality of life as measured by mobility, level of pain, emotional outlook and other indicators was consistently higher for the lifestyle group.

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## NCHS Release: Teen Birth Rates Hit Historic Lows

The Center for Disease Control's (CDC) National Center for Health Statistics (NCHS) released a data brief this month on teen birth rates titled "Birth Rates for U.S. Teenagers Reach Historic Lows for All Age and Ethnic Groups." According to the brief, while the teen birth rate has been in decline since the late 1950s, it remains one of the highest amongst industrialized nations. Nevertheless, the most current data available from the National Vital Statistics System (NVSS), the 2010 preliminary file, indicates that it declined nine percent from 2009 to reach a historic low in 2010.

Fewer babies were born to teenagers in 2010 than in any year since 1946. Indeed, the rate reached an historic low at 34.3 births per 1,000 women aged 15-19; the rate dropped 44 percent from 1991 through 2010. If the teen birth rates observed in 1991 had not declined through 2010 as they did, there would have been an estimated 3.4 million additional births to teens during 1992-2010.

The data brief further breaks down the data to age groups of 10-14, 15-17, and 18-19-birth rates fell from 2009 to 2010 for teenagers in all these age groups. The rate for the youngest teenagers was a record low for the United States.

This continuing decline is positive news since childbearing by teenagers continues to be a matter of public concern due to the elevated health risks for teen mothers and their infants. Further, significant public costs are associated with teen childbearing, estimated at \$10.9 billion annually. The impact of strong pregnancy prevention messages directed to teenagers has been credited with the birth rate declines. Recently released data from the National Survey of Family Growth, conducted by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS), have shown increased use of contraception at first initiation of sex and use of dual methods of contraception (that is, condoms and hormonal methods) among sexually active female and male teenagers. These trends may have contributed to the recent birth rate declines according to the data brief.

To read this brief, please visit [here](#).

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## IOM – For the Public's Health: Investing in a Healthier Future

Data collection, reporting and action - including public policy and laws informed by data and quality metrics - are needed to support activities that will alter the physical and social environment for better health, according to a recently released Institute of Medicine (IOM) report, *For the Public's Health: Investing in a Healthier Future*. According to the report, it is to the detriment of society to fixate on clinical care and its delivery, which eclipses attention to population-based activities that offer efficient and effective approaches to improving the nation's health.

In 2009, the IOM Committee on Public Health Strategies to Improve Health was asked by the Robert Wood Johnson Foundation to examine three topics in relation to public health in the United States - measurement, law and policy, and funding - in context of the reform of the medical care system outlined in the Affordable Care Act (ACA). Accordingly, the Committee was asked to prepare on each topic with actionable recommendations for public health agencies and other stakeholders. *For the Public's Health: Investing in a Healthier Future* is the third and final report in the series.

In its first and second reports, *For the Public's Health: the Role of Measurement in Action and Accountability* and for the *Public's Health: Revitalizing Law and Policy to Meet New Challenges*,

"the committee added its voice to a growing consensus that population health improvement depends on addressing the multiple determinants of health effectively." The Committee emphasized that "Much has been learned about the actual or distal (as opposed to proximal) causes of death and disease, including social and economic conditions that impair health and make it hard to avoid health risks. Therefore, it is no longer sufficient to expect that reforms in the medical care delivery system (for example, changes in payment, access and quality) alone will improve the public's health."

Viewing U.S. health problems through a funding lens, according to the report, reveals two issues: 1) insufficient funding for public health; and 2) dysfunction in how the public health infrastructure is funded. The Committee proposes solutions in the report to address both issues. It is noted that while the report focuses largely on the funding of governmental public health activities, the Committee recognizes that a far broader societal approach to improving population health is necessary.

### Research and Evaluation

The Committee points out that research and evaluation are relevant to funding because they inform the continuum of public health practice, including decisions about what population-based interventions are funded, and the field's knowledge about what works best in public health financing, administration, and organization. It also outlined the "thin evidence base" that supports many areas of public health practice, the funding imbalances and the silo nature of health research and development and some specific needs.

Acknowledging that the evidence base on effectiveness of health interventions is growing, the Committee stresses that it remains particularly sparse with respect to population-based interventions. Efforts to improve population health are hampered by the many uncertainties and evidence gaps regarding how to promote health and prevent disease and disability on a population-wide basis. Public health leaders have few research-tested guidelines, protocols, and decision supports to inform choices about funding, staffing, and managing public health activities. Accordingly, the dearth of evidence promotes wide variation in public health practices among communities, creating missed opportunities for improving population health, waste and inefficiencies in resource use, and inequities in health protection. Expanded investments in the applied fields of research are needed to produce information with which policy officials and public health professionals can drive improvements in the nation's public health system (recommendation number 6).

The Committee highlights the meager funding available for public health research. Therefore, substantial research investments are needed to help public health agencies be more operationally efficient and programmatically effective. It also points out that the nation's health research enterprise is segmented into silos that focus on specific disease processes and biomedical pathways, reducing opportunities for research that examines cross-cutting social and environmental pathways and for research on prevention opportunities outside clinical care settings. One way to begin to break those silos, according to the report, would be to include population-based research in comparative effectiveness research (most of which is clinically oriented). The report also points out that the Affordable Care Act provisions that established the Patient-Centered Outcomes Research Institute (PCORI) excluded population-based prevention interventions from the institute's purview.

The discovery of new and better prevention strategies and delivery system approaches requires a continuum of research activities, including:

- *Descriptive research* to understand the distribution of population health measures at national, state, and community levels, to detect variation in health measures among communities; and to detect changes in health measures.
- *Epidemiologic and etiologic research* to identify causal mechanisms and pathways that

determine population health and explain why health varies among communities and why it changes.

- *Efficacy trials and effectiveness studies* to identify the prevention strategies that improve population health.
- *Economic studies* to determine the cost, efficiency, cost effectiveness, and economic decisions of policymakers, communities and individuals.
- *Dissemination and implementation research* to determine the best ways to organize, finance, and deliver effective prevention strategies to population groups that can benefit.
- *Comparative effectiveness research and priority-setting studies* to determine which prevention strategies work best in which communities and institutional settings and in which population groups.

The Committee stresses that a strong infrastructure is needed to support each part of the research continuum described above, including: robust data collection at state and community levels; methods for constructing meaningful indicator sets - valid, reliable, sensitive, specific, and actionable; infrastructure for accessing and linking new and diverse sources of data relevant to population health, including electronic health data, place-based data sources, and commercial data on purchasing, consumption, travel, work and recreational behavior; research on analytic methods and a variety of techniques, including complex system modeling, structural equation modeling, and qualitative methods to shed light on causal mechanisms and the effectiveness of interventions; and training and development for the public health research workforce.

According to the Committee, solving the challenges identified in the report will empower public health to "bend the curve" on health risks, contributing to decreases in the volume of people who require medical care for preventable conditions, and in a broader sense, leading to improved population health outcomes. Steps to renew the public health enterprise include using public health knowledge to reform the delivery of clinical care quality with an emphasis on efficiency, appropriateness, and integration with population-based efforts.

## **Recommendations**

The Committee recommended:

1. The Secretary of the Department of Health and Human Services (HHS) should adopt an interim explicit life expectancy target, establish data systems for a permanent health-adjusted life expectancy target, and establish a specific per capita health expenditure target to be achieved by 2030. To address the lackluster health outcomes and unsustainable health care expenditures of the U.S., a critical first step is to focus national efforts by setting a national target for health system performance on the two key measures of longevity and per capita health spending.
2. To ensure better use of funds needed to support the functioning of public health departments, the committee recommends that (a) the Department of Health and Human Services (HHS) (and other departments or agencies as appropriate) enable greater state and local flexibility in the use of grant funds to achieve state and local population health goals; (b) Congress adopt legislative changes, where necessary, to allow HHS and other agencies, such as the Department of Agriculture, the necessary funding authorities to provide that flexibility; and (c) Federal agencies design and implement funding opportunities in ways that incentivize coordination among public health system stakeholders.
3. The public health agencies at all levels of government, the national public health professional associations, policymakers, and other stakeholders should endorse the need for a



minimum package of public health services.

4. As clinical care provisions in a community no longer require financing by public health departments, these should work with other public and private providers to develop adequate alternative capacity in a community clinical care delivery system.

5. A technical expert panel should be established through collaboration among government agencies and organizations that have pertinent expertise to develop a model chart of accounts for use by public health agencies at all levels to enable better tracking of funding related to programmatic outputs and outcomes across agencies. The Affordable Care Act authorized a program of research (Section 4301, Research on Optimizing the Delivery of Public Health Services) related to many of the issues raised in the report. Funding and infrastructure development for the program, however, is not yet available. The Committee recommends steps to achieve a strengthened research infrastructure, including dedicated funding of up to 15 percent of total public health funding.

6. Congress direct HHS to develop a robust research infrastructure for establishing the effectiveness and value of public health and prevention strategies, mechanisms for effective implementation of these strategies, the health and economic outcomes derived from this investment, and the comparative effectiveness and impact of this investment. According to the Committee, the infrastructure should include: a dedicated stream of funding for research and evaluation; a national research agenda; development of data systems and measures to capture research-quality information on key elements of public health delivery, including program implementation costs; and development and validation of methods for comparing the benefits and costs of strategies to improve population health. The research infrastructure would be shared among three HHS agencies: the National Institutes of Health, the Agency for Healthcare Research and Quality, and the Centers for Disease Control and Prevention. The national agenda would need to include a prioritized list of topics to be addressed by the research.

7. Expert panels should be convened by the National Prevention, Health Promotion, and Public Health Council to determine: the components and cost of the *minimum package of public health services* at local and state and the cost of main federal functions; and the proportions of federal health spending that need to be invested in the medical care and public health systems. The information developed by the panels should be included in the council's annual report to Congress.

8. To enable the delivery of the minimum package of public health services in every community across the nation, the committee recommends that Congress double the current federal appropriation for public health, and make the *minimum package of public health services*. The Committee notes that as coverage for health care is extended to the entire population in the course of implementing health care reform, public health departments need to retain for their population-health mission general state and local resources that were previously used to cover clinical care.

9. State and local public health funding currently used to pay for clinical care that becomes reimbursable by Medicaid or state health insurance exchanges under Affordable Care Act provisions be reallocated by state and local governments to population-based prevention and health promotion activities conducted by the public health department.

10. Congress should authorize a dedicated, stable, and long-term financing structure to generate the enhanced federal revenue required to deliver the *minimum package of public health services* in every community.

An Institute of Medicine panel has identified degrees of integration for primary care and public health which share a goal of promoting the health and well-being of all people. The two disciplines historically have operated independently of one another. But new opportunities are emerging for bringing the sectors together in ways that will yield substantial and lasting improvements in the health of individuals, communities, and populations, according to the IOM in its report, *Primary Care and Public Health: Exploring Integration to Improve Population Health*. The Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) requested the study. Paul J. Wallace, The Lewin Group, served as the Committee's chair.

The Committee's charge was to: 1) identify the best examples of effective primary care and public health integration and the factors that promote and sustain these efforts; 2) examine ways by which HRSA and CDC can use provisions in the Affordable Care Act (ACA) to promote integration of primary care and public health; and 3) discuss how HRSA-supported primary care can effectively integrate and coordinate around specific topics. The report offers the most detailed picture yet of the current landscape for integrating primary care and public health.

The Committee, as part of its study, identified and analyzed past and current efforts to integrate primary care and public health. Primary care is defined as focusing on providing medical services to individual patients with immediate health needs. Public health is defined as focusing on offering a broader array of services across communities and populations that collectively will help people to be healthy. Given that the types of interaction between the two sectors are so varied and dependent on local circumstances, the Committee opted to identify a set of core principle derived from successful integration efforts.

The core principles include a common goal of improving population health, as well as involving the community in addressing its needs; strong leadership that works to bridge disciplines, programs, and jurisdictions; sustainability; and the collaborative use of data and analysis. The Committee concluded that integration can start with any of the principles.

The Committee emphasized that the time is right for action. Research findings continue to clarify the importance of social and environmental determinants of health and the effect of primary prevention. An unprecedented wealth of health data is providing new means to understand and address community-level health concerns. Similarly, the ACA provides new opportunities to encourage integration to occur, changing the way the nation improves health. Committee recommendations included:

1) To link staff, funds and data at the regional, state and local levels, HRSA and CDC should:

- Identify opportunities to coordinate funding streams in selected programs and convene joint staff groups to develop grants, requests for proposals, and metrics for evaluation;
- Create opportunities for staff to build relationships with each other and local stake holders by taking advantage of opportunities to work through the ten regional Health and Human Services offices, state primary care offices and association organization, state and local health departments and other mechanisms;
- Join efforts to undertake an inventory of existing health and health care databases and identify new data sets, creating from these a consolidated platform for sharing and displaying local population health data that could be used by communities; and
- Recognize the need for and commit to developing a trained workforce that can create information systems and make them efficient for the end user.

2) To create common research and learning networks to foster and support the integration of primary care and public health to improve population health, HRSA and CDC should:

- Support the evaluation of existing and the development of new local and regional models of primary care and public health integration including by working the Centers for Medicaid and

Medicare Services (CMS) Innovation Center (CMMI) on joint evaluations of integration involving Medicare and Medicaid beneficiaries;

- Work with the Agency for Healthcare and Research Quality's (AHRQ) Action Networks on the diffusion of best practices related to the integration of primary care and public health; and
- Convene stakeholders at the national and regional levels to share best practices in the integration of primary care and public health.

3) To develop the workforce needed to support the integration of primary care and public health:

- HRSA and CDC should work with CMS to identify regulatory options for graduate medical education funding that give priority to provider training in primary care and public health settings and specifically support programs that integrate primary care with public health.
- HRSA and CDC should work together to develop training grants and teaching tools that can prepare the next generation of health professionals for more integrated clinical and public health functions in practice. These tools, which should include a focus on cultural outreach, health education, and nutrition, can be used in the training programs supported by HRSA and CDC, as well as distributed more broadly.

4) To improve the integration of primary care and public health through existing HHS programs, as well as newly legislated initiatives, the Secretary of HHS should direct:

- The National Institutes of Health to use the Clinical and Translational Science Awards to encourage the development and diffusion of research advances to applications in the community through primary and public health;
- The National Committee on Vital and Health Statistics to advise the Secretary on integrating policy and incentives of the capture of data that would promote the integration of clinical and public health information;
- The Office of the National Coordinator to consider the development of population measures that would support the integration of community-level clinical and public health data; and
- AHRQ to encourage its Primary Care Extension Program to create linkages between primary care providers and their local health departments.

5) The Secretary of HHS should work with all agencies within the department as a first step in the development of a national strategy and investment plan for the creation of a primary care and public health infrastructure strong enough and appropriately integrated to enable the agencies to play their appropriate roles in furthering the nation's population health goals.

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## OSTP Issues Progress Report on Public Access to Scholarly Publications

The White House Office of Science and Technology Policy (OSTP), complying with provisions of the America COMPETES Reauthorization Act of 2010, has issued a report on *Interagency Public Access Coordination*. The report focuses on "policies related to the dissemination and long-term stewardship of the results of unclassified research, including digital data and peer-reviewed scholarly publications, supported wholly or in part by funding from the Federal science agencies."

The report asserts that: "The Administration has long recognized the importance of improving the management of and access to the results of federally funded scientific research including digital data and peer-reviewed publications. Since 2008, OSTP has been working to coordinate with agencies to develop policies that assure widespread public access to and long-term stewardship of the results of federally funded unclassified research." In 2009, OSTP issued an initial Request for Information (RFI) on access to scholarly publications resulting from research conducted with Federal funding.

OSTP has established a Task Force on Public Access to Scholarly Publications (PASP) under the Committee on Science of the National Science and Technology Council. The PASP includes representatives from the Department of Agriculture, Department of Commerce, Department of Defense, Department of Energy, Department of Health and Human Services, Department of Veterans Affairs, Environmental Protection Agency, National Aeronautics and Space Administration, National

Science Foundation, and the Executive Office of the President including the Office of Management and Budget and the OSTP.

The Task Force is working, according to OSTP, on common objectives for the development of individual agency policies for ensuring public access to the results of federally funded research, including peer-reviewed scholarly journal articles and other peer-reviewed publications. It has, according to the report, gathered preliminary information, which includes the aforementioned RFI; a report from the congressionally convened Scholarly Publishing Roundtable; and recent recommendations from associations, societies, companies, and other organizations through a second RFI issued in November 2011. Responses to the RFIs have demonstrated strong support for agency action to allow public access to scholarly publications, with about two-thirds of respondents favoring making publications freely available to the public within 12 months of the publication date.

At the same time, agencies and public commenters are cognizant of the essential role that publishers and the peer review system play in advancing the scientific enterprise. Given these issues, "the PASP set out to explore what steps could be taken to expand public access while preserving the value that publishers provide to the scientific enterprise, creating new business opportunities, and maximizing the economic and societal benefits of the Federal investment in research and the resulting publications."

In examining policies already in place, OSTP found that the National Institutes of Health, responding to FY 2008 appropriations bill language, has a policy in place. OSTP describes it as "pretty straightforward." It utilizes the National Library of Medicine's Pub Med Central (PMC) database. The policy involves:

1. NIH awards fund institutions to conduct research. Compliance with the Public Access Policy is a term and condition of award.
2. NIH awards are used to produce peer-reviewed papers. NIH awards fund salary support to write papers and publications costs, such as page charges and open access fees.
3. The author, as the creator of the work, holds the copyright in the original paper. The author gives NIH a non-exclusive right to copyright to the original paper in PMC and may transfer to the publisher the balance of his rights, including an exclusive copyright for the final published version of the paper.
4. Authors of papers using NIH funds may publish in any journal they choose, provided they reserve a portion of their copyright to ensure their final peer-reviewed author manuscript is posted to PMC. Alternatively, authors may make arrangements for the publisher to post the paper to PMC.
5. Publishers can choose to not review or publish papers under the provisions of the NIH Public Access Policy.
6. Once a paper has been accepted for publication, the author can submit his or her final peer reviewed manuscript to PMC (or the publisher can start the process), or the publisher can submit the final published article to PMC directly.

The National Science Foundation (NSF), however, has moved more slowly on this issue. The National Science Board, its advisory body, has been more interested in data collection and preservation issues. According to the report, NSF's response has been the implementation of a Project Outcomes Report (POR) requirement for all new awards made or existing awards that receive incremental or supplemental funding on or after January 4, 2010.

The PORs are written by Principal Investigators (PIs) specifically for the public, to provide insight into the outcomes of NSF-funded research. These reports are posted on Research.gov for public viewing exactly as submitted by the PI or a co-PI. Acknowledging that these PORs are not a substitute for peer-reviewed scientific publications in content or value, NSF claims they are a source of information to members of the general public who are interested in learning how taxpayer dollars expand the Nation's scientific and engineering knowledge. Since the reporting requirement

went into effect, about 3,500 PORs have been posted on [Research.gov](http://Research.gov). NSF continues to discuss the issue of public access to peer reviewed publications.

This whole issue continues to interest Congress with the Federal Research Public Access Act introduced in this session by Rep. Michael Doyle (D-PA) and Senator John Cornyn (R-TX).

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## Farm Foundation Session Examines Farm Land Values

On April 11, the Farm Foundation held a forum "U.S. Farm Land Values: Boom or Bust?" On the panel at the event were: Brent Gloy, Director of the Center for Commercial Agriculture, Purdue University; Jason R. Henderson, Vice President with the Federal Reserve Bank of Kansas City; and Ken Keegan, Executive Vice President and Chief Risk Officer of Farm Credit Services of America.

Henderson kicked off the panel with a discussion of how rural economies have held up recently, indicating that in most cases they have done better than many urban areas with commodity markets as a driving force. With crop prices at record highs there are many investment opportunities for rural citizens these days. Rural manufacturing is up four percent from 2011, and 14 percent since 2009, according to Henderson. Farmland values are booming and farmers have money to spend; most of the land buyers are still farmers-75 percent of the buyers in fact, said Henderson. Even with these high values, however, there hasn't been much land for sale recently-just one percent instead of the norm of around three percent. Henderson pointed out that most of the individual sellers are heirs, not the farmers themselves, and indicated that this will become an interesting dynamic as the population of farmers continues to age. Henderson left the audience with a question-how can these rural areas turn a subsidy boom into long-lasting economic growth?

Gloy took the podium next and discussed the potential that the rise in land prices is attributable to a bubble-a bubble that could pop in the near future. In a recent survey, 53 percent of farmers responding indicated that they felt like prices were in a bubble, and yet 70 percent wanted to buy land. He pointed out that today's earnings and interest rates look attractive to many. Exports are playing a key role in these price increases according to Gloy, and over time farmland values haven't really kept up with profitability. These new higher land prices are setting people up for risk, but also for more profitability. Gloy emphasized that the potential to get ahead of ourselves with these prices is high, but agriculture has been in this situation before.

Keegan spoke about how to manage risk during agricultural cycles of business. He, like Henderson, noted that while there has been some rise in outside investor rates, farmers are generally still the ones buying. Further, farm debt leveraging has not followed land prices higher with banks refusing to loan out ever increasing amounts of money to farmers as land prices skyrocket. Many of his customers today are choosing fixed rate loans, according to Keegan. He, like Gloy, spoke about the concern that a bubble may be forming and declared that if it is a bubble, it's not one filled with debt. In Keegan's mind there won't be any big pop in our future, but there could be a slow decline if prices correct downward.

For more information about this forum, please visit the Farm Foundation's website [here](#).

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## USDA's NIFA Seeks Proposals on Preventing Childhood Obesity

The U.S. Department of Agriculture's (USDA) National Institute of Food and Agriculture (NIFA) has released requests for applications (RFAs) to the Agriculture and Food Research Initiative (AFRI) Childhood Obesity Prevention funding opportunity to support research, education and extension aimed at reducing the prevalence of childhood obesity across the nation. In fiscal year 2012, NIFA plans to award \$5 million in grants in this challenge area.

The long-term goal of USDA-sponsored obesity research is to reduce the prevalence of overweight and obesity among children and adolescents. **This year's funding is focused on generating**

knowledge of the behavior, social and/or environmental factors that influence childhood obesity and then developing and implementing prevention programs for children and adolescents. Research and programs should be aimed at obesity in children ages 2 through 19. Each application will go through a competitive selection process based on scientific merit and reviewed by an external panel of peer reviewers.

**Applications are due June 5, 2012 5:00pm EST.**

AFRI is NIFA's flagship competitive grants program and was established under the 2008 Farm Bill. AFRI is funded at \$264 million in FY 2012. AFRI will also make awards in four other challenge areas - food safety, global food security, climate variability and sustainable bioenergy-and through the foundational and fellowship programs. The AFRI challenge areas will continue to support societal challenge areas where research, education, and extension can achieve significant and measurable outcomes.

NIFA will post a series of webinars focused on the individual RFAs to provide an overview of the program areas. For general information please visit [www.nifa.usda.gov/afri](http://www.nifa.usda.gov/afri), or <http://www.nifa.usda.gov/funding/rfas/afri.html> to see RFAs.

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