



# COSSA

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### **Register Now for the 2013 COSSA Colloquium: November 4 and 5**

National Science Foundation Acting Director **Cora Marrett**, National Institutes of Health Deputy Director **Lawrence Tabak**, and new U.S. Census Bureau Director **John Thompson** will all speak at this year's COSSA Colloquium on Social and Behavioral Sciences and Public Policy.

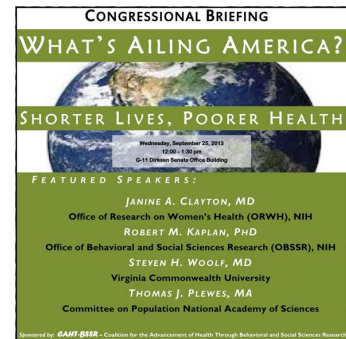
In addition, a panel on "Changes Regarding Race in America" will feature current COSSA President **James Jackson**, Director of the Institute for Social Research at the University of Michigan, and former COSSA President and Census Director, **Ken Prewitt**. Prewitt has authored a new book, *What Is Your Race? The Census and Our Flawed Effort to Classify Americans*.

The event will take place on November 4 and 5, 2013 at the Embassy Row Hotel in Washington, DC.

Registration is open. Click [here](#) to register now!

## Congressional Briefing: What's Ailing America? Shorter Lives Poorer, Health

On September 25<sup>th</sup> Congressional staff heard from a panel of distinguished experts regarding the findings and research recommendations of the National Research Council's (NRC) and Institute of Medicine's (IOM) report [U.S. Health in International Perspective: Shorter Lives, Poorer Health](#) (see [Update, January 14, 2013](#)) and how the National Institutes of Health (NIH) and other public health agencies can respond. The speakers were: Janine Clayton, director, National Institutes of Health (NIH) Office of Research on Women's Health (ORWH) ([slides](#)); Robert M. Kaplan, director, NIH Office of Behavioral and Social Sciences Research (OBSSR) ([slides](#)); and Steven H. Woolf, professor, Virginia Commonwealth University ([slides](#)). Thomas J. Plewes, director, Committee on Population, National Academy of Sciences, moderated the session. The event was sponsored by the Coalition for the Advancement of Health Through Behavioral and Social Sciences Research (CAHT-BSSR), a coalition organized by COSSA and co-chaired by deputy director Angela Sharpe.



Steven H. Woolf

Woolf, chair of the NRC/IOM Panel on Understanding Cross-National Health Differences among High-Income Countries, shared highlights from the report with the congressional audience: "Our children and our parents will continue to die before their time, and live with greater sickness and health care costs, until we focus on the societal and economic conditions that determine their health." He pointed out that the joint NRC/IOM report is peer-reviewed and the work of experts from many different areas of expertise and disciplines. Woolf explained that it is structured to address three areas: documenting, explaining, and recommending action for future directions in understanding the U.S. health disadvantage.

The U.S. morbidity (sickness) rate lags behind 17 peer comparison countries: Australia, Austria, Canada, Denmark, Finland, France, Germany, Italy, Japan, Norway, Portugal, Spain, Sweden, Switzerland, the Netherlands, and the United Kingdom. Among those 17 peer countries, the U.S. had the second highest mortality from non-communicable disease in 2008. Also in 2008, the U.S. had the fourth highest infectious/communicable disease mortality rate. Additionally, the U.S. had the highest incidence of AIDS (third highest in OECD-- Organisation for Economic Co-operation and Development), exceeded only by Brazil and South Africa.

The Panel found that among the 17 peer countries, the U.S. had the second highest injury mortality rate in 2008 and it had the highest death rate from transport accidents in 2009 (the third highest in the OECD, behind Mexico and the Russian Federation). According to Woolf, the mortality rate from transport accidents has adjusted over time; America, originally, had the better record, until its peer countries made improvements. Accordingly, the U.S. has now fallen behind.

The Panel also examined the mortality rate from violent injuries. In 2007, 69 percent of U.S. homicides (73 percent of homicides before age 50) involved firearms, compared with 26 percent in peer countries. A 2003 study found that the U.S. homicide rate was seven times higher (the rate of firearm homicides was 20 times higher) than in 22 OECD countries.

With regards to life expectancy, the NRC/IOM report found that in 2007, U.S. life expectancy ranked last among males (75.6 years) and next to last among females (80.8 years). Woolf emphasized that the problem is longstanding and worsening, noting that in 1980, U.S. life expectancy among females was about average, and was near the bottom for males, but by 2006 U.S. expectancy for both sexes had fallen to the bottom ranks. For decades, he stressed, American youth have been less likely to survive to age 50 than people in other rich nations. The U.S. life expectancy is low at every age, health disparities aside.

Since the 1970s, U.S. infant mortality has not keep pace with the declines achieved by other countries, Woolf pointed out. U.S. mortality declined by 20 percent between 1990 and 2010, but high-income countries cut their infant mortality rates in half. From 2005-2009, the U.S. had the highest infant mortality rate of the 17 countries and the 31<sup>st</sup> highest in the OECD. Non-Hispanic whites and mothers with 16-plus years of education also have higher infant mortality rates than those in other countries. And the news does not improve when it comes to U.S. children's health disadvantage. The probability of children dying before age five (eight per 1,000) is higher in the U.S. than in 16 peer countries. Among teens aged 15-19 in 2005, the U.S. had the highest all-cause mortality rate among peer countries.

Woolf also reported that there were some areas where the U.S. had health advantages. These include: cancer mortality, stroke mortality, control of blood pressure and cholesterol levels, suicide, elderly survival, and self-rated health. Though U.S. health disadvantages are diverse, they have been grouped into nine areas: infant mortality and low birth rate, injuries and homicides, adolescent pregnancy and STIs, HIV and AIDS, drug-related deaths, obesity and diabetes, cardiovascular disease, chronic lung disease, and disability. Woolf emphasized that there is no single explanation for these conditions and that a multifactorial approach is needed to address them.

The organizational framework for explaining the U.S. health disadvantages consists of five areas: individual behaviors, social and environmental factors, health systems, mortality and morbidity, and policies and social values. Woolf pointed out, however, that there is limited cross-national evidence about injurious behaviors. Civilian possession of firearms is much more common in the U.S. than in peer countries; U.S. motorists are less likely to fasten front seatbelts; and motorcycle helmet use may also be lower in the U.S. than in other high-income countries. Thirty-two percent of U.S. road accidents are attributable to alcohol, a higher proportion than in other high-income countries. Regarding social factors, the panel found that the U.S. has the highest level of income inequality among peer countries, the fourth highest in the OECD; since the 1980s, the U.S. has had the highest relative poverty rate among peer countries and the highest rates of child poverty among peer countries.

### What Ails Women In America?

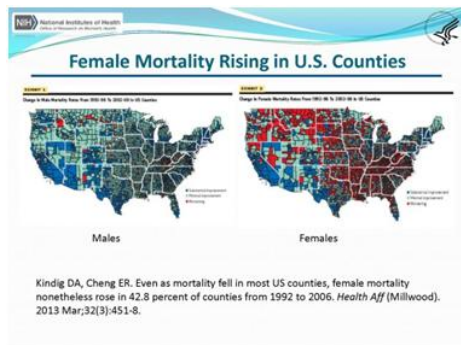
Clayton discussed the report's findings as it relates to women, reiterating that America is wealthy but not particularly healthy when compared to the peer nations cited in the report. "In addition to the fact that Americans live shorter lives and have poorer health than individuals in peer countries, the patterns seen in women are particularly troubling," said Clayton. "This report underscores the need to delve more deeply into the 'whys and hows' that drive health in females and males. It's a real wakeup call and we should pay attention to it with rigorous research and multi-sector solutions." While the outcomes apply to young and old, rich and poor, and majority and minority populations, she declared, women, in particular, are hardest hit and by a substantial margin in three areas: noncommunicable diseases, mainly cardiovascular disease (CVD)-- the heart attack risk for American women is 159 percent higher than for European women; unintentional injury, including accidental drug overdose (e.g., prescription drugs); and infant mortality, which is especially high for Black and Hispanic women.



Janine Clayton

Observing that it was a confusing picture, Clayton stated that the ORWH is very interested in

understanding the interplay of the factors influencing health: sex/gender, race/ethnicity, biology, urban vs. rural, genes, access to care, education, and socioeconomic status. While ORWH starts with sex/gender, all of the factors, she emphasized, have a huge impact on health. She cited as an example of the need to attend to multiple factors data from Baltimore, Maryland, which exemplifies the importance of place. The data looked at Harlem Park and Roland Park, two neighborhoods in Baltimore, where the average life expectancy of 65 years and 83 years respectively.



Clayton also shared findings from research conducted by David A. Kindig and Erika R. Cheng which examined the trends in male and female mortality rates from 1992-96 to 2002-06 in 3,140 US counties. Kindig and Cheng "found that female mortality rates increased in 42.8 percent of counties, while male mortality rates increased in only 3.4 percent." Their research also showed that several factors, "including higher education levels, not being in the South or West, and low smoking rates, were associated with lower mortality rates." Additionally, they found that medical care variables, such as proportions of primary care providers, were not

associated with lower rates. The findings, according to Kindig and Cheng, suggest that improving health outcomes across the United States will require increased public and private investment in the social and environmental determinants of health-beyond an exclusive focus on access to care or individual health behavior.

Clayton stressed the importance of strategies that address the need for coordination of the research data so that it is all compatible and emphasized the role of the NIH as the steward of U.S. medical and behavioral research. That mission is: "Science in pursuit of fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to extend healthy life and reduce illness and disability." She noted that the second part of the agency's mission is often not recognized.

Clayton pointed out that, despite the report's findings, benefits have accrued from the support of NIH's research, including the fact that today, nearly 14 million Americans are cancer survivors-- as compared to 1971, when only three million Americans were survivors. She underscored that fact by observing that up to 50 percent of cancer deaths are related to preventable causes: smoking, being obese or overweight, being sedentary, and eating a poor diet. Clayton also highlighted NIH-supported prevention and intervention research that has contributed to the drop in heart disease deaths. Finally, she reviewed research the agency is supporting to address the issues in the report and the [Healthy People 2020](#), including its goal to address the [determinants of health](#).

### Do Behavioral and Social Factors Contribute to International Differences in Life Expectancy?

Kaplan, the NIH OBSSR director, also began his remarks by reviewing the mission of the NIH, echoing Clayton that the part of the agency's mission "the application of that knowledge to enhance health, lengthen life and reduce illness and disability," is not always recognized.



Robert M. Kaplan

He highlighted research by McGinnis and Foege (JAMA 1993, 270, 2207) which tallied the most contributors to mortality: tobacco use (400,000), diet and activity patterns (300,000), alcohol (100,000), microbial agents (90,000), firearms (35,000), sexual behavior (30,000), motor vehicles (25,000) and illicit use of drugs (20,000). Kaplan emphasized the need to consider social and behavioral factors in addition to medical care. "We usually assume that the best way to improve public health is to invest in medicine. But a variety of different studies have concluded that about half of the variation in health outcomes is attributable to behavior," Kaplan observed. He acknowledged that these factors are important contributors but are difficult to quantify

independent of the other factors cited. When the underlying causes of death in the U.S. are looked at, the research finds that "behavior matters, and it matters in a major way," Kaplan maintained.

Kaplan emphasized that a person's zip code makes a "huge difference" when it comes to total Medicare reimbursement per enrollee (Part A and Part B) and tells us a lot about life expectancy, per his own NIH-supported research. In a comparison of medical care provided in Los Angeles and San Diego, he found that medical care, particularly at the end of life, is significantly more expensive in Los Angeles than in San Diego, yet quality measures tend to favor San Diego.

The U.S. health care system does not fully explain the U.S. health disadvantage because some conditions, such as violence and car crashes, are only marginally influenced by health care. Even conditions that are treatable by health care have origins outside the clinic, Kaplan noted, explaining that "countries with better health outcomes lack consistent evidence of superior health systems' performance."

Kaplan pointed out that, in the 1950s, the U.S. had the highest smoking rates, yet it now has the lowest rates of all peer countries but Sweden. At the same time, smoking may explain shorter life expectancy in older adults, but not the health disadvantages observed in younger Americans. With respect to diet, Kaplan noted that Americans consume more calories than people in any other country. Between 1999-2001 and 2005-2007, U.S. fat intake rose from seventh to fourth in the world. When it comes to sexual practices, compared to teens in other countries, U.S. teens appear to become sexually active at an earlier age, have more sexual partners, and do not properly use contraceptive or effective barrier methods.

The OBSSR director underscored the need for additional research addressing such factors as: demographics, overall health status, eating patterns, physical activity, stress, anxiety and depression, sleep, smoking and tobacco use, risky drinking, and substance use. He concluded his remarks by emphasizing that no single factor explains the discrepancy in life expectancy between the U.S. and other high-income countries. Behavioral and social factors, however, appear to be important contributors to the observed differences. While many premature deaths are preventable, Kaplan remarked that many Americans may be unaware of the relatively poor U.S. health outcomes.

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## **National Academies Workshop Explores Earth at 10 Billion People**

On September 30 and October 1, the National Academies' Board on Environmental Change and Society, Committee on Population, and Board on Life Sciences held a workshop on sustainability science, "Can Earth's and Society's Systems Meet the Needs of 10 Billion People?" According to the workshop description, "Much public discourse presumes that it is possible to achieve a future Earth that not only supports 10 billion people, but does so with a better average standard of living than 7 billion have now (or at least with a lower level of inequity)...This workshop, within a systems framework, will explicitly emphasize the integration of the social sciences and the natural sciences that will be required to achieve sustainability for a larger human population." William Rouse, Stevens Institute of Technology, chaired the workshop committee. More information about the workshop is available [here](#). Sessions covered challenges and consequences to the earth's system presented by 10 billion people.

### **Conundrum: Rising Consumption, Rising Inequality**

A panel addressing the corresponding rise of global consumption and inequality was chaired by B. L. Turner II, Arizona State University. Branco Milanović, World Bank, spoke about the historical trends and policy implications for the future of global income inequality. He explained three ways to think about inequality. The first compares the mean income for each country, regardless of population size. The second concept weights a country's mean income according to the size of its population. The third way is to compare individuals' income, regardless of their nationality. He showed that during the period from 1980-2000, mean-income inequality (concept 1) rose, largely to due to

globalization, which widened the gaps between income in rich and poor countries. Since 2000, mean-income inequality has fallen slightly. However, during the same period, population-weighted inequality (concept 2) began to fall, due to the rise of China, and after 2000, India. The third concept, global inequality, is harder to measure because it relies on data from household surveys across all countries. Overall, global inequality has been steadily rising; however, recent data indicate a slight decline. If this decline holds, it would be historic; global inequality has been rising or holding steady since the beginning of the industrial revolution. Milanović explained that in the past, most global inequality had been accounted for by differences in income *within* countries. However, currently, global inequality is more due to differences in income *between* countries (i.e., the poorest people in the U.S. are still comparatively rich, while the richest Haitians are still comparatively poor). Nationality explains seventy percent of the variability among incomes. However, Milanović observed, this trend may shift again as China and India-- countries with high levels of internal income inequality-- rise.

Parfait Eloundou-Enyegue, Cornell University, discussed ways to consider the sustainability of a 10 billion population, using a model that takes into account population, inequality, and both environmental and socioeconomic sustainability. He argued that the concept of "population" should account for factors beyond size, including age structure, fertility, and family formation processes. In addition, Eloundou-Enyegue suggested that global inequality may play a mediating role on consumption, which would have implications for sustainability. He speculated that high inequality may have negative consequences for both environmental sustainability (due to poor environmental stewardship, status anxiety, and conspicuous consumption) and socioeconomic sustainability (leading to political unrest, crime, stress, and poor social relations). In addition, population trends have an impact on inequality. Age structure affects inequality between countries, birth rates impact inequality in high-fertility countries, and family structure affects it in low-fertility countries.

Wolfgang Lutz, International Institute for Applied Systems Analysis, spoke about "Intergenerational tradeoffs, demographic metabolism, and the long-term benefits of equitable empowerment in the near term." Lutz conceded that the concept of "intergenerational justice" (what we owe to future generations) is difficult to operationalize. He suggested that one way to think about it is to look for measures of well-being that have comparable meaning across history. Lutz argued that the impact of better education-- in its own right, not as a proxy for improved socioeconomic status-- has huge implications for health and income. Learning makes people "physiologically different," and education enhances cognitive skills, gives people better access to information, improves health and physical well-being, and leads to higher individual and household income. He argued that education is the "single most important source of observable population heterogeneity next to age and sex," and that it is a good, consistent indicator of empowerment and social status. Education reduces disaster mortality and can enhance adaptive capacity to climate change. Lutz concluded that, since the effects of climate change are unpredictable and difficult to plan for, investing in universal primary and secondary education "seems to be the best investment for safeguarding the well-being of future generations."

### **Wicked Problems: Unintended Consequences**

A panel moderated by Terry Chapin, University of Alaska, focused on "Wicked Problems," interactions and feedbacks that create unintended consequences. Lisa Berkman, Harvard Center for Population and Development Studies, discussed "the distribution of population health and consumption risk in low, middle, and high income countries." She began by describing the work of Geoffrey Rose, an epidemiologist whose research led to the understanding that the determinants of population health are different from the determinants of individual health. Rose's analysis of population health (primarily in Western countries) showed that the distribution of various health characteristics (BMI, blood pressure, etc.) across a population, represented by a bell curve, tends to shift in tandem. The implication, she explained, is that the average health of a population has an impact on the health of those at the extreme of any given health characteristic. However, while Rose's insights were influential, they were rarely tested. Berkman explained that applications of his theories to low- and middle-income countries produced different results. Instead of the distribution

curve shifting as one, the middle of the curve empties, meaning that there are fewer people in the healthy range, and more on the unhealthy extremes, though the average may stay the same. This creates a "double burden" for these countries, Berkman noted. The interventions one might implement to treat malnourishment/underweight are entirely different from those employed to treat obesity. Berkman observed that a single measure (e.g., "average") cannot adequately measure the realities of population change.

Brian O'Neill, National Center for Atmospheric Research, discussed the impact of demography on emissions. He noted that overall, population growth increases emissions. Urbanization also increases emissions, while aging decreases them. O'Neill suggested that these effects might be due to those factors' impacts on labor productivity and consumption behavior. He also noted that while education increases well-being, it does not seem to have much of an impact on consumption. He concluded that because spatial distribution can impact exposure to climate-related hazards, development pathways have a strong influence on climate change risks.

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## **AAPOR Report Examines Polling and Democracy**

The American Association for Public Opinion Research (AAPOR) has released a report, *Polling and Democracy*. An eleven-member AAPOR task force on Public Opinion and Leadership, co-chaired by Frank Newport of the Gallup Organization and Robert Shapiro of Columbia University produced the report.

According to AAPOR, the document presents a summary of the arguments made by both those who favor an expansive role of the public in the decision-making process and those who favor a more limited role. The report begins by looking at the historic and empirical relationship between public opinion and public policy. It reviews the literature on what both the public and leaders think about the role of the public in the democratic process. It then examines obstacles in the transmission of public opinion to leaders, and finally makes specific recommendations for the organization to consider making public opinion information available to leaders, and to the public at large. The appendix to the task force report contains a state of the art academic review of the literature relating to the role of public opinion in democratic societies

The Task Force recommends that AAPOR carefully consider the role it can play in encouraging better measurement, summarization, and evaluation of public opinion, along with making it available to leaders and others who make policy decisions that affect the people. This, they argue, can improve the workings of American democracy, whether through leaders responding to public opinion that they think reflects capable judgments, or through leaders explaining to the public their positions and actions-- and reasons for them when they are at odds with national collective opinion (or state and local level publics for issues at these levels)-- in an ongoing process of leadership and responsiveness.

The report concludes that political leaders and policymakers are better off knowing than not knowing where the public stands on the key issues of the day.

Click [here](#) to read the full report.

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## **Vera Institute Releases Report on Effect of Stop and Frisk Police Tactics on Young People in New York City**

The Vera Institute, a COSSA member, recently released a report, *Coming of Age with Stop and Frisk: Experiences, Self-Perceptions, and Public Safety Implications*. Given the recent Federal Court decision questioning such police tactics as unconstitutional and its prominent role in the recent New York City mayoral primary, the document is an important example of the relationship of research to policy making.

The report focuses on the question: How does being stopped by police, and the frequency of those stops, affect those who experience these stops at a young age? The report acknowledges that the study does not evaluate the efficacy of stop and frisk in terms of its ability to suppress crime, nor does it assess whether or not the NYPD is conducting stops within the scope of what is permitted under the law. In addition, the findings do not tell us how New Yorkers, in general, experience stop and frisk or feel about the police

Despite these limitations, Vera claims the impact of these stops on young people "is a highly consequential question because a body of research indicates that negative encounters with police during an individual's developmental years can erode his or her confidence in the justice system." The report found that in New York City, at least half of all recorded stops annually involve those between the ages of 13 and 25. In 2012, the most recent year for which data is available, police stopped just over 286,000 young people in this age group.

The Vera study surveyed roughly 500 people between the ages of 18 and 25 and conducted in-depth interviews with a smaller sample of 13-21 year-olds, their parents and caregivers, and community leaders in highly patrolled, high-crime areas. These data, according to the study, reveal a great deal about the experiences and perceptions of young New Yorkers who are most likely to have had these encounters with the police.

The key findings include:

- For many young people, stops are a familiar and frequent experience and are perceived as unjustified and unfair. 44 percent of young people surveyed indicated they had been stopped repeatedly-- 9 times or more. Less than a third-- 29 percent-- reported ever being informed of the reason for a stop.
- Frisks, searches, threats, and use of force are common. 71 percent of young people surveyed reported being frisked at least once, and 64 percent said they had been searched. 45 percent reported encountering an officer who threatened them, and 46 percent said they had experienced physical force at the hands of an officer. One out of four said they were involved in a stop in which the officer displayed his or her weapon.
- Trust in law enforcement and willingness to cooperate with police is alarmingly low. 88 percent of young people surveyed believe that residents of their neighborhood do not trust the police. Only four in 10 respondents said they would be comfortable seeking help from police if in trouble. Only one in four respondents would report someone whom they believe had committed a crime.
- Young people who have been stopped more often in the past are less willing to report crimes, even when they themselves are the victims. Each additional stop in the span of a year is associated with an eight percent drop in the person's likelihood of reporting a violent crime he or she might experience in the future.
- Half of all young people surveyed had been the victim of a crime, including 39 percent who had been the victim of a violent crime. At the same time, these young people are self-confident and optimistic.

Based on the results of the study, Vera recommends:

- In light of the fact that it decreased stops by 22 percent while the crime rate held steady, the NYPD should continue to recalibrate its stop and frisk practices so as to remedy the serious consequences to police-community relations and public



safety that this study reveals;

- Expand upon existing training to encourage respectful policing that makes people feel they are treated fairly (including informing them of the reason for the stop), and emphasize strategies aimed at reducing the number of stops that escalate to the point where officers make threats and use physical force;
- Collaborate with the predominately black and Hispanic/Latino communities where stop and frisk has been concentrated to improve relationships by finding tangible strategies to put into practice; and
- Partner with researchers to better understand the costs and benefits of various proactive policing strategies as well as individual practices such as stop and frisk.

The full report is available at: <http://www.vera.org/pubs/special/stop-and-frisk-reports>.

## **Research on the Health Determinants and Consequences of Violence and its Prevention, Particularly Firearm Violence: Applications Wanted**

A number of expert meetings and reports generated by scientific health policy and research organizations have explicated the need for additional, comprehensive, and rigorously designed studies to advance understanding of the underlying behavioral, neural, and genetic mechanisms of violence; public health impacts (including individual and societal costs) of violence; the cognitive behavioral and pharmacological determinants of violence; risk and protective factors at the individual, family, and community level; the development and testing of safe, effective and cost effective interventions to reduce and/or prevent violence and its precursors; and the best strategies to increase adoption and implementation of evidence-based interventions.

While violence-related research has been supported by the National Institutes of Health (NIH) for many years, the agency recognizes that further research is warranted in these areas as applied to all types of violence, particularly in the case of firearm violence, which has such a high morbidity and mortality rate. Accordingly, the NIH [Alcohol Abuse and Alcoholism (NIAAA), Child Health and Human Development (NICHD), Drug Abuse (NIDA), General Medical Sciences (NIGMS), Mental Health (NIMH), Minority Health and Health Disparities (NIMHD), National Center for Complementary and Alternative Medicine (NCCAM), Division of Program Coordination, Planning and Strategic Initiatives (DCPSI), Office of Disease Prevention (ODP), Office of Behavioral and Social Sciences Research (OBSSR), and the Office of Research on Women's Health (ORWH)] are seeking applications that will examine the etiology and consequences of violence as they relate to the health of individuals and communities. The subject of the announcement spans across the mission of the above cited institutes, offices and centers (ICs). It is emphasized that particular consideration will be given to applications that propose studies of the intersection that focus on the various types of violence (homicide, suicide, youth and gang-related, intimate partner) and firearms.

The associated funding opportunity announcements (FOA), *Research on the Health Determinants and Consequences of Violence and Its Prevention, Particularly Firearm Violence* ([PA-13-363](#)), ([PA-13-368](#)), and ([PA-13-369](#)), will also provide support for research projects that test the efficacy and effectiveness of interventions to prevent violence and its precursors, using strong empirical designs. Additionally, the solicitations include support for research to enhance effective dissemination and implementation of evidence-based strategies into clinical and community settings.

The Institute of Medicine, at the request of the Centers for Disease Control and Prevention, recently developed a propose public health research agenda to improve knowledge of the causes of firearm violence, the interventions that prevent firearm violence, and strategies to minimize the public health burden of firearm violence.

For more information and/or to apply see: <http://grants.nih.gov/grants/guide/pa-files/PA-13-363.html>; <http://grants.nih.gov/grants/guide/pa-files/PA-13-368.html>; <http://grants.nih.gov/grants/guide/pa-files/PA-13-369.html>.

## Center for Evaluation and Coordination of Training and Research in Tobacco Regulatory Science

The National Institutes of Health (NIH) and the Food and Drug Administration (FDA) have formed an interagency partnership to foster research relevant to FDA's tobacco regulatory authorities. The activities are coordinated by the FDA Center for Tobacco Products (CTP) and by the Tobacco Regulatory Science Program (TRSP) in the NIH Office of Disease Prevention (ODP). The two agencies share an interest in supporting research that could inform the development and evaluation of tobacco product regulatory activities and actions.

The agencies have released a funding opportunity announcement (FOA) Center for Evaluation and Coordination of Training and Research (CECTR) in Tobacco Regulatory Science (RFA-OD-13-117) that invites applications designed to create such a center. The objective of the CECTR is to support and evaluate training and research programs that can assist the FDA CTP in the development and evaluation of tobacco product regulations.

The award made under the FOA will be administered by NIH using designated funds from the FDACTP for tobacco regulatory science mandated by the Family Smoking Prevention and Tobacco Control Act (FSPTCA). The research coordinated by the Center is expected to provide scientific underpinnings for the FDA to inform the regulation of the manufacture, distribution, and marketing of tobacco products to protect public health.

The FOA seeks CECTR applications that coordinate research across seven research areas:

1. Understanding the diversity of tobacco products,
2. Reducing addiction to tobacco products,
3. Reducing toxicity and carcinogenicity of tobacco products and smoke,
4. Understanding the adverse health consequences of tobacco use,
5. Understanding communications about tobacco products,
6. Understanding tobacco product marketing, and
7. Understanding how economics and policies affect tobacco product use.

In order to be considered responsive to the FOA, projects conducted within or through the CECTR must propose research that is within the regulatory authority of the FDA CTP.

For more information and/or to apply see <http://grants.nih.gov/grants/guide/rfa-files/RFA-OD-13-117.html>.

## Doris Duke Fellowships for the Promotion of Child Well-Being Invite Applications

The Doris Duke Charitable Foundation and Chapin Hall at the University of Chicago invite outstanding doctoral students to apply for the *Doris Duke Fellowships for the Promotion of Child Well-Being-seeking innovations in child abuse and neglect prevention*. These fellowships are designed to identify and develop a new generation of leaders interested in and capable of creating practice and policy initiatives that will enhance child development and improve the nation's ability to prevent all forms of child maltreatment. **Applications are due by December 15, 2013.**

Fellows are guided by an academic mentor whom they select; fellows also identify a policy or practice mentor to assist them in better understanding how to frame their research questions with

an eye toward maximizing policy and practice relevance. Fellows can be based at any academic institution in the U.S. and must be U.S. citizens or permanent residents in the U.S. to be eligible. Up to 15 fellowships are awarded annually.

Because the promotion of child well-being and the prevention of child maltreatment require knowledge and collaboration from diverse fields, the program is multidisciplinary in scope and approach. Fellows are selected from a range of academic disciplines, including, but not limited to, social work, child development, public health, medicine, public policy, education, economics, psychology, and epidemiology.

The fellowship will begin in the summer of 2014. Each fellow receives an annual stipend of \$25,000 for up to two years. For more information and/or to apply see:  
<http://www.chapinhall.org/fellowships/doris-duke-fellowships>.

## **IHDP Urbanization Project Seeks Conference Proposals**

The International Human Dimensions Programme based in Bonn, Germany seeks session proposals for its 2nd International Conference, "Urban Transitions and Transformations: Science, Synthesis and Policy. The conference will take place in Tapei, Taiwan on November 6-8, 2014.

There are four conference themes: 1) Urbanization Patterns and Processes; 2) Urban Responses to Climate Change: Adaptation, Mitigation and Transformation; 3) Global Environmental Change, Urban Health and Well-Being; and 4) Equity and Environmental Justice in Urban Areas.

According to the organizers, the conference structure has been designed to balance the synthesis of UGEC research with discussion on how the urbanization and global environmental change field can best move forward including implications for policy and planning. The concepts of urban transitions and transformations are woven throughout the four conference themes. These will be incorporated throughout the session formats including: Open and Standard Sessions, World Café, Round Tables, and Training Sessions. The planners would also welcome suggestions for new and innovative formats, from multimedia projects to art installations.

The deadline for proposal submissions is November 8, 2013. For further information, go to:  
[www.ugec2014.org](http://www.ugec2014.org).

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The Consortium of Social Science Associations (COSSA) is an advocacy organization promoting attention to and federal support for the social and behavioral sciences.

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