



# COSSA

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### **From the Executive Director**

Happy New Year! I am thrilled to be writing to you as the new COSSA Executive Director, effective January 1.

It is an exciting time to be involved in advocacy for the social and behavioral sciences and to engage with you, COSSA's members and supporters. While our community has seen its share of challenges over the years, including in the last twelve months as we have witnessed efforts to defund and de-scope federal programs supporting our science, I am excited about our collective efforts to promote the value of social and behavioral science in meeting challenges of national importance.

Over the months ahead, we will build on COSSA's previous three decades of success to identify the path forward for impactful social and behavioral science advocacy. Among our efforts, we will be exploring new ways to inform and engage our members and the broader community in advocacy and outreach, and will be identifying new ways to effectively promote understanding about our science among policy makers and the public, taking full advantage of social media and other forms of instant communication.

As you will read in this issue, there is no easing ourselves into 2014. Congress is back and nearing completion of the fiscal year (FY) 2014 appropriations bills, requiring our community to remain vigilant in the coming days to stave off proposals that would undermine federal support for social and behavioral research. COSSA has hit the ground running in 2014.

The true value of COSSA is the opportunity for what may otherwise be dispersed disciplines to come together for a common cause to pursue shared goals. Thank you to those who have been active participants and supporters of COSSA over the years. I hope other organizations will consider joining COSSA to be part of the future of social and behavioral science advocacy.

The COSSA team looks forward to working with you in 2014!

Wendy Naus  
Executive Director

## **CONGRESSIONAL ACTIVITIES & NEWS**

### **Congress Nears Final Resolution on FY 2014 Appropriations; Preview of Second Session Activities**

Congress returned last week for the start of the second session of the 113<sup>th</sup> Congress. As previously reported, Congress adjourned for the holiday break with a full plate of unresolved business. At the top of Congress's to-do list upon return is coming to a final resolution on the fiscal year (FY) 2014 appropriations bills. While FY 2014 officially began on October 1, 2013, all federal agencies and programs have been operating under a continuing resolution (CR) which expires this week on January 15.

House and Senate Appropriations Committee chairs, ranking members, and staff worked through the holidays to negotiate final agreement on the 12 appropriations bills that are expected to be incorporated into a single omnibus bill. While the negotiations have progressed, progress has been slower than originally anticipated. At the time of this writing, it appears that a short-term extension of the CR will be needed to allow enough time for floor consideration in the House and Senate and to avoid a government shutdown, which would occur if final passage of the omnibus is not achieved by January 15. Reports indicate that a stopgap measure will be sought lasting through Saturday, January 18.

Details of the 12 appropriations bills have been held very close up to this point; bill language has not been released publicly, making it difficult to ascertain whether provisions are included that could potentially damage social and behavioral research programs across the government. Text of the legislation could be released as early as today. The COSSA team is closely following the developments and will report on the final details in the January 27 COSSA Update.

In addition to the appropriations bills, a number of other Congressional activities are expected in 2014 that will be of interest to the social and behavioral science community. As reported previously, the House and Senate started down the path of reauthorizing the *America COMPETES Act* in late 2013. However, while draft bill text has been floated publicly and comments have been solicited, legislation has yet to be introduced. Early drafts of potential COMPETES reauthorization legislation have gotten the attention of our community by including language with uncertain intent, particularly in the House Republican's draft bill known as the FIRST Act (see [Update, November 25, 2013](#) for more details). The current COMPETES authorization expired in September 2013.

Also pending and expected to be taken up early in the second session is confirmation of three nominees to federal science posts: France Cordova, President Emerita of Purdue University, who has been nominated to head the National Science Foundation (NSF); Jo Handelsman of Yale University, tapped to be the next Associate Director for Science at the White House Office of Science and Technology Policy (OSTP); and Robert Simon, currently a consultant at OSTP, nominated to be Associate Director for the Environment. Despite the recent change in Senate rules that now allows most presidential appointments to be approved by a simple majority vote, the nominees still await a confirmation vote by the entire Senate.

Other topics to watch in 2014 include comprehensive tax reform and a major push to address income inequality, which in recent weeks has been embraced as a talking point by both Republicans and Democrats.

## FEDERAL AGENCY & ADMINISTRATION ACTIVITIES & NEWS

### Philip E. Bourne Named NIH Associate Director for Data Science

Philip E. Bourne has been named the National Institutes of Health's (NIH) first Associate Director for Data Science (ADDS). He is expected to make the transition to NIH in early 2014 from the University of California, San Diego, where he is the Associate Vice Chancellor for Innovation and Industry Alliances in the Office of Research Affairs. Bourne is also a professor in the Department of Pharmacology and the Skaggs School of Pharmacy and Pharmaceutical Science.

Trained as a physical chemist, Bourne received his Ph.D. from the Flinders University in South Australia. His professional interests include a focus on relevant biological and educational outcomes derived from computation and scholarly communication. Bourne has published more than 500 papers and five books.

### Departments of Justice and Commerce Announce Appointees to National Commission on Forensic Science

On January 10, the U.S. Department of Justice (DOJ) and the U.S. Department of Commerce's National Institute of Standards and Technology (NIST) announced appointments to a newly created National Commission on Forensic Science. The commission is co-chaired by Deputy Attorney General James M. Cole and Under Secretary of Commerce for Standards and Technology and NIST Director Patrick D. Gallagher.

The National Commission on Forensic Science is tasked with improving the practice of forensic science by "developing guidance concerning the intersections between forensic science and the criminal justice system," according to the press release. It will also develop policy recommendations and codes of professional responsibility and requirements for formal training and certification in coordination with the U.S. Attorney General.

The commission includes federal, state and local forensic science service providers, along with researchers, academics, law enforcement, prosecutors, defense attorneys, judges and other stakeholders across the country. "I appreciate the commitment each of the commissioners has made and look forward to working with them to strengthen the validity and reliability of the forensic sciences and enhance quality assurance and quality control," said Deputy Attorney General Cole.

For a full list of commissioners and to read the press release, click [here](#).

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## **NIH SMRB Approves Draft Report on Approaches to Assess the Value of Biomedical Research Supported by NIH**

On December 18, the National Institutes of Health (NIH) Scientific Management Review Board (SMRB) met via teleconference. It reviewed and voted to approve, with amendments, the draft report of the Working Group on "Approaches to Assess the Value of Biomedical Research Supported by NIH." The report responds to NIH director Francis Collins' charge to review the biomedical research landscape "in order to determine the progress and effectiveness of the value of the portfolio and the allocation among the portfolio activities of the resources of NIH."

Presenting the Value of Biomedical Research Working Group's (VOBR) recommendations, Gail Cassell, Harvard Medical School, emphasized that "there is not going to be a single approach" to assessing the value of biomedical research. She stressed that the effort had to be a multi-pronged approach that would include both qualitative and quantitative research along with case-studies, which are extremely valuable for policy makers and the public. One would also need retrospective and prospective approaches, she added.

Former NASA Administrator, Daniel S. Goldin, Intellis Corporation, observed that assessing the value of biomedical research supported by NIH "is not a standard analytical task." He emphasized his overarching concern for the complexity of such an undertaking, pointing out the multiple inputs and the enormous timeline that would be required. To assess the value of NIH-supported research on the quality of life is a timeline that can only be done in decades or a generation, he argued. He further stressed the need for metrics and benchmarks, which have yet to be developed, as well as the need for modest investment in the effort that will take time without a guaranteed outcome. Determinations of how to quantitatively define "quality of life" must be balanced against the overall research budget of NIH. This is a five- to ten-year effort, not a one- to two- year effort, he maintained.

SMRB chair Norman Augustine said that there have been studies that make the economic arguments, which he finds all "fall short." When you attempt to assign value to human life, the metric issue is terribly difficult, he said. Goldin responded that the NIH could commission the tools and techniques, which would be peer reviewed. That is the point in time when it can be thrown to an outside group to do the actual assessment. It is a "very legitimate task for NIH to seek outside help with," he added.

Clyde Yancey, Northwestern University, noted that there are a number of ways the economic

argument can be valuable beyond prolongation and quality of life. He expressed concern with the communication section of the draft report and suggested that additional modifications were needed. He cautioned the Board against regarding interpreting value as something that is just quantitative, citing the need to have other qualitative matter included.

Recommendations from the draft report include:

- NIH should capitalize on the ongoing innovations in data collection and analysis by intensifying its efforts to systematically, comprehensively, and strategically assess its value. Results can then be used to demonstrate accountability, enhance management, and increase public awareness.
- NIH should establish dedicated and sustained resources to support the planning and conducting of assessments of the value of NIH research. These resources should be modest in comparison with the expenditure of funds for core NIH research.
- Credible, interpretable, and useful assessments of the value of NIH should, when possible:
  1. Acknowledge and determine the role of other players in the advancement and adoption of research findings or other outcomes of interest.
  2. Attribute outcomes entirely to NIH only when this proven to be the case.
  3. Establish a timeframe that is broad enough to include sufficient time for discovery to the applied.
- NIH's assessment strategies should reflect all stakeholder voices, and NIH should regularly seek input from stakeholders to inform its assessment activities and communicate their results.

A copy of the full draft report is available on the NIH's [website](#).

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## **NIH SMRB to Address Ways to Optimize STEM Programs and Initiatives**

After completing a charge to examine approaches to assess the value of biomedical research supported by the National Institutes of Health (NIH), the Scientific Management Review Board (SMRB) received a new task from the agency. Principal Deputy Director Lawrence Tabak issued a charge to the SMRB Working Group regarding NIH's STEM programs.

Accordingly, the SMRB Working Group is charged with recommending ways to optimize NIH's STEM programs and initiatives that both align with the NIH mission and ensure a continued pipeline of STEM-educated students and professionals. In addressing this charge, Tabak indicated that the SMRB should:

- Study previous and current Federal STEM education efforts, particularly in the life sciences.
- Review an inventory of NIH STEM activities.
- Assess, at a high level, the effectiveness and impacts of NIH's STEM activities.
- Define principles to guide future NIH efforts in evidence-based STEM programs and initiatives.
- Identify attributes, activities, and components of effective STEM programs.
- Determine how to augment the evidence base for identifying successful approaches for STEM programs and for monitoring and adjusting STEM activities.

Tabak observed the many challenges associated with STEM programs, including the fact that federal agencies define the fields differently; for example, the National Science Foundation includes psychology and social sciences, while the Department Homeland Security only include "core" sciences (e.g., physics, chemistry and math) and engineering.

He pointed out that while the U.S. spends far more per student than most countries, it has not translated into better performance. And despite an investment of \$3 billion per year in STEM education, the Programme for International Student Assessment (PISA) trend data shows no

significant changes in performance over time. Meanwhile, he noted that other countries are investing in these programs to reinforce the pipeline to train a strong biomedical workforce. He cited Singapore's focus on training individuals to prepare them for careers in industry or to work in hospitals.

Tabak underscored the fact that failure to "foster a strong foundation" in STEM education among U.S. students will have ripple effects on the biomedical workforce. This includes strong, evidence-based programs at all points along the care path, said Tabak, which is vital for a strong biomedical workforce. Without this base, NIH will be unable to fulfill its mission and U.S. global competitiveness will falter, he warned.

He also referenced the 2010 National Science and Technology Council's effort to coordinate Federal STEM programs and activities via the establishment of the [Committee on STEM Education](#), known as CoSTEM, which consists of a wide spectrum of members from Federal departments, agencies, councils, and offices. Its functions include ensuring effectiveness of STEM education program, coordinating STEM education activities and programs with the Office of Management and Budget, and developing and implementing via participating agencies a five-year STEM education strategic plan, to be updated every five years.

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## **NCHS Releases Data on Youth Physical Activity from First Assessment in 20 Years**

The National Center for Health Statistics (NCHS) has released a data brief detailing [Physical Activity in U.S. Youth Aged 12-15 Years, 2012](#). The data comes from the National Health and Nutrition Examination Survey (NHANES) National Youth Fitness Survey, the first assessment of youth physical activity in over 20 years. The data show that about 25 percent of children aged 12-15 meet the federal physical activity guidelines (60 minutes of moderate to vigorous activity a day). The most popular activities (in order) among boys were basketball, running, football, bike riding, and walking; running, walking, basketball, dancing, and bike riding were most popular among girls.

## **NOTABLE PUBLICATIONS & COMMUNITY EVENTS**

### ***NRC Releases Report on Proposed Revisions to the Common Rule for the Protection of Human Subjects in the Behavioral and Social Sciences***

On January 9, the report, [Proposed Revisions to the Common Rule for the Protection of Human Subjects in the Behavioral and Social Sciences](#), was released by the National Research Council (NRC). The report proposes updates to federal regulations that protect human research subjects, also known as the Common Rule, that need additional clarification when applied to the social and behavioral sciences. The NRC report reviews an Advanced Notice of Proposed Rulemaking (ANPRM) from the U.S. Department of Health and Human Services (HHS) issued in July 2011 to strengthen protection for human subjects. It also recommends how best to ensure those protections while promoting effective social and behavioral science research and also respecting the different contexts and processes of biomedical research. The response to these proposed changes from the social and behavioral science community can be found [here](#) (see [Update, March 25, 2013](#)).

Three overarching recommendations are contained in the newly released report:

1. Redefine "human-subjects research," to provide criteria for what types of research should be considered as not human-subjects research, and to provide examples of social and behavioral science that could be considered as not human-subjects research;
2. Endorse the adoption of a new category of "excused" research, to provide criteria for what types of research should be considered "excused," and to provide examples of social and behavioral sciences that could be considered in this excused category; and

### 3. Operationalize procedures for implementing the new category of excused research.

The report's introduction emphasizes that "the aims of this National Research Council (NRC) consensus report align with the central aims of the ANPRM. With a specific focus on social and behavioral sciences, this report addresses the dramatic alterations in the research landscapes that institutional review boards (IRBs) have come to inhabit over the past 40 years." The report also highlights that while "the Common Rule has always been applied to behavioral and social sciences, primary attention in the design of the regulations was given to biomedical procedures and dilemmas, as is evident in their heavy use of biomedical language and examples." The report further seeks to advise HHS regarding the revision of the Common Rule as sought by the ANPRM, with a specific focus on the social and behavioral sciences.

The Committee on Revisions to the Common Rule for the Protection of Human Subjects in Research in the Behavioral and Social Sciences (which is part of the Board on Behavioral, Cognitive, and Sensory Sciences within the Division of Behavioral and Social Sciences and Education) was chaired by Susan Fiske, Princeton University. It was charged to inform the current efforts of the federal government to update the Common Rule (45 CFR § 46), last revised in 1991.

The introductory chapter points out that "This report's focus on 21st century social and behavioral sciences aims to balance human subjects protection-which encompasses respect, justice, and beneficence-with advancing the societal utility of research. It documents the dramatic transformations in the social and behavioral science research landscape, as well as increases in the diversity and volume of social and behavioral science research activity."

The Committee adopted the definition of social and behavioral sciences as defined by the National Institutes of Health Office of Behavioral and Social Science Research for the report:

The term "behavioral" refers to overt actions; to underlying psychological processes such as cognition, emotion, temperament, and motivation; and to bio-behavioral interactions. The term "social" encompasses sociocultural, socioeconomic, and socio-demographic status; biosocial interactions; and the various levels of social context from small groups to complex cultural systems and societal influences.

#### **Adoption of New Definition of Minimal Risk Suggested**

The NRC report also recommends guidance that should be issued by the HHS Office for Human Research Protections (OHRP) to assist in operationalizing the definition of minimal risk. It further recommends that OHRP assist in distinguishing between vulnerabilities in participants' lives and their vulnerability to research risks. Elements of OHRP guidance statements that would help investigators and IRBs distinguish between research that would be excused from IRB review, research requiring expedited review, and research requiring full review were offered by the committee.

The committee recommended a number of recommendations for HHS to consider in revising aspects of the Common Rule that deal with minimal risk and expedited and full IRB review, including the adoption of a new definition of minimal risk (Rec 3.1) under the Common Rule: "Minimal risk means that the probability and magnitude of physical or psychological harm does not exceed that which is ordinarily encountered in daily life or in the routine medical, psychological, or educational examinations, tests, or procedures of the general population."

The report also recommends an elimination of the requirement for continuing review for expedited research. Accordingly, the Committee suggested corresponding research is needed to:

- Build a stronger evidence base for identifying the probability and magnitude of risks in daily life and the nature of age indexed routine medical, psychological, or educational examinations, tests or procedures of the general population;
- Develop and assess appropriate algorithms for calculating risk from both the probability and

- magnitude of harm and determining when this calculated risk meets minimal risk criteria;
- Encourage and provide empirical evidence for effective procedures for minimizing potential physical and psychological research harms to no more than minimal risk levels; and
- Study the effects of social and behavioral research on research participants so that evidence-based assessments of "known and foreseeable" risk are more feasible. In particular, research is needed to properly address nonphysical risks of research and the methods that create them.

### Informed Consent

The report also addresses informed consent practices, "including questions of flexibility and efficiency in the process of gaining consent, waivers of consent, informing participants about risks of participation, informed consent in the context of special populations such as adolescents and subjects with impaired decisional capability, and informed consent in extended research contexts." The committee recommended several best practices that would streamline human subjects protection, including best practices relating to full IRB review. It further recommended that OHRP issue guidance to encourage IRBs "to emphasize the consent process over documentation, assess the realistic magnitude and probability of risks and benefits of research described for potential participants, facilitate the use of waiver of guardian permission for minimal risk research with adolescents, and facilitate the consent process for children's participation in research."

The report recommends that HHS eliminate regulatory language that suggests certain formats or elements are a default in all situations and focus instead on tailoring consent to be appropriate to the situation and population (Rec. 4.1), including eliminating ambiguous language currently in 45 CFR § 46.116(d) that has caused IRBs to include consent information that may be irrelevant to adequate human subjects protection.

Additional recommendations include:

- Elimination of language in the regulations suggesting that written informed consent disclosures and written documentation that consent has been obtained are the preferred norm and include language permitting informed consent by nonwritten means when appropriate, without requiring action by the IRB to grant a waiver of documentation (Rec. 4.2);
- Revision of regulations to require that statements relating only to institutional or sponsor liability be clearly separated from the informed consent information directly related to the research participation (Rec. 4.3);
- Establishment of guidance for investigators and for the final mechanism of oversight for this category, with the aim of fitting the information required for obtaining consent for the new excused category to the population characteristics and specific research context. The Committee did not endorse the ANPRM restriction to "competent adults" for the proposed new excused classification (Rec. 4.4); and
- Revision of regulations to remove any requirement for re-consent for future use of pre-existing, de-identified non-research or research data. Investigators wishing to link pre-existing identifiable data to the collection of new data from human subjects, should obtain consent for the new data collection and linking to the archival identifiable data (Rec. 4.5).

The ANPRM suggestion to use the Health Insurance Portability and Accountability Act (HIPAA) as the standard for specifying data protection plans with respect to social and behavioral research was not supported in the report. The Committee observes that "neither the privacy nor the security rules outlined in HIPAA is sufficient to maintain the confidentiality of research participants' information beyond limiting access to authorized users." According to the report, HIPAA fails to strike the balance between protecting data and promoting worthwhile research. In addition, the Committee emphasizes that HIPAA also fails to protect some forms of de-identified data, to accurately quantify risk, and to account for the value of social and behavioral research. The Committee, however, agreed with the ANPRM in "stating that the best way to protect human subjects while minimizing regulatory burden on IRBs and researchers is by using protection against disclosure that is



appropriate to the level of risk." Accordingly, the Committee recommended an assortment of data protection approaches to fit the specific needs of the research.

Additionally, the report incorporates committee suggestions on how IRB procedures might be improved and where possible provides examples on how these improvements might be made.

The study was sponsored by the Bill & Melinda Gates Foundation, the Alfred P. Sloan Foundation, and the National Academy of Education. The Committee on Revisions to the Common Rule for the Protection of Human Subjects in Research in the Behavioral and Social Sciences will hold a public briefing on Thursday, January 30 from 1:30 to 3:30 p.m. EST in Room 100 of the National Academies' Keck Center, 500 Fifth St. N.W., Washington, D.C. Those who cannot attend may view a webcast of the event. Click [here](#) for more information.

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## **IOM Workshop Assesses State of Obesity Solutions**

The Institute of Medicine (IOM) at the National Academies has established a Roundtable on Obesity Solutions, which is tasked with fostering "an ongoing dialogue about critical and emerging implementation, policy, and research issues to accelerate and sustain progress in obesity prevention and care." Chaired by Bill Purcell, of Jones Hawkins & Farmer, PLC, the Roundtable held its first meeting on January 7 and 8, which included a public workshop on *The Current State of Obesity Solutions in the United States*. More information about the Roundtable is available [here](#). A recording of the workshop will be posted [here](#).

### **State of the Epidemic**

William Dietz, IOM, gave an update on the current state of the obesity epidemic in the U.S. Relying mainly on data collected by the Centers for Disease Control and Prevention's (CDC) National Health and Nutrition Examination Survey (NHANES) from 1999 through 2010, Dietz explained that the obesity rate seems to have plateaued for some populations, particularly women. Adult men, however, experienced a seven percent rise in obesity during this period. There are also significant disparities among women of different ethnic and racial groups. Dietz explained that there is not a direct correlation between poverty and obesity across all populations, as some may assume. He also cautioned against conflating ethnicity or race with socioeconomic status, as the data do not bear out these associations.

There are some indications of improvement, Dietz said. The obesity rate seems to be leveling off (except for Native Americans/Alaska Natives) for recipients of Women, Infants and Children (WIC) benefits, a high-risk population. In addition, six states and 13 communities have reported declines in the obesity rate.

Dietz suggested that the trend of declining cigarette use might be a useful model for the obesity epidemic. Cigarette use began to rise after the Great Depression and continued until the first Surgeon General warning about its dangers. From there, the smoking rate plateaued until public health efforts took hold, after which it declined. Dietz noted that these public health efforts really began at the state and local level.

Dietz also laid out several challenging areas for obesity reduction efforts. First, severe obesity (defined as weighing at least 120 percent of the 95<sup>th</sup> percentile) is increasing in girls and boys, and ethnic disparities are present. This type of obesity is not addressed by most anti-obesity public health efforts. Another issue is that most medical schools are not teaching students how to approach obesity treatment with their patients, let alone how to overcome the documented biases that affect care for obese patients.

A multilayered and multisectoral approach is vital to making progress in reducing obesity nationwide, Dietz asserted. An effective strategy will combat the problem from the federal, state, community, institutional, interpersonal, and individual level. However, we can be discriminating in

our strategy and don't just have to throw every idea at the epidemic. Dietz shared some work being done in estimating the effectiveness of anti-obesity strategies in terms of calories saved or minutes of additional physical activity per day, as well as calories or minutes of activity per dollar. This suggests that various interventions can be tested to ensure that they get results and are cost effective.

### Early-Care and Education

The remaining panels, moderated by Mary Story, Duke University, and Russ Pate, University of Southern California, explored seven settings where change is happening. The first panel focused on obesity solutions in the Early-Care and Education (ECE) setting (e.g., preschools, day cares, etc.). Debbie Chang, Nemours, noted that the past decade has seen an explosion in activity regarding obesity prevention for ECE. She highlighted that the CDC's ["Spectrum of Opportunities" strategy](#), which outlines a variety of actions states and communities can take to integrate obesity prevention into ECE (including licensing and regulations, quality ratings, facility-level interventions, etc.), as a trigger of widespread action. Chang suggested that those continuing to implement improvements in ECE should think about the sustainability of their actions, actively engage the states in their efforts, and continue to innovate while spreading successes. A breakthrough action in ECE, Chang said, would be strengthening provider-family linkages to stop the "us versus them" mentality and remind parents and early childhood care providers that everyone wants what is best for the child.

Dianne Ward, University of North Carolina, called for better information on the nutrition and physical activity being provided by ECE facilities. This would enable us to better understand the care children are receiving, identify needs for training and technical assistance, and see how practices change over time. A second need Ward identified is for consistent physical activity standards that could be provided to facilities, analogous to existing nutritional standards.

Geraldine Henchy, Food Research and Action Center, discussed the Child and Adult Care Food Program (CACFP), which provides assistance to child and adult care facilities for nutritious food, and which was updated by the Healthy, Hunger Free Kids Act of 2010. Henchy argued that careful implementation of the new standards and expansion of CACFP would assist obesity prevention efforts in early-care and education facilities.

### Schools

Sarah Lee, CDC's School Health Branch of the Division of Population Health, focused on obesity prevention in schools. She noted that a growing body of evidence is informing the programs and practices that promote healthy eating and physical activities in schools. Going forward, Lee called for an approach that encompasses: research into parent engagement, school health services, water access, food marketing, disparities, and comprehensive physical activity; translation, dissemination, and diffusion; communication, particularly tailoring messages to communities and countering negative messaging; and policy actions that include district-level regulations, as well as at the state and federal levels. Since a great deal of progress has been made in improving nutrition in schools, Lee argued that a breakthrough action would be transformative federal, state, and local physical education and activity policies and practices.

Christina Economos, ChildObesity180, also commented on physical activity in schools, noting the link between increased physical activity and improved school performance. She proposed that physical education be designated a core subject. Economos also recommended that stakeholders identify scalable, innovative physical activity programs.

Jessica Donze-Black, Kids' Safe and Healthful Foods Project at the Pew Charitable Trusts, focused her response on nutrition. She advocated, first, that we make sure all food sold to kids during the school day is healthy (not just the food provided in the cafeteria). Second, Donze-Black suggested that we implement strategies to ensure that changes to school nutrition are meaningful to students, by helping them understand nutrition and enjoy healthy food.

## Worksites

Helen Eddy, Hy-Vee, Inc. (a Midwestern supermarket chain), spoke about Hy-Vee's employee wellness efforts, which include dietician services, online resources, grocery store tours, week behavior modification programs, and discounted insurance premiums for completing health screenings, in addition to healthier grocery options. Many of these services are also made available to customers, and Hy-Vee participates in community outreach efforts. Eddy recommended that workplace obesity prevention efforts not overlook small businesses.

Julia Halberg, General Mills, explained that General Mills has implemented a number of changes, such as providing smaller plates in dining facilities, subsidizing healthy food on site, promoting fitness, and providing new mothers with on-site breast pumping rooms. General Mills has also worked to address health disparities through its General Mills Foundation Champion for Healthy Kids grants.

Nicolas Pronk, Health Partners (a nonprofit Minnesota-based HMO), pointed out that workplace obesity prevention interventions are designed to counter the sedentary nature of most work. He recommended interventions like sit/stand devices (standing desks, treadmill desks), increasing access to fruits and vegetables (Pronk noted that the high prices of salad bars are a proven barrier to purchasing healthy options at lunch), and connecting the workplace to community efforts (such as texted reminders before lunch to make healthy choices or apps for finding healthy food while on business trips).

## Health Care: Hospitals, Clinics, and Insurance Companies

Don Bradley, Blue Cross/Blue Shield of North Carolina, said that health insurance can help improve the obesity epidemic in four key areas: health benefits, health programs, community impact, and "thought leadership." He identified five breakthrough actions: (1) better provider education, training, and teamwork, (2) stimulating patient engagement, (3) addressing obesity throughout life, (4) creating a safe environment for physical activity, and (5) better nutrition.

Loel Solomon, Kaiser Permanente, observed that most people only interact with the health sector for a few days each year cumulatively, so healthcare-sector actions need to be integrated with community efforts. He noted that the clinical realm tends to be focused on BMI assessment, but can ignore behavioral indicators. He echoed Dietz's earlier comment that today's health care providers are not well-equipped to have hard conversations about obesity with their patients. Solomon also pointed out that the healthcare industry can start modeling healthy behavior by improving its facilities and focusing on the wellness of its own employees.

Eduardo Sanchez, American Heart Association, advocated a "systems approach" to obesity in the clinical setting, which would incorporate technical assistance, better guidelines, an expanded health team, and shared data). He also called for reimbursement reform to pay for evidence-based interventions, as well as research and evaluation to measure the outcomes.

## Communities and Cities

Leon Andrews, National League of Cities, noted that representatives from over 400 communities have committed to address obesity as part of [Let's Move Cities, Towns, and Counties](#). He described five key components to ensuring sustained city leadership on obesity issues: engaging stakeholders, forging a common vision, implementing policies and strategies, shared accountability, and coordinating infrastructure. He recommended that communities focus on high-risk populations, partner with schools, address out-of-school time and access to food, and utilize local parks and recreation departments. One challenge Andrews identified is overcoming the perception that everyone will benefit from a given intervention and that a targeted approach can be divisive, an attitude he characterized as "false universalism." Instead, he argued, we need to be universal in our goals, not our process.

Cheryl Bartlett, Massachusetts Department of Public Health, talked about a Massachusetts obesity prevention initiative, Mass in Motion. The program takes a multifaceted approach that encompasses published reports, an executive order reforming procurement practices, BMI regulation, school nutrition regulations, a public information campaign, municipal wellness grants, worksite initiatives, and a website. The municipal wellness grants, delivered via the CDC's Community Transformation Grants, have grown from being awarded to an initial 11 municipalities to reaching 52 communities. Massachusetts has seen a four percent reduction in BMI in five years.

Marion Standish, the California Endowment, suggested that communities focus on policy; we have a lot of programs and services, but policy is more sustainable, scalable, enforceable, and measurable. She advocated a "health-in-all-policies" approach, meaning health considerations should be integrated into other arenas. Standish also emphasized the importance of protecting existing revenue for obesity prevention, as well as identifying new sources. Lastly, she recommended finding and leveraging new constituencies that might be sympathetic to these efforts (such as those interested in food sustainability, community development, climate change, or education).

### **Federal Government**

Kevin Concannon, Undersecretary for Food, Nutrition, and Consumer Services, U.S. Department of Agriculture (USDA), discussed some of the ways USDA is working to fight obesity. A number of existing USDA programs promote healthy food, including WIC and CACFP, school lunch programs, and the Supplemental Nutrition Assistance Program (SNAP, also known as food stamps). The USDA's "Smart Snacks in Schools" standards, which will be implemented in July 2014, will mandate that all food sold in schools meets certain nutritional standards. In addition, school lunches must now meet calorie limits, include more fruits, vegetables and whole grains, and contain low- or nonfat dairy products. Further, SNAP cards now generate coupons for healthy foods based on past purchases.

Howard Koh, Assistant Secretary for Health, Department of Health and Human Services (HHS), spoke about HHS's role in preventing obesity. HHS takes a social determinants approach to obesity, meaning it recognizes the influence behavioral and social factors have on health. In 2008, HHS released physical activity guidelines for the first time, and a Midcourse Report detailing strategies to increase activity in youth was released in late 2013. Koh highlighted the revitalization of the President's Youth Fitness Program, which now takes a more inclusive approach to getting kids excited about exercise. He pointed out that the Affordable Care Act (ACA) established the Prevention and Public Health Fund and mandates coverage of obesity screening and counseling. Challenges ahead include addressing food marketing to children, reaching out to non-traditional partners, and increasing the number of adults who meet the physical activity guidelines (according to self-reported data, only one in four people meet the guidelines, but objective measurements suggest that the number could be closer to five percent).

Jeff Levi, Trust for America's Health, argued for a multifaceted approach, asserting that there is no magic bullet. Each community has different challenges, he said. He also noted that the financing system for interventions tends to be focused on a short-term return on investment. He recommended that the federal government increase capacity for partnerships between the health care system and communities through systematic investment. Levi suggested that the Center for Medicare and Medicaid Innovation (CMMI) focus on the role accountable care can play in obesity prevention and adjust the timeframe so interventions are not expected to produce that immediate return on investment. Lastly, Levi recommended that the National Prevention Council, an intragovernmental body focused on prevention issues, be used to institute direct collaboration among the various federal partner agencies (as opposed to having each agency integrate health and prevention into its individual portfolio).

### **Businesses and Industry**

Lisa Gable, Healthy Weight Commitment Foundation, discussed how more than 250 major businesses came together to form the Healthy Weight Commitment Foundation to address obesity. They

pledged to remove 1.5 trillion calories from the marketplace by the end of 2015, a goal that was exceeded in May 2013. Gable noted that while the public health case for promoting and selling low- and reduced-calorie foods is clear, it is also good business. Lower calorie products drive sales growth, and many of the best-selling new food products are low calorie.

Larry Soler, Partnership for a Healthier America, remarked that the momentum has arrived for action to prevent obesity. The industry is feeling the pressure to provide healthier options, not just from advocates and policymakers, but from customers. Obesity prevention is an area where competitors can be brought together to advocate for healthy behaviors (for example, various players in the water industry have united to promote drinking water). Soler cautioned that creating meaningful change is difficult and recommended that advocates find a way to make it profitable for companies to take the risk of joining anti-obesity efforts.

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## **Cato Institute Discusses the Research on Preschool Education**

In light of President Obama's \$75 billion proposal in last year's State of the Union Address to expand preschool to all four-year olds, the Cato Institute held a January 7 discussion on the existing research surrounding preschool education. The discussants included: David Armor, George Mason University; Deborah Phillips, Georgetown University; Grover Whitehurst, Brookings Institution; and Neal McCluskey, Cato Institute.

According to McCluskey, it is important to understand what the research says is effective or ineffective in pre-K education before investing \$75 billion into a new government program. Some research, he continued, suggests every dollar in pre-K spending saves seven dollars down the road, while other research implies much smaller savings. Further, there are abundant disagreements in what the research tells us about the lasting effects of preschool education.

Armor suggested that the existing research tells a somewhat pessimistic story about the effectiveness of large-scale pre-K programs. According to his reading of the research, national evaluations of Head Start show little-to-no lasting impacts for its participants, and that regional "high quality" programs show a much larger effect than Head Start. In conclusion, he suggested that the larger positive outcomes in evidence in some studies are more due to research design problems than the design of the program itself. A national demonstration project is necessary before spending \$75 billion on a nationwide preschool program, he finished.

Whitehurst continued with Armor's criticism of the research, noting that based on previous tries with large-scale pre-K programs, it is very difficult to design a program for four-year olds that produces sustained effects. He said that after reading the existing research it is difficult to come away thinking "we know what to do" in preschool education. He concluded that a program on the scale of what the Obama Administration has proposed is unlikely to work, and that the money would be better spent focusing on the families with the most amount of need.

Phillips articulated a more optimistic view of the research. She said that, first, the rationale for early childhood education is itself a good reason to invest; neurological development and other development processes progress much quicker around this age than later in life. Additionally, in certain studies of "high quality" programs-Tulsa and Boston, particularly-there has been a demonstrated three- to four-to-one return on investment per dollar. The primary remaining question in the research, she said, is what explains "fade out," or why students without pre-K education tend to converge in achievement with those who had pre-K education later in adolescence. According to Phillips, there is not a clear answer to this because of compounding variables such as the contribution of parents and complications with research design. However, she finished by stating that "high quality preschool passes the test of high value investment."

**FUNDING OPPORTUNITIES**

## AERA Grants Program Accepting Proposals

The AERA Grants Program, supported by the National Science Foundation (NSF), is currently accepting proposals for [Dissertation and Research Grants](#). The deadline for proposals is **Friday, January 24, 2014**. The AERA Grants Program provides funding for "studies of education policy and practice using federally-funded, large-scale data sets." The disciplines supported include but are not limited to: education, sociology, economics, psychology, demography, statistics, and psychometrics.

Additionally, AERA is also accepting applications for the [Institute on Statistical Analysis: Causal Analysis Using International Data](#). Proposals are due **Monday, February 10, 2014**. The institute will focus on issues of causal interference and the methodologies available to support causal interferences using data from TIMSS and PISA.

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## Using Social Media to Understand and Address Substance Use and Addiction

The National Cancer Institute (NCI), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and the National Institute on Drug Abuse (NIDA) are seeking research applications investigating the role of social media in risk behaviors associated with the use and abuse of alcohol, tobacco, and other drugs (ATOD) and projects using social media to ameliorate such behaviors.

The recently released funding opportunity announcement (FOA), "Using Social Media to Understand and Address Substance Use and Addiction" (RFA-CA-14-008), is part of a trans-National Institutes of Health (NIH) initiative known as Collaborative Research on Addiction at NIH (CRAN).

The goal of the announcement is to inspire and support research projects for up to three years. Research projects responding to the announcement must focus on one of two distinct areas: (1) observational research using social media interactions as surveillance tools to aid in the understanding of the epidemiology, risk factors, attitudes, and behaviors associated with ATOD use and addiction; or (2) intervention research measuring the reach, engagement, and behavioral and health impact of social media-based interventions for the screening, prevention, and treatment of ATOD use and addiction.

Applications are due by **March 25, 2014**. More information is available [here](#).

The institutes have also issued a [second FOA](#), which utilizes NIH's R21 grant mechanism intended to encourage exploratory/developmental research by providing support for the early and conceptual stages of project development.

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## National Institute of Justice Seeks Proposals in Policing and Crime Research

In a [Dear Colleague letter](#) released on January 7 by National Institute of Justice (NIJ) Acting Director Greg Ridgeway alerted social and behavioral science researchers of NIJ's interest in research proposals addressing policing and crime. NIJ is interested in continuing to build its policing research portfolio and expanding on the following topics, among others (quoted directly from the letter):

- Evaluations of technologies implemented by police agencies, including the impact of technology on police organizations and cost-benefit analyses of implementing such technology.
- Evaluations that examine the impact of internal and external procedural justice training mechanisms to promote police integrity.
- Randomized controlled trials of interventions or programs of interest to address criminal justice issues confronting law enforcement.

- Research on the use of intelligence-led policing.
- Research and evaluation on science-based approaches, policies or interventions designed and implemented to promote officer safety and wellness.
- Research on police investigations.

According to the Dear Colleague letter, "NIJ is interested in building sound, evidence-based knowledge of interventions and programs that work and can be tested in a variety of organizations under varied circumstances."

The "Research and Evaluation on Justice Systems" solicitation - the classification under which these grants will be categorized - will be available on the NIJ website in February.

## COSSA MEMBER ACTIVITIES

### **NASW/CSEW Briefing on Understanding the Intersection of Poverty, Child Abuse and Neglect\***

On December 12, the National Association of Social Workers (NASW) and the Council on Social Work Education (CSWE), in cooperation with the Congressional Social Work Caucus, held a briefing on Capitol Hill about poverty and child abuse. The panelists included Katharine Briar-Lawson, University of Albany; Joo Yeun Chang, U.S. Department of Health and Human Services; Kristen Slack, University of Wisconsin-Madison; Joan Zlotnik, NASW; and NASW CEO Angelo McClain. NASW and CSWE are both COSSA members.

Zlotnik began by laying out the importance of this briefing as follow up to the recent Institute of Medicine (IOM) report, [New Directions in Child Abuse & Neglect Research](#). In 2011, there were more than three million requests for social services based on childhood abuse or neglect. The cost to society is estimated to be upwards of \$80 billion a year. Moreover, poverty is a primary risk factor for maltreatment, but there is still much to learn about the causal linkage between abuse/neglect and poverty.

Briar-Lawson provided an overview of some of the existing research on the topic. Historically, she said, the treatment of childhood abuse/neglect cases was a combination of economic and social assistance. After the separation of economic assistance from social services, the trend is towards only economic assistance, leaving the underlying problems unaddressed. There is also a decreasing social welfare workforce, leaving fewer, lower-trained individuals to meet an increasing demand for their services. Further, many of the programs in place today do not adequately address moving the family out of poverty, which is by far the largest risk factor in abuse and neglect cases.

Slack discussed more specific research on the link between poverty and abuse/neglect. She stated that most poor families do not maltreat, but cases of maltreatment are most likely to come from poor families. In general, she said, studies show that a clear causal mechanism exists between poverty and neglect, but it is difficult to determine what within poverty triggers the neglect. Economic hardship creates many conditions which lead to abuse/neglect, but research conducted following the recession has shown counterintuitive results in these trends. In conclusion, she stated more rigorous research is needed.

McClain, who recently became NASW CEO after a six-year tenure as Child Welfare Commissioner in Massachusetts, discussed some of the family resource programs that were put in place at the community level to focus on prevention and increased economic security.

Chang, who was recently named Associate Commissioner for the Children's Bureau within HHS discussed the Bureau's role in addressing abuse and neglect. The Children's Bureau places a particular emphasis on foster families, allocating \$6 billion of its \$8 billion budget to the foster program. She said they have found that many states are moving away from "adversarial" responses to cases of abuse/neglect towards more "alternative" responses which are more encompassing. She

said that her agency has found that the need for collaboration across systems, for instance to alleviate lack of adequate housing in some cases, so that it does not lead to family dissolution, is one of the most pressing issues.

Congresswoman Barbara Lee (D-CA), who chairs the Congressional Social Work Caucus, and Congresswoman Karen Bass (D-CA), who chairs the Congressional Foster Youth Caucus, also spoke.

*\*Editor's Note: Corrections have been made to this article, which was originally published on December 23, 2013.*

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