# Report on NIH Collaborations with Other HHS Agencies for FY 2009 and FY 2010

## Background

Section 403A(a) of the Public Health Service (PHS) Act (added to the PHS Act by Section 104 of the National Institutes of Health Reform Act of 2006) requires that the NIH Director forward to the HHS Secretary an annual report on NIH's collaborations with other HHS Agencies.[1] To make these reports as current as possible, NIH now collects information from the most recent fiscal year. Thus, this fourth report to the Secretary covers both FY 2009 and FY 2010.

NIH's collaborative efforts with other HHS agencies are an important means of fulfilling the HHS mission to protect the health of all Americans and provide essential human services, especially for those who are least able to help themselves. As the Nation's leading medical and behavioral research institution, NIH is dedicated to the pursuit of fundamental scientific knowledge about living systems and the application of that knowledge to improve people's health and reduce the burden of disease. Our collaborations with HHS agencies promote the translation of NIH's research to community health practice, coordinate a range of health programs and policies, enable better tracking of patient safety, and optimize agency efforts to reduce health disparities.

Many of these NIH/HHS collaborative efforts are longstanding—27 were launched over two decades ago. As an example, the Surveillance, Epidemiology and End Results (SEER) program, begun in 1973, has become the premier source for cancer statistics in the United States.[2] The AIDS International Training and Research Program (AITRP) represents another enduring collaboration that since 1988 has built multidisciplinary biomedical and behavioral capacity for research on prevention, care, and treatment of HIV/AIDS and HIV-related conditions in low- and middle-income countries.[3]

## Scope of Report

In FY 2010, NIH collaborated with HHS operating divisions on 594 activities: 370 activities that did not require NIH funding and 224 activities funded with contributions from NIH totaling $399,479,301, which represents a 31-percent increase over the FY 2009 funding level (Figure 2). The categories of collaborations include Committee/Workgroup, Database, Disease Registry, Health Survey, Information Clearinghouse, Meeting/Workshop, Public Education Campaign, Research Initiative, and Training Initiative (Figure 4). Collaborations that did not require NIH funding (labeled "non-funded" in the Figures/Tables) rely chiefly on NIH's intellectual input, typically in the form of committees or meetings. More than half of the funded collaborations fall in the category of Research Initiatives (Figure 4; Table 41). The alignment of each collaboration with HHS strategic priorities, as well as with NIH strategic priorities, is shown in Table 1.

In FY 2009, NIH collaborated with HHS operating divisions on 498 activities: 305 activities that did not require NIH funding and 193 activities funded with contributions from NIH totaling $304,987,418 (Figure 1). In both FY 2009 and FY 2010, training played an integral role in collaborations. NIH support for training at AHRQ and HRSA through the Ruth L. Kirschstein National Research Service Awards alone totaled nearly $16 million annually in FY 2009 and FY 2010.[4]

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[1]The collaborating HHS agencies, also referred to as HHS operating divisions in this report, include the Administration for Children and Families (ACF), Agency for Healthcare Research and Quality (AHRQ), Administration on Aging (AoA), Agency for Toxic Substances & Disease Registry (ATSDR), Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS), Food and Drug Administration (FDA), Health Resources and Services Administration (HRSA), Indian Health Service (IHS), Office of the Secretary/HHS (OS), Office of the Surgeon General (OSG), and Substance Abuse and Metal Health Services Administration (SAMHSA).

New activities reported for FY 2009 include a renewed focus on halting—and reversing—the current childhood obesity trend through enhanced coordination and collaboration. The National Collaborative on Childhood Obesity Research (NCCOR) accelerates progress to reduce childhood obesity in the United States by maximizing outcomes from research, building the capacity for research and surveillance, creating and supporting the mechanisms and infrastructure needed for research translation and dissemination, and supporting evaluations.[5] Another major project to learn what is working to reduce childhood obesity and to identify research gaps is now under way with an NIH contribution of $21 million to collect retrospective and prospective data on 30,000 children in 300 communities.[6] The National Children's Study (NCS), a twenty-year longitudinal study of 100,000 children that will examine environmental effects on children's health, should also supply insights on the Nation's obesity epidemic.[7] Together with CDC and IHS, NIH continues to conduct studies on diabetes and obesity in underserved populations, including the Diabetes Prevention Program Outcomes Study (DPPOS),[8] Treatment Options for Type 2 Diabetes in Adolescents and Youth (TODAY),[9] Action to Control Cardiovascular Risk in Diabetes (ACCORD),[10] and Look AHEAD (Action for Health in Diabetes).[11]

New collaborations reported for FY 2010 include a number of transagency committees and meetings to tackle emerging issues. The Federal Partners in the Gulf Long-Term Follow-up (GuLF) Study Working Group provide input on the design and conduct of the GuLF study, a longitudinal study of oil spill clean-up workers led by NIEHS.[12] The Climate Change and Human Health interagency working group under the U.S. Global Change Research Program coordinates Federal activities related to the impacts of climate change, mitigation, and adaptation on human health.[13] The Federal Partners in Bullying Prevention, Intervention, and Recovery provide a forum for communicating and exchanging ideas concerning bullying in schools and communities.[14]

Global health received renewed attention in this reporting period, driven by the Global Health Initiative (GHI) Research Committee's efforts to facilitate the integration, synergy, and strategic alignment of U.S. Government research.[15] NIH continues to support the President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR's goal is to increase the number of new health care workers by 140,000, strengthen medical education systems in the countries in which they exist, and build clinical and research capacity in Africa as part of a retention strategy for faculty of medical schools and clinical professors. In 2010, NIH contributed more than $4 million to the Medical Education Partnership Initiative (MEPI), which supports PEPFAR's multinational research efforts to develop or enhance models of medical education in Sub-Saharan Africa.[16] Additionally, the Avian Influenza Collaborative Project, begun in 2009, supports modeling the transmission dynamics of the avian influenza moving from birds to humans using field data from Asia, Africa, and Latin America.[17] The modeling results likely will be a way to inform and focus our global Avian and Pandemic Influenza prevention and response activities.

NIH continues to invest heavily in a spectrum of activities with other HHS agencies, as evident in the individual collaborations listed in Table 1. Most NIH 2009 and 2010 dollars fund collaborations with the CDC totaling $277,153,822 and with the FDA for a total of $260,688,622, as shown in Figures 1 and 3 and Tables 10, 11, 14, and 15.

FDA and NIH forged an interagency partnership to foster regulatory science, a specialized and interdisciplinary area of biomedical research that serves to generate new knowledge and tools for assessing experimental therapies, preventives, and diagnostics. Through the NIH-FDA Leadership Council,[18] the two agencies are working together to ensure that regulatory considerations form an integral component of biomedical research planning, and that the latest science is integrated into the regulatory review process. The first funding opportunity

announcement is aimed at accelerating the development and use of new tools, standards, and approaches to efficiently develop products and to more effectively evaluate product safety, efficacy, and quality.[19]

Recently, NIH and FDA successfully developed a Safety Reporting Portal to streamline the process of reporting pre- and post-market safety data from clinical trials and to serve as a prototype for a Federal-wide system.[20] The Portal uses a harmonized set of terms and provides a single, Web-based interface for standardized electronic reporting of adverse events and unanticipated problems to Federal and local oversight bodies. This portal prototype was launched in May 2010 for safety reporting in human gene therapy, human food safety, and animal drugs and foods. Pillbox, another NIH-FDA collaboration that was initiated in 2009, is a database designed for emergency physicians, first responders, health care providers, and concerned citizens. The interactive Web site aims to enhance patient safety through reliable and rapid identification of unknown pharmaceutical tablets or capsules using digital images.[21]

CDC and NIH jointly support surveillance efforts such as the National Health and Nutrition Examination Survey (NHANES)[22] and the National Health Interview Survey (NHIS),[23] two vitally important tools for measuring disease trends and comparative treatment patterns (including the use of Complementary and Alternative Medicine (CAM)), assessing health disparities, and developing hypotheses for future studies. In 2010, a Lesbian, Gay, Bisexual and Transgender (LGBT) self-identification question was incorporated into NHIS.[24] Synergies between CDC and NIH also enhance dissemination efforts, such as a series on oral health and cancer care for patients and health care professionals[25] and publications on practical oral care for people with developmental disabilities.[26] Some outreach programs target racial and ethnic minority populations: the Racial and Ethnic Approaches to Community Health (REACH U.S.) program develops, implements, and evaluates innovative community-level interventions that could be effective in eliminating health disparities.[27]

Health care reform is a feature of many newly formed HHS collaborations. The Genomic Applications in Practice and Prevention Network (GAPPNet) is an initiative involving partners from across the public health sector who are working together to realize the promise of genomics in health care and disease prevention.[28] The Patient-Reported Outcomes Measurement Information System (PROMIS) is creating a psychometrically robust computer adaptive testing system to expand the range of this valuable reporting tool.[29] Mobile health (mHealth) technologies such as the "Text 4 Baby," which provides health information to pregnant women and young mothers via text messages,[30] have been the focus of several meetings.[31,32] Participants in the "Personal Motion Technologies for Healthy Independent Living" meeting explored integrated systems using standards and common platforms for diagnosis, monitoring, screening, and intervention as well as studies to prove the effectiveness of personal motion technologies for aging adults and people with disabilities or chronic conditions.[33] The Federal Primary Centered Medical Home Collaborative works to develop multi-agency scientific and funding opportunities to help improve the core functions of patient health care and its delivery for all Americans.[34]

Intra-HHS collaborations can provide patients, policymakers, and other health care leaders with additional knowledge for making critical health care decisions. For example, the ClinicalTrials.gov database (http://www.clinicaltrials.gov/), an influential national resource for clinical investigators and the public, was established by the National Library of Medicine and recently extensively revised in collaboration with the FDA.[35] The Systematic Review Data Repository (SRDR) will construct a Web-based resource to serve as an archive of abstracted study data, which can be accessed by a wide range of audiences, and as a data extraction tool to facilitate evidence reviews.[36]

Reliable information on the prevention and treatment of AIDS is readily available on the AIDSinfo site, which includes a Spanish-language complementary Web site (infoSIDA).[37] Because dissemination of research results is key to decision-making, collaborations such as the Breast Cancer and the Environment Research Program (BCERP) partner with community-based or advocacy organizations to translate and communicate research findings to the public and policymakers.[38]

**Conclusions**

Given the complexity of the process for translating a new basic scientific discovery into a readily accessible treatment for Americans, NIH and other HHS agencies recognize the strategic importance of collaborations. Apart from building the Nation's health infrastructure, the intra-HHS collaborations target our most pressing diseases, including AIDS, emerging infectious disease, cardiovascular disease, type 2 diabetes and obesity, cancer, Alzheimer's disease, autism, and other mental disorders. Importantly, while many collaborations involve significant funding from NIH, the majority of collaborations do not require direct NIH funding. Instead, the intellectual contributions of NIH staff are brought to bear on the HHS mission of delivering the best health care available to the American people. NIH welcomes this opportunity to report to HHS on the vibrant nature of our FY 2009 and FY 2010 collaborations within the Department. As our report details, many of these collaborations have been ongoing for decades; however, NIH continues to form new collaborations when emerging issues and needs arise.

**Attachments**

Figure 1: FY 2009 NIH Collaborative Activities and Funding Contributions by HHS Agency
Figure 2: FY 2010 NIH Collaborative Activities and Funding Contributions by HHS Agency
Figure 3: FY 2009 NIH Collaborative Activities and Funding Contributions by Category
Figure 4: FY 2010 NIH Collaborative Activities and Funding Contributions by Category
Figure 5: FY 2009 and FY 2010 NIH Funding Contributions for Collaborative Activities and Funding with HHS Agencies
Table 1: Total NIH/HHS Collaborative Activities – FY 2009 and FY 2010

Appendices: Table 2 -Table 43

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[2] http://seer.cancer.gov/
[3] http://www.fic.nih.gov/programs/training_grants/aitrp/index.htm
[4] http://www.ahrq.gov/fund/training/trainix.htm
[5] http://www.nccor.org/index.html
[6] http://grants.nih.gov/grants/guide/notice-files/NOT-HL-09-128.html
[7] http://www.nationalchildrensstudy.gov/Pages/default.aspx
[8] http://www.cms.gov/DiabetesSelfManagement/
[9] https://www.fbo.gov/spg/HHS/NIH/NIDDKD/DK-10-0343/listing.html
[10] http://www.accordtrial.org/web/public/index.cfm
[11] http://www2.niddk.nih.gov/Research/ScientificAreas/Obesity/ClinicalStudies/AHEAD.htm
[12] http://www.niehs.nih.gov/about/od/programs/gulfspill.cfm
[13] http://www.globalchange.gov/what-we-do/climate-change-health/healthmembers
[14] http://www.findyouthinfo.org/spotlight_bullyingWorkgroup.shtml
[15] http://www.fic.nih.gov/programs/research_grants/grip/index.htm
[16] http://www.fic.nih.gov/programs/training_grants/mepi/index.htm
[17] http://www.pepfar.gov/countries/
[18] http://www.nih.gov/news/health/sep2010/od-27.htm
[19] http://www.fda.gov/ScienceResearch/SpecialTopics/RegulatoryScience/ucm201654.htm
[20] https://www.safetyreporting.hhs.gov/fpsr/WorkflowLoginIO.aspx?metinstance=EC4B116450CBF4F863C362D6F80D84ED7CD32506

[21] http://pillbox.nlm.nih.gov/
[22] http://www.cdc.gov/nchs/nhanes.htm
[23] http://www.cdc.gov/nchs/nhis.htm
[24] http://www.cdc.gov/nchs/nhanes/nhanes2007-2008/questexam07_08.htm
[25] http://www.nidcr.nih.gov/OralHealth/Topics/CancerTreatment/
[26] http://www.nidcr.nih.gov/OralHealth/Topics/DevelopmentalDisabilities
[27] http://www.cdc.gov/reach/
[28] http://www.sph.umich.edu/gappnet/
[29] http://www.nihpromis.org/default.aspx
[30] http://www.text4baby.org/index.html
[31] http://www.hhs.gov/secretary/about/speeches/sp20091029.htm
[32] http://www.mhealthsummit.org/
[33] http://www.nibib.nih.gov/nibib/file/NewsandEvents/PreviousSymposiaandWorkshops/22June2010/2010_June_Personal_Motion_Summary_Report-%20rev%208-2-10.pdf
[34] http://pcmh.ahrq.gov/portal/server.pt/community/pcmh__home/1483
[35] http://prsinfo.clinicaltrials.gov/fdaaa.html
[36] http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=591
[37] http://aidsinfo.nih.gov/
[38] http://www.bcerc.org/home.htm