

**Report of Trans-National Institutes of Health Research
Conducted in Fiscal Year 2007**

Report to Congress

**National Institutes of Health
Department of Health and Human Services**

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I. Introduction

Section 103(a) of P.L. 109-482, the National Institutes of Health (NIH) Reform Act of 2006, enacted on January 15, 2007, adds a new Section 402A(c)(2) to the Public Health Service Act to require each NIH Institute or Center (IC) Director to report on trans-NIH research. In response to the legislative language, this first annual report provides the amount made available by each IC for conducting or supporting research that involves collaboration between that IC and one or more other ICs. This amount is expressed as the percentage of funds made available by each IC for the previous fiscal year (fiscal year 2007) for conducting or supporting trans-NIH Research. In addition, this report provides narrative examples of inter-IC activities that are not fully demonstrated in the budgetary data, such as collaborative conferences, workshops, Scientific Interest Groups, task forces, and educational campaigns.

II. Overview of Collaborations within NIH

Twenty-seven Institutes and Centers (ICs) comprise the NIH, each having a distinct mission. However, leaders across the NIH recognize that scientific progress often comes at the interface of traditional boundaries. Therefore, there is considerable trans-NIH collaborative activity across IC boundaries at every level of NIH operations. Trans-NIH collaborative activities can be found in all disease areas and across basic, translational, and clinical research. These collaborations can be formal or informal and can involve exchanging financial resources and/or sharing materials, specimens, or scientific expertise. Collaborations take place at any or all stages of a research project or program, including: 1) development of a concept, initiative, or plan; 2) funding; 3) conduct of the research; 4) management and administration of the project; and 5) measurement of results. Although some collaborations are the product of highly visible joint activities such as the NIH Roadmap for Medical Research and the NIH Blueprint for Neuroscience Research, the vast majority of collaborative activities take place day-to-day in the office and in the laboratory as a matter of routine.

III. Scope of Report

Inclusions:

For the purposes of this report, a trans-NIH research collaboration is defined as a formally documented, science-based effort that includes two or more ICs. Within this defined cohort, two types of extramural collaborations are included in the budget figures presented in this report: 1) grants and contracts that are co-funded by two or more ICs and 2) grants and contracts funded in response to collaborative program initiatives

developed and announced by two or more ICs. Program initiatives of this type include Requests for Applications (RFAs), Requests for Proposals (RFPs), and Program Announcements (PAs). A qualifying feature of these extramural collaborative program initiatives is the formal participation by multiple ICs at the outset of the activity in developing and issuing the initiative. Intramural collaborative research projects also are included within the “Total Collaborative Activities” column in the Appendix 1 table.

In response to the House language, this report also provides narrative examples of formally documented collaborative activities not fully demonstrated in the budgetary data, including conferences, workshops, Scientific Interest Groups, working groups, task forces, educational campaigns, and other major labor-intensive and time-consuming activities.

Exclusions:

Informal collaborations between ICs are excluded from this report, although they occur within all programs and at all levels. In addition, there are a number of grant types that demonstrate varying degrees of trans-NIH collaborations but which do not meet the criteria for inclusion in this report. For example, many NIH center grants (such as P30 grants) provide shared resources and/or core services to a research base that is funded through other research project grants. The research base typically spans the grant portfolios of multiple ICs. However, because the extent of overall collaboration changes with the turnover of the research base, grants established under the P30 mechanism do not fit cleanly into the scope of this report based on mechanism alone. Therefore, grants that provide shared resources have been excluded from this report unless they are either co-funded or funded in response to collaborative program initiatives.

Also excluded from this report are collaborative activities initiated through offices within the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI), unless the joint activity includes two or more ICs in addition to the DPCPSI office. This is consistent with this report’s definition of a trans-NIH collaboration and with NIH’s interpretation of the legislative language. Clearly, trans-NIH collaborations are central to the missions of all DPCPSI offices and their efforts are critical to the synergy of inter-IC collaborations of all types. The five major DPCPSI offices are:

- Office of Portfolio Analysis and Strategic Initiatives (OPASI), which oversees collaborative efforts across the NIH to plan, implement, and manage the NIH Roadmap for Medical Research. These programs are funded via the Common Fund and are not included here because they are the subject of a separate report, the Common Fund Strategic Planning Report. All NIH ICs participate in these programs, and some ICs have contributed additional funds from their own appropriations to provide additional support for the Roadmap. The IC funds are represented in this report, but the dollars appropriated to the Common Fund within the Office of the Director (OD) appropriation are not;
- Office of Behavioral and Social Sciences Research (OBSSR), which serves as a focal point for the coordination and development of policies, goals, and

objectives related to strengthening research in the behavioral and social sciences at NIH;

- Office of Research on Women's Health (ORWH), which (a) advises the NIH Director and staff on matters relating to research on women's health, (b) supports research on women's health issues, and (c) works in partnership with the NIH ICs to ensure that women's health research is part of the scientific framework at NIH and throughout the scientific community;
- Office of Disease Prevention (ODP), which includes the Office of Dietary Supplements, Office of Medical Applications of Research, and Office of Rare Diseases. ODP (a) provides overall coordination and guidance to the ICs concerning disease prevention and health promotion initiatives, policies, and activities; (b) collaborates in the formulation of research initiatives and policies that promote public health; and (c) stimulates, coordinates, and supports research on dietary supplements and on rare diseases; and,
- Office of AIDS Research (OAR), which coordinates the scientific, budgetary, and policy elements of the NIH AIDS program. OAR prepares an annual comprehensive trans-NIH strategic plan and budget for all NIH-sponsored AIDS research, identifies emerging scientific opportunities that require focused attention, manages and facilitates multi-Institute activities in priority areas, sponsors reviews or evaluations of research program areas, tracks and monitors all NIH AIDS expenditures, and facilitates NIH involvement in international AIDS research activities.

Many of the collaborative activities reflected in Appendix 1 include one or more of these DPCPSI offices as active participants, even though for the purposes of this report the contributions of the DPCPSI offices are not reflected in the budget numbers.

The budget numbers do not include collaborative efforts coordinated through the NIH Clinical Center because the Clinical Center budget is funded through a mandatory contribution from the ICs as a standard percentage of the intramural IC budgets. However, it is important to note that the Clinical Center coordinates a range of trans-NIH activities, including the highly successful Bench-to-Bedside awards program. This program is supported through a number of OD offices in addition to voluntary contributions from over 17 ICs. The-Bench-to-Bedside awards program was created to speed translation of promising laboratory discoveries into new medical treatments by encouraging collaborations among basic scientists and clinical investigators.

Additional exclusions from this report include (a) activities involving NIH collaboration with other agencies within HHS (these types of activities are included in the FY 2006 Intra-HHS Collaborations Report, which, like this report, is mandated in the NIH Reform Act of 2006); (b) collaborations between individual NIH ICs and private sector partners; and (c) collaborations that are supported through funds that are distinct from the ICs' appropriated funds. The latter category includes a number of major NIH efforts, such as the National Children's Study, the Special Statutory Funding Program for Type 1 Diabetes Research, and the Superfund program. These are collaborative efforts by design, jointly planned and managed by multiple ICs. However, as with activities

supported through the Common Fund, the fact that they are not supported through the IC budgets precludes their inclusion in the totals and percentages that are presented in Appendix 1.

IV. Percentage of Funds made Available in Fiscal Year 2007 by each National Research Institute or Center for Conducting Trans-NIH Research

In response to the legislative language, Appendix 1 presents the percentage of funds made available by each IC for the previous fiscal year (FY 2007) for conducting trans-NIH research. The figures presented in this table represent the sum of collaborative activities in three areas: extramural grants, extramural contracts, and intramural research projects. Section III of this report describes the categories of extramural grants and contracts that are included.

Intramural collaborations are identified through the NIH Intramural Database. As with extramural projects, reporting on intramural projects is limited to formal collaborations between two or more ICs. In each case, the total FY 2007 budget for a collaborative intramural research project is credited wholly to the lead IC because it is not possible to apportion the effort or budget across multiple ICs. It is important to note that three of the ICs listed in Appendix 1 have no intramural research program.

V. Examples of Collaborative Work between National Research Institutes and Centers

Appendix 2 highlights selected examples of collaborative activities across ICs that are not fully demonstrated in budgetary data. The activities are grouped within the following categories: (a) conferences, workshops, and meetings; (b) committees, working groups, and task forces; and (c) educational campaigns and clearinghouses. The list is intended to illustrate the range of types of collaborative activities, both extramural and intramural, and is not meant to be comprehensive. Therefore, the list provides information on just a few representative activities within each category, as directed by the House language. A complete list would be extremely large, since the NIH Scientific Interest Groups alone number over 100.

VI. Conclusion

NIH has a strong commitment to collaborative research, as evidenced by joint efforts at all levels. Although most inter-IC collaborative activities are typically not as visible as Roadmap and other high-profile trans-NIH collaborations, Appendix 1 illustrates that a significant percentage of the ICs' budgets support these important activities. It also is clear that the focus and breadth of an IC's mission affects the percentage of funds made available by an IC for conducting or supporting trans-NIH Research. The NIH appreciates the opportunity to present the budgetary impact of inter-IC collaborations and to offer specific examples of ongoing joint activities.

Appendix - 1

IC Collaborative Activity Summary - FY 2007
(\$ 000)

FUNDING IC	FY 2007 Enacted	Total Collaborative Activities	Percent for Collaborative Activities
NCI	\$4,792,615	\$ 775,091	16.2%
NHLBI	2,922,323	472,880	16.2%
NIDCR	389,060	106,167	27.3%
NIDDK	1,702,990	401,306	23.6%
NINDS	1,532,977	397,115	25.9%
NIAID	4,264,034	879,677	20.6%
NIGMS	1,932,481	313,874	16.2%
NICHD	1,252,765	372,064	29.7%
NEI	665,863	104,586	15.7%
NIEHS	647,021	117,275	18.1%
NIA	1,045,468	208,098	19.9%
NIAMS	507,292	138,373	27.3%
NIDCD	392,937	80,037	20.4%
NIMH	1,402,385	450,804	32.1%
NIDA	1,001,952	226,192	22.6%
NIAAA	435,366	108,924	25.0%
NINR	137,167	55,283	40.3%
NHGRI	508,240	163,439	32.2%
NIBIB	296,380	137,989	46.6%
NCRR	1,131,618	284,717	25.2%
NCCAM	121,369	43,803	36.1%
NCMHD	199,083	33,777	17.0%
FIC	66,348	46,526	70.1%
NLM	317,365	61,151	19.3%
IC Grand Total	\$ 27,665,098	\$ 5,979,152	21.6%

Appendix - 2

Examples of Collaborative Activities not Fully Demonstrated in the Budget Data

I. Conferences, Workshops, and Meetings

1. Polio Immunization: Moving Forward

Since 1988, the World Health Organization's Global Polio Eradication Initiative (GPEI) has made great progress in reducing the incidence and prevalence of disease and infection, yet impediments to eradication exist. The major focus of the symposium was consideration of the components, strategies, and optimal deployment of live oral and inactivated vaccines as well as reviewing research evidence to identify knowledge gaps, define a research agenda, and inform public policy.

Participating Institutes and Centers: FIC, NIAID, NHLBI and NICHD

2. Directors Regional Meeting on Aging Research

This meeting was to provide information on existing opportunities for research and training in the fields of aging and complementary and alternative medicine, provide hands-on technical assistance in grant writing, solicit advice on the design of new research opportunities, and gain strategies for recruiting under-represented students and investigators to aging and complementary and alternative medicine research.

Participating Institutes and Centers: NIA and NCCAM

3. Navigating the Translational Researcher through a Complex of Animal and Biological Resources

This activity is developing an initiative to promote a knowledge-base-driven resource to link and share NIH-supported disease models.

Participating Institutes and Centers: NCRR, NCI NIDDK, NHLBI, NIA, NIAID, NIMH, NINDS, NINR, and OD

Web site: <http://www.esi-bethesda.com/ncrrworkshops/navigating/index.aspx>

4. Workshop on Frontotemporal Dementia to Assess the Current Status of Research

In January 2007, leaders in the field of frontotemporal dementia (FTD) met in Miami, Florida, to assess the current state of FTD research and treatment. The 33 participants represented 17 different institutions and five countries and included researchers, clinicians, and research foundation representatives, as well as NIH staff. The findings from the workshop are being compiled into a report that will summarize the current status of FTD research and treatment and present a prioritized list of recommendations and specific steps for implementation. It is expected that the results of this workshop will provide a framework for planning future research in FTD.

Participating Institutes and Centers: NIA and NINDS

5. Workshop on Functional Imaging

The workshop titled, “Live Gene Detection in Non-Human Primate Brains for Development and Addiction,” aimed at establishing a detailed three-dimensional map of genes at or approaching the cellular level in the primate (human) brain, incorporating neural anatomy and morphology, with functional Magnetic Resonance Imaging (fMRI) annotation of the neural circuits and function for the developing brain. This is an area of importance for NIH given that alcohol and other drugs of abuse can affect the expression of specific genes during development that are essential for proper neuronal differentiation and neural circuit formation.

Participating Institutes and Centers: NIAAA, NIDA, and NIBIB

6. Pain, Opioids, and Addiction: An Urgent Problem for Doctors and Patients

More than 500 researchers, clinicians and interested consumers convened to discuss the growing problem of prescription painkiller abuse and the potential for addiction in patients with chronic pain conditions. This meeting illustrates NIH’s ongoing commitment to use the best science available to inform medical practice.

Participating Institutes and Centers: NIDCR, NINR, NINDS, NCI, NIGMS, NICHD, NIA, NIAMS, NIMH, NIDA, NIAAA, NIBIB, NCCR, NCCAM, FIC, CC, OBSSR, OTT, and ODP/ORD

Web site: <http://conferences.masimax.com/opioid/>

7. The 2007 Trans-Institute Angiogenesis Research Program (TARP) Workshop: Inflammation and Perivascular Environment

TARP encourages and facilitates the study of angiogenesis—the formation of new blood vessels.

Participating Institutes and Centers: NCI, NEI, NHLBI, NIDDK, NICHD, and NINDS

Web site: <http://www.tarp.nih.gov/funding.html>

8. Cancer Health Disparities Summit 2006: Strengthening Our Culture of Collaborations for Reducing Cancer Health Disparities

This conference brought together cancer researchers funded by the National Cancer Institute (NCI) and the National Center on Minority Health and Health Disparities (NCMHD), as well as health professionals and community health advocates, to share accomplishments, challenges, and best practices.

Participating Institutes and Centers: NCMHD and NCI

II. Committees, Working Groups, and Task Forces

1. Synchrotron Program Officers Group (SPOG)

The SPOG meets approximately twice a year to discuss and/or plan for the following: the needs of the biomedical research community for synchrotron radiation, the balance among the Nation's synchrotron radiation beamlines for the various structural biology techniques, the newest technologies, and cooperative (inter-IC and interagency) funding.

Participating Institutes and Centers: NCRR, NIGMS, NIBIB, NCI, NSF, and DOE

2. NIH International Tuberculosis Working Group

NIH tuberculosis (TB) research is coordinated through monthly meetings of the NIH International TB Working Group. NIH-funded domestic and international research includes studies to characterize drug resistance; the identification, preclinical development, and clinical evaluation of new drugs, diagnostics, and vaccines; and studies of the epidemiology and transmission of TB, including research addressing HIV/TB co-

infection and TB in high-risk populations. Note that these meetings often are attended by experts from other agencies as well, including USAID, FDA, and CDC.

Participating Institutes and Centers: NIAID, NHLBI, NICHD, NIDA, NIGMS, and FIC

3. Lupus Federal Working Group

To facilitate collaboration among NIH components, other Federal agencies, voluntary and professional organizations, and industry groups with an interest in lupus, the NIH established the Lupus Federal Working Group on behalf of the HHS Secretary.

Participating Institutes and Centers: NIAMS, NIAID, NINDS, NIDDK, NHLBI, NIDCR, NICHD, NEI, NCCAM, NCMHD, and ORWH

4. The Bioengineering Consortium (BECON)

BECON was established in 1997 as the focus of bioengineering activities across the NIH and is represented by the NIH ICs, plus other Federal agencies, concerned with bioengineering research and development.

Participating Institutes and Centers: NIBIB, CSR, NCI, NCRR, NEI, NHLBI, NHGRI, NIA, NIAID, NIAMS, NIBIB, NICHD, NIDCD, NIDCR, NIDA, NIEHS, NIGMS, NIMH, NINDS, NLM, and OTT. Other participating agencies are NSF, NIST, and DOE.

Web site: <http://www.becon.nih.gov/becon.htm>

5. The Inter-Institute Imaging Group (I³G)

This group meets monthly to enable discussion of scientific and programmatic issues in biomedical imaging. Topics range from anatomic imaging to functional and molecular imaging. Opportunities for collaborative efforts, ongoing programs and projects, and strategies for funding extramural imaging research are discussed.

Participating Institutes and Centers: NIBIB, CC, CSR, NCRR, NCI, NEI, NHLBI, NIA, NIAID, NIAMS, NIBIB, NICHD, NIDA, NIDCD, NIDCR, NIDDK, NIGMS, NIMH, NINDS; FDA, HHS/OS, and NIST

6. Interagency-Fertility Preservation Working Group

The interagency working group serves to advance research, training, and technology development that enable women and men to have children after overcoming a medical challenge that may disrupt fertility, such as cancer treatment or premature ovarian failure.

Participating Institutes and Centers: NICHD, NCI, NCRR, NIBIB, NIEHS, NIA, and NINR

7. Down Syndrome Working Group

This trans-NIH working group is charged with coordinating ongoing research already supported by the NIH related to Down syndrome and with enhancing new, NIH-supported research efforts based on identification of areas of greatest scientific opportunity, especially as they relate to the development of future treatments.

Participating Institutes and Centers: NICHD, NCI, NHLBI, NIA, NIAID, NIMH, and NINDS

8. NIH Stem Cell Task Force

The purpose of the Task Force is to enable and accelerate the pace of stem cell research by identifying rate limiting resources and developing initiatives to overcome these barriers to progress.

Participating Institutes and Centers: NIDCD, NINDS, NHLBI, NCI, NCRR, NICHD, NIDCR, NIDDK, NIGMS, OTT, OER, and OSP

Web site: <http://stemcells.nih.gov/policy/taskforce/>

9. NIH Pain Consortium

The NIH Pain Consortium was established to enhance pain research and promote collaboration among researchers across the many NIH ICs that have programs and activities addressing pain. These activities include research on sensory and basic mechanisms, as well as the emotional and biobehavioral aspects of dental, facial, and craniofacial pain. Age, sex, hormones, gender, ethnicity, and genetics all play a role in pain response and perception. The hope is that through increased knowledge of basic pain mechanisms, better pain management will result.

Participating Institutes and Centers: NIDCR, NINR, NINDS, NCI, NIGMS, NICHD, NIA, NIAMS, NIMH, NIDA, NIAAA, NIBIB, NCRR, NCCAM, FIC, CC, OBSSR, OTT and ODP/ORD

Web site: <http://painconsortium.nih.gov>

10. GWAS – Genome-Wide Association Studies Trans-NIH Policies

The NIH Institutes and Centers have been receiving increasing numbers of applications for genome-wide studies that require extensive resources to perform genotyping, phenotyping, and specialized analyses. Currently, there are rapidly evolving discussions in the scientific community about how best to maximize the benefits of the numerous genome-wide studies and, at the same time, maintain the privacy and confidentiality of individual research participants. NIH gathered a group that developed a specific data-sharing policy for GWAS, across Institutes and Centers, to harmonize the practices through which data is being made available for research use.

Participating Institutes and Centers: All NIH ICs

11. Trans-NIH Sickle Cell Group

This group was established to accelerate research on Sickle Cell disease (SCD) across NIH. A conference was held in 2003, and conference attendees were asked to cast votes among approximately 30 priorities that had emerged during the meeting as options for furthering research aimed at developing new, more effective therapies for SCD.

Participating Institutes and Centers: NHGRI, NHLBI, NIDDK, ORD, FIC, and FNIH

Web site: <http://www.genome.gov/11509561>

12. NIH Obesity Research Task Force

The Task Force was established by the NIH Director as a trans-NIH effort to accelerate obesity research across the NIH.

Participating Institutes and Centers: NIDDK, NHLBI, NHGRI, NIA, NIAAA, NIAMS, NIBIB, NICHD, NIDCR, NIDA, NIEHS, NIMH, NINDS, NINR, NCCAM, NCMHD, NCRR, FIC, CSR, OBSSR, ODS, ODP, ORWH, and NIH DNRC

Web site: <http://obesityresearch.nih.gov>

13. Trans-NIH Nanotechnology Task Force: Health Implications Working Group (nHIwg)

The Director, NIH, established the Trans-NIH Nanotechnology Task Force (TF) in April 2006 and charged the TF with developing an NIH-wide scientific and policy vision for nanotechnology. A subset of the larger TF is the Health Implications Working Group, which was established to develop and assist in coordinating a trans-NIH plan to determine the fundamental interactions of engineered nanomaterials with biological systems and the physicochemical principles that may be exploited to maximize biocompatibility and biomedical application of nanotechnology.

Participating Institutes and Centers: FIC, NCI, NCMHD, NCRR, NEI, NHGRI, NHLBI, NIA, NIAAA, NIAID, NIAMS, NIBIB, NICHD, NIDA, NIDCD, NIDDK, NIDR, NIEHS, NIGMS, NIMH, NINDS, NINR, and NLM

14. Systems Biology Scientific Interest Group

The SysBioSIG was created in 2003 to enhance the awareness of and encourage the development of systems biology within both the intramural and extramural NIH communities.

Participating Institutes and Centers: CC, CIT, CSR, NCI, NCRR, NEI, NHGRI, NHLBI, NIA, NIAAA, NIAID, NIAMS, NIBIB, NIDA, NIDCD, NIDCR, NIDDK, NIEHS, NIGMS, NIEHS, NIMH, NINDS, NLM, and OD

Web site: <http://www.nih.gov/sigs/sysbio>

15. NIH Biomedical Information Science and Technology Initiative Consortium (BISTIC)

BISTIC's mission is to make optimal use of computer science and technology to address problems in biology and medicine by fostering new basic understandings, collaborations, and transdisciplinary initiatives between the computational and biomedical sciences.

Participating Institutes and Centers: NIGMS, CC, CIT, CSR, FIC, NCI, NCRR, NCMHD, NEI, NHLBI, NHGRI, NIAAA, NIAID, NIAMS, NIBIB, NICHD, NIDCR, NIDDK, NIEHS, NIMH, NINDS, NINR, NIA, NIDCD, NIDA, NLM, ODP, OER, OIR, OLPA, OM, OPASI, ORS, OSP

Web site: <http://www.bisti.nih.gov/>

16. NIH Autism Coordinating Committee

In 1997, at the request of Congress, the NIH formed the Autism Coordinating Committee (NIH/ACC) to enhance the quality, pace and coordination of efforts at the NIH to find a cure for autism. Since then, the NIH/ACC has been instrumental in the research into, understanding of, and advances in autism (e.g., the creation of several research centers and networks to enhance the coordination and focus of autism researchers throughout the country).

Participating Institutes and Centers: NIMH, NICHD, NIDCD, NINDS, NIEHS, NIAID, and NINR

Web site: <http://www.nimh.nih.gov/research-funding/scientific-meetings/recurring-meetings/iacc/nih-initiatives/nih-autism-coordinating-committee.shtml>

17. Parkinson's Disease (PD) Coordinating Committee

The purpose of this committee is to promote an exchange of information between program staff of multiple NIH ICs and other Federal agencies engaged in PD research. Representatives report on planned workshops, planned and ongoing program solicitations, and program portfolio priorities that are relevant to PD.

Participating Institutes and Centers: NINDS, NCCAM, NIA, NIDCD, NINR, NIMH, NCRR, NIDA, NIEHS, and NIGMS

18. NIH Public Trust Initiative

The mission of the NIH Public Trust Initiative (PTI) is to enable the public to understand and to have full confidence in the research that NIH conducts and supports across the country and throughout the world. Specifically, the Public Trust Initiative seeks to provide the public information about how NIH conducts and supports research; opportunities to participate in priority setting and other NIH activities; opportunities to participate in clinical research; and access to, and understanding of, research results.

Participating Institutes and Centers: NINR, NICHD, NCI, NCRR, NIA, NIAAA, NIAID, NIAMS, NIBIB, NIDA, NIDCD, NIDCR, NIGMS, NIMH, NINDS, OBSSR, OTT, ODP/ORD, and ORWH

Web site: <http://publictrust.nih.gov>

19. NIH Blueprint for Neuroscience Research

The NIH Blueprint for Neuroscience Research is a cooperative effort among the 16 NIH ICs and offices that support neuroscience research. By pooling resources and expertise, the Blueprint supports the development of new tools, training opportunities, and other resources to assist neuroscientists in both basic and clinical research.

Participating Institutes and Centers: NCCAM, NCRR, NEI, NIA, NIAAA, NIBIB, NICHD, NIDA, NIDCD, NIDCR, NIEHS, NIGMS, NIMH, NINDS, NINR, and OBSSR

Web site: <http://neuroscienceblueprint.nih.gov/>

III. Educational Campaigns and Clearinghouses

1. National Eye Health Education Program (NEHEP) Partnership

The Partnership was established by the NEI to promote collaboration on eye health education for higher risk audiences, including people with diabetes, people over age 60, and people with a family history of eye disease.

Participating Institutes and Centers: NEI, NIDDK, and NIA

Web site: <http://www.nei.nih.gov/nehep>

2. National Asthma Education and Prevention Program (NAEPP)

The NAEPP seeks to enhance the quality of life for patients with asthma and decrease asthma-related morbidity and mortality by improving asthma awareness, diagnosis, and treatment.

Participating Institutes and Centers: NHLBI, NIAID, and NIEHS

Web site: <http://www.nhlbi.nih.gov/about/naepp/index.htm>

3. We Can! “Ways to Enhance Children’s Activity and Nutrition”

We Can! is a national program designed for families and communities to help children maintain a healthy weight.

Participating Institutes and Centers: NHLBI, NIDDK, NICHD, and NCI

Web site: <http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/index.htm>

4. HBO Addiction Project

NIDA and NIAAA partnered with HBO and the Robert Wood Johnson Foundation on a groundbreaking documentary called *ADDICTION*. The feature-length film is part of a multimedia public health campaign that also includes a Web site, book, and community outreach activities. The goal of this project, launched in March 2007, is to help Americans understand addiction as a chronic yet treatable brain disease, spotlighting promising scientific advancements. As of May 2007, these materials had reached an estimated audience of 50 million people, and the project received the 2007 Governor's Award from the Academy of Television Arts and Sciences (an Emmy award).

Participating Institutes and Centers: NIDA and NIAAA

5. "Are you at risk for oral cancer? What African American men need to know"

This campaign consists of a brochure and other educational materials (under development) to promote early detection of oral cancer among African American men.

Participating Institutes and Centers: NIDCR and NCI

6. MedlinePlus and MedlinePlus en español

MedlinePlus and MedlinePlus en español are health information portals that bring together NIH and other government and authoritative health information for patients, families, and professionals. MedlinePlus links to over 4,500 consumer health Web documents in English, and over 651 in Spanish, from nearly every NIH IC.

Participating Institutes and Centers: NLM, OD, NCI, NEI, NHLBI, NHGRI, NIA, NIAAA, NIAID, NIAMS, NIBIB, NICHD, NIDCD, NIDCR, NIDDK, NIDA, NIEHS, NIGMS, NIMH, NINDS, NINR, NCCAM, NCMHD, and CC

Web site: <http://medlineplus.gov>, <http://medlineplus.gov/salud>

7. ClinicalTrials.gov (Registry of Clinical Research)

ClinicalTrials.gov was established by section 113 of the Food and Drug Modernization Act of 1997 to provide a public resource of information on clinical research.

Participating Institutes and Centers: NLM, NCI, NEI, NHLBI, NHGRI, NIA, NIAAA, NIAID, NIAMS, NICHD, NIDCD, NIDCR, NIDDK, NIDA, NIEHS, NIGMS, NIMH, NINDS, NINR, CC, and NCCAM

Web site: www.ClinicalTrials.gov

Appendix - 3

Key to Abbreviations

CC - Clinical Center

CDC - Centers for Disease Control and Prevention, HHS

CIT - Center for Information Technology

CSR - Center for Scientific Review

DNRC - Division of Nutrition Research Coordination

DOE - Department of Energy

DPCPSI - Division of Program Coordination, Planning, and Strategic Initiatives

FDA - Food and Drug Administration, HHS

FIC - Fogarty International Center

FNIH - Foundation for the NIH

HHS - Department of Health and Human Services

IC - NIH Institute or Center

NCCAM - National Center for Complementary and Alternative Medicine

NCI - National Cancer Institute

NCMHD - National Center on Minority Health and Health Disparities

NCRR - National Center for Research Resources

NEI - National Eye Institute

NHGRI - National Human Genome Research Institute

NHLBI - National Heart, Lung, and Blood Institute

NIA - National Institute on Aging

NIAAA - National Institute on Alcohol Abuse and Alcoholism

NIAID - National Institute of Allergy and Infectious Diseases

NIAMS - National Institute of Arthritis and Musculoskeletal and Skin Diseases

NIBIB - National Institute of Biomedical Imaging and Bioengineering

NICHD - National Institute of Child Health and Human Development

NIDA - National Institute on Drug Abuse

NIDCD - National Institute on Deafness and Other Communication Disorders

NIDCR - National Institute of Dental and Craniofacial Research

NIDDK - National Institute of Diabetes and Digestive and Kidney Diseases

NIEHS - National Institute of Environmental Health Sciences

NIGMS - National Institute of General Medical Sciences

NIMH - National Institute of Mental Health

NINDS - National Institute of Neurological Disorders and Stroke

NINR - National Institute of Nursing Research

NIST - National Institute of Standards and Technology, Department of Commerce

NLM - National Library of Medicine

NSF - National Science Foundation

OAR - Office of AIDS Research, OD

OBSSR - Office of Behavioral and Social Sciences Research, OD

OD - Office of the Director, NIH

ODP - Office of Disease Prevention, OD

ODS - Office of Dietary Supplements

OER - Office of Extramural Research, OD

OIR - Office of Intramural Research, OD

OLPA - Office of Legislative Policy and Analysis, OD

OM - Office of Management, OD

OMAR - Office of Medical Applications of Research, OD

OPASI - Office of Portfolio Analysis and Strategic Initiatives, OD

ORD - Office of Rare Diseases, OD

ORS – Office of Research Services, OD

ORWH - Office of Research on Women's Health, OD

OSP - Office of Science Policy, OD

OTT - Office of Technology Transfer, OD

OS - Office of the Secretary, HHS

USAID - U.S. Agency for International Development