2011 Current Fiscal Year Report: BOARD OF SCIENTIFIC COUNSELORS NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES AND NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

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1. Department or Agency	2. Fiscal Year
Department of Health and Human Services	2011

3. Committee or Subcommittee	3b. GSA Committee No.
BOARD OF SCIENTIFIC COUNSELORS NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES AND NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION	33552

4. Is this New During Fiscal Year?	5. Current Charter	6. Expected Renewal Date	7. Expected Term Date
No	11/05/2009		

8a. Was Terminated During FiscalYear?	8b. Specific Termination Authority	8c. Actual Term Date
Yes		12/30/2010

9. Agency Recommendation for Next FiscalYear	10a. Legislation Req to Terminate?	10b. Legislation Pending?
Terminate	No	Enacted

11. Establishment Authority Agency Authority

12. Specific Establishment Authority	13. Effective Date	14. Commitee Type	14c. Presidential?
42 U.S.C. 217A	11/05/2007	Continuing	No

15. Description of Committee Scientific Technical Program Advisory Board

16a. Total Number of Reports	No Reports for this FiscalYear

17a. Open 0 **17b. Closed** 0 **17c. Partially Closed** 0 **Other Activities** 0 **17d. Total** 0

Meetings and Dates

No Meetings

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	$0.00	$0.00
18a(2). Personnel Pmts to Federal Members	$0.00	$0.00
18a(3). Personnel Pmts to Federal Staff	$0.00	$0.00
18a(4). Personnel Pmts to Non-Member Consultants	$0.00	$0.00
18b(1). Travel and Per Diem to Non-Federal Members	$0.00	$0.00
18b(2). Travel and Per Diem to Federal Members	$0.00	$0.00
18b(3). Travel and Per Diem to Federal Staff	$0.00	$0.00
18b(4). Travel and Per Diem to Non-member Consultants	$0.00	$0.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	$0.00	$0.00
18d. Total	$0.00	$0.00
19. Federal Staff Support Years (FTE)	0.00	0.00

20a. How does the Committee accomplish its purpose?

The Board of Scientifc Counselors (BSC) advises the Director, CDC, concerning strategies and goals for intramural programs and research within the national Centers and monitors the overall strategic direction, focus, and success of the national Centers by conducting periodic reviews then submitting a written description of the results

of the review and its recommendations to the Director, CDC.

20b. How does the Committee balance its membership?

The members represent an array of factors, including but not limited to, sex, race/national origin, subject-matter expertise, and geographic location. Members should be authorities knowledgeable in the fields relevant to the issues addressed by the National Centers (e.g., medical, academic, state health, city health, business, foundation, insurance, infant/toddler, schools, adult, older adult, diaparities, international, chronic disease, birth defects, developmental disabilities, media, and the public.

20c. How frequent and relevant are the Committee Meetings?

The BSC reviews NCCDPHP as an organizational unit for the significance, quality, and relevance of its coordinated activities. The BSC reviews the programs and science of NCBDDD to aid in that Centers strategic planning. These functions are relevant to assuring CDC's mission at the most basic level. The committee did not meet in FY11.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

HHS agencies, e.g. NIH and CDC, look to external review to assure the quality and relevance to mission of agency science and programs. The BSC, NCBDDD and NCCDPHP will continue in this essential role.

20e. Why is it necessary to close and/or partially closed committee meetings?

N/A

21. Remarks

No meetings were held in FY11 therefore there were no costs or reports required.

Designated Federal Officer

Esther Sumartojo DFO

Committee Members	Start	End	Occupation	Member Designation
Airhihenbuwa, Collins	04/23/2008	05/01/2012	Professor, Pennsylvania State University	Special Government Employee (SGE) Member
Bal, Dileep	04/29/2008	05/01/2011	District Health Officer, Kauai District Health Office, State of Hawaii Department of Health	Special Government Employee (SGE) Member
Beaty, Terri	04/23/2008	05/01/2012	Director, Program in HUman Genetics/Genetic Epidemiology, Johns Hopkins University	Special Government Employee (SGE) Member
Cohen, Herbert	04/22/2008	05/01/2011	Emeritus Director, Children's Evaluation and Rehabilitation Center, Albert Einstein College of Medicine	Special Government Employee (SGE) Member
Curtis, Michele	04/22/2008	05/01/2011	Associate Professor, Department of Obstetrics, Gynecology and Reproductive Sciences, University of Texas-Houston	Special Government Employee (SGE) Member
Emmons, Karen	04/24/2008	05/01/2012	Deputy Director, Center for Community-Based Research, Dana-Farber Cancer Institute	Special Government Employee (SGE) Member

Kleinmann, Michael	05/01/2008	05/01/2011	Professor, Department of Medicine, Occupational and Environmental Medicine Division, University of California, Irvine	Special Government Employee (SGE) Member
Kolbe, Lloyd	04/22/2008	05/01/2012	Professor, Department of Applied Health Sciences, Indiana University	Special Government Employee (SGE) Member
Marrero, David	04/22/2008	05/01/2012	Professor of Medicine, Department of Medicine, Indiana University School of Medicine	Special Government Employee (SGE) Member
Rimmer, James	04/30/2008	05/01/2011	Professor, Department of Disability and Human Development, University of Illinois at Chicago	Special Government Employee (SGE) Member

Number of Committee Members Listed: 10

Narrative Description

The mission includes the identification of preventable health problems and maintenance of active surveillance of disease through epidemiologic and laboratory investigations and data collection, analysis, and distribution. For example, with regard to surveillance, the BSC recommended development of clear case definitions for disabilities to be implemented across surveillance systems and that multiple data systems should be used to their maximum efficiency to provide comprehensive surveillance for specific diseases using diabetes surveillance as a model.

What are the most significant program outcomes associated with this committee?

	Checked if Applies
Improvements to health or safety	☑
Trust in government	☐
Major policy changes	☐

Advance in scientific research	✓
Effective grant making	✓
Improved service delivery	✓
Increased customer satisfaction	✓
Implementation of laws or regulatory requirements	
Other	✓

Outcome Comments

The review of the BSC responded to the need for NCCDPHP review of the Center as an organizational unit (rather than individual programs) at CDC, and to a need for strategic planning for NCBDDD which would enhance alignment of programs and science with the CDC public health mission.

What are the cost savings associated with this committee?

	Checked if Applies
None	
Unable to Determine	✓
Under $100,000	
$100,000 - $500,000	
$500,001 - $1,000,000	
$1,000,001 - $5,000,000	
$5,000,001 - $10,000,000	
Over $10,000,000	
Cost Savings Other	

Cost Savings Comments

The committee did not meet in FY11.

What is the approximate Number of recommendations produced by this committee for the life of the committee?

53

Number of Recommendations Comments

The BSC approved approximately 53 total Recommendations for the two National Centers that were approved at the September 15, 2009 meeting. Thirty-five were related to the work of NCCDPHP and 18 related to the work of NCBDDD. Some broader Recommendations included more specific elemental Sub-Recommendations. The BSC

counted both broad and elemental Recommendations to derive the total 53 Recommendations.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?
75%

% of Recommendations Fully Implemented Comments
In response to the BSC's recommendations, the following steps were taken:NCBDDD: a) conducted a detailed program review of all Division's activities related to DVT and identified gaps; b) invited a group of experts to advise on best approaches to conduct surveillance of DVT; c) worked with five thrombosis centers to define data items needed to better identify risk factors for DVT; d) organized a panel of experts to assess the future use of imaging or other digital imaging data in DBDDD surveillance systems; e) developed two biobanks through the NBDPS and SEED; f) DBDDD's completing an update of its strategic plan; g)expanding mission to include morbidity and quality of life outcomes associated with BD and DD; and, h) expanding efforts in ealry detection and intervention, especially in primary care settingsNCCDPHP: The BSC report included recommendations centered on the use of the social-ecological model as a unifying theoretical framework for programs. This model offers a structure for the Center’s ongoing efforts in program integration. The Center directly addressed the remaining recommendations. These include improving collaborations, evaluating programs within the Center, and supporting capacity development. In the area of collaboration, there are multiple opportunities to work with partners at all levels of HHS. Many NCCDPHP research and program activities reflect deep and broad collaborations with other HHS Agencies including NIH. NCCDPHP currently has a number of projects that are co-funded/collaborative with NIH, HRSA, and OPA to leverage funding for increased impact. In addition, all CDC research funding announcements are listed in the NIH Guide to Grants and Contracts to facilitate collaboration internally and externally.The recommendations covered a broad range of topic areas and were at the level of the Center as an operational unit rather than at the program-specific level. The actions that will emerge from these recommendations are increased collaboration and support for ongoing evaluation of existing programs and increased effectiveness and impact of Center programs. NCCDPHP appreciates the BSC’s careful and thorough review and will continue to work to ensure implementation of its recommendations

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?
25%

% of Recommendations Partially Implemented Comments

NCBDDD agrees that incorporation of imaging studies into birth defects surveillance is an important research tool for future use; however, prior to convening a panel of experts, believes it would be beneficial to have a better understanding of how brain imaging has been used by other developmental disability surveillance and research entities to inform their work.NCCDPHP concurred with the BSC's recommendations, but noted that a small number of recommendations were beyond their direct control (e.g., increasing the Leadership and Management budget line). The BSC emphasized the need for programs in all major chronic disease areas in all states, as well as further integration of these programs. Center and Division leadership are strongly committed to expansion and integration of programs. Given the limited availability of funding, programs continue to investigate opportunities for leveraging existing funding and collaborating with other agencies (e.g., HRSA/MCHB) to achieve the goal of integrated chronic disease programs in all states.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes ☑ No ☐ Not Applicable ☐

Agency Feedback Comments

Agency feedback is provided via email to BSC members. Teleconferences will be scheduled as needed to further discuss BSC recommendations.

What other actions has the agency taken as a result of the committee's advice or recommendation?

	Checked if Applies
Reorganized Priorities	☐
Reallocated resources	☐
Issued new regulation	☐
Proposed legislation	☐
Approved grants or other payments	☐
Other	☑

Action Comments

Approximately 75% of the BSC's recommendations have been fully implemented. Some recommendations are beyond the direct control of the Centers (e.g., Leadership Management budget line). Given the limited availability of funding, programs continue to investigate opportunities for leveraging existing funding and collaborating with other

agencies (e.g., HRSA/MCHB) to achieve the goal of integrated chronic disease programs in all states.

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

NA

How is access provided to the information for the Committee's documentation?

	Checked if Applies
Contact DFO	☐
Online Agency Web Site	☑
Online Committee Web Site	☐
Online GSA FACA Web Site	☑
Publications	☐
Other	☐

Access Comments

N/A