GRC Task Force on Health Research and Education

1. Data Collection:

    a. Background: In the course of the meetings that Rich, Linda and I have had with NIH officials, it has become very clear to us that GRC (and our) ability to advocate for the contribution that regional comprehensive and PUIs make to (in this case) NIH research or to be very specific in our discussions about that contribution. What we lack is specific data about the level and types of funding (and activity) that our institutions engage in related to health (bio-medical, health care, health services, health education and training), as well as data on the kinds of providers and populations we serve in the course of that work.

    b. Task: to develop appropriate data collection tools and mechanisms and to implement data collection processes that would allow us to obtain and manage this information on an ongoing basis.

2. Enhanced Peer Review:

    a. Background: The problem here, as you all know, is that no matter what public information the NIH provides on the new scoring system and page lengths, the informal feedback loops that run from the Study Section members back to their home institutions and colleagues will provide those institutions with a wealth of inside information on how the formal rules are playing out in the actual review and deliberation processes in individual Study Sections. Smaller regional institutions, which tend to have few, if any, Study section members on their faculties will not have access to this informal, insider information. The two strategies that have been discussed so far to address this are: 1) an ongoing series of web conferences during which I interview study section members in order to elicit the kinds of information they are providing to their home institution colleagues; and 2) encouraging GRC institutions to partner with more NIH-active schools in their areas to hold joint sessions where study section members share their experiences and their insights.

    b. Tasks: We need assistance in rounding up study sections members to talk to and assistance in developing a workable set of interview questions. Regarding the partnering process, we need a range of suggestions and strategies for ensuring that these take place.

3. Biomedical Pipeline:

a. Background: Sally Rockey was very taken by her recent visit to the Miami Dade CC system. She was stunned at the level of equipment and lab capacity that their students had access to. She is also mindful of the success that NSF is having developing STEM pipelines from High School through graduate science education and would like to see NIH do something similar, even if much of the effort results only in greater biomedical science literacy. But Sally also recognized that NIH had limited contact with the CC community because so few faculty do funded research. Rich, Linda and I offered that GRC-level institutions work regularly with CCs in our communities as they are natural feeders for our undergraduate populations and many of us are actively cultivating our own STEM pipelines with our local CCs. Sally was open to any way in which we could leverage that access to assist NIH in developing workable pipelines for students from CCs coming to our institutions in the biomedical sciences.

b. Task: at this point, it is completely open ended, we need a starting point, even if that is just a starting point for developing a strategy for how to move forward.

4. Advocating for an AHRQ R15:

Background: At the Fall GRC meeting, I approached the speaker from AHRQ and asked whether he thought AHRQ would be amenable to a request to develop an R15 mechanism along the lines of the NIH R15 such that smaller institutions could compete among themselves for access to AHRQ funding. The speaker's response was very positive. I subsequently drafted a letter that would come from the GRC community and shared it with Rich, Linda, and Mary Ann Guadagno who directs the NIH R15 program. Mary Ann said "Your letter to Dr. Clancy seems straightforward, thoughtful, and well-written. I do not know Dr. Clancy but I have worked with Debbie Rothstein at AHRQ on NIH Guide related issues, and she is a pleasure to work with. It would be great if AHRQ could support the R15 program."

a. Tasks: Finalize and send the letter, consider additional steps that may be required in pursuit of this goal.

5. Equipment funding:

a. Background: In our discussions with Sally Rockey, I noted the difficulties faced by smaller state institutions in maintaining cutting edge lab equipment in the face of ever steeper cuts in State funding. Sally was sympathetic and recognized that our institutions are often not even eligible for existing forms of instrumentation funding from NIH. Our proposal is that an instrumentation category be added to the R15 mechanism. This is something that the NIH and the Institutes will need to be educated on if there is any hope of getting them to fund it.

b. Task: develop a process that may lead to a strategy for how to move this initiative forward.

6. Resource sharing:

    a. Background: GRC-level institutions lack high-level scientific equipment and facilities.

    b. Task: Identify workable mechanisms for sharing these resources across institutions.