



JUN 24 2013

National Institutes of Health  
Bethesda, Maryland 20892

The Honorable Fred Upton  
Chairman  
Committee on Energy and Commerce  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Mr. Chairman:

Thank you for the opportunity to respond to questions related to the National Institutes of Health (NIH)'s communications and public education efforts. As you know, the NIH is the lead federal agency for supporting and conducting biomedical research in the United States. An essential part of the NIH's mission is to translate and communicate research findings to patients and their families, health care providers, and the general public, with the ultimate goal of improving human health.

There is a long history of legislative mandates, authorities, and directives that charge the NIH and its Institutes and Centers (ICs) and the Office of the Director (OD) to carry out communications efforts. In fact, there are more than 55 provisions within the Public Health Service (PHS) Act that authorize the NIH to disseminate health information and conduct and support public education activities, such as clearinghouses, awareness programs, and public engagement efforts. Examples of congressional authorities are listed at the beginning of each of the enclosed individual IC sections.

The NIH communication and education programs, activities, and products provide patients, the general public, and health care professionals access to important health and science information from taxpayer-supported biomedical research. Given that the NIH conducts and supports biomedical research on several hundred chronic diseases and thousands of rare diseases, our communication products are diverse and tailored to the particular disease or condition and each affected population. The NIH also strives to respond to the ever-changing communication technology landscape by using a full array of print, electronic, web-based, and social media tools to reach patients, health care providers, and our other audiences.

While these communication efforts are robust and represent a major component of the NIH's mission, the Agency spends less than 1 percent of its budget on communication and education activities.

The NIH communication activities range from reporting the latest findings on specific health and science matters—such as cancer, infectious diseases, and diabetes—to raising awareness about health disparities and announcing groundbreaking scientific initiatives, such as the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) initiative. Every week, there are hundreds of citations about NIH-conducted or -supported research in newspapers, magazines, on radio and television programs, websites, and all forms of social media. The NIH plays an essential role in keeping the media and the public apprised of the progress of biomedical

research and what it means in practical terms for patients and their families. In addition to reporting breaking news, a number of the ICs carry out long-term communication programs on topics such as heart disease, neurological disorders, child and maternal health, arthritis, and substance abuse, to raise awareness that can translate into better public health. The number of NIH communication and education programs reflects the breadth, scope, and depth of the NIH research portfolio.

NIH leadership often hears from members of Congress, advocacy organizations, and scientific and public advisory committees that the public should be informed of the research advances made possible by the NIH and given easy access to health and science information. This is especially important since the NIH provides unbiased, evidence-based health and medical information that is available free of charge.

As mentioned in your letter, with increasingly tight federal budgets, the need to find ways to control spending and work more efficiently has never been greater. The NIH recognizes this need and, over the past several years, the ICs and OD offices have increased their own internal communications and coordination, working strategically and collaboratively to share resources and lower costs. Two examples of this collaborative work are in the areas of: (1) developing decision-tree strategies for print vs. digital dissemination, and (2) collaboration on clinical trials information and recruitment announcements in a shared location.

We have established a trans-NIH communications working group to evaluate shifting the balance of print versus digital formats for health information publications, which will result in savings on production and warehousing costs while serving audiences who have special needs or insufficient access to electronic formats. Another example of a resource-saving collaboration is in the area of clinical research, vital to the agency's mission of enhancing human health, lengthening life, and reducing the burdens of illness. Thanks to research advances, greater numbers of clinical trial volunteers are needed more than ever, but often studies are limited by under-recruitment. The patient recruitment challenge has serious implications for the success or failure of research. Individual IC efforts aimed at expanding recruitment are described online: [www.nih.gov/health/clinicaltrials/index.htm](http://www.nih.gov/health/clinicaltrials/index.htm).

In addition, the OD's Office of Communications and Public Liaison leads a trans-NIH working group focused on the introduction to clinical research. The flagship website is <http://www.nih.gov/health/clinicaltrials/index.htm>, which complements the NIH's groundbreaking [clinicaltrials.gov](http://clinicaltrials.gov) website. The newest addition to the effort is a centralized location for disease registries at [www.nih.gov/health/clinicaltrials/registries.htm](http://www.nih.gov/health/clinicaltrials/registries.htm). This collaboration continues to grow, meeting an important public need and promoting efficiency. In addition, the agency's ongoing collaboration with a grantee institution-sponsored service encourages broad access to high-quality information.

The Honorable Fred Upton  
June 24, 2013  
Page 3

Thank you again for the opportunity to describe the NIH's communication and education activities. The NIH is a trusted source for millions of Americans, and communicating useful health and science information to the American public is central to our mission. Please find enclosed a report from each IC as well as reports from the OD. Each report includes office descriptions and expenditures, including contracts. If you have any questions, please contact me or John Burklow, NIH Associate Director for Communications and Public Liaison.

Sincerely yours, *with best  
personal regards*



Francis S. Collins, M.D., Ph.D.  
Director

Enclosure

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Communications Budget Information**

**June 2013**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Table of Contents**

The National Cancer Institute ..... 2

The National Institute of Allergy and Infectious Diseases ..... 4

The National Heart, Lung, and Blood Institute ..... 5

The National Institute of General Medical Sciences..... 7

The National Institute of Diabetes and Digestive and Kidney Diseases ..... 8

The National Institute of Neurological Disorders and Stroke ..... 10

The National Institute of Mental Health..... 12

The *Eunice Kennedy Shriver* National Institute of Child Health and Human  
Development ..... 14

The National Institute on Aging ..... 17

The National Institute on Drug Abuse ..... 19

The National Institute of Environmental Health Sciences ..... 21

The National Eye Institute..... 23

The National Center for Advancing Translational Sciences ..... 25

The National Institute of Arthritis and Musculoskeletal and Skin Diseases ..... 27

The National Human Genome Research Institute ..... 29

The National Institute on Alcohol Abuse and Alcoholism ..... 31

The National Institute on Deafness and Other Communication Disorders ..... 33

The National Institute of Dental and Craniofacial Research..... 35

The National Institute of Biomedical Imaging and Bioengineering ..... 37

The National Library of Medicine ..... 39

The National Institute on Minority Health and Health Disparities ..... 41

The National Institute of Nursing Research..... 42

The National Center for Complementary and Alternative Medicine ..... 43

The Fogarty International Center ..... 45

The Office of Communications and Public Liaison in the Office of the Director ..... 46

Other Institutes and Centers at the NIH ..... 48

Program Offices in the Office of the Director, NIH ..... 51

Funding Table for Communications at the NIH ..... 55

**National Cancer Institute (NCI)**, Office of Communications and Education (OCE) and Office of Public Affairs and Research Communications (OPARC)  
*IC Established 1937*

***Representative legislative language, provisions, and mandates that direct and shape the Institute's communications efforts:***

*Public Health Service Act 42 USC §285a-2 Special authorities of Director*

*(a) Information and education program*

*(1) The Director of the Institute shall establish an information and education program to collect, identify, analyze, and disseminate on a timely basis, through publications and other appropriate means, to cancer patients and their families, physicians and other health professionals, and the general public, information on cancer research, diagnosis, prevention, and treatment (including information respecting nutrition programs for cancer patients and the relationship between nutrition and cancer). The Director of the Institute may take such action as may be necessary to insure that all channels for the dissemination and exchange of scientific knowledge and information are maintained between the Institute and the public and between the Institute and other scientific, medical, and biomedical disciplines and organizations nationally and internationally.*

*(2) In carrying out paragraph (1), the Director of the Institute shall—*

*(A) provide public and patient information and education programs, providing information that will help individuals take personal steps to reduce their risk of cancer, to make them aware of early detection techniques and to motivate appropriate utilization of those techniques, to help individuals deal with cancer if it strikes, and to provide information to improve long-term survival;*

*(B) continue and expand programs to provide physicians and the public with state-of-the-art information on the treatment of particular forms of cancers, and to identify those clinical trials that might benefit patients while advancing knowledge of cancer treatment;*

*...*

*(E) to the extent practicable, in disseminating the results of such cancer research and treatment, utilize information systems available to the public.*

The National Cancer Institute is the nation's primary federal support for cancer research and training, dedicated to eliminating cancer-related suffering and death. Specifically, the NCI is at the heart of advances made in the diagnosis and treatment of cancer, conducting programs that study causes, prevention, and cures while promoting rehabilitation and continuing care of cancer patients and their families. Through the communication and dissemination of basic, translational, and clinical research findings, the NCI changes clinical practice and stimulates further research.

Centralized communications activities for the NCI are carried out through the Office of Communications and Education (OCE) and the Office of Public Affairs and Research Communications (OPARC). The OCE develops and disseminates information and educational materials on cancer research to cancer patients and their caregivers, physicians and other health professionals, and the public. The information is developed in various formats for a wide variety of audiences, utilizing web, print, online platforms, phone service, and strategic dissemination partnerships. The OPARC includes the NCI's Office of Media Relations, which responds to media inquiries and develops relationships with the Public Information Offices at grantee institutions.

Three significant programs within the OCE are the NCI’s Cancer Information Service (CIS), the Physician’s Data Query (PDQ), and the complete NCI digital media enterprise.

- The CIS provides up-to-date information for consumers on cancer diagnosis, treatment, risk factors, symptoms, early detection, and smoking cessation, among numerous other topics through a toll-free number as well as through *LiveHelp*, an online chat service. Trained information specialists provide the latest cancer research information to patients and their caregivers and offer available clinical trials, as appropriate.
- PDQ contains summaries on a wide range of cancer topics, levels of evidence for numerous treatments, and a registry of more than 8,000 open cancer clinical trials. PDQ evidence synthesizes summaries, which are separately written for health professionals and patients, and developed by independent editorial boards. The scientific divisions, offices and centers of the NCI also may have communications investments that support their specific scientific portfolio. These investments support the communication of cancer research to specific audiences. Research findings have limited value if they are not available to the people who can use them.
- The NCI’s digital media products include [cancer.gov](http://cancer.gov), [cancer.gov/espanol](http://cancer.gov/espanol), [m.cancer.gov](http://m.cancer.gov), all of its social media platforms, a robust multi-channel YouTube platform, video and editing production, and mobile applications for mobile phones and tablets.

Separate from the contract costs listed below, the NCI’s communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$21,716,507	\$19,717,195	\$19,368,203	\$15,347,141

During this period, the NCI has had communications contracts with the Fred Hutchinson Cancer Research Center, Lockheed Martin/Verizon, ICF, Vocus, Webfirst, Newswise, Eurekaalert, Critical Mention, Automatic Sync Tech, Sapient and Lockheed Martin, Vigilant, AED, UCD, Ogilvy, and Idox. These communications contracts total:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts	\$29,384,493	\$28,351,805	\$26,817,797	\$23,851,859

**National Institute of Allergy and Infectious Diseases (NIAID), Office of Communications and Government Relations (OCGR)**  
*IC Established 1948*

***Representative legislative language, provisions, and mandates that direct and shape the Institute’s communications efforts:***

*Under Sec. 446 of the Public Health Service Act [285f], the purpose of NIAID is the ‘conduct and support of research, training, [and] health information dissemination.’*

The NIAID conducts basic and clinical research with the ultimate goal of improving human health through the development of diagnostics, therapeutics, and vaccines for infectious diseases; and increasing our understanding of the immune system, how it protects us from infection and diseases, and its role in immune-mediated diseases and disorders such as food allergy and asthma. The NIAID addresses scientific challenges that arise from emerging and re-emerging infectious diseases, including HIV/AIDS, seasonal and pandemic influenza, the novel coronavirus, West Nile virus, malaria, and tuberculosis. The full benefit of such research, including its translation into medical practice, can be realized only when new knowledge is disseminated, not only to other scientists, but also to voluntary and scientific organizations, health care providers, and the general public in the United States and internationally.

As part of the NIAID’s mission to understand and improve the treatment and prevention of infectious, immunologic, and allergic diseases, NIAID’s Office of Communications and Government Relations coordinates efforts to interpret and disseminate research results to the media, health professionals, Congress, and the general public and facilitates recruitment of volunteers into clinical trials of candidate vaccines, diagnostics and therapeutics, and other clinical research studies.

Separate from the contract costs listed below, the NIAID’s communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$4,522,426	\$4,613,119	\$4,427,974	\$4,345,397

During this period, the NIAID has had communications contracts with the American Institutes for Research, Kelly Services, and LTS Corporation. These communications contracts total:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts	\$3,379,222	\$3,157,107	\$2,826,312	\$3,272,921

**National Heart, Lung, and Blood Institute (NHLBI)**, Office of Communications (OC), a component of the Office of the Director, NHLBI  
*IC Established 1948*

***Representative legislative language, provisions, and mandates that direct and shape the Institute’s communications efforts:***

*The National Heart, Blood Vessel, Lung, and Blood Act of 1972 (P.L. 92-423) provided the Institute with a new authority for the conduct of “...a program to provide the public and health professions with health information with regard to cardiovascular and pulmonary diseases.” Furthermore, the law stated that “In the conduct of such a program, special emphasis shall be placed upon dissemination of information regarding diet, exercise, stress, hypertension, cigarette smoking, weight control, and other factors...”*

*The NHLBI information and education activities are authorized under the Public Health Service Act (42 U.S.C. 285b-2), which states that “The Director of the Institute shall collect, identify, analyze, and disseminate on a timely basis, through publications and other appropriate means, to patients, families of patients, physicians and other health professionals, and the general public, information on research, prevention, diagnosis, and treatment of heart, blood vessel, lung, and blood diseases, the maintenance of health to reduce the incidence of such diseases, and on the use of blood and blood products and the management of blood resources. In carrying out this section, the Director of the Institute shall place special emphasis upon the utilization of collaborative efforts with both the public and private sectors to— (1) increase the awareness and knowledge of health care professionals and the public regarding the prevention of heart and blood vessel, lung, and blood diseases and the utilization of blood resources; and (2) develop and disseminate to health professionals, patients and patient families, and the public information designed to encourage adults and children to adopt healthful practices concerning the prevention of such diseases.”*

The NHLBI Office of Communications provides a comprehensive, integrated, and technology-supported communications capability to support the Institute’s vision, Strategic Plan, and program activities. The NHLBI initiates, develops, and implements a dynamic, proactive, audience-centric communications program; involves multiple groups on a national and international level; and leverages the communications resources of local, national, and international sources.

The NHLBI health education campaigns inform professionals, patients, and the public on ways to reduce the risk and consequences of heart, lung, and blood diseases. The NHLBI campaigns focus on raising awareness and disseminating key messages to increase healthy behaviors. Social marketing techniques are used to identify and segment target audiences, develop communications strategies, and convey important health messages. The NHLBI’s efforts to partner with outside organizations help assure that the health education campaign messages continue to have the support of the gatekeepers who are an important conduit to reaching target audiences. The NHLBI’s health awareness and education campaigns include The Heart Truth, WeCan!, COPD Learn More Breathe Better, and the National Asthma Education and Prevention Programs, reaching millions of people across the United States. The NHLBI’s The Heart Truth campaign raises awareness of a particularly important topic—heart disease in women. Of the women who died in 2010, one in four died from heart disease. Through this campaign, the NHLBI leads the nation in a landmark heart health awareness movement that is being embraced by millions who share the common goal of better heart health for all women.

Separate from the contract costs listed below, the NHLBI's communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$1,904,453	\$2,205,910	\$2,296,235	\$1,936,172

During this period, the NHLBI has had communications contracts and agreements with Ogilvy, Porter Novelli, FHI360, GovDelivery, American Institutes for Research, IQ Solutions, and Ketchum.

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts/Agreements	\$12,733,547	\$12,182,090	\$7,779,765	\$5,931,828

**National Institute of General Medical Sciences (NIGMS)**, Office of Communications and Public Liaison,  
*IC Established 1962*

***Legislative language, provisions, and mandates that direct  
and shape the Institute’s communications efforts:***

*Under Sec. 461 of the Public Health Service Act [285k], the general purpose of the National Institute of General Medical Sciences is the conduct and support of research, training, and, as appropriate, health information dissemination, and other programs with respect to general or basic medical sciences and related natural or behavioral sciences which have significance for two or more other national research institutes or are outside the general area of responsibility of any other national research institute.*

The National Institute of General Medical Sciences (NIGMS) primarily supports research that lays the foundation for advances in disease diagnosis, treatment and prevention. The Institute's research training programs help prepare the next generation of scientists. Each year, NIGMS-supported scientists make many advances in understanding fundamental life processes. In the course of answering basic research questions, these investigators increase our knowledge about the mechanisms and pathways involved in certain diseases. Institute grantees also develop important new tools and techniques, some of which have medical applications.

The NIGMS helps strengthen public understanding and appreciation of this science through its various communications activities, including collaborating with stakeholder organizations. “Biomedical Beat,” an online monthly digest of research news, and the “NIGMS Feedback Loop Blog,” an interactive dialogue with the scientific community, as well as web articles and fact sheets, video and audio interviews with scientists, and print booklets are some of the ways the NIGMS connects with its varied audiences. Responding to inquiries from the public, the media, grantees, applicants, trainees, educators, and students, is another important way the NIGMS helps convey the goals and results of NIGMS-supported research.

Separate from the contract costs listed below, the NIGMS’s communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$1,317,984	\$1,388,285	\$1,431,893	\$1,436,416

During this period, the NIGMS has had communications contracts with Kelly Services, JAD Business Services, SRA International, NOVA Research Company, iStockphoto, Cision, EurekAlert, Newswise, GovDelivery, and RheemMedia. These communications contracts total:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts	\$1,005,633	\$922,611	\$853,542	\$724,019

**National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)**, Office of Communications and Public Liaison (OCPL)  
*IC Established 1950*

***Representative legislative language, provisions, and mandates that direct and shape the Institute’s communications efforts:***

*Authorization for the NIDDK’s communications activities is found in Sec. 426 of the Public Health Service Act [285c], indicating that the general purpose of the NIDDK is the “conduct and support of research, training, [and] health information dissemination.” The NIDDK has several health information initiatives specifically authorized and requested by other areas of the Public Health Service Act, including Information Clearinghouses (in diabetes, and digestive, kidney and urologic diseases) and an Information Program (in nutrition and obesity) (See Sec. 427 PHS Act [285c-1] and Sec. 434 PHS Act [285c-8]).*

The NIDDK directs research to improve the diagnosis and treatment of diabetes, endocrine and metabolic diseases, overweight and obesity, digestive diseases and nutrition, kidney and urologic diseases, and blood disorders. The public health messages for patients and health care workers and families are important as diabetes affects 25.8 million people of all ages (8.3 percent of the U.S. population), but among those, 7 million people are not yet diagnosed. Early diagnosis and clear understanding of treatment are extremely important in the management of the disease.

As part of its communications efforts, the NIDDK operates three clearinghouses that translate science into print and online publications and resources for patients, the public, and health professionals. The clearinghouses distribute more than a million publications annually and currently maintain 355 publication titles. Science writers develop and update fact sheets and numerous consumer-friendly publications, which are available in Spanish, other languages, and large print. The clearinghouses also produce an awareness and prevention series for use at community health fairs and workplace forums. The clearinghouses also manage three public awareness campaigns directed at common but frequently underdiagnosed or undertreated conditions: Celiac Disease Awareness; Bowel Control Awareness; and Bladder Control for Women.

Also sponsored by the NIDDK, the National Diabetes Education Program (NDEP) has translated the findings of landmark clinical trials for the public, patients and health care professionals for more than 15 years. NDEP’s strength is in its partnership network, which comprises more than 200 organizations and individuals, including other federal agencies, the CDC’s Diabetes Prevention and Control Programs at state health departments nationwide, and community-based organizations representing high-risk racial and ethnic populations.

Separate from the contract costs listed below, the NIDDK’s communications budget, including personnel costs, is as follows for FY 2010 – FY 2013.

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$3,690,635	\$4,706,121	\$4,065,926	\$3,544,410

During this period, the NIDDK has had communications contracts with Ogilvy, ESI, Circle Solutions, Hager Sharp, IQ, Sapient, Synergy, Kelly Support Services, Larry Checco, Sunitha ByReddy, NIH Google Search, MCMS2002, ForeSee, ArrayMax/Portal, DEC K-12, and the Hill Group. The FY 2013 projection below includes costs associated with moving to a new NIH-supported content management system for

continued delivery of information to the public and scientists via the web—replacing the current platform which will no longer be supported by the NIH central IT services, as well as development of the long-needed infrastructure to contain costs and align web projects with NIDDK priorities. These efforts will improve efficiency and effectiveness of health and science information development and delivery. These communications contracts total:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts	\$3,844,937	\$10,833,365	\$7,781,265	\$14,789,071

**National Institute of Neurological Disorders and Stroke (NINDS)**, Office of Communications and Public Liaison  
*IC Established 1950*

***Representative legislative language, provisions, and mandates that direct and shape the Institute’s communications efforts:***

*42 USC Sec. 285j*

*TITLE 42 - THE PUBLIC HEALTH AND WELFARE*

*CHAPTER 6A - PUBLIC HEALTH SERVICE ACT*

*SUBCHAPTER III - NATIONAL RESEARCH INSTITUTES*

*Part C - Specific Provisions Respecting National Research Institutes*

*Subpart 10 - National Institute of Neurological Disorders and Stroke*

*Sec. 285j. Purpose of Institute*

*“The general purpose of the National Institute of Neurological Disorders and Stroke (hereafter in this subpart referred to as the "Institute") is the conduct and support of research, training, health information dissemination, and other programs with respect to neurological disease and disorder and stroke.”*

Part of the NINDS mission is to reduce the burden of neurological disease by collecting and disseminating research information related to neurological disorders. One of the most fundamental responsibilities implicit in this congressional mandate is to respond to public inquiries. In support of its mission and its responsibility, the NINDS maintains an information clearinghouse that includes a bilingual call center, materials distribution center, and staff who respond to calls, letters and emails from the public, health care providers and others in the medical and scientific communities, and those who have an interest in neurological disease and neuroscience research.

Among the first programs the Institute created following passage of its founding legislation was a publications branch designed to meet the public need for health information and report on research findings. Today, the NINDS OCPL provides printed materials and online information that makes a critical difference in the lives of millions of Americans who suffer from neurological disorders. In many instances, particularly with regard to rare neurological disorders, information on the NINDS website may be the only resource available to patients, caregivers, and health care providers. In addition, the NIH Stroke Scale, developed by the Institute several decades ago, has become one of the most important tools for neurologists, emergency physicians and nurses to assess the severity of stroke in acute health care settings. The NINDS was directly involved in producing a training DVD for the NIH Stroke Scale to be used by physicians, nurses, and other health care professionals.

Separate from the contract costs listed below, the NINDS’ communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$1,751,049	\$1,666,780	\$1,556,440	\$1,487,215

During this period, the NINDS has had communications contracts with Ogilvy Worldwide, IQ Solutions, and CSC. These communications contracts total:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts	\$3,644,960	\$3,920,445	\$3,934,604	\$4,092,645

**National Institute of Mental Health (NIMH)**, Office of Science Policy, Planning, and Communications (OSPPC)

*IC Established 1949*

***Representative legislative language, provisions, and mandates that direct and shape the Institute's communications efforts:***

*The NIMH's mandate to disseminate health information and the results of research to health professionals and the general public is contained in the language of the Public Health Service Act, Subpart 16, Section 464R:*

*SEC. 464R. (a) IN GENERAL.—The general purpose of the National Institute of Mental Health (hereafter in this subpart referred to as the "Institute") is the conduct and support of biomedical and behavioral research, health services research, research training, and health information dissemination with respect to the cause, diagnosis, treatment, control and prevention of mental illness...*

*(b) RESEARCH PROGRAM.—The research program established under this subpart shall include support for biomedical and behavioral neuroscience and shall be designed to further the treatment and prevention of mental illness, the promotion of mental health, and the study of the psychological, social and legal factors that influence behavior.*

*(c) COLLABORATION.—The Director of the Institute shall collaborate with the Administrator of the Substance Abuse and Mental Health Services Administration in focusing the services research activities of the Institute and in disseminating the results of such research to health professionals and the general public.*

*(d) INFORMATION WITH RESPECT TO SUICIDE.—*

*(1) IN GENERAL.—The Director of the Institute shall—*

*(A) develop and publish information with respect to the causes of suicide and the means of preventing suicide; and*

*(B) make such information generally available to the public and to health professionals.*

*(2) YOUTH SUICIDE.—Information described in paragraph (1) shall especially relate to suicide among individuals under 24 years of age...*

NIMH-supported research aims to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. The NIMH's Office of Science Policy, Planning, and Communications (OSPPC) supports the scientific and public health mission of the NIMH through the timely dissemination of research-based information on mental disorders. The office also disseminates information on research findings and their significance for public health. By providing accurate information about mental health research and mental disorders, the OSPPC seeks to increase public awareness and understanding of mental disorders, improve access to research-based mental health information, and accelerate the use of evidence-based information for the prevention, diagnosis, and treatment of mental disorders.

As part of the NIMH's research efforts, its Intramural Research Program (IRP) conducts clinical trials to expedite the exchange of information between scientists and clinicians so that basic findings can be moved quickly from the laboratory setting to the treatment of patients at the bedside. Successfully recruiting people to participate in IRP research is essential to achieving the NIMH's scientific mission and is another critical component of the NIMH's communications activities.

The NIMH recognizes the social and economic burden of mental illness on society and that multiple organizations have a vested interest in learning more about the Institute's research and scientific

advances. The NIMH Office of Constituency Relations and Public Liaison (OCRPL) interacts regularly with representatives from more than 100 patient advocacy, professional, and scientific community-based organizations to share innovative research and the NIMH scientific agenda, engage representatives in active two-way dialogue, and encourage networking among organizations.

The OCRPL also administers the NIMH’s Outreach Partnership Program, which is a nationwide initiative established more than a decade ago to increase the public’s access to science-based mental health information through partnerships with national, state, and local nonprofit organizations in all 50 of the states, the District of Columbia and Puerto Rico. These partnerships strengthen the NIMH’s dissemination capacity, and ultimately narrow the gap between the development of research-tested interventions and their widespread use in communities. The program also allows the NIMH to engage national and community organizations in dialogue for crucial feedback for better understanding of the needs, questions, and concerns of those intended to benefit from the Institute’s research.

Separate from the contract costs listed below, the NIMH’s communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$4,505,679	\$4,747,258	\$4,115,151	\$3,764,500

During this period, the NIMH has had communications contracts with Circle Solutions, Inc., The District of Columbia Association for Retarded Citizens, Inc., GovDelivery, Percussion, and 55 community outreach partners as part of the NIMH Outreach Partnership Program. These communications contracts total:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts	\$2,232,553	\$2,440,841	\$2,444,304	\$2,535,500

**Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)**, Office of Science Policy, Analysis and Communication (OSPAC)  
IC Established 1962

***Representative legislative language, provisions, and mandates that direct and shape the Institute's communications efforts:***

*42 U.S.C. 284(b)(1)(E), which provides the authorities of the Directors of the National Research Institutes, states that they "may develop, conduct, and support public and professional education and information programs."*

*42 U.S.C. Sec. 285g (Subpart 7, Section 448 of Public Law 99-158) defines the purpose of the NICHD as "the conduct and support of research, training, health information dissemination, and other programs with respect to gynecologic health, maternal health, child health, intellectual disabilities, human growth and development, including prenatal development, population research, and special health problems and requirements of mothers and children."*

*42 U.S.C. 285g-4(b)(Public Law 101-613) Congress established the National Center for Medical Rehabilitation Research within the NICHD and included the mandate: "The general purpose of the Center is the conduct and support of research and research training (including research on the development of orthotic and prosthetic devices), the dissemination of health information, and other programs with respect to the rehabilitation of individuals with physical disabilities resulting from diseases or disorders of the neurological, musculoskeletal, cardiovascular, pulmonary, or any other physiological system."*

*42 U.S.C. 285g-5(c)(E)(Public Law 103-43) the NICHD is mandated to develop protocols for training physicians, scientists, nurses, and other health and allied health professionals; conduct training programs for such individuals; develop model continuing education programs for such professionals; and "disseminate information to such professionals and the public" with respect to contraception and infertility research.*

*Section 1207 of Public law 107-110 states: National Institute for Literacy, in collaboration with the Secretary of Education, the Secretary of Health and Human Services, and the Director of the National Institute for Child Health and Human Development shall—(1) disseminate information on scientifically based reading research pertaining to children, youth, and adults; (2) identify and disseminate information about schools, local educational agencies, and State educational agencies that have effectively developed and implemented classroom reading programs that meet the requirements of this subpart, including those State educational agencies, local educational agencies, and schools that have been identified as effective through the evaluation and peer review provisions of this subpart; and (3) support the continued identification and dissemination of information on reading programs that contain the essential components of reading instruction as supported by scientifically based reading research, that can lead to improved reading outcomes for children, youth, and adults.*

*42 U.S.C. 280g-8 (Public Law 110-374) requires the NIH, the CDC or HRSA to make awards for the "establishment of awareness and education programs for health care providers who provide, interpret, or inform parents of the results of prenatal tests for Down syndrome or other prenatally or postnatally diagnosed conditions."*

*42 U.S.C. 284p(c) (Public Law 111-11) allows the Director of the NIH to provide for a mechanism to "educate and disseminate information on the existing and planned programs and research activities of*

*the National Institutes of Health with respect to paralysis and through which the Director can receive comments from the public regarding such programs and activities.” It also includes the provision of support for programs to disseminate information involving care and rehabilitation options and quality of life grant programs supportive of community-based programs and support systems for persons with paralysis and other physical disabilities.*

*42 U.S.C. 300b-15 (c) (Public Law 110-204), the Hunter Kelly Research Program, encourages the Director of the NIH “to include information about the activities carried out under this section in the biennial report required under section 403 of the NIH Reform Act of 2006. If such information is included, the Director shall make such information available to be included on the Internet Clearinghouse established under section 300b-11 of this title.”*

The NICHD has achieved an impressive array of scientific advances in its pursuit to enhance lives throughout all stages of human development, from preconception through adulthood, improving the health of children, adults, families, communities, and populations. Research supported and conducted by the NICHD fosters better understanding of fertility, pregnancy, growth, development, and medical rehabilitation. This research also explains the unique health needs of many and brings about novel and effective ways to fulfill them.

Translating and communicating the important health implications of this research is an important part of the NICHD’s communications efforts, which include a broad array of public health education campaigns, related activities and materials, and the development and maintenance of content for the NICHD website. This includes *NICHD Spotlights*—in-depth web feature stories—as well as video and audio clips to explain scientific research and advances. Since 1994, the NICHD has led the national Back to Sleep campaign, which aims to reduce the risk of Sudden Infant Death Syndrome (SIDS), the rate of which has dropped by 50percent since this campaign began. Other activities include maintaining and updating messages and materials to reflect the latest American Academy of Pediatrics Task Force on SIDS recommendations, conducting outreach with and within high-risk groups, and—in 2012—expanding the campaign into Safe to Sleep, an effort that addresses not only SIDS risk reduction but also reducing other sleep-related causes of infant death. The NICHD also maintains the National Child and Maternal Health Education Program, which brings together 32 agencies, professional associations, and organizations interested in maternal and child health, including the American Academy of Pediatrics and the HHS Office of Women’s Health. The Program just launched new educational activities for both providers and the public, including a new video “Is It Worth It.” This encourages women and physicians to “let the baby set the delivery date” and wait at least 39 weeks before planning a delivery unless medically necessary. The NICHD’s Media Smart Youth Program not only teaches media literacy skills to youth ages 11 to 13, but also encourages them to be creative and develop their own media products to educate their friends about nutrition and physical activity.

Separate from the contract costs listed below, the NICHD’s communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$1,306,746	\$1,311,431	\$1,412,212	\$1,357,896

During this period, the NICHD has had communications contracts with The Academy for Educational Development, Circle Solutions, IQ Solutions, Ogilvy Worldwide, Native American Management Series,

Jackson State University, In Black Print, Inc., National Council of Negro Women, First Candle, and Palladian Partners. These communications contracts total:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts	\$2,509,198	\$3,940,684	\$4,010,637	\$3,803,797

**National Institute on Aging (NIA), Office of Communications and Public Liaison (NIA OCPL)**  
*IC Established 1974*

***Representative legislative language, provisions, and mandates that direct and shape the Institute’s communications efforts:***

*The National Institute on Aging (NIA) was authorized in 1974 (PL 93-296) to improve the health and well-being of older Americans through research. Specifically, the NIA’s mission is to support and conduct research on aging processes, aging-related diseases, and the special problems and needs of older people; train highly skilled research scientists; develop and maintain state-of-the art resources to accelerate research progress; and communicate with the public about health and research advances (See Sec. 443 PHS Act [285e]; Sec. 444(c) PHS Act [285e-1]). Subsequent amendments to this legislation designated the NIA as the primary Federal agency on Alzheimer’s disease (AD) research. In January 2011, President Obama signed the National Alzheimer’s Project Act (NAPA), which called for an aggressive and coordinated national Alzheimer’s disease plan, which was unveiled in May 2012.*

The NIA Office of Communications and Public Liaison (OCPL) plans and carries out a legislatively mandated education program to disseminate research findings that help older Americans cope with the problems of, and understand the processes associated with, aging. The OCPL also serves a strong supporting role in promoting and recruiting participants for NIA-sponsored clinical research studies. To assist in this outreach and communication effort, the NIA funds a contract to operate two national information centers: the National Institute on Aging Information Center (NIAIC) and the Alzheimer’s Disease Education and Referral (ADEAR) Center, initiated in response to a 1986 congressional mandate to “gather, maintain, and disseminate information about AD and publish an annual summary of the latest information” (P.L. 99-660, Part F, Section 951). In addition, the ADEAR Center’s activities contribute to the implementation of the National Alzheimer’s Project Act, which called for an aggressive and coordinated national Alzheimer’s Plan to Address Alzheimer’s Disease. Together, these two centers form the NIA Information Resource Center. (See Sec. 445D PHS Act [285e-6], Sec. 445E PHS Act [285e-7], and Sec. 445F PHS Act [285e-8].)

The need for the Centers and a focus on aging and health information, including Alzheimer’s disease, for which aging is the best known risk factor, has significantly increased since the NIA was established in 1974. According to Bureau of the Census projections, the population age 65 and older is expected to more than double between 2012 and 2060, from 43.1 million to 92.0 million. The older population would represent just over one in five U.S. residents by the end of the period, up from one in seven today. The increase in the number of the “oldest old” would be even more dramatic — those 85 and older are projected to more than triple from 5.9 million to 18.2 million. The NIA stands at the forefront of aging research and offers consumer-oriented, evidence-based information on a wide range of topics for the general public and health professionals.

Separate from the contract costs listed below, the NIA’s communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$1,634,201	\$1,595,134	\$1,548,223	\$1,538,757

During this period, NIA has had communications contracts with JBS, International. These communications contracts total:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts	\$7,497,714	\$3,998,482	\$3,818,267	\$3,436,440

**National Institute on Drug Abuse (NIDA)**, Public Information and Liaison Branch, Office of Science Policy and Communications  
*IC Established 1974*

***Representative legislative language, provisions, and mandates that direct and shape the Institute's communications efforts:***

Public Law 102-321 July 10, 1992.

*Subpart 15-National Institute on Drug Abuse*

*SEC. 464L.*

*(a) IN GENERAL.—The general purpose of the National Institute on Drug Abuse (hereafter in this subpart referred to as the Institute') is the conduct and support of biomedical and behavioral research, health services research, research training, and health information dissemination with respect to the prevention of drug abuse and the treatment of drug abusers.*

*(c) COLLABORATION.—The Director of the Institute shall collaborate with the Substance Abuse and Mental Health Services Administration in focusing the services research activities of the Institute and in disseminating the results of such research to health professionals and the general public.*

*Medication Development Program (Sec. 464P)*

*(5) collect, analyze, and disseminate data useful in the development and use of pharmacotherapeutic treatments for drug addiction and collect, catalog, analyze, and disseminate through international channels, the results of such research.*

*DUTIES.—In carrying out the activities described in subsection*

*(a), the Director of the Institute—*

*(1) shall collect and disseminate through publications and other appropriate means, information pertaining to the research and other activities under this section*

*(2) shall make grants to or enter into contracts and cooperative agreements with individuals and public private entities to further the goals of the program*

*(6) shall take necessary action to ensure that all channels for the dissemination and exchange of scientific knowledge and information are maintained between the Administration and the other scientific, medical, and biomedical disciplines and organizations nationally and internationally.*

The NIDA's mission is to lead the nation in bringing the power of science to bear on drug abuse and addiction. This charge has two critical components. The first is the strategic support and conduct of research across a broad range of disciplines. The second is ensuring the rapid, effective dissemination and use of the results of that research to significantly improve prevention and treatment and inform policy as it relates to drug abuse and addiction. The NIDA helps disseminate research findings and evidence-based screening tools to medical students, physicians, and other clinicians. Translating research findings and conducting public drug education campaigns helps ensure that health information is reaching those who need it most where they need it most. This includes innovative activities, such as the Addiction Performance Project, that help the NIDA reach out to doctors and other health professionals to help drug-abusing patients in health care settings. Community events, such as those associated with the National Drug Facts Week, give teens factual information on drugs and drug abuse

at more than 500 locations across the country. By supporting the rapid dissemination of research information, the NIDA’s communication efforts help inform policy, improve practice, and ensure that science forms the foundation of public information on drug abuse and addiction.

Separate from the contract costs listed below, the NIDA’s communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$1,896,092	\$1,881,934	\$1,472,359	\$1,472,685

During this period, the NIDA has had communications contracts with JBS International, IQ Solutions, BLH Technologies, Ogilvy, Palladian/Altarum, Scholastic, Inc., and PSC. These communications contracts total:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts	\$9,025,778	\$8,469,657	\$7,841,227	\$6,577,282

**National Institute of Environmental Health Sciences (NIEHS)**, Office of Communications and Public Liaison  
*IC Established 1969*

***Representative legislative language, provisions, and mandates that direct and shape the Institute's communications efforts:***

*The laws and policies that direct the work of the NIEHS require the institute to establish and maintain programs and activities that inform the public of NIEHS research, in plain, easily understood, non-scientific language. Furthermore, the NIEHS is directed to engage the public in the planning and conduct of research.*

*Public Health Service Act (42 USC Sec. 2851)*

*SUBPART 12 - NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES,*

*Sec. 285I Purpose of the Institute - "The general purpose of the National Institute of Environmental Health Sciences (in this subpart referred to as the "Institute") is the conduct and support of research, training, health information dissemination, and other programs with respect to factors in the environment that affect human health, directly or indirectly."*

*Superfund Amendments and Reauthorization Act of 1986 (Public Law 107-377)*

*SEC. 324 PUBLIC AVAILABILITY OF PLANS, DATA SHEETS, FORMS, AND FOLLOWUP NOTICES. (a) AVAILABILITY TO PUBLIC.—"Each emergency response plan, material safety data sheet, list described in section 311(a) (2), inventory form, toxic chemical release form, and follow-up emergency notice shall be made available to the general public...". The Act stresses the importance of permanent remedies and innovative treatment technologies in cleaning up hazardous waste sites along with an increased the focus on human health problems posed by hazardous waste sites. The Act calls for greater citizen participation in making decisions on how sites should be cleaned up.*

The NIEHS plans and directs a program that interprets and disseminates scientific and technical information for the biomedical community and the general public. NIEHS-supported research helps prevent diseases by determining how environmental exposures interact with genetic susceptibility and age to affect human health. NIEHS-supported research and communications efforts over the past 30 years have led to regulatory standards to reduce or eliminate lead from many consumer products. In addition, clinical trials sponsored by the NIEHS showed that treatment with chelating agents like succimer could significantly lower blood lead levels in children with moderate to severe lead exposure. The NIEHS has also made significant contributions to reducing air pollution and pesticides. Research and public education carried out by the NIEHS and other government agencies, in cooperation with industry, has drastically reduced industrial dioxin emissions in the United States. Corresponding regulatory controls have reduced dioxin emissions into the air by 90 percent, compared to levels in 1987.

Communications activities also featured recruitment for health studies, including recruiting more than 51,000 volunteers for the Sister Study to find environmental causes of breast cancer, and the Hazardous Waste Worker Training Program, to fund non-profit organizations providing occupational safety and health education to workers who are involved in handling hazardous waste or in responding to emergency releases of hazardous materials.

Separate from the contract costs listed below, the NIEHS' communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$3,396,008	\$3,424,833	\$3,575,512	\$3,496,584

During this period, the NIEHS has had communications contracts with Image Associates, Inc., Michael D. Baker, Inc., and Brogan and Partners, Inc. These communications contracts total:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts	\$6,645,001	\$6,503,077	\$6,662,961	\$6,101,436

**National Eye Institute (NEI)**, Office of Science Communications, Public Liaison, and Education  
*IC Established 1968*

***Representative legislative language, provisions, and mandates that direct  
and shape the Institute’s communications efforts:***

*U.S.C. TITLE 42: The Public Health and Welfare*

*CHAPTER 6A – Public Health Service*

*SUBCHAPTER III – National Research Institutes*

*PART C - Specific Provisions Respecting National Research Institutes*

*SUBPART 9 - National Eye Institute*

*§ 285i. Purpose of Institute*

*The general purpose of the National Eye Institute (hereafter in this subpart referred to as the “Institute”) is the conduct and support of research, training, health information dissemination, and other programs with respect to blinding eye diseases, visual disorders, mechanisms of visual function, preservation of sight, and the special health problems and requirements of the blind. Subject to section 285i–1 of this title, the Director of the Institute may carry out a program of grants for public and private nonprofit vision research facilities. (July 1, 1944, ch. 373, title IV, § 455, as added Pub. L. 99–158, § 2, Nov. 20, 1985, 99 Stat. 856; amended Pub. L. 103–43, title XI, § 1101(b), June 10, 1993, 107 Stat. 169.)*

*National Eye Health Education Program (NEHEP)*

*Beginning in fiscal year 1988, the U.S. Congress appropriated funds for the NEI to “increase its commitment to the prevention of blindness through public and professional education programs and the encouragement of regular eye examinations.” (House Report 100-256 accompanying the Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, 1988. P.L. 100-202)*

Part of the NEI’s mission is to develop public and professional education programs that help prevent blindness, reduce visual impairment, and increase awareness of services and devices that are available for people with low vision. To meet these objectives, the NEI established the National Eye Health Education Program (NEHEP), a partnership of roughly 65 professional, civic, and voluntary organizations and government agencies concerned with eye health. The Diabetic Eye Disease Education Program, the Glaucoma Education Program, the Low Vision Education Program, the Vision and Aging Program, and the Spanish-language Education Program represent an extension of the NEI's support of vision research, where results are disseminated to health professionals, patients, and the public. These programs raise awareness and promote proper eye care throughout the United States, including targeting specific audiences such as at-risk, elderly, and minority populations. The NEI publishes and disseminates informative brochures and fact sheets, posters and handouts for schools, and other literature. Its social media efforts—Twitter, Flickr, YouTube, Facebook, and an RSS feed—help keep the public informed and connected.

Separate from the contract costs listed below, the NEI’s communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$1,410,523	\$1,188,035	\$1,272,103	\$1,599,381

During this period, the NEI has had communications contracts with ICF Macro/ICF International, Ogilvy, Westat, and Hager Sharp. These communications contracts total:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts	\$6,161,510	\$6,366,434	\$5,492,399	\$5,490,509

**National Center for Advancing Translational Sciences (NCATS), Office of Communications**  
*IC Established 2011*

***Representative legislative language, provisions, and mandates that direct  
and shape the Institute's communications efforts:***

*PUBLIC HEALTH SERVICE ACT, TITLE IV—NATIONAL INSTITUTES OF HEALTH*

*Part E—Other Agencies of NIH*

*Subpart 1 National Center for Advancing Translational Sciences*

*Sec. 479. NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES.*

*(a) Purpose - The purpose of the National Center for Advancing Translational Sciences (in this subpart referred to as the `Center') is to advance translational sciences, including by--*

- (1) coordinating and developing resources that leverage basic research in support of translational science; and*
- (2) developing partnerships and working cooperatively to foster synergy in ways that do not create duplication, redundancy, and competition with industry activities.*

...

*(c) Annual Report - The Center shall publish an annual report that, with respect to all research supported by the Center, includes a complete list of—*

- (1) the molecules being studied;*
- (2) clinical trial activities being conducted;*
- (3) the methods and tools in development;*
- (4) ongoing partnerships, including--*
  - (A) the rationale for each partnership;*
  - (B) the status of each partnership;*
  - (C) the funding provided by the Center to other entities pursuant to each partnership, and*
  - (D) the activities which have been transferred to industry pursuant to each partnership; and*
- (5) known research activity of other entities that is or will expand upon research activity of the*

*Center.*

...

*SEC. 480. CURES ACCELERATION NETWORK.*

*(a) CAN Board*

*(5) MEETINGS-*

*(A) IN GENERAL- The Board shall meet 4 times per calendar year, at the call of the Chairperson.*

*SECTION 481. OFFICE OF RARE DISEASES*

*(A) The Director shall recommend an agenda for conducting and supporting research on rare diseases through the national research institutes and centers. The agenda shall provide for a broad range of research and education activities, including scientific workshops and symposia to identify research opportunities for rare diseases.*

...

*(E) The Director shall promote and encourage the establishment of a centralized clearinghouse for rare and genetic disease information that will provide understandable information about these diseases to the public, medical professionals, patients and families.*

*SECTION 481A. RARE DISEASE REGIONAL CENTERS OF EXCELLENCE*

*...(a)*

(2) clinical training, including training for allied health professionals, continuing education for health professionals and allied health professions personnel, and information programs for the public with respect to rare diseases; and

...

*From the Consolidated Appropriations Act 2012 Conference Report Therapeutics for Rare and Neglected Disease (TRND) Program.—The conferees continue support for TRND at a level of \$24,000,000 within NCATS. The conferees urge NIH to provide an annual report on the TRND program that identifies the number of projects started each year, cost per project, and the outcome of each project. The first report should be provided to the Committees on Appropriations by July 1, 2012.*

At the forefront of translational medicine, the NCATS catalyzes the generation of innovative methods and technologies that will enhance developing, testing, and implementing diagnostics and therapeutics across a wide range of human diseases and conditions. The NCATS' Office of Communications is committed to creating and disseminating strategic messages and materials that engage and inform various audiences and promote NCATS programs, policies, and alliances.

The NCATS' Office of Communications staff members direct and manage the development, design and content of the Center's website, official print publications, news releases and media requests, social media and other electronic outreach, presentations, and stakeholder events. Additionally, the communications office coordinates responses to inquiries from the scientific community and the general public. These efforts steer the NCATS toward achieving its goals, which include using scientific advances to overcome translational pipeline barriers, testing pipeline innovations with promising research projects, and speeding the delivery of new drugs, diagnostics, and medical devices to patients.

Separate from the contract costs listed below, the NCATS' communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	N/A	N/A	\$478,460	\$735,713

During this period, the NCATS has had communications contracts with Palladian Partners, Digital Infusion, Aqilent, and ICF International. These communications contracts total:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts	N/A	N/A	\$2,697,414	\$2,129,145

**National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)**, Office of Science Policy, Planning and Communications (OSPPC), Communications and Public Liaison Branch (CPLB)

*IC Established 1986*

***Representative legislative language, provisions, and mandates that direct and shape the Institute's communications efforts:***

*In 1985, the Health Research Extension Act (P.L. 99-158) established the NIAMS with a mission to "conduct and support research and training, the dissemination of health information, and other programs with respect to arthritis and musculoskeletal and skin diseases, including sports related disorders" (See Sec. 435 PHS Act [285d]). The Act also stated that the Director of the Institute was to establish an Information Clearinghouse "to facilitate and enhance through the effective dissemination of information, knowledge and understanding of arthritis and musculoskeletal and skin diseases by health professionals, patients, and the public" (Sec. 438 PHS Act [285d-3]).*

*The NIH Revitalization Act of 1993 (P.L. 103-43) called on the NIAMS to establish "an information clearinghouse on osteoporosis and related bone disorders to facilitate and enhance knowledge and understanding on the part of health professionals, patients, and the public through the effective dissemination of information" (Sec. 409A(c) PHS Act [284e]).*

The NIAMS supports research into, and disseminates information about, the causes, treatment, and prevention of diseases of bones, muscles, joints, and skin. The NIAMS Communications and Public Liaison Branch, within the Office of Science Policy, Planning and Communications, directs "the dissemination of information on research progress in these diseases." Specifically, the CPLB provides the NIAMS' press and social media activities, science writing, website content, health information and education initiatives, and other public outreach efforts.

Many of the diseases within the NIAMS mandate affect women and minorities disproportionately and, in many cases, these groups suffer worse outcomes. Uncovering the bases of these gender, racial, and ethnic disparities; devising effective strategies to treat and prevent them; and communicating them clearly to members of the various communities all comprise an important part of the research process. The NIAMS has a strong focus on multicultural and community outreach, including the National Multicultural Outreach Initiative and the Community Health Center, which collaborates with Washington, D.C., organizations to help address health disparities and promote a community-based medical research program.

Separate from the contract costs listed below, the NIAMS's communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$1,883,210	\$1,760,484	\$1,492,795	\$1,441,234

During this period, the NIAMS has had a communications contract with IQ Solutions, Inc. This communications contract totals:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contract	\$2,793,650	\$2,876,014	\$2,990,799	\$2,183,157

**National Human Genome Research Institute (NHGRI)**, Division of Policy, Communications, and Education (DPCE)  
*IC Established 1989*

***Representative legislative language, provisions, and mandates that direct and shape the Institute’s communications efforts:***

*Public Health Service Act, Title IV, Part C, Subpart 19—National Human Genome Research Institute SEC. 464z–1. [285s] PURPOSE OF THE CENTER*

*(a) The general purpose of the National Human Genome Research Institute (in this subpart referred to as the “Institute”) is to characterize the structure and function of the human genome, including the mapping and sequencing of individual genes. Such purpose includes—*  
*(1) planning and coordinating the research goal of the genome project;*  
*(2) reviewing and funding research proposals;*  
*(3) developing training programs;*  
*(4) coordinating international genome research;*  
*(5) communicating advances in genome science to the public; and*  
*(6) reviewing and funding proposals to address the ethical and legal issues associated with the genome project (including legal issues regarding patents).*

The NHGRI works to advance human health through genomic research and to increase public awareness and understanding of the role of genomics in human health and in an individual’s own health care. The NHGRI is committed to public outreach, evidenced by National DNA Day activities for students, the 600-plus videos on GenomeTV and other social media, and an exhibition on genomics opening this summer through its collaboration with the Smithsonian’s National Museum of Natural History. The NHGRI disseminates information through print, web, and social media outlets, helping to promote health education and information about key policy issues. The NHGRI works to help integrate genomic knowledge in clinical care and to improve the tools available to health care professionals to use genome sequence information for patient care.

Separate from the contract costs listed below, the NHGRI’s communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$2,479,715	\$2,516,390	\$2,756,804	\$2,793,826

During this period, the NHGRI has had communications contracts with d’Vinci, Jerome-D Emilia Bonnie, Johnson Policy Consulting, ICF international, National Congress of American Indians, Hawai’i Department of Health Genetics Program, Northwest Association for Biomedical Research, Network Media Partners, Omaha Zoological Society; Carnegie Academy for Science Education-Carnegie institution for Science, Orland Science Center, University of North Carolina – Chapel Hill, University of California, Los Angeles, Pennsylvania State University, Strategic Results, National Science Teachers Association Summit Exposition, DC Tours, Vocus, Chugach World Services, Contract Video Specialist, WebConferences.com, National Capitol Consulting, RheemMedia. LLC, Pivot Point, and Steven Benowitz.

These communications contracts total:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts	\$408,285	\$259,610	\$193,196	\$470,174

**National Institute on Alcohol Abuse and Alcoholism (NIAAA)**, Communications and Public Liaison Branch (CPLB)  
*IC Established 1970*

***Representative legislative language, provisions, and mandates that direct and shape the Institute’s communications efforts:***

*42 USC § 285n - Purpose of Institute*

*Title IV of the Public Health Service Act, Section 464H [285n]*

*(a) In general*

*The general purpose of the National Institute on Alcohol Abuse and Alcoholism (hereafter in this subpart referred to as the “Institute”) is the conduct and support of biomedical and behavioral research, health services research, research training, and health information dissemination with respect to the prevention of alcohol abuse and the treatment of alcoholism (See Sec. 464H(b)(1) [285n]).*

The NIAAA works to understand alcohol’s effects on human health and to prevent and treat alcoholism and alcohol-related problems, serving as a leader in the field of alcohol research. Each year in the U.S., nearly 80,000 people die from alcohol-related causes, making it the third leading preventable cause of death in the country. Alcohol problems cost the U.S. \$225 billion each year, primarily from lost productivity but also from health care and property damage costs. These issues affect all Americans, whether they drink or not.

The NIAAA—as the lead federal agency for alcohol research and the definitive source of science-based information about alcohol and health—supports 90 percent of all alcohol research in the United States. Alcohol problems are a matter of public health and safety, and the NIAAA supports rigorous scientific research to address them.

Communications activities conducted by the Communications & Public Liaison Branch (CPLB) focus on disseminating science and health research results to a range of audiences and stakeholders. In addition to these efforts, the NIAAA’s scientific divisions manage limited communications activities to recruit patients and volunteers for clinical research projects.

As the primary source of health and science communication and dissemination activities for the Institute, and as the face of the NIAAA for professionals, stakeholder and advocacy organizations, patients, and the public, CPLB supports a multifaceted program that includes patient and health professional and practitioner information and education; news media relations; public education and awareness; stakeholder, liaison and constituent relations; and science writing for newsletters and other research updates.

In all of these activities, CPLB utilizes the most efficient and cost-effective communications tactics, based on audience preferences, strategic plans, and evaluation of prior efforts. Importantly, the NIAAA remains sufficiently flexible to capitalize on unanticipated outreach opportunities that may arise when they fit into long-term strategic objectives.

Separate from the contract costs listed below, the NIAAA's communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$602,000	\$547,000	\$833,600	\$916,000

During this period, the NIAAA has had communications contracts with CSR, Incorporated, Rock Creek Strategic Marketing, ICF International, Fast-Track Drugs and Biologics, MMG, and the CDM Group. These communications contracts total:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts	\$2,703,000	\$3,758,000	\$3,409,900	\$3,082,000

**National Institute on Deafness and Other Communication Disorders (NIDCD)**, Office of Health Communication and Public Liaison (OHCPL)  
*IC Established 1988*

***Representative legislative language, provisions, and mandates that direct and shape the Institute's communications efforts:***

*Public Law 100-553 – October 28, 1988*

*"National Deafness and Other Communication Disorders Act of 1988"*

***"PURPOSE OF THE INSTITUTE"***

*SEC. 464. The general purpose of the National Institute on Deafness and Other Communication Disorders (hereafter referred to in this subpart as the 'Institute') is the conduct and support of research and training, the dissemination of health information, and other programs with respect to disorders of hearing and other communication processes, including diseases affecting hearing, balance, voice, speech, language, taste, and smell.*

***"DATA SYSTEM AND INFORMATION CLEARINGHOUSE"***

*SEC. 464B. (a) The Director of the Institute shall establish a National Deafness and Other Communication Disorders Data System for the collection, storage, analysis, retrieval, and dissemination of data derived from patient populations with disorders of hearing or other communication processes, including where possible, data involving general populations for the purpose of identifying individuals at risk of developing such disorders.*

*(b) The Director of the Institute shall establish a National Deafness and Other Communication Disorders Information Clearinghouse to facilitate and enhance, through the effective dissemination of information, knowledge and understanding of disorders of hearing and other communication processes by health professionals, patients, industry, and the public.*

It is estimated that more than 46 million people in the United States suffer some form of disordered communication. The NIDCD has focused national attention on disorders of human communication and has contributed to advances in biomedical and behavioral research that can improve the lives of millions of individuals with communication disorders. The NIDCD has made important contributions to the body of knowledge needed to help those who experience communication disorders and to advance research in all aspects of human communication. Research supported by the NIDCD has helped improve the understanding of human communication processes and disorders of hearing, balance, smell, taste, voice, speech, and language.

The NIDCD Office of Health Communication and Public Liaison provides an integrated communications program to translate and disseminate the goals and findings of NIDCD-supported research and clinical advances to a variety of audiences, including patients and other health consumers, the media, the science and medical communities (clinicians and researchers), and health organizations. The NIDCD produces free research reports and other informative publications on such topics as balance; hearing, assistive devices for people with communication disorders; taste and smell disorders and treatment; voice, speech, and language in healthy and disordered conditions, including language acquisition in children with autism spectrum disorder; and the development of better diagnostic tools and treatments for those with communication disorders. One of the NIDCD's many communications efforts is the 'It's a Noisy Planet: Protect Their Hearing' program, which works to prevent noise-induced hearing loss. While approximately 26 million Americans have suffered noise-induced hearing loss, this is the only type of hearing loss that is completely preventable. This program partners with other national organizations

to increase awareness about the causes and prevention of noise-induced hearing loss, encouraging adults and children to adopt healthy habits that will help protect their hearing for life.

Separate from the contract costs listed below, the NIDCD’s communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$1,109,000	\$1,090,000	\$901,000	\$902,000

During this period, the NIDCD has had communications contracts with ICF/Macro, Westat, Sparks Personnel, and Kelly Services. These communications contracts total:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts	\$1,457,000	\$1,358,000	\$1,828,000	\$1,867,000

**National Institute of Dental and Craniofacial Research (NIDCR)**, Office of Communications and Health Education (OCHE)  
*IC Established 1948*

***Representative legislative language, provisions, and mandates that direct and shape the Institute’s communications efforts:***

*Purpose of the Institute*

*Sec. 455 of the PHS Act [285i]*

*The general purpose of the National Institute of Dental and Craniofacial Research is the conduct and support of research, training, health information dissemination, and other programs with respect to the causes, prevention, and methods of diagnosis and treatment of dental and oral diseases and conditions. The mandate to establish a national oral health information clearinghouse (the National Oral Health Information Clearinghouse) was included in HR 5257, the fiscal 1991 health appropriations bill passed by Congress on October 25, 1990. The specific language in the Senate appropriations committee report states: “Funding is included for the first initiative which concerns the needs to address the oral health problems of those individuals with an underlying medical or handicapping condition such as diabetes, AIDS, or certain genetic disorders, or because of medical treatments, such as radiation and chemotherapy for cancer. To better meet the initiative, the Committee urges NIDR to establish a national oral health information clearinghouse to be a resource for the latest information on the oral health aspects of these conditions. This information will be made available to patients, dental health professionals, and the public.”*

The NIDCR, the lead federal agency for supporting oral, dental, and craniofacial research in the United States, works to improve health through research, training, and the disseminating of health information. An important part of the NIDCR’s mission is to communicate research advances and their implications for health to a broad range of audiences including scientists, health care providers, public health professionals, students, patients and their families, and the general public. The NIDCR’s Office of Communications and Health Education (OCHE) leads the Institute’s communication program and manages its National Oral Health Information Clearinghouse.

The NIDCR’s communication program translates research results into actionable, culturally appropriate, plain language messages that health professionals, patients, and the public can use to make good decisions about health. In selecting topics for its health education campaigns, the NIDCR also places special emphasis on creating materials on topics where little or no information exists and on addressing health disparities. The Institute also looks for opportunities to leverage resources by partnering with other organizations, including CDC and the Special Care Dentistry Association. Many of the NIDCR’s health information campaigns, such as “Oral Health, Cancer Care, and You” and “Practical Oral Care for People with Developmental Disabilities” provide concise and practical information with easy-to-read materials for patients and health care providers.

Separate from the contract costs listed below, the NIDCR’s communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$1,227,212	\$1,195,863	\$1,212,539	\$1,217,600

During this period, the NIDCR has had communications contracts with IQ Solutions, Forsee Results, Focus on UI, Firsthand Technology, and LexisNexis. These communications contracts total:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts	\$1,326,657	\$1,152,661	\$1,295,445	\$1,124,302

**National Institute of Biomedical Imaging and Bioengineering (NIBIB), Office of Science Policy and Public Liaison (OSPPL)**  
*IC Established 2000*

***Representative legislative language, provisions, and mandates that direct and shape the Institute's communications efforts:***

*Part of the stated purpose of the NIBIB is the dissemination of health information. Specifically, Sec. 464z of the PHS Act [285r] states: "The general purpose of ... the Institute is the conduct and support of research, training, the dissemination of health information and other programs with respect to biomedical imaging, biomedical engineering, and associated technologies and modalities with biomedical applications..."*

The mission of the National Institute of Biomedical Imaging and Bioengineering (NIBIB) is to improve health by leading the development and accelerating the application of biomedical technologies. The NIBIB is devoted to merging the physical and biological sciences to develop new technologies that improve health, accelerating the pace of discovery, and speeding the development of biomedical technologies that prevent illnesses or treat them when they do strike. Communications and related activities are managed and coordinated by the NIBIB's Office of Science Policy and Public Liaison (OSPPL), which provides leadership and advice and disseminates information about the Institute's goals, programs, and advances in biomedical imaging and bioengineering research.

Unlike many other NIH institutes, the NIBIB's mission is not limited to a single disease or group of illnesses; rather it spans the entire spectrum. The NIBIB works with doctors from every field of medicine and gathers teams of scientists and engineers from different backgrounds to develop innovative approaches to health care. The IC coordinates relations and interactions with constituents, advocacy groups, and other stakeholders; develops and implements communication and dissemination programs for a variety of audiences including developing content for the IC's website; provides leadership and advice in the science policy, legislative, and public liaison arenas; develops and coordinates responses to information requests.

The NIBIB website helps to educate students, teachers, patients, researchers, and the general public about research supported by the NIBIB. Articles, press releases, publications, videos, and other web content are developed by the OSPPL staff or through contracts. The NIBIB has also disseminated science education materials at meetings, conferences, and other exhibits such as science fairs. Research findings and educational materials targeted to specific audiences are created in different formats including print and online text, video, and audio. Exhibits are designed to reach out to bioengineering students, science teachers, researchers and practitioners with information and funding opportunities about bioengineering, imaging, and device technology. These dissemination activities are useful for increasing awareness and educating students about careers in these fields.

The NIBIB also writes and disseminates press releases to national, regional and trade media about advances in research. During the past year, the NIBIB has focused on telling its story online through releases and feature stories describing research findings on the website.

Separate from the contract costs listed below, the NIBIB's communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$260,630	\$306,641	\$498,232	\$834,477

During this period, the NIBIB has had communications contracts with LexisNexis, NOVA Research Corp., Z-TECH, Betah, Cision, Kelly Services, and LCG. These communications contracts total:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts	\$651,216	\$927,627	\$862,622	\$600,336

**National Library of Medicine (NLM)**, Office of Communications and Public Liaison (OCPL)  
*IC Established 1956*

***Representative legislative language, provisions, and mandates that direct  
and shape the Institute’s communications efforts:***

*42 USC § 286 - National Library of Medicine*

*(a) Purpose and establishment*

*In order to assist the advancement of medical and related sciences and to aid the dissemination and exchange of scientific and other information important to the progress of medicine and to the public health, there is established the National Library of Medicine (hereafter in this part referred to as the “Library”).*

*(b) Functions*

*The Secretary, through the Library and subject to subsection (d) of this section, shall—*

*. . .*

*(6) publicize the availability from the Library of the products and services described in any of paragraphs (1) through (5);*

Since its founding, the NLM has played a pivotal role in translating biomedical research into practice. It is the world's largest biomedical library and the developer of electronic information services that deliver trillions of bytes of data to millions of users every day. Scientists, health professionals, and the public in the United States and around the globe search the Library's online information resources more than one billion times each year.

In today's increasingly digital world, the NLM carries out its mission of enabling biomedical research, supporting health care and public health, and promoting healthy behavior by acquiring, organizing, and preserving the world's scholarly biomedical literature. It provides access to biomedical and health information across the country in partnership with the 5,600-member National Network of Libraries of Medicine (NN/LM). As part of this effort to provide access, the PubMed database, a free resource operated by the NLM, comprises over 22 million citations in more than 5,000 biomedical journals and magazines and allows users to view references, abstracts, and full text articles. The NLM also operates ClinicalTrials.gov, a registry and results database of publicly and privately supported clinical studies of human participants conducted around the world. This website provides patients, their family members, health care professionals, researchers, and the public with easy access to information on clinical studies on a wide range of diseases and conditions.

The NLM serves as a leading global resource for building, curating and providing sophisticated access to molecular biology and genomic information, including those from the Human Genome Project and the NIH Roadmap. It creates high quality information services relevant to toxicology and environmental health, health services research, and public health and conducts research and development on biomedical communications systems, methods, technologies, and networks and information dissemination and utilization among health professionals, patients, and the general public. As part of the NLM’s ongoing work to disseminate health information, the MedlinePlus website provides authoritative, reliable, and up-to-date information on over 900 topics in both English and Spanish. MedlinePlus provides access to curated, accurate health information that allows over 52 million unique visitors a quarter to make informed decisions about their health care needs.

Separate from the contract costs listed below, the NLM’s communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$1,494,300	\$1,824,070	\$1,976,090	\$1,732,463

During this period, the NLM has had communications contracts with Marketing Communications of NC and Novak Birch. These communications contracts total:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts	\$1,934,446	\$1,715,156	\$1,574,910	\$791,115

**National Institute on Minority Health and Health Disparities (NIMHD)**, Office of Communications and Public Liaison (OCPL)  
*IC Established 2010*

***Representative legislative language, provisions, and mandates that direct and shape the Institute’s communications efforts:***

*The NIMHD was designated as an Institute with the enactment of Public Law 111-148, the Affordable Care Act (ACA) in 2010. The predecessor organization, the National Center on Minority Health and Health Disparities (NCMHD) was established by Public Law 106-525, the Minority Health and Health Disparities Research Education Act of 2000. In designating the NCMHD as an Institute, the ACA transferred all of the responsibilities of the NCMHD to the NIMHD. As such, the purpose of the NIMHD [PL 106-525 Sec. 485E] is:*

*...the conduct and support of research, training, dissemination of information, and other programs with respect to minority health conditions and other populations with health disparities.*

*The law [PL 106-525 Sec 485E (e)] also states:*

*The Director of the [Institute] shall act as the primary Federal official with responsibility for....and (2) shall maintain communications with all relevant Public Health Service agencies, including the Indian Health Service, and various other departments of the Federal Government to ensure the timely transmission of information concerning advances in minority health disparities research and other health disparities research between these various agencies for dissemination to affected communities and health care providers.*

The mission of the NIMHD is to lead scientific research to improve minority health and eliminate health disparities. To accomplish its mission, the NIMHD plans, reviews, coordinates, and evaluates all minority health and health disparities research and activities of the NIH; conducts, supports, and disseminates its own research; and fosters innovative collaborations and partnerships.

The NIMHD’s Office of Communication and Public Liaison (OCPL) serves as the focal point for the Institute’s communications, public affairs, media relations, and public liaison activities. It develops and conducts a communications program utilizing various communications vehicles to interpret, develop, test, and disseminate the programs, policies, goals and research accomplishments supported and carried out by the NIMHD to diverse audiences including the public, the media, the biomedical community, health care providers, and specialized groups. In addition, the OCPL supports communications activities related to NIMHD special projects such as scientific meetings or seminars. One such series is the monthly NIH Health Disparities Seminar series which provides a platform for NIMHD and NIH grantees to disseminate information on progress and advances in minority health.

The NIMHD’s communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$673,000	\$633,000	\$666,000	\$712,000

During this period, the NIMHD has had no communications contracts.

**National Institute of Nursing Research (NINR), Office of Communications and Public Liaison (OCPL)**  
*IC Established 1986*

***Representative legislative language, provisions, and mandates that direct and shape the Institute’s communications efforts:***

*PHS Act: SEC. 464V. [285q]: The general purpose of the National Institute of Nursing Research (in this subpart referred to as the “Institute”) is the conduct and support of, and dissemination of information respecting, basic and clinical nursing research, training, and other programs in patient care research.*

In support of the NINR’s legislative mandate, mission, goals, and vision, the Office of Communications and Public Liaison (OCPL) engages in a variety of information dissemination activities to translate and promote nursing science to a broad audience. These activities are vital components of the NINR’s mission to support clinical and basic research to develop the scientific foundation for clinical practice, prevent disease and disability, manage and eliminate symptoms, enhance palliative and end-of-life care, and train the next generation of scientists. The NINR’s research strives to improve the quality of life of the increasing number of Americans living with, and dying from, complex chronic illnesses, and to prevent such illnesses from developing in the first place. Through its communications activities, the NINR facilitates the translation of research into widespread practice and informs the public about nursing science. Translating these scientific advances to effect positive health behavioral change improves symptom management, enhances quality of life, and improves decision-making and communication among caregivers, families, patients, and providers.

Separate from the contract costs listed below, the NINR’s communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$762,000	\$815,000	\$668,000	\$781,000

During this period, the NINR has had communications contracts with Ogilvy Public Relations, Amplify Public Affairs, History Associates, Computer Integration and Programming Solutions, Content Management Systems (NCI), FOIA (NHLBI), and TeamPSA. These communications contracts total:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts	\$971,000	\$507,000	\$597,000	\$7,000

**National Center for Complementary and Alternative Medicine (NCCAM)**, Office of Communications and Public Liaison  
*IC Established 1999*

***Representative legislative language, provisions, and mandates that direct and shape the Institute’s communications efforts:***

*P.L. 105-277, Title VI (Sec. 485D PHS Act [287c-21])*

*“(a) IN GENERAL – “The general purposes of the National Center for Complementary and Alternative Medicine (in this subpart referred to as the ‘Center’) are the conduct and support of basic and applied research, research training, the dissemination of health information, and other programs with respect to identifying, investigating, and validating complementary and alternative treatment, diagnostic and prevention modalities, disciplines and systems.”*

*“(g) DATA SYSTEM; INFORMATION CLEARINGHOUSE. —*

*“(1) DATA SYSTEM. —The Director of the Center shall establish a bibliographic system for the collection, storage, and retrieval of worldwide research relating to complementary and alternative treatment, diagnostic and prevention modalities, disciplines and systems. Such a system shall be regularly updated and publicly accessible.*

*“(2) CLEARINGHOUSE. —The Director of the Center shall establish an information clearinghouse to facilitate and enhance, through the effective dissemination of information, knowledge and understanding of alternative medical treatment, diagnostic and prevention practices by health professionals, patients, industry, and the public.*

The 2007 National Health Interview Survey found that more than 38 percent of the American public uses some form of complementary health approach, including herbal or other dietary supplements, acupuncture, spinal manipulation, meditation, and yoga. Unlike most forms of health care, complementary therapies are widely available to the public without first being vetted by rigorous scientific research. There are many questionable sources of information regarding these approaches. Safety issues are often not mentioned, leading people to believe that “natural equals safe” and excessive claims are commonplace. The NCCAM is the leading source of credible, authoritative, evidence-based information on complementary health and plays a key role by widely disseminating information aimed at ensuring the safety of the American consumer. As the NCCAM shares research information with the public, there has been a correlative shift in use and sales patterns of complementary health products.

The NCCAM Office of Communications and Public Liaison (OCPL) directs the Center’s efforts in providing the public with information in a variety of formats and channels to help the public and health care providers make the most informed decisions about the use of complementary health approaches. The NCCAM provides an information clearinghouse, an award-winning website, health care provider education, and a variety of other materials to actively engage communities in the dissemination of research results and consumer safety advisories.

Separate from the contract costs listed below, the NCCAM’s communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$1,145,878	\$1,136,589	\$1,063,621	\$1,030,538

During this period, the NCCAM has had communications contracts with ICF, Inc., Graves Fowler Creative, Inc., and Jones Public Affairs. These communications contracts total:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts	\$4,199,193	\$3,120,459	\$4,049,422	\$3,676,458

***Representative legislative language, provisions, and mandates that direct and shape the Institute’s communications efforts:***

*Sec. 482 of the Public Health Service Act [287b]*

*The general purpose of the John E. Fogarty International Center for Advanced Study in the Health Sciences is to—*

- (1) facilitate the assembly of scientists and others in the biomedical, behavioral, and related fields for discussion, study, and research relating to the development of health science internationally;*
- (2) provide research programs, conferences, and seminars to further international cooperation and collaboration in the life sciences;*
- (3) provide postdoctorate fellowships for research training in the United States and abroad and promote exchanges of senior scientists between the United States and other countries;*
- (4) coordinate the activities of the National Institutes of Health concerned with the health sciences internationally; and*
- (5) receive foreign visitors to the National Institutes of Health.*

*(July 1, 1944, ch. 373, title IV, § 482, as added Pub. L. 99–158, § 20, Nov. 20, 1985, 99 Stat. 866.)*

The Fogarty International Center supports basic, clinical and applied research and training for U.S. and foreign investigators working in the developing world. Since its formation more than 40 years ago, Fogarty has served as a bridge between the NIH and the greater global health community by facilitating exchanges among investigators, providing training opportunities, and supporting promising research initiatives in developing countries. Over the last four decades, about 5,000 scientists worldwide have received significant research training through Fogarty programs. Such training builds the scientific foundation for clinical practice, prevents disease and disability, manages and eliminates symptoms caused by illness, and enhances end-of-life and palliative care.

The Fogarty International Center’s communications efforts focus on training researchers, planning for future global health needs, and encouraging research through diplomacy. By supporting global health research and training programs that improve health and generate data and concepts to guide national and international global health policies, the FIC stands at the forefront of international health communications. The FIC disseminates research findings, organizes scientific events, and promotes health funding opportunities around the globe, encouraging collaboration and cooperation in the life sciences.

Separate from the contract costs listed below, the FIC’s communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$351,644	\$538,570	\$561,152	\$447,382

During this period, the FIC has had communications contracts with Cision, GovDelivery, TerpSys, Foresee, NETE Solutions, NIH’s CIT, and Extensis/Celartem. These communications contracts total:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts	\$97,050	\$18,093	\$58,491	\$137,618

**Office of Communications and Public Liaison (OCPL), Office of the Director, NIH**

***Representative legislative language, provisions, and mandates that direct and shape the Institute's communications efforts:***

*Public Health Service Act, Title IV, Part A, Sec. 402(e);  
The Director of NIH shall...*

*(3) promote the effective transfer of the information described...to the health care community and to entities that requires such information...*

*PHS Act, Title IV, Part B, General Provisions Respecting National Research Institutes  
Sec. 405(b)(1),*

*In carrying out the purposes of section 301 with respect to human diseases or disorders or other aspects of human health for which the national research institutes were established, the Secretary, acting through the Director of each national research institute—  
(E) may develop, conduct, and support public and professional education and information programs;*

The Office of Communications and Public Liaison (OCPL) is located in the NIH's Office of the Director (OD) and is the central office for communications at the NIH. The OCPL provides leadership and guidance, and acts as a spokesperson at times for the NIH and is responsible for communicating and handling information on NIH programs and activities to the public, the media, the scientific and medical communities, and public advocacy groups. The mission of the Office of Communications and Public Liaison (OCPL) is to promote public understanding of NIH research programs and accomplishments, and to disseminate new knowledge gained from NIH research.

As the world's largest funder of biomedical research, the NIH (National Institutes of Health) with its 27 Institutes and Centers plays a unique role in turning discovery into health. An essential part of our mission as part of the NIH communications team is to inform the American public about the results of NIH-funded research and to increase public understanding about the value of biomedical research and its connection to better health.

The mission of the OCPL is to promote public understanding of the NIH research programs and accomplishments, and to disseminate new knowledge gained from NIH research to the general public, the Congress, biomedical research institutions, professional societies, voluntary health organizations, scientific investigators, and practicing physicians.

The OCPL has eight major roles: (1) develop and manage the execution of the NIH policies, plans, and strategies for internal and external communication with a wide variety of audiences and stakeholders; (2) provide centralized communications services for and coordinate the communications activities of 27 Institutes and Centers (ICs) comprising the NIH; (3) manage the NIH interaction with a wide variety of media; (4) develop and provide science-based health information and information resources for the variety of publics served by the NIH; (5) ensure effective two-way communications with the public and the immediate community; (6) advise the NIH Director on communication aspects of all NIH concerns; (7) manage the Freedom of Information Act inquiries; and (8) prepare presentations for NIH leadership to reflect the current policies and scientific progress to a variety of audiences. The OCPL also works across the agency to build cost saving collaborations and to avoid duplication of effort.

Separate from the contract costs listed below, the OCPL/OD's communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$5,434,398	\$5,650,887	\$5,508,958	\$5,565,746

During this period, the OCPL/OD has had communications contracts with Palladian Partners, A+ Government Solutions, NOVA Research, American Customer Satisfaction Index, AS&K Visual Science, ConTemporaries Inc., TVEyes Inc., and several small service contracts. These communications contracts total:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts	\$1,568,304	\$1,384,720	\$1,823,022	\$1,443,971

## Other Institutes and Centers at the NIH

The NIH has a number of programs and offices that conduct other communications activities for specific communities. Among their many responsibilities, these offices provide researcher support for both the intramural and extramural communities, interact with patients and their families at the Clinical Center, and support the peer review process. A synopsis of their activities is provided below, including CIT, CC, CSR, OER, ORS-ORF, and OIR.

Established in 1964, the **Center for Information Technology (CIT)** provides information technology (IT) support to the NIH and other HHS OPDIVs. The nature of its communications effort is to support internal communications (e.g., announcements of upgrades, service disruptions, service enhancements, quick reference guides) to internal customers who purchase IT services from CIT. CIT is a central service organization not funded through appropriations and does not communicate directly with the public.

---

*The NIH Clinical Center is funded as an NIH central service rather than through appropriations.*

The **Clinical Center (CC)** is the nation's largest hospital devoted entirely to clinical research. Clinician-investigators translate scientific observations and laboratory discoveries into new approaches to diagnosing, treating, and preventing disease. About 1,500 clinical research studies are in progress at the Clinical Center. Half are studies of the natural pathogenesis of disease, especially rare diseases, which often are not studied anywhere else. More than 400,000 research volunteers have participated in clinical research studies at the Clinical Center since the hospital opened in 1953. Each year, the center sees 10,000 new research participants and manages about 100,000 outpatient visits. At the Clinical Center, clinical research participants are active partners in medical discovery, a partnership that has resulted in a long list of medical milestones, including the first cure of a solid tumor with chemotherapy, gene therapy, use of AZT to treat AIDS, and successful replacement of a mitral valve.

Separate from the contract costs listed below, CC's communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$922,860	\$852,652	\$898,032	\$796,147

During this period, CC has had communications contracts with Quotient, Inc.; Media Network; Editorial Experts, Inc; Signs by Tomorrow; Neal Gross and Company; Federal Consulting Group; Cision; Social Report; and ENC Marketing.

Contracts	\$769,689	\$623,739	\$717,087	\$542,386
-----------	-----------	-----------	-----------	-----------

---

*The Center for Scientific Review is funded as an NIH central service rather than through appropriations.*

The **Center for Scientific Review (CSR)** is the portal for NIH grant applications and their review for scientific merit. CSR receives all research grant applications sent to the NIH and handles the review of more than 70 percent of those by organizing peer review groups to evaluate research grant applications.

Since its establishment in 1946, CSR's mission has been to see that NIH grant applications receive fair, independent, expert, and timely reviews so the NIH can fund the most promising research. Separate from the contract costs listed below, CSR's communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$202,476	\$222,644	\$212,698	\$218,800

During this period, CSR has had communications contracts with Redish and Associates, Inc., Full Circle Communication, and The Communications Center.

Contracts	\$2,000	\$5,250	\$7,026	\$3,000
-----------	---------	---------	---------	---------

---

The **Office of Extramural Research (OER)**'s mission is to provide the corporate framework for NIH research administration, ensuring scientific integrity, public accountability, and effective stewardship of the NIH extramural research portfolio. Communication of grants policies, grants processes, electronic grant systems, and funding data is essential to ensure an understanding of the requirements and to provide transparency to NIH grantees, staff and the public.

Separate from the contract costs listed below, the OER's communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$2,950,000	\$2,400,000	\$2,690,000	\$2,270,000

During this period, the OER has had communications contracts with Ripple Effect Communications, Inc.

Contracts	\$139,116	\$93,587	\$62,928	\$9,405
-----------	-----------	----------	----------	---------

---

The **Office of Research Services (ORS)** and **Office of Research Facilities (ORF)** provide responsive and dependable support to the NIH research mission. The ORS plans and directs service programs for public safety and security operations, scientific and regulatory support programs, and a wide variety of other program and employee services. The ORF supports the NIH mission by providing, maintaining, and operating safe, healthy, and attractive facilities. The ORS and the ORF communicate with internal audiences on issues related to facilities, services, and emergencies, as well as press requests related to these topics.

Separate from the contract costs listed below, the ORS-ORF's communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$286,563	\$277,410	\$286,282	\$291,382

During this period, the ORS-ORF has had communications contracts with McManis and Monsalve Associates and Kelly Government Solutions.

Contracts	\$262,116	\$262,116	\$262,116	\$372,096
-----------	-----------	-----------	-----------	-----------

---

The **Office of Intramural Research (OIR)** is responsible for oversight and coordination of intramural research, training, and technology transfer conducted within the laboratories and clinics of the NIH. The OIR develops and implements NIH-wide projects, policies, standards, and review for the NIH's ICs. The OIR communicates with intramural researchers and trainees through the Web and the *NIH Catalyst* publication.

Separate from the contract costs listed below, the OIR's communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$320,640	\$323,279	\$329,096	\$329,096

During this period, the OIR has had a communications contract with Feinstein Kean Healthcare. The monies used for this contract came from all ICs with an intramural program and, while managed within the OIR, was not funded by the OIR.

Contracts	\$409,830	\$180,000	\$120,000	\$185,000
-----------	-----------	-----------	-----------	-----------

**Program Offices in the Office of the Director, NIH**

The Office of the Director (OD) is the central office at the NIH, responsible for setting policy for the NIH and for planning, managing, and coordinating the activities and programs of all NIH components. As part of this mission, the OD has several components that conduct communications activities for specific communities. While these programs (including OAR, ODP, ODS, ORIP, OSC, OSE, OBSSR, and ORWH) are contained within the OD’s Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI) and managed independently from the OD’s Office of Communications and Public Liaison (OD/OCPL), they coordinate and collaborate with both the OD/OCPL and the wider communications community at the NIH. A synopsis of their activities is provided below.

**OD’s Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI)**

- The **Office of AIDS Research (OAR)** coordinates the scientific, budgetary, legislative, and policy elements of the NIH AIDS research program. Through its annual comprehensive trans-NIH planning, budgeting, and portfolio assessment processes, the OAR sets scientific priorities, enhances collaboration, and ensures that research dollars are invested in the highest priority areas of scientific opportunity that will lead to new tools in the global fight against AIDS. As part of these efforts, the OAR provides exhibits, conducts media relations, disseminates information, and coordinates collaboration efforts across the NIH. The OAR does not have a separate office or staff for communications activities and does not have a separate communications budget.

PHS Act Sec. 2351 (b)(3)(B) states that the OAR “shall maintain communications with all relevant Public Health Service agencies and with various other departments of the Federal Government, to ensure the timely transmission of information concerning advances in AIDS research and the clinical treatment of acquired immune deficiency syndrome and its related conditions, between these various agencies for dissemination to affected communities and health care providers.”

- The **Office of Disease Prevention (ODP)** is the lead Office at the NIH responsible for assessing, facilitating, and stimulating research in disease prevention and health promotion, and disseminating the results of this research to improve public health. Prevention is preferable to treatment, and research on disease prevention is an important part of the NIH’s mission. The ODP conducts a variety of communications activities to support the dissemination of prevention research supported by the NIH.

Separate from the contract costs listed at the end of this section, the ODP’s communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$208,271	\$286,197	\$283,391	\$341,520

- The mission of the **Office of Dietary Supplements (ODS)** is to strengthen knowledge and understanding of dietary supplements by evaluating scientific information, stimulating and supporting research, disseminating research results, and educating the public to foster an enhanced quality of life and health for the U.S. population. The ODS communications program includes a broad spectrum of activities, such as the ODS website, responses to media and public inquiries, social media, exhibits at national meetings, development of public and professional information materials, and targeted outreach efforts as appropriate.

Separate from the contract costs listed at the end of this section, the ODS's communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$761,365	\$776,871	\$642,089	\$669,233

- Established in December of 2011, the **Office of Research Infrastructure Programs (ORIP)** provides the research infrastructure and related research programs, and coordinates the NIH's science education efforts. The trans-NIH nature of the ORIP includes coordination of research and other activities to advance medical research in all disease areas and across the basic, translational, and clinical research continuum.

Separate from the contract costs listed at the end of this section, the ORIP's communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	N/A	N/A	\$39,000	\$47,000

- The **Office of Strategic Coordination (OSC)** focuses efforts on outreach, engagement, and communication to the scientific community and the general public. A large focus is the public-facing website, which contains up-to-date information on funding opportunities, scientific advances, and resources for over 25 Common Fund programs. The site dually functions to serve the public and the scientific community. The site also functions to notify investigators of resources, requests for information, funding opportunities, and points of contact. Science writing conducted at the OSC concentrates on advancements and achievements from Common Fund programs.

Separate from the contract costs listed at the end of this section, the OSC's communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$128,073	\$367,586	\$304,720	\$410,119

- The **Office of Science Education (OSE)** develops programs, instructional materials, and career resources that serve our nation's science teachers, their students (kindergarten through college), and the public. The OSE plans, develops, and coordinates a comprehensive science education program to strengthen and enhance efforts of the NIH to attract young people to biomedical and behavioral science careers and to improve science literacy in both adults and children.

These activities are conducted through strategic partnerships with the NIH Institutes and Centers as well as external organizations. The OSE also advises the NIH leadership on education policy issues, coordinates related activities with the NIH extramural and intramural offices, and represents the NIH in Federal STEM education initiatives.

Separate from the contract costs listed at the end of this section, the OSE’s communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$4,028,330	\$3,968,200	\$3,979,613	\$3,780,409

- The **Office of Behavioral and Social Sciences Research (OBSSR)**’s mission is to stimulate behavioral and social sciences research throughout the NIH and to integrate these areas of research more fully into others of the NIH health research enterprise, thereby improving the understanding, treatment, and prevention of disease. The OBSSR engages in a variety of communications activities to disseminate behavioral and social sciences research and provide training and education in these sciences.

Separate from the contract costs listed below, the OBSSR’s communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$130,000	\$130,000	\$130,000	\$130,000

- The **Office of Research on Women’s Health (ORWH)** works with the NIH ICs and Offices to ensure that women’s health research is part of the scientific framework within and outside of the NIH. The ORWH coordinates its communications among the NIH ICs and Offices to raise awareness of this focus and the research connected to it.

The communication activities of the ORWH are aligned with the mission-driven, legislatively based communications activities of the NIH. The ORWH has a diverse stakeholder base due to the multiple foci of women’s health research, career development programs targeting women’s health research, and activities in support of recruitment and retention of women biomedical scientists. As part of these communications efforts, the ORWH maintains a congressionally mandated National Data System and Clearinghouse on Research on Women’s Health (See Sec. 486A Public Health Service Act [287d-1]) and prepares a report detailing the state of research on women’s health (Sec. 486B Public Health Service Act [287d-2]). In compliance with the need to decrease printing costs, a majority of the ORWH’s communication efforts have focused on increasing the web presence of its mission-based activities. To this end, although printing costs have decreased substantially, IT costs have increased to incorporate the staffing expertise needed for web design, development, testing and deployment, including a major overhaul of the ORWH’s website.

Separate from the contract costs listed at the end of this section, the ORWH’s communications budget, including personnel costs, is as follows for FY 2010 – FY 2013:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Communications Budget	\$279,771	\$179,000	\$848,132	\$1,139,624

**Communications contracts for all DPCPSI entities (FY 2010 – FY 2013)**

During this period, these OD program offices (ORWH, OBSSR, OSE, OSC, ORIP, ODS, ODP, and OAR) had communications contracts with Education Services, Inc., Infinity Conference Group, Palladian Partners, Inc., Kelly Government Services, Lockheed-Martin, Discovery Logic, HomeFront Communications, PCI, Ripple, ConTemporaries, Parker Tide, IQ Solutions, Inc., Mark Aurigemma Consulting, and ICF Incorporated, LLC. These contracts total:

	FY 2010	FY 2011	FY 2012	FY 2013 (projected)
Contracts and Agreements	\$4,046,750	\$4,040,291	\$4,480,905	\$5,676,563

NIH IC	Total IC Appropriations FY 2012 <sup>1</sup>	IC Communications Budget FY 2012 <sup>1</sup>	Communications Budget as Percent of Overall IC Budget
NCI	\$5,072,183,421	\$46,186,000	0.911%
NIAID	\$4,490,711,484	\$7,254,286	0.162%
NHLBI	\$3,079,020,632	\$10,076,000	0.327%
NIGMS	\$2,430,035,536	\$2,285,435	0.094%
NIDDK	\$1,947,044,155 <sup>2</sup>	\$11,847,191	0.608%
NINDS	\$1,626,365,349	\$5,491,044	0.338%
NIMH	\$1,480,265,001	\$6,559,455	0.443%
OD-OCPL	\$1,459,117,047	\$7,331,980	0.502%
Other OD Program Offices <sup>3</sup>	\$1,459,117,047	\$14,458,272	0.991%
NICHD	\$1,321,397,829	\$5,422,849	0.410%
NIA	\$1,103,440,548	\$5,366,490	0.486%
NIDA	\$1,053,367,366	\$9,313,586	0.884%
NIEHS	\$764,498,332	\$10,238,473	1.339%
NEI	\$702,712,359	\$6,764,502	0.963%
NCATS	\$575,366,498	\$3,175,874	0.552%
NIAMS	\$535,786,446	\$4,483,594	0.837%
NHGRI	\$512,872,835	\$2,950,000	0.575%
NIAAA	\$459,518,865	\$4,243,500	0.923%
NIDCD	\$416,272,755	\$2,729,000	0.656%
NIDCR	\$410,710,288	\$2,507,984	0.611%
NIBIB	\$338,357,294	\$1,360,854	0.402%
NLM	\$337,638,655	\$3,551,000	1.052%
NIMHD	\$276,439,540	\$666,000	0.241%
NINR	\$144,768,869	\$1,265,000	0.874%
NCCAM	\$128,056,515	\$5,113,043	3.993%
FIC	\$69,622,165	\$619,643	0.890%
<b>Total NIH budget</b>	<b>\$30,860,913,436<sup>4,5</sup></b>	<b>\$181,261,055</b>	<b>0.587%*</b>

\*Communications budgets across the NIH ICs represent less than one percent of the total NIH IC appropriations (FY 2012).

Notes on this table:

- 1) This column's individual components do not sum to the 'Total NIH budget' due to the nature of both centrally funded initiatives and offices at the NIH, as well as notes #3 and #4.
- 2) Includes \$150 million from the Special Statutory Funding Program for Type 1 Diabetes Research. This appropriation is administered by the NIDDK on behalf of the HHS Secretary. These funds are separate from the regular appropriation and are dedicated to pursuing research on type 1 diabetes.
- 3) 'Other OD Program Offices' include the following OD offices: OIR, OER, ORS-ORF, and DPCPSI.
- 4) CSR, CC, and CIT are not included in this table, as they are funded through trans-NIH mechanisms.
- 5) While not a separate line on the table, the overall total appropriated dollars of \$30.86 billion includes \$125,343,652 in funds for the NIH Buildings and Facilities program (B&F), which supports the design and construction of new facilities for the NIH and the continuing repair and improvement of existing facilities.