

Department of Health and Human Services
Public Health Service
ADVISORY COMMITTEE FOR INJURY PREVENTION AND CONTROL
Fifty-Third Meeting: June 27, 2008
Conference Call
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
4770 Buford Highway, NE
Bldg. 106, 9th Floor, Room 108E
Atlanta, Georgia 30341

Minutes



The fifty-third meeting of the Advisory Committee for Injury Prevention and Control (ACIPC) took place on Friday, June 27, 2008, from 11:30 to 12:30 pm, with Dr. Carolyn Fowler serving as Chair.

The twenty-first meeting of the Science and Program Review Subcommittee (SPRS) took place on Wednesday, June 25, 2008, from 10:30 am to 12:30 pm, with Dr. Mark Redfern serving as Chair.



General Session (Closed to the Public)

Call to Order/Roll Call/Introductions

Carolyn J. Fowler, Ph.D., M.P.H.
Chair, ACIPC
Director, Injury Prevention Program
Baltimore County Department of Health

Dr. Fowler officially called to order the General Session of the fifty-third Advisory Committee for Injury Prevention and Control (ACIPC). She thanked each of those present for their time, acknowledging that everyone is very busy and offering appreciation for the time they took to call in. She extended a special thanks to the SPRS members for participating in the twenty-first SPRS meeting earlier in the week.

Given that they were conducting this session over the telephone, Dr. Fowler requested everyone take a minute to introduce themselves and to let the writer/editor know who was on the telephone. Following the introductions, Dr. Fowler thanked those present once again for joining them on the call. She then indicated that Ms. Amy Harris, ACIPC Executive Secretary, had some announcements and updates about the transition from ACIPC to the Board of Scientific Counselors (BSC).

Call to Order/Roll Call/Introductions

Amy Harris, M.P.A.

Associate Director for Health Policy

National Center for Injury Prevention and Control

Centers for Disease Control and Prevention

Ms. Harris reported that Secretary Leavitt signed the final package for the transition on June 17, 2008. Acceptance letters have been sent to the proposed membership from his office. Each of those continuing should have already received their letters. If not, they are on the way. CDC has already received several responses back. Ms. Harris thanked those who had already submitted their acceptance letters. The first Board of Scientific Counselors (BSC) meeting is expected to be convened around late January 2009, and will be held in Atlanta.

Since it is unknown the exact date the BSC will officially begin, it may be necessary for ACIPC to meet two more times. The purpose of both meetings will be to conduct secondary reviews. The next review is scheduled for July 30, 2008. It may be necessary to have another review in August; Ms. Melissa Gipson will be in touch with members if that meeting is required.

Public Comments / Closing Remarks

At this time, **Dr. Fowler** called for any public comments. With none offered, she closed the general session of the 53rd meeting of the ACIPC.

Secondary Review (Closed to the Public)

Call to Order / Overview

Carolyn J. Fowler, Ph.D., M.P.H.
Chair, ACIPC
Director, Injury Prevention Program
Baltimore County Department of Health

Dr. Fowler called to order the closed portion of the meeting. She then offered an overview of several housekeeping items for the meeting. She explained that a writer/editor was present to record the meeting. To make it easier for the writer/editor to capture comments for the minutes, Dr. Fowler requested that individuals state their names prior to any discussions. For those who had not already faxed their Certificate on Privileged Communications, she requested that they do so right away to Ms. Gipson's fax number: 770-488-1668. Dr. Fowler also reminded everyone that any discussions or information they received as a result of participating in the Scientific Review report and voting for final ACIPC recommendations for funding should be kept confidential and that they should not divulge any information received regarding this review process. Also, if anyone needed to recuse himself or herself, he or she would be asked to hang up so that their recusal could be noted by the teleconference system. When discussions were complete, an NCIPC staff person would call and ask for them to call back on the same number with the same passcode. She reminded participants that at the conclusion of the meeting, they should send an e-mail to Ms. Gipson at msg7@cdc.gov stating that they participated in this conference call. With no questions or comments posed, Dr. Fowler turned the meeting over to Dr. Mark Redfern. Given that Dr. Fowler had a conflict for the final Program Announcement, it was noted that Ms. Harris would officially close the meeting.

Overview

Dr. Redfern explained that the purpose of this meeting was to hear the results of the recommendations of the National Center for Injury Prevention and Control Initial Review Group (NCIPC IRG), which met on June 18, 2008 from 2:00 pm to 4:00 pm EDT, staff recommendations, and the SPRS vote from their meeting which was convened on June 25, 2008, for the following Program Announcements:

- CE08-004 Teen Driving
- CE08-007 Suicide
- SBIRs Small Business Innovation Research (SBIR)
- CE08-002 Biomechanics
- CE08-005 Dissertation

08004 Teen Driving

Dr. Rick Waxweiler explained that RFA CE08-004: Translational Research to Prevent Motor Vehicle-Related Crashes and Injuries to Teen Drivers and Their Passengers (R01) pertained to translation research of existing interventions to prevent motor vehicle-related crashes and injuries to teen drivers and their passengers.

RFA CE08-004: \$518,000 is available in FY 2008 to fund one scientific meritorious application for up to a 4-year period. It is expected that the awards will begin on or about September 2008. Awards will be made for a 1-year budget period with the anticipated project period of 4 years. The maximum funding level per year will not exceed \$518,000 total, including both direct and indirect costs.

Two applications were received at the Centers for Disease Control and Prevention (CDC) in response to the above solicitation. On May 16, 2008, the National Center for Injury Prevention and Control (NCIPC) Initial Review Group (IRG) convened by conference call, one application was triaged and unscored and the other application was reviewed for scientific merit. The panel was made up of peer reviewers selected for their expertise related to the applications being considered and included at least one member of the IRG, NCIPC, CDC. The one application that was reviewed received a priority score of better than 250 and was recommended for further consideration by the Science and Program Review Subcommittee (SPRS).

NCIPC staff recommended that one application reviewed for RFA CE08-004 be funded at \$350,000 per year for 4 years. . This proposal builds on currently funded research and seeks to develop a web-based version of an evidence-based program known as Checkpoints, which is focused on reducing risky driving by adolescents. It is a way of extending the graduated driver's license type of approach so that family members are involved and there is more direct potential oversight.

Dr. Redfern indicated that following the discussion during the SPRS meeting, SPRS members concurred with staff recommendations.

Discussion:

Dr. Fowler inquired as to the reasoning behind reducing the funding levels.

Dr. Waxweiler responded that the recommendation to fund the application at \$350,000 per year for the four years requested was based on two considerations. The principle investigator is currently over committed in time (120% or 20% above the reasonable and accepted level of 100%) for currently active grants and is requesting 50% effort each year on the pending application. In addition, the PI and staff are building on prior research and the peer review panel felt that the applicant would not need the requested amount to achieve the aims of the proposal.

Dr. David Sleet added that the principal investigator already has 120% of his time committed on other grants. This grant would put him at 170%. All three of the reviewers thought that the principal investigator's time, which was allocated at 50%, would need to be reduced to get him down to 100%. Moreover, much of the web-based technology that would be used in this translation activity has already been developed by the principal investigator with a National Institute on Alcohol Abuse and Alcoholism grant. Thus, the reviewers felt that the amount of money that was allocated toward web-development could be reduced as well.

Motion: RFA CE08-004

Ms. Billie Weiss motioned to accept NCIPC Staff/SPRS recommendations for RFA CE08-004: Translational Research to Prevent Motor Vehicle-Related Crashes and Injuries to Teen Drivers and Their Passengers (R01). **Ms. Meri-K Appy** seconded the motion. The motion carried unanimously with no abstentions.

08007 Suicide

Dr. Waxweiler explained that RFA CE08-007: Assessing the Effects of Interpersonal Violence Prevention on Suicide (U49) was to assess the effects of interpersonal violence prevention on suicide. The idea was to attract proposals seeking to “piggy-back” secondary analyses.

For RFA CE08-007, \$150,000 is available in FY 2008 to fund up to two applications. It is expected that the awards will begin on or about September 2008, and will be made for a 12-month budget period within a 12-month project period. The maximum funding level will not exceed \$75,000 total, including direct and indirect costs.

Three applications were received at the Centers for Disease Control and Prevention (CDC) in response to this solicitation. All three applications were considered responsive, one was triaged, and two went to peer review. On March 26, 2008, the National Center for Injury Prevention and Control (NCIPC) Initial Review Group (IRG) met by telephone. Both applications were reviewed and discussed by the panel for scientific merit. The panel was made up of peer reviewers selected for their expertise related to the applications being considered and included at least one member of the IRG, NCIPC, CDC. Even though one application was scored at 258, both applications reviewed were recommended for further consideration by the Science and Program Review Subcommittee (SPRS).

NCIPC staff, with input from the Division, recommended that neither of the two applications reviewed for scientific merit for RFA CE08-007 be funded. The highest ranking proposal received a score of 213 and considerable concerns were identified by the reviewers about the design of the study and the ability of the interventions proposed to demonstrate impacts on suicidal behavior. More specifically, the reviewers questioned the evidence base for the interventions proposed and the ability for the interventions to have a measurable impact on suicidal behavior at the community level after only six months post intervention. The second ranked proposal received a score of 258. It is a naturalistic community experiment of programs to divert youth from detention centers to community-based intervention programs designed to address existing mental health and/or substance abuse problems. The reviewers expressed concerns about inadequate statistical power, an uncontrolled study design, and confounding variables that were unaccounted for across seven heterogeneous counties using different interventions and combinations thereof. Even with substantial assistance from NCIPC scientists as part of the cooperative agreement, the inadequacies in these proposals would prove to be major barriers in assessing whether interventions designed to address interpersonal violence could reduce risk for suicidal behavior.

Dr. Redfern indicated that following the discussion, SPRS members concurred with staff recommendations.

Discussion:

Dr. Fowler inquired as to who funded the critically flawed studies upon which these were based.

Dr. Waxweiler responded that one was a natural intervention occurring in different counties in a state, and it was not for the purpose of examining suicide. He did not know who funded it originally. The second study was funded by the Air Force. It is a long-term project, but they were proposing only to look at the suicide impact over a six-month period for which they had already collected the data. The 6-month intervention that would relate to suicide because in the late Fall of 2007 and ended in the spring of 2008. NCIPC could publish a new announcement in a future year, at which time the applicant would have a longer follow-up period. However, reviewers thought that a 6-month period of time was not long enough to determine whether a community intervention could impact suicide behavior reduction.

Motion: RFA CE08-007

Dr. Denise Tate motioned to accept NCIPC Staff/SPRS recommendations for RFA CE08-007: Assessing the Effects of Interpersonal Violence Prevention on Suicide (U49). **Ms. Weiss** seconded the motion. The motion carried unanimously, with no abstentions

SBIRs: Small Business Innovation Research

Dr. Paul Smutz reported that this was in response to announcement PHS 2007-2: Omnibus Solicitation of the Centers for Disease Control and Prevention for Small Business Innovative Research (SBIR) Grant Applications. Congress established the SBIR program under the Small Business Innovation Development Act of 1982 (P.L. 97-219). Currently, under this Act, each agency has to spend 2.5% of its annual extramural research and development budget for a SBIR program. Objectives of the SBIR program include using small businesses to stimulate technological innovation, strengthening the role of small business in meeting Federal R/R&D needs, increasing private sector commercialization of innovations developed through Federal SBIR R&D, increasing small business participation in Federal R/R&D, and fostering and encouraging participation by socially and economically disadvantaged small business concerns and women-owned business concerns in the SBIR program. There are two phases. Phase 1 of the program is for a 6-month period to establish technical merit and feasibility. The funding limit is \$100,000, including direct and indirect costs. Phase 2 involves actually carrying out of the research and is limited to 2 years of funding not to exceed \$750,000. Only Phase 1 awardees are considered for Phase 2.

The National Institutes of Health (NIH) currently serves as the coordinating agency for all SBIR activities for the Public Health Service. The Extramural Research Program Office at the National Center for Injury Prevention and Control (NCIPC) prepares a program announcement that appears in the "Omnibus Solicitation of the Public Health Service for Small Business Innovation Research (SBIR) Grant Applications" each January and allows three applicant submission deadlines per year (April, August, December). Since 1991, the NCIPC funds set aside for SBIR have supported 1-5 grantees per year.

For this current cycle, 9 Phase 1 applications and 2 Phase 2 applications were submitted to the Center for Scientific Review (CSR), formerly the Division of Research Grants, NIH. The grant applications were then assigned to the appropriate NIH primary review committees consisting of non-federal scientists selected for their expertise in a particular field. For the Phase 1 applications, six were deemed non-competitive and two received priority scores better than 351. These two applications were recommended for further consideration by the Science and Program Review Subcommittee (SPRS). Both the Phase 2 applications were deemed competitive, receiving priority scores better than 351, and thus were recommended for further consideration by SPRS.

Based on availability of funds (\$715,000), the scores from the review panels, and the quality of the applications, NCIPC staff recommended funding one application at the \$715,000 level. Staff also recommends that if additional resources become available, the applicant should be funded at the \$750,000 level and the second ranking applicant be funded.

Dr. Redfern indicated that SPRS concurred with staff recommendations for SBIRs.

Discussion:

Ms. Appy requested further information about the idea being funded.

Dr. Smutz responded that the title was Nitrogen-Enriched Air for Fire Suppression. This is a system that delivers a nitrogen-rich environment through a fire nozzle along with water. The idea is to drop the oxygen concentration in the air by enriching it with nitrogen to a level around 10%, which is still high enough that people can breathe, but will extinguish most fires.

Dr. Fowler inquired as to whether this was based on healthy people or if consideration had been given to those with compromised respiratory systems.

Dr. Sleet replied that the applicant did perfect the technology in their Phase 1 application. As a result, they are proposing to use this method of fire suppression using nitrogen in a misting water base in hospitals and rest homes. The oxygen level has been perfected for those specific circumstances to ensure that it did not deplete oxygen from those who needed it.

Dr. Waxweiler added that this is a set-aside program, so quite often, various centers at CDC does not utilize all of their SBIR allocation, so money can be transferred around to different centers.

Motion: SBIRs

Ms. Appy motioned to accept staff recommendations for PHS 2007-2: Omnibus Solicitation of the Centers for Disease Control and Prevention for Small Business Innovative Research (SBIR) Grant Applications. **Mr. Gary Koops** seconded the motion. The motion carried unanimously with no abstentions.

08002 Biomechanics

Dr. Allen Heinemann recused himself from the call.

Dr. Smutz explained that there was an effort on NCIPC's part to move the biomechanics research from basic toward applied. The requirements of this year's RFA were to develop and evaluate interventions that prevent falls and/or sports related injuries or diagnostic tools for physical child abuse. This is the first biomechanics RFA that NCIPC has published that required an evaluation of an intervention or a diagnostic tool. Approximately \$600,000 is available in FY 2008 to fund two awards for CE08-002: Traumatic Injury Biomechanics Research Grants. It is expected that the awards will begin on or about August 31, 2008, and will be made for a 12-month budget period within a project period of up to 3 years. The maximum funding level per award will not exceed \$300,000, including both direct and indirect costs, per year or \$900,000 for a 3-year project period.

A total of 20 applications was received at the Centers for Disease Control and Prevention (CDC) in response to the above solicitation. None of the applicants was determined to be non-responsive. On April 22, 2008, the panel addressing extramural grants for biomechanics research met in Atlanta, Georgia, and considered the 20 related applications. The panel was made up of consultants selected for their expertise related to the applications being considered and included at least one member of the Initial Review Group (IRG), NCIPC, CDC. The panel members used the streamline process to determine that 11 of the applications were noncompetitive and these applications were eliminated from further competition. The panel members reviewed and discussed the remaining nine applications. Eight of the proposals received priority scores of better than 250 and thus were recommended for further consideration by the Science and Program Review Subcommittee (SPRS). While the number of applications is lower than previous years, this FOA did generate several good applications.

After reviewing the applications, the reviewers summary statements, and the priority scores, NCIPC staff recommended that the application with the highest score) be funded, that the second ranked application be skipped, and that the third ranked application be funded.

Although the second ranked application has many excellent features, it does not meet the requirements of the funding announcement. The funding announcement specifies the development and evaluation of interventions that prevent falls or sports injuries or the development and evaluation diagnostic tools for physical child abuse. This application addresses neither. The goal of the application is to provide a more functional gait pattern, through improved surgical techniques, for people who have suffered a hip fracture. The investigators feel that a more functional gait pattern will improved the quality of life of the people keep them out of a nursing homes. Therefore, the focus of this application is rehabilitation. In previous years, this application would have been deemed non-responsive, but changes to the responsiveness review policy by CDC's Procurement and Grants Office made this impossible. During peer review some of the reviewers expressed concerns that this application did not meet the objective of the funding announcement and wrote a minority report.

The third ranked application addresses one of NCIPC's priority areas, falls in the elderly. This application builds on a previous biomechanics grant funded by NCIPC. The proposed research will evaluate an intervention aimed at reducing falls in elderly, ambulatory women. A randomized, controlled trial of the intervention will be performed in 330 women between the ages of 70 and 80 years. This grant application is highly innovative and if successful has the potential for wide-scale adaptation of fall avoidance training program as a way to reduce the number of falls and fall-related injuries in a high risk population. Also it is believed that this application would be the first randomized, controlled trial funded under NCIPC's biomechanics program.

NCIPC staff believe that funding the first and third ranked applications would allow for programmatic balance in that the topics of child maltreatment falls in the elderly, both NCIPC priority areas, would both be funded. The proposed funding total for these two applications is (\$580,288). Staff also recommended that if additional resources become available, applications with priority scores of better than 250 be funded in rank order.

Dr. Redfern indicated that the SPRS members engaged in a long discussion about this announcement, given that any time an application is skipped, there are always concerns. Because the second highest scoring application was really about rehabilitation versus translation, it did not meet the direct intent of the announcement. Therefore, SPRS members concurred with the staff recommendation.

Discussion:

Ms. Weiss agreed that the staff recommendation was sensible.

Dr. Fowler thought the skipped application should have been triaged out earlier in the process.

Dr. Redfern responded that during the SPRS review, Dr. Waxweiler explained that there was a change in the procedure prior to the center receiving these proposals during the primary review with respect to their responsiveness. Normally, this application would have been deemed non-responsive and it would not have gone through to the peer review panel. The issue of the change in procedures will be a topic for more in-depth discussion during the upcoming SPRS meeting.

Motion: CE08-002

Ms. Weiss motioned to accept NCIPC Staff / SPRS recommendations for CE08-002: Traumatic Injury Biomechanics Research grants. **Dr. Fuzhong Li** seconded the motion. The motion carried unanimously with no abstentions.

08005 Dissertation

Given that **Dr. Fowler** had a conflict, she left the call at this point, and **Ms. Amy Harris**, Executive Secretary began to chair the meeting.

Dr. Waxweiler explained that the purpose of RFA CE08-005: Dissertation Grant Awards for Doctoral Candidates for Violence-Related Injury Prevention Research in Minority Communities (R36) was to build a scientific base for research for prevention and control of injuries and disabilities in minority communities; encourage doctoral candidates to become involved in and establish research in this area; and assist students in completion of their dissertation research. The proposed research was required to address one of the research priorities listed in the Injury Center's research agenda.

RFA CE08-005, \$100,000 is available in FY 2008 to fund up to four scientific meritorious applications. It is expected that the awards will begin on or about September 1, 2008. Grants will be made for a 12-month project period. The maximum funding level per year will not exceed \$25,000 total, including both direct and indirect costs.

Dr. Waxweiler commented that it was a disappointing year for dissertation applications. Three applications were received at the Centers for Disease Control and Prevention (CDC) in response to the above solicitation. On May 6, 2008, the National Center for Injury Prevention and Control (NCIPC) Initial Review Group (IRG) convened by conference call and reviewed the three (3) applications for scientific merit. The panel was made up of peer reviewers selected for their expertise related to the applications being considered and included at least one member of the IIRG, NCIPC, CDC. Two of the three proposals reviewed, received priority scores better than 250 and were recommended for further consideration by the Science and Program Review Subcommittee (SPRS).

NCIPC staff recommended that the two applications reviewed for RFA CE08-005 be funded in priority score order. The funding total for the recommended two applications is \$50,000 for year one.

Dr. Redfern indicated that the SPRS members concurred with staff recommendations for this announcement.

Discussion:

No discussion was offered.

Motion: RFA CE08-005

Dr. Tate motioned to accept NCIPC Staff / SPRS recommendations for RFA CE08-005: Dissertation Grant Awards for Doctoral Candidates for Violence-Related Injury Prevention Research in Minority Communities (R36). **Ms. Appy** seconded the motion. The motion carried unanimously, with no abstentions.

Closing Remarks / Adjournment

Dr. Waxweiler reported that this year, NCIPC received a small number of quality applications for all of the announcements published. This issue was discussed with Senior Scientists within NCIPC, with NCIPC IRG members, and with SPRS members. NCIPC will be working diligently to improve this dilemma. During the SPRS meeting, **Dr. Redfern** suggested that at the Board of Scientific Counselors meeting in January 2009, this topic be given some time on the agenda, which is the plan.

Ms. Harris reminded everyone to send an e-mail to Ms. Gipson stating that they attended this conference call, and again thanked everyone for their participation. She also expressed her gratitude to Ms. Gipson for organizing this meeting and assisting with the notes.

With no further business posed, **Ms. Harris** officially adjourned the fifty-third meeting of the ACIPC, and wished everyone a great weekend.

Committee Members Present

Meredith K. (Meri-K) Appy
C. Hendricks Brown, Ph.D.
Carolyn Fowler, Ph.D., M.P.H.
Allen W. Heinemann, Ph.D.
Sheryl L. Heron, M.D., M.P.H., FACEP
Chester A. (Chet) Huber
Gary D. Kopps
Fuzhong Li, Ph.D.
Mark S. Redfern, Ph.D.
Denise G. Tate, Ph.D., ABPP
Billie P. Weiss, M.P.H.

CDC Staff Present

Mick Ballesteros, Ph.D.

Chezia Carraway

Dianne Clapp

Gwen Cattledge, Ph.D.

Melissa Gipson

Amy Harris, M.P.A

Robin Ikeda, Ph.D.

Debra Karch, Ph.D.

Paul Smutz, Ph.D.

David Sleet, Ph.D.

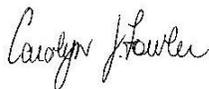
Rick Waxweiler, Ph.D.

Others Present and Affiliations

Stephanie Henry Wallace, Cambridge Communications (Writer/Editor)

Certification

I certify that, to the best of my knowledge, the foregoing summary is accurate and complete:



Carolyn J. Fowler
ChairJuly 29, 2008
Date