

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
Centers for Disease Control and Prevention  
National Center for Injury Prevention and Control**

**Board of Scientific Counselors**

**Fourteenth Meeting  
July 29, 2014  
Summary Report**

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
Centers for Disease Control and Prevention (CDC)  
National Center for Injury Prevention and Control (NCIPC)**

**BOARD OF SCIENTIFIC COUNSELORS (BSC)**

Fourteenth Meeting: July 29, 2014

Via Teleconference

**Summary Proceedings**

The fourteenth meeting of the National Center for Injury Prevention and Control (NCIPC) Board of Scientific Counselors (BSC) took place via teleconference on Tuesday, July 29, 2014. The BSC met in closed session for secondary review in accordance with the Privacy Act and the Federal Advisory Committee Act (FACA). Dr. Maury Nation served as chair.

**Call to Order/ Introductions**

**Maury Nation, PhD  
Associate Professor  
Department of Human and Organizational Development  
Vanderbilt University  
Member and Acting Chair, NCIPC Board of Scientific Counselors**

**Dr. Maury Nation** called to order the fourteenth meeting of the National Center for Injury Prevention and Control (NCIPC) Board of Scientific Counselors (BSC) at 9:00 am on Tuesday, July 29, 2014. He provided the BSC with an overview of their responsibilities in the secondary review process, explaining that the purpose of the secondary review is not to repeat the peer review, but to focus on the programmatic merits of the applications. The results of the peer review are generally accepted, unless the BSC recommends a different funding priority based on shifting priorities, new and innovative work, or work that fills important gaps in the field of injury prevention and control research. The voting members of the BSC will vote with the assistance, advice, and guidance of the BSC federal agency liaisons. NCIPC staff can also offer guidance and be called upon for requested information during the review. Budget and other considerations can be discussed and recommended to the NCIPC director. Following the secondary review, the results of the vote are compiled and forwarded to the NCIPC director for the final funding decision. Staff from CDC's Procurement and Grants Office (PGO) may also answer questions and provide guidance as needed.

**Mrs. Tonia Lindley** conducted a roll call of BSC members and established that a quorum was present. A list of meeting attendees is provided with this document as Attachment A.

## Charge for the Secondary Review Process

**Capt. (USPHS) Mildred Williams-Johnson, PhD, DABT**  
**Director, Extramural Research Program Office**  
**National Center of Injury Prevention and Control**  
**Centers for Disease Control and Prevention**

**Dr. Mildred Williams-Johnson** explained that the role of the BSC is to perform a secondary review of applications received in response to the following FOAs and Program Announcements (Pas):

- CE14-002, Research to Prevent Prescription Drug Overdose
- CE14-003, Motor Vehicle Injury Prevention: Evaluation of Increased Nighttime Enforcement of Seatbelt Use
- CE14-004, Research on Integration of Injury Prevention in Health Systems
- CE14-006, Research Grants for Preventing Violence and Violence and Violence-Related Injury
- PA-13-234 and PA-14-071, Omnibus Solicitation for Small Business Innovation Research (SBIR)

The secondary review committee does not revisit the scientific and technical merit of the applications. That review was completed by the primary review panels for all applications received in response to the Funding Opportunity Announcements (FOAs). The panels were conducted between March and June 2014. The reviews of the responses to the PA for SBIR were conducted by the National Institutes of Health (NIH) in March and June 2014 for the Phase One and Phase Two applications, respectively.

Criteria to be used by the BSC in making recommendations included:

- The scientific and technical merit of the proposed research applications as determined by the scientific peer review and represented on the application score sheet
- The availability of funds
- The relevance of the proposed projects to program priorities
- Geographic balance

Geographic balance of the applications under consideration was not required in the FOA; however, if a sufficient number of scientifically meritorious applications are received, then geographic balance across states and regions of the US may be taken into consideration by the NCIPC Director in making final funding decisions.

During the primary review, each member of the panel scored the applications using a range from one to nine, with one being the best and nine being the worst. The CDC and NIH Scoring Calibration Guide divides these scores into three categories for impact:

- High Impact: 1 to 3
- Medium Impact: 4 to 6
- Low Impact: 7 to 9

Summary statements are a compilation of the written critiques provided by the three panel members who reviewed each application in detail. The critiques outline the strengths and

weaknesses of an application as viewed by the assigned reviewers. The résumé portion of the summary statement captures the discussion, issues, views, and opinions of the entire panel.

It is important that all persons associated with the review have no conflict of interest (COI). If a person attending the review has a vested interest in the outcome of the review or could be viewed by a reasonable person as having the appearance of a vested interest in the outcome, then he or she may not participate in the review. The BSC member and his or her family must not benefit from the outcome of the review. If a BSC member has a relationship with an applicant involving consulting, trusteeship, or prospective employment, the member is considered to be in conflict and cannot participate in the discussion of the application. Additionally, a BSC member is in conflict if he or she has co-authored publications with an applicant within the last three years. COI for applications to be considered in this secondary review were requested, and conflicts were identified. BSC members in conflict will recuse themselves from discussion of those applications.

All information discussed in the secondary review is confidential, as is the applications, summary statements and reviews of the applications, and any notes that a BSC member may record. After the meeting is adjourned, any meeting materials and hard-copy information should be shredded. Any electronic files relevant to the review should be destroyed.

The BSC's recommendations will not be released and cannot be obtained by applicants. All discussions during the meeting and the outcome of the review are strictly confidential. BSC members should not discuss the proceedings or the outcome of the review at any time with any applicant or with anyone other than appropriate CDC staff. If a BSC member is contacted by an applicant, he or she should politely decline to discuss the review and suggest that the applicant contact CDC. The BSC member should then inform CDC if he or she has been contacted by any applicant. Violation of confidentiality can result in fines and/or imprisonment.

The procedure for the secondary review was as follows:

- Each of the scientific program officials from the Extramural Research Program Office (ERPO) provided an overview of the FOA for which he or she is responsible. The official provided staff recommendations that were developed in collaboration with NCIPC division staff.
- The secondary review panel discussed the applications and voted on the recommendations for funding for each FOA.

The voting sheet provided to the BSC included the applications that were recommended for funding and the level at which funding will be cut off. Dr. Williams-Johnson explained that the voting regarding the funding order did not have to be unanimous; however, if two or more BSC members support funding the applications in a different order, a minority report in which the dissenting panel members articulate their reasons for funding applications in a different order would be required on the voting sheet. A panel member may abstain from voting, but the abstention must be noted on the voting sheet. Participating panel members were instructed to submit signed original copies of the voting sheet to Mrs. Lindley.

## Secondary Review Process

### **RFA CE14:002: Research to Prevent Prescription Drug Overdose**

**Paul Smutz, PhD**  
**Scientific Program Officer**  
**National Center for Injury Prevention and Control**  
**Centers for Disease Control and Prevention**

Dr. Carolyn Fowler and Dr. Stephen Hargarten were in conflict and were not on the call for the discussion.

**Dr. Paul Smutz** informed the BSC that NCIPC has approximately \$800,000 available in fiscal year (FY) 2014 to fund up to four awards under this announcement. NCIPC is supporting these awards in collaboration with the National Institute of Drug Abuse (NIDA). The anticipated start date is September 2014. The maximum award amount is \$200,000 per year, which includes both direct and indirect costs. Applicants could request funding for a project period of up to two years.

Prescription drug overdose is a significant problem in the US and is an area of great interest for CDC. Pain clinic laws and formulary management and benefit design strategies are two promising approaches to the prescription drug overdose problem. Applicants under this FOA could address one of the two following areas:

- Evaluate the impact of current legislation that requires state oversight of pain management clinics or sets out registration, licensure, or ownership requirements for such clinics.
- Evaluate the impact of formulary management and benefit design strategies used by public or private insurers and pharmacy benefit managers that are eligible to all beneficiaries.

A total of seven applications were received for this FOA. NCIPC staff evaluated the applications for responsiveness. One application was determined to be non-responsive and was not forwarded to peer review. The other six applications were peer-reviewed on May 7, 2014 via teleconference. The review panel members were selected for their expertise in this topic area. The triage process was not employed, so all six applications were discussed in detail and scored. The scores for the applications range from 20 to 68.

NCIPC staff recommended that the top three scoring applications be funded, that the fourth-ranked application from the University of Georgia (Perri) be skipped, and that the fifth-ranked application be funded:

- Mulcahy, RAND Corporation
- Hartung, Oregon State University
- Cochran, University of Pittsburgh
- Alexander, Johns Hopkins University

The staff proposal to skip the fourth-ranked application was consistent with program priorities and the FOA language. Section 5 of the FOA stated that at least one project would be funded from each of the two topic areas addressed by the FOA. The four top-ranked applications all addressed the second research topic area. The fifth application, Alexander from Johns Hopkins, addressed the first research topic area.

The Cochran application from the University of Pittsburgh and the Alexander application from Johns Hopkins received scores that were lower than what NCIPC normally recommends for funding at 47 and 53, respectively. However, the research area is new and innovative, and only a few research studies have been conducted and published to address these topics. These projects will be funded under a cooperative agreement mechanism, not a grant mechanism, which allows for substantial technical assistance to be provided by CDC staff. This assistance can help enhance the quality of the research and ensure that the goals and objectives are accomplished.

The total funding for the four applications is \$798,739. NCIPC staff recommended that if additional funding becomes available, the fourth-ranked proposal, Perry from the University of Georgia, should be funded.

### **Secondary Review Discussion / Vote**

**Dr. Nation** opened the floor for questions and discussion from the BSC.

**Dr. John Allegrante** said he understood the rationale for the staff proposal to skip the fourth-ranked application. However, he expressed concern regarding a number of issues that the review panel noted with the Johns Hopkins proposal, which appeared to constitute significant weaknesses. He asked how CDC staff will work with the investigators to overcome the issues, which include generalizability and power, and whether NCIPC is confident that the concerns can be overcome.

**Dr. Smutz** answered that NCIPC is confident that the issues can be overcome. Because the funding mechanism is a cooperative agreement, NCIPC can work with the investigators to maximize their investment. If they did not feel that the project would yield useful data and quality research, then it would not have been recommended for funding.

**Dr. Christina Porucznik** shared Dr. Allegrante's concerns, particularly given that CDC released a report in the *Morbidity and Mortality Weekly Report (MMWR)* at the beginning of July 2014 from Florida that evaluates many of the same elements. The innovativeness of this application may, therefore, be diminished.

**Dr. Daniel Holcomb** said that the applications were due on March 19, 2014. **Dr. Tamera Haeligh** noted that NCIPC staff are not permitted to see the applications themselves, but she had reviewed the summary statement. She sensed that the proposed work would extend beyond the work in Florida in the *MMWR* by making comparisons to other states. This project will result in new analysis and new data sources.

**Dr. Porucznik** agreed but noted that it was not clear what the data were. She is working on an analysis of "pill mill" laws with a 50-state data set as part of an inter-agency agreement, and the work is complicated.

**Dr. Allegrante** expressed concern about not adhering to the ranking of the peer review. He observed that the top four proposals were relatively strong in the area of formulary management and benefit design. Taken together, they would likely yield information to suggest new approaches to deal with the problem of prescription drug overdose. He wondered if a separate FOA that only focuses on pain clinic laws could be released.

**Dr. Smutz** said that he could not comment on future funding opportunities. NCIPC works with its divisions to determine how much funding is available, what their priorities are, and how they can move forward.

**Dr. Williams-Johnson** pointed out that the score from the University of Georgia application was not significantly higher than the score of the application from Johns Hopkins. Reaching to the Hopkins application would fully address the intent of the program to provide research into two different areas and helps achieve the program goals. Applicants have the opportunity to provide a response to CDC regarding how they will address the weaknesses identified by the peer review panel. This response, which must be provided within 30 days of receipt of the award, helps the program work with the investigators.

**Dr. Iris Mabry-Hernandez** asked why applicants are not required to provide the responses before funding is awarded so that the response can be judged as part of the application's merit.

**Dr. Williams-Johnson** said that such an approach would be outside the peer review process.

**Dr. Sherry Hamby** said she understood the concerns regarding the Johns Hopkins application, but the priority of covering the range of issues on CDC's agenda and that were addressed in the FOA deserves weight and consideration.

**Motion: CE14-002**

**Dr. Hamby** moved to accept the NCIPC staff recommendations regarding applications submitted in response to RFA CE14-002, Research to Prevent Prescription Drug Overdose. **Dr. Samuel Forjoh** seconded the motion. The motion passed unanimously with no abstentions.

**RFA CE14:004 Research on Integration of Injury Prevention in Health System**

**Paul Smutz, PhD**  
**Extramural Research Program Office**  
**National Center for Injury Prevention and Control**  
**Centers for Disease Control and Prevention**

Dr. Fowler was in conflict with this application and was not on the line.

**Dr. Smutz** reported that NCIPC has approximately \$400,000 available to support two awards with an anticipated start date of September 2014. The maximum award amount is \$200,000 per year, and applicants were allowed to request a project period of up to two years.

The purpose of this funding announcement is to support research that informs the link between public health and clinical medicine injury prevention by:

- Developing the evidence base for clinical preventive services in the area of prescription drug overdose, and
- Investigating models for partnerships between hospitals and state and local health departments in designing community health needs assessments and improvement plans that incorporate injury prevention.

Eleven applications were received in response to this announcement and were evaluated for responsiveness by NCIPC staff. Two of the applications were deemed to be non-responsive and were not forwarded to peer review. The other nine applications were reviewed via teleconference on June 3, 2014. Reviewers were selected based on their expertise in the topic area. The panel utilized a triage process to determine that three of the nine applications were not competitive, and they were eliminated from discussion. The scores of the remaining six applications that were discussed in detail by the peer review panel received scores ranging from 24 to 42.

NCIPC staff recommended funding the top two scoring applications:

- Seymour, Carolinas Medical Center
- Ringwald, University of North Carolina

The total funding for both applications is \$386,831. The top two applications received scores of 24 and 28, while the next application from Principal Investigator (PI) Baird, Rhode Island Hospital, received a score of 38. NCIPC recommends that if additional funding becomes available, applications with priority scores better than 40 should be funded.

### **Secondary Review Discussion / Vote**

**Dr. Porucznik** recalled from the secondary review of the Injury Control Research Centers (ICRCs) that the University of North Carolina ICRC had at least one prescription drug-related aim. That aim seemed similar to the application from the University of North Carolina under this FOA. She wondered whether the peer reviewers were aware of activities at the ICRC or whether the reviews were completely separate.

**Dr. Smutz** replied that the reviews were completely separate. The purpose of the primary peer review is to judge the science of the applications and to rank them on their scientific merit. CDC will not “double-fund” the same research from the same applicant. The PI on the proposal from the University of North Carolina, Ringwald, was not involved in the University of North Carolina ICRC funding announcement. They address somewhat similar topics, but they are separate.

**Dr. Feucht** observed that the primary reviewers commented on the strength that the applicant will utilize the Center of Excellence and other established groups of clinicians and investigators. The application must have acknowledged that center, and it did not raise concerns for the reviewers.

**Dr. Smutz** clarified that the University of North Carolina has Youth Violence Academic Center of Excellence in addition to the ICRC. They are separate entities. The University of North Carolina has a long history with NCIPC.

**Dr. Porucznik** noted that Dr. Ringwald was listed as a subcontractor on the COI spreadsheet that was distributed in preparation for the secondary review, and it appeared that the application was from Duke University. On the application, he is listed as the Principal Investigator.

**Dr. Smutz** answered that the application was from the University of North Carolina and Ringwald.

**Motion: CE14-004**

**Dr. Shelly Timmons** moved to approve the staff recommendations regarding applications submitted in response to RFA CE14-004, Research on Integration of Injury Prevention in Health Systems. **Dr. Allegrante** seconded the motion. The motion passed unanimously with no abstentions.

**RFA CE14-006: Research Grants for Preventing Violence and Violence-Related Injury**

**Daniel Holcomb, PhD**  
**Scientific Program Officer**  
**National Center for Injury Prevention and Control**  
**Centers for Disease Control and Prevention**

Dr. Fowler, Dr. Maria Testa, and Dr. Hamby were in conflict with this application and recused themselves.

**Dr. Daniel Holcomb** said that approximately \$1,050,000 is available in FY 2014 to fund up to three awards under this FOA. The anticipated start date for new awards is September 30, 2014. The maximum award amount is \$350,000, including both direct and indirect costs for the first 12-month period. Applicants could request a project period of up to three years, with a maximum of \$350,000 per year.

The research objectives in this funding announcement were to:

- Solicit investigator-initiated research that will help expand and advance understanding of how best to disseminate, implement, and translate evidence-based primary prevention strategies, programs, and policies designed to prevent interpersonal violence and reduce violence-related outcomes.
- Solicit investigator-initiated research to expand knowledge about what works to prevent violence by rigorously evaluating primary prevention strategies, programs, and policies, especially in areas where we know less about what works to prevent violence, such as teen dating violence, intimate partner violence, and sexual violence.

NCIPC received 23 applications in response to this solicitation. They were evaluated for responsiveness by NCIPC staff, and 1 was determined to be non-responsive and was not forwarded to peer review. The peer review panel met in Atlanta, Georgia on June 5-6, 2014 to review the remaining 22 applications. The panel was comprised of reviewers selected for their expertise related to the applications being considered. The panel utilized the triage process to determine that 11 of the 22 applications were noncompetitive, and they were eliminated from discussion. The remaining applications were discussed in detail by the review panel. Their scores ranged from 16 to 59.

NCIPC staff recommends funding the top three applications in rank order for a funding total of \$1,046,867:

- Miller, University of Pittsburgh
- Zimmerman, University of Michigan
- Edwards, University of New Hampshire

Two applications received the third-highest score. The score from the University of New Hampshire tied with the score from PI Taylor at the National Opinion Research Center. ERPO staff reviewed the results with NCIPC staff.

The research proposed from the National Opinion Research Center is the implementation and evaluation of the “Families for Safe Dates” program in select communities in Baltimore, Maryland. CDC is currently implementing and evaluating this program as part of the comprehensive “Dating Matters” program in select communities in Baltimore. CDC funding is already working to develop the capacity of Baltimore’s public health department to implement “Families for Safe Dates,” and parents in any community in Baltimore are eligible to participate in the public health department’s implementation of this program.

The research proposed by the University of New Hampshire is the evaluation of a novel, universal prevention program called “Bringing In The Bystander.” Emerging research suggests that bystander approaches can have prevention effects in young adults. The proposed research represents the first evaluation of this program with high school students. The proposed research can increase evidence-based approaches for teen dating and sexual violence and provides valuable information about how to translate and implement promising prevention strategies with new groups and communities.

Given CDC’s existing investment in Baltimore’s health department to implement “Families for Safe Dates,” which is already underway, and the novel research proposed by the University of New Hampshire that can increase evidence-based prevention approaches for teen dating and sexual violence, NCIPC staff recommended funding the University of New Hampshire proposal. NCIPC staff also recommended that if additional resources become available, applications with priority scores of better than 40 be funded in rank order. It is not anticipated that additional resources will become available to fund additional proposals.

The top-scoring application from Miller is a study of the effectiveness of a program for primary prevention of teen dating violence and sexual violence perpetration among middle school athletes called “Coaching Boys Into Men.” There are few current studies on middle school boys. The second-ranked application from Zimmerman examines the effects of crime prevention through environmental design on youth violence using four data sources to test the social disorganization theory.

**Secondary Review Discussion / Vote**

**Dr. Feucht** commented on the apparent coincidence of the Baltimore-based study. The applicant has proposed something that NCIPC clearly thinks is of high value, but will not be funded. He asked whether the proposed work would provide a randomized controlled trial (RCT) evaluation of the program.

**Dr. Nation** added that it would be helpful to understand the distinctions between what is currently being done in Baltimore and what was proposed in the application.

**Dr. Cory Frieden** answered that the ongoing work in Baltimore focuses on “Dating Matters,” a comprehensive approach to addressing teen dating violence. It includes a school curriculum component as well as the “Families for Safe Dates” program, which is implemented in the same fashion as is proposed in the application. “Dating Matters” includes other components, such as a media campaign and a parent group intervention. According to the primary review panel’s comments, the investigator acknowledged involvement with the “Families for Safe Dates” initiative that is part of “Dating Matters.” The investigator is part of the “Dating Matters” RCT evaluation that occurring in Baltimore now.

**Motion: CE14-006**

**Dr. Robert Johnson** moved to approve the staff recommendations regarding applications submitted in response to RFA CE14-006, Research Grants for Preventing Violence and Violence-Related Injury. **Dr. Feucht** seconded the motion. The motion passed unanimously with no abstentions.

**RFA CE14-003: Motor Vehicle Injury Prevention:  
Evaluation of Increased Nighttime Enforcement of Seatbelt Use**

**Paul Smutz, PhD**  
**Extramural Research Program Office**  
**National Center for Injury Prevention and Control**  
**Centers for Disease Control and Prevention**

Dr. Johnson was in conflict with this application and recused himself.

**Dr. Smutz** said that approximately \$400,000 is available in FY 2014 to fund one award under this FOA. The anticipated start date is September 2014. The maximum award is \$400,000 for the first 12-month period, and applicants could request a budget period of up to three years.

Nighttime enforcement of seatbelt use is an important area that needs to be studied. The purpose of this funding announcement is to determine the effects of substantially increasing nighttime seatbelt use enforcement combined with strong and targeted publicity components and community involvement to determine the effects of nighttime seatbelt use on morbidity and mortality due to motor vehicle crashes.

Funding can support either of the following:

- Program development accompanied by piloting the program and a pilot evaluation
- Evaluation of an existing program already implemented in a state and local municipalities

A total of 11 applications were received for this funding announcement. All were determined to be responsive by NCIPC staff and were forwarded to peer review on May 22, 2014, via conference call. The panel was comprised of reviewers who were selected for their expertise in this topic area. The panel utilized the triage process to determine that three of the applications were noncompetitive. They were eliminated from discussion, and the remaining eight applications were discussed in detail by the panel. The final scores ranged from 28 to 51.

NCIPC staff recommends funding the top-scoring application:

- Nabisan, University of Tennessee

If additional funding becomes available, applications with scores better than 40 should be funded. Three applications would be considered:

- Dischinger, University of Maryland at Baltimore
- Preusser, Preusser Research Group
- Daniel, New Jersey Institute of Technology

The second and third applications both received a score of 36. After consulting with division staff, NCIPC recommended that if additional funding becomes available, the application from the Dischinger at the University of Maryland at Baltimore should be funded, followed by the application from the Preusser Research Group.

### **Secondary Review Discussion / Vote**

**Dr. Hamby** asked about the rationale for recommending the University of Maryland at Baltimore application over the Preusser Research Group application.

**Dr. David Sleet** (Associate Director for Science, Division of Injury Prevention, NCIPC, CDC) replied that the University of Maryland at Baltimore has had long experience working with state highway safety programs. The institution also has strong grant history with the NIH in this arena with graduated driver licensing. NCIPC feels that because of their close association with the health department, the University of Maryland at Baltimore is in a better position to help drive state policy. The second proposal is from a consulting group with less ability to work with state programs and highway safety offices.

**Dr. Fowler** asked about the review procedure regarding managing divergent scores. She was concerned that one of the reviewers of the University of Maryland at Baltimore application scored ones and twos, while another scored sixes.

**Dr. Smutz** responded that each application is assigned three reviewers who assign preliminary scores. When the panel convenes, the applications are discussed in detail by the three reviewers and the entire panel. Ideally, the panel will come to consensus on the merit of an application; however, people have different opinions and perspectives, and consensus is not always achieved. Panelists are not required to harmonize their scores. The overall priority score is an average of the scores of all members of the peer review panel after the discussion.

**Dr. Williams-Johnson** added that some reviewers are stringent and provide very low scores. It is their right to do so, based on their judgment of the science.

**Dr. John Borkowski** asked whether high and low “outlier” scores are eliminated, and if so, when that occurs. **Dr. Smutz** answered that outlying scores are not eliminated. **Dr. Fowler** recalled that many grant processes throw out extreme outliers.

**Dr. Hamby** said that when scores have a range of 40 or 50 points, the confidence interval is quite broad. Funds are awarded based on one or two points when there is a great deal of measurement error, which is an area of concern.

**Dr. Williams-Johnson** said that the point is well-taken. The overall impact score reflects the discussion and deliberation of all the reviewers. The individual critique scores represent the opinions of the individual reviewers who are assigned an application. Some reviewers, even after discussion, do not decide to change their scores.

**Dr. Fowler** understood the process and asked that the BSC’s concerns be passed on to those at CDC who determine review procedures. The choice not to eliminate distinct outliers is not consistent with other review procedures. **Dr. Williams-Johnson** said that the comments would be shared with the CDC Policy Office.

**Dr. Feucht** said that in a case such as this one, in which two applications are so close, the input of the staff is decisive. He appreciated the staff explanation, which helped to distinguish the subtle merits of the proposal from the University of Maryland at Baltimore.

**Motion: CE14-003**

**Dr. Feucht** moved to approve the NCIPC staff recommendations regarding applications submitted in response to RFA CE14-003, Motor Vehicle Injury Prevention: Evaluation of Increased Nighttime Enforcement of Seatbelt Use. **Dr. Fowler** seconded the motion. The motion passed unanimously with no abstentions.

**Dr. Hamby** noted that the wording on the score sheet for this RFA should be changed as well to add the words “as recommended by staff.”

Regarding previous concern regarding Dr. Ringwald as a subcontractor on a Duke application, **Dr. Williams-Johnson** confirmed that he is; however, the Principal Investigator for that application is Dr. Ashwin Patkar. Dr. Ringwald is associated with the University of North Carolina for the application for which he is the Principal Investigator.

**SBIR Applications Submitted to PA-13-234 and PA-14-071**

**Paul Smutz, PhD**  
**Scientific Program Officer**  
**National Center for Injury Prevention and Control**  
**Centers for Disease Control and Prevention**

No BSC members were in conflict with these announcements.

**Dr. Smutz** described the CDC omnibus solicitation for SBIR grant applications. The SBIR program is aimed at small businesses. The purpose of the grant program is to help small businesses develop commercially viable products that they will market and sell.

The SBIR program has been in existence since 1982. The Act requires that 2.7% of an agency's annual extramural research and development budget should be set aside for SBIR programs. The funding available from NCIPC is between \$700,000 and \$1 million per year for the SBIR program. Two phases of applications are available:

- Phase One grants are up to six months and establish technical merit. The funding limit is \$150,000.
- Phase Two grants are limited to two years and the total award cannot exceed \$1 million. At the end of this phase, small businesses should have a viable that they can market or for which they can secure funding to market.

Applicants cannot apply for a Phase Two grant until they have successfully received a Phase One grant.

CDC partners with NIH for the SBIR program. NIH releases the omnibus solicitation and receives and reviews applications. CDC's total budget for SBIRs is \$6-8 million per year. NIH's SBIR budget is approximately \$600 million per year. The funding announcements are released according to the calendar year. They are released in January and end in December, with receipt dates of April, August, and December 5<sup>th</sup>. That schedule does not coincide with CDC's FY or budget year, so the BSC is presented with two Program Announcements to consider applications that were received in August 2013, December 2013, and April 2014.

During this time frame, CDC received 14 Phase One applications and 6 Phase Two applications. Of the 14 Phase One applications, 11 were deemed noncompetitive and not scored, and the three applications that were reviewed received scores between 59 and 61. An additional Phase One application addresses a topic of interest to NCIPC, but it was assigned to the National Institute of Child Health and Human Development (NICHD) at NIH. That application received a score of 32. NICHD did not have enough funding to fund the application, so it was transferred to CDC. Submitted by Innovative Design Labs by PI Condon, it is titled, "A Driver Exclusive Interlock Device to Eliminate Distraction from Mobile Devices." Two of the six Phase Two applications were deemed noncompetitive and were not discussed in detail. The remaining scores received priority scores between 23 and 35. The top-scoring Phase Two application from PI Komatireddy at Reflexion Health, Inc., is titled, "Stand Tall: A Virtual Exercise Rehabilitation Assist."

NCIPC staff recommended funding the top-scoring Phase One and Phase Two applications. A total of \$715,500 is available from NCIPC for FY 2014. \$150,000 will be awarded to the Phase

One application, and the remaining amount of \$656,565 will be awarded to the Phase Two application for the 12-month budget period. This award is less than requested by the applicant, but the difference will be made up in the second year of the project.

### **Secondary Review Discussion / Vote**

**Dr. Nation** asked whether discussions had taken place regarding how to help the Phase Two applicant with the reduced award amount.

**Dr. Smutz** replied that PGO will announce to the grantees that they have received funding and inform them of the amount that they will be awarded. The applicant will be asked to submit a revised budget for Budget Year One. Dr. Smutz surmised that the applicant would move some project activities from Year One to Year Two. In previous iterations, Phase Two grantees were awarded \$500,000 in the first year and \$500,000 in the second year. That language has been removed, and the announcement now states that applicants may use \$1 million over two years.

**Dr. Nation** expressed his hope that protections were in place to ensure that the applicant will still provide a product consistent with what was proposed.

**Dr. Smutz** agreed and noted that NCIPC's biggest concern is that the grantees will have sufficient funding to move the product forward. When the revised budget and workplan are submitted, NCIPC will scrutinize them to ensure that the grantee will be able to provide a strong product at the end of the funding period.

### **Motion: PA-13-234 and PA-14-071**

**Dr. Borkowski** moved to accept the staff recommendations regarding SBIR Applications Submitted to PA-13-234 and PA-14-071. **Dr. O'Connor** seconded the motion. The motion passed unanimously with no abstentions.

### **Closing Comments / Adjourn**

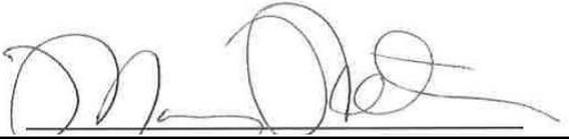
**Gwendolyn Cattledge, PhD, MSEH**  
**Deputy Associate Director for Science**  
**National Center for Injury Prevention and Control**  
**Centers for Disease Control and Prevention**  
**Designated Federal Officer, NCIPC BSC**

**Dr. Gwendolyn Cattledge** thanked the BSC for their work and Dr. Nation for serving as chair. She asked them to reserve the date of August 11, 2014, for the final teleconference secondary review. Those participating via phone were asked to send an email to Mrs. Lindley to confirm their presence. She reminded them to scan and email or fax their scoring sheets to Mrs. Lindley. With no additional questions or comments from BSC members or federal liaisons, the meeting was officially adjourned at 10:40 am.

**Certification**

I hereby certify that to the best of my knowledge, the foregoing minutes of the July 29, 2014 NCIPC BSC meeting are accurate and complete:

09/18/2014  
Date

  
Maury Nation, PhD  
Chair

**Attachment A: Meeting Attendance****BSC Members****John P. Allegrante, PhD**

Deputy Provost  
Teachers College  
Columbia University

**John G. Borkowski, MD**

Professor  
Department of Psychology  
University of Notre Dame

**Samuel Forjough, MD, MPH, DrPH, FGCP**

Department of Family and Community Medicine  
Texas A&M Health Science Center College of Medicine

**Carolyn J. Cumpsty Fowler, PhD, MPH**

Assistant Professor  
Johns Hopkins University School of Medicine  
Bloomberg School of Public Health

**Deborah Gorman-Smith, PhD**

Chicago Center of Youth Violence  
Chaplin Hill at University of Chicago

**Robert L. Johnson, MD**

Dean  
University of Medicine and Dentistry  
New Jersey Medical School

**Sherry Lynne Hamby, PhD**

Department of Psychology  
Sewanee The University of the South

**Angela D. Mickalide, PhD, MCHES**

Executive Director  
Emergency Medical Services for Children's National Resource Center  
Children's National Medical Center

**Sherry D. Molock, PhD**

Associate Professor  
Department of Psychology  
The George Washington University

**Maury Nation, PhD**

Associate Professor  
Department of Human and Organizational Development  
Vanderbilt University

**Robert O'Connor, MD**

Professor and Chair  
Department of Emergency Medicine  
University of Virginia

**Christina A. Porucznik, PhD, MSPH**

Assistant Professor  
Department of Family and Preventive Medicine  
University of Utah

**Maria Testa, PhD**

Senior Research Scientist  
Research Institute on Addictions  
University of Buffalo

**Shelly D. Timmons, MD, PhD, FACS**

Director of Neurotrauma  
Department of Neurosurgery  
Geisinger Medical Center

**Federal Liaisons****Dawn Castillo, MPH**

Director  
Division of Safety Research  
National Institute for Occupational Safety and Health

**Lisa J. Colpe, PhD, MPH**

Chief, Office of Clinical and Population Epidemiology Research  
Division of Services and Intervention Research  
National Institute of Mental Health

**Thomas E. Feucht, PhD**

Executive Senior Science Advisor  
National Institute of Justice

**Iris R. Mabry-Hernandez, MD, MPH**

Medical Officer, Senior Advisory for Obesity Initiatives  
Center for Primary Care, Prevention, and Clinical Partnerships  
Agency for Healthcare Research and Quality

**CDC Staff and Others**

Don Blackmon  
Kendra Cox (Cambridge Communications, Training, and Assessment)  
Gwendolyn Cattledge, PhD, MSEH

Linda Dahlberg, PhD  
Tamera Haegerich, PhD  
Daniel Holcomb, PhD  
Tonia Lindley  
Sue Neurath  
David Sleet, PhD  
Paul Smutz, PhD  
Jane Suen, DrPH  
Mildred Williams-Johnson, PhD, DABT

**Attachment B: Acronyms Used in this Document**

<b>Acronym</b>	<b>Expansion</b>
BSC	Board of Scientific Counselors
CDC	Centers for Disease Control and Prevention
COI	Conflict of Interest
ERPO	Extramural Research Program Office
FACA	Federal Advisory Committee Act
FOA	Funding Opportunity Announcement
FY	Fiscal Year
ICRC	Injury Control Research Center
MMWR	Morbidity and Mortality Weekly Report
NCIPC	National Center for Injury Prevention and Control
NICHD	National Institute of Child Health and Human Development
NIDA	National Institute of Drug Abuse
NIH	National Institutes of Health
ONDIEH	Office of Non-Communicable Diseases, Injury, and Environmental Health
PA	Program Announcement
PI	Principal Investigator
PGO	Procurement and Grants Office
RCT	Randomized Controlled Trial
SBIR	Small Business Innovation Research