PRESIDENT’S REPORT
SUPPLEMENT

PROGRAM LISTING AND
VIEW OF IOM FINANCES

ANNUAL MEETING
OCTOBER 7-8, 2007

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES
8 October 2007

Dear Colleagues and Friends of the Institute of Medicine,

This has been a busy and fulfilling year for the Institute of Medicine. During the past twelve months, we completed studies on topics ranging from tobacco to posttraumatic stress disorder, saw a surge of interest in IOM-sponsored roundtables and forums, reached new milestones in collaboration with academies in other parts of the world, prepared outreach efforts to the public, and influenced legislation and policy making. Within the IOM and the National Academies, we introduced quality improvement to our own processes; noted the transition of an esteemed Executive Officer, Susanne Stoiber, and prepared to welcome her successor, Judy Salerno; celebrated the achievements of one presidential couple, David and Beatrix Hamburg; mourned the loss of our first president, John Hogness; and announced the re-appointment of another, yours truly.

Traveling in Quality Class

In May of this year, I had the opportunity to visit Dallas at the invitation of Carole and Jim Young, members of the Presidents’ Circle of the National Academies. There, I met with Kern Wildenthal and his associates, including a number of other IOM members, at the UT Southwestern Medical Center. If any of you has not been there for a while, you will be impressed, as I was, by the extraordinary growth and development of the Medical Center, a tribute to the steady leadership Dr. Wildenthal has exerted as president for more than 20 years and a reflection of the strength and contributions of academic medicine in cities around the country.

On the second morning of my visit, I attended a gathering of more than a hundred senior staff—physicians, nurses, administrators—at the Medical City Hospital of Dallas, in an open forum led by its president, Britt Berrett. It turned out that this was one of a series of “book club” discussions that the CEO hosts with staff and, occasionally, a guest such as myself. The book chosen for the day was the landmark IOM report, *Crossing the Quality Chasm: A New Health System for the Twenty-First Century* (2001). Much of the informal and active dialogue (Mr. Berrett and I sat on high stools at the front of the auditorium) dealt with practical implementation of quality improvement strategies. It was evident that the hospital, whose board Carole Young chairs, had already absorbed the lessons: in 2006, Medical City Hospital was recognized as one of only four Texas institutions that year to receive the Texas Award for Performance Excellence, in a program patterned after the Malcolm Baldrige National Quality Awards. True to the message of the IOM report, an institution that could
claim success was continuing to seek ways to improve the processes of care and its overall performance. Being the best, as I like to remind myself and colleagues at the IOM, is no reason not to get better.

Pioneering improvements in health care quality are occurring at medical institutions across the country. Recently, I visited Pittsburgh, where the University of Pittsburgh Medical Center (UPMC) has burgeoned, earning increased national stature and recognition. At the same time, a community hospital independent of UPMC, the Allegheny General Hospital on the North Side of Pittsburgh, has achieved remarkable results in virtually eliminating central line infections in their coronary care unit. This has been accomplished through active collaboration of nurses and doctors, detailed and systematic analysis of the processes of line placement and maintenance, and establishment of consistent routines for care delivery, all in line with the IOM recommendations on reducing medical errors. As in Texas, progress in quality is occurring both within and around major academic medical centers.

This kind of progress is accelerated and reinforced by leaders in government, academia, professional associations, business and civic organizations, healthcare institutions, and foundations, such as the Agency for Healthcare Research and Quality (led by IOM member Carolyn Clancy), the Centers for Medicare and Medicaid Services as well as private insurers, the Institute for Healthcare Improvement (led by IOM Council member Donald Berwick), the American Board of Internal Medicine Foundation (led by IOM Council member Chris Cassel), the National Quality Forum (led by IOM Member Bill Roper as board chair and Janet Corrigan, a former IOM board director), the Leapfrog Group of the Business Roundtable, and the Robert Wood Johnson Foundation (led by IOM member Risa Lavizzo-Mourey), and a host of other government agencies, professional associations, and private actors.

The IOM continues to beat the drum for quality, efficiency, and value in health care through more than 20 reports in our *Quality Chasm* series, and including, for example, a workshop summary last spring on *Advancing Quality Improvement Research: Challenges and Opportunities*. A particularly valuable, new set of activities has been established under our *Roundtable on Evidence-Based Medicine*, organized by IOM Senior Scholar Michael McGinnis and chaired by Denis Cortese, President and CEO of the Mayo Clinic. Its workshop summary on *The Learning Healthcare System*, released in April 2007, is a very worthwhile read.

**Influencing National Policy**

After the release last fall of the IOM report on improving the effectiveness of the Food and Drug Administration (*The Future of Drug Safety: Promoting and Protecting the Health of the Public*), the FDA introduced a number of changes in response to IOM recommendations. Now, less than one year later, new legislation, drawing substantially (though incompletely) on the IOM report, gives the FDA new authority and responsibility, especially with respect to post-approval drug safety. One provision in the law expressly directs the Secretary of Health and Human Services to report within the next year on the
extent to which the FDA has implemented changes in response to the recommendations from the IOM.

Another topic that will be subject to Congressional scrutiny and action in coming months is re-authorization of the President’s Emergency Plan for AIDS Relief, known in the acronym-rich environment of Washington as the PEPFAR program. Enacted in 2003, PEPFAR is a $15-billion effort to treat 2 million persons with HIV infection, prevent 7 million new infections, and provide care to 10 million affected persons, including AIDS orphans. In the original legislation, the IOM was asked to undertake an evaluation of the program. This complex, multi-part undertaking was chaired by IOM Foreign Associate Jaime Sepúlveda and ably staffed by Michele Orza. The committee’s work entailed field visits to all but one of the 15 project countries, the last averted on advice of the State Department for security reasons. The committee’s report, *PEPFAR Implementation: Progress and Promise*, was released at a public briefing on 30 March 2007. The IOM committee found that PEPFAR has made a good start, already saving many thousands of lives that would otherwise be lost, and that the program needs to be more fully incorporated into mainstream medical care, given flexibility to respond to local conditions, and made sustainable.

Following its release, the IOM report was widely covered in newspapers and broadcast media, including a *New York Times* editorial that reiterated the main points of the IOM analysis. A *Lancet* editorial featured the report, saying, “It provides valuable guidance and a sobering summary of the challenges ahead, not only to U.S. policymakers but also to everyone who is working to end the HIV/AIDS pandemic.” Recently, President Bush requested re-authorization at a level of $30 billion for continuation of the program, and it will be up to Congress to decide. A number of Congressional figures have referred to the IOM report in their comments. For example, in discussing PEPFAR re-authorization, Senator Russ Feingold (D-WI) remarked, “The comprehensive and integrated approach envisaged by the IOM report . . . will be an essential principle to guide this next phase of the battle against HIV and AIDS.” I like to think that the Congress can accomplish a lot—and even retain the acronym—by changing the title and intent from the President’s “Emergency” Plan for AIDS Relief to the President’s “Enduring” Plan for AIDS Relief.

**Advancing the Public’s Health**

When IOM reports deal with matters related to individual health choices, public media play a key role in helping to convey our messages to the public. For example, when the IOM report *Seafood Choices: Balancing Benefits and Risks* was released last October, more than 130 news stories appeared in newspapers and magazines, and at least 200 stories aired on network and cable television stations. Eight editorials ran in daily papers, including the *New York Times, International Herald Tribune,* and *Newsday,* and the *Washington Post* gave extensive coverage to the report. In its April 2007 issue, *Good Housekeeping* (with a monthly circulation of more than 4 million) ran a feature article on the benefits and risks of seafood choices (with recipes, of course) drawn from the report of the IOM and other sources.

The IOM report *Nutrition Standards for Foods in Schools: Leading the Way Toward Healthier Youth* contained messages for parents and policy makers alike. Scores of TV
newscasts, including ABC World News, CBS’s The Early Show, and Fox News featured the report. Stories appeared in dozens of daily newspapers across the country, including a number of front-page articles. An editorial by the *New York Times* called on Congress to mandate the IOM’s recommended standards. A *Washington Post* editorial declared that the “report gives school districts a set of sensible and authoritative guidelines for snack sales; they ought to comply.” And an editorial in the *Boston Globe* endorsed IOM’s “tough standards” and urged the Congress to enact them. In the Congress, Senator Tom Harkin (D-IA), chair of the Senate Committee on Agriculture, Nutrition and Forestry, praised the IOM study for “offering[ing] a toolkit for local, state, and federal policymakers who already know that we need to do more—much more—to promote sound child nutrition.”

No risky behavior extracts more years of life than smoking. This past spring, the IOM confronted the problem in a bold report, *Ending the Tobacco Problem: A Blueprint for the Nation*. Among other recommendations, the report calls for an increase in cigarette excise taxes, broadened restrictions on smoking indoors, special attention to preventing youth from initiating tobacco use, new programs to help smokers quit, and stronger federal regulation of tobacco through the FDA or another federal agency. The report prompted more than 100 stories on television and radio programs, and it was covered in dozens of newspapers, including an extensive article in the *Washington Post* that was reprinted in a number of other papers. Editorials in the *New York Times*, the *Washington Post*, and a number of other papers called for action based on the report’s recommendations. The primary sponsor of the study, the American Legacy Foundation, has incorporated messages from the report in a new advertising campaign.

**Raising Healthy Children in Healthy Communities**

Nutrition and tobacco, along with mental health and injury prevention (in February, we released a report on *Preventing Teen Motor Crashes*), bear directly on the health of children and adolescents. For the past several months, the communications director at the IOM, Bethany Hardy, and her staff have been laying the groundwork for a new effort we call the “Healthy Children Campaign.” The aim is to reach and influence at least 500,000 people in disadvantaged communities with key messages drawn from the work of the IOM. Even if you consider only the IOM work to prevent childhood obesity, if this campaign can succeed, it will repay its estimated cost of $580,000 many times over. We have secured more than $200,000 from a variety of sources for the first phase of this project, and we are eager to do more.

This project is an outgrowth of earlier work supported by our Kellogg Health of the Public endowment. Last year’s Kellogg project exposed the ways that food and beverage marketing affects local residents’ dietary choices. This effort keyed off the IOM report *Food Marketing to Children and Youth: Threat or Opportunity?* (2006). Working in partnership with the Academy for Educational Development and using a technique known as “community youth mapping,” we mobilized adolescents, key stakeholders, and health officials in Harlem, NY, Pinellas County FL, and Bowling Green, KY, to carry out the project.
One intriguing idea that emerged from this project came from a young person in Bowling Green, who recommended distributing a free “smart card” to all young persons in the community. The card would give a discount to the card holders and their families on healthy food choices and fitness equipment. At this time, the IOM is working to establish a partnership in the community between the Healthy Weight Kids Coalition, Western Kentucky University, area restaurants, fitness retailers, schools, and WBKO, the local ABC television affiliate, to introduce a pilot project, and we hope to see it flourish in the year ahead.

**Elevating Visibility**

One of the special roles that the IOM can play is to elevate the visibility of key problems or health concerns that deserve more attention than they receive. Some examples in recent years include the IOM's work on sleep disorders and sleep deprivation, on health literacy, on meeting the health needs of cancer survivors following their acute care, on strategies to pay for combination drugs to treat malaria, and on the crisis in emergency medical services, which we followed up this year with a workshop on *The Future of Emergency Care*.

In April 2007, the IOM released a report on *The Future of Disability in America*, outlining the scope, complexity, and need in this sadly underappreciated challenge to our society. Today, more than 40 million Americans live with some type of physical or mental disability, and with an aging population and injured war veterans, the numbers are growing. As the IOM also reported a decade ago, health plans with restricted coverage for assistive technologies and services remain a major problem for persons with disability. It is ironic that at the same time that exciting new technological solutions are coming into view (see the report in last year's National Academies Keck Futures Initiative on *Smart Prosthetics: Exploring Assistive Devices for the Body and Mind*), policy and coverage are so far behind. The IOM was active last year on other aspects of disability policy as well, producing a report on *Improving the Social Security Disability Decision Process*, and several dealing specifically with veterans, including *Improving the Presumptive Disability Decision-Making Process for Veterans, A 21st Century System for Evaluating Veterans for Disability Benefits*, and *PTSD Compensation and Military Service*.

**Enabling Others**

One of the most gratifying moments for a report’s release this year came on a day when the IOM did not release a report. Rather, on August 22nd, the Academy of Sciences of South Africa released a consensus report concluding that no food could serve as a primary treatment for HIV infection, only as a supplement. This was a significant declaration because the minister of health in South Africa had touted garlic, lemon, olive oil, and other foods as the primary treatment for HIV over anti-retroviral therapy. This report from the South African Academy was the first fruit from the African Science Academies Project whereby the U.S. National Academies have collaborated with counterparts in Africa to enable those countries’ scientists and health experts to exert a role in policy making in their countries.
analogous to that played by the National Academies in the United States. With generous support from the Gates Foundation, and under the guidance of our Board Director, Patrick Kelley, this program is beginning to demonstrate proof of concept.

Other milestones in global health at the IOM this year included a Joint U.S.-Mexico Workshop on Preventing Obesity in Children and Youth of Mexican Origin, a report on Cancer Control Opportunities in Low- and Middle-Income Countries, and a workshop on Global Environmental Health in the 21st Century. We extended work from earlier years on pandemic preparedness with a letter report on Modeling Community Containment for Pandemic Preparedness, a workshop on Preparing for an Influenza Pandemic: Personal Protective Equipment for Health Workers, and the inauguration of a new Forum on Medical and Public Health Preparedness for Catastrophic Events. This Forum will bring together officials from a range of federal agencies, local and state officials, health professional associations, business organizations, and university experts. It is especially important for leaders from all sectors to develop good working relationships and clear understandings of roles and responsibilities in advance of an emergency. One time of heightened vulnerability to a major flu pandemic will be during a period of transition between administrations, as will occur in January, 2009. Continuity of preparedness for the nation, just as continuity of care for a patient transitioning between hospital residents, warrants special attention.

Developing as an Institution

The Forum on Medical and Public Health Preparedness is just one of a dozen roundtable activities that the IOM has in progress or under development, covering such diverse topics as Drug Discovery, Development, and Translation, and Health Disparities. This growing number reflects a conscious decision on the part of the IOM Council and leadership that the IOM should do more to bring together relevant parties from government, universities, business, professional groups, and the interested public to share perspectives, develop fresh understanding and solutions to health problems, and find new and better ways to meet health needs. The Forums, like the IOM Member Interest Groups, represent a way for more people to be actively involved and lend their ideas and guidance to the IOM.

Within the IOM, we are mindful of many ways to improve our internal operations, to make our work more fulfilling to our member and expert volunteers and more satisfying for staff. Earlier this year, Clyde Behney and Susanne Stoiber, encouraged by Don Berwick, initiated a set of exercises intended to apply the so-called “lean” principles of value stream analysis and rapid improvement events, familiar in industry, to the IOM itself. Our first exercise focused on the initial meeting of a study committee. It proved so successful that the National Research Council adapted the process to a second, Academies-wide focus on the internal review and approval of proposed studies. Step by step, with enough perseverance, we know we can make our own work more efficient and successful.

After Susanne Stoiber stepped down as IOM Executive Officer in August, it was our good fortune that Clyde Behney has been willing and able to step in so seamlessly as Interim
Executive Officer. With the help of a hard-working advisory group, we have recruited a superb individual as Susanne’s successor. Judy Salerno, currently the deputy director of the National Institute on Aging, will join us in early January, 2008, as the IOM Executive Officer. A noted leader in geriatrics, Dr. Salerno brings professional expertise, familiarity with the ways of Washington, managerial excellence, and personal skills to her position. I hope you will join me in welcoming Judy Salerno most cordially to her new post at the IOM.

On the Sunday before this year’s IOM Annual Meeting, we had the opportunity to dedicate a conference room in the Keck Center of the National Academies in honor of David and Beatrix Hamburg. As many of you know, David was president of the IOM during a crucial period of development in the mid- to late-1970’s when many of the organizational elements that are familiar today were first conceived. Betty Hamburg was instrumental especially in developing programs at the IOM connected with the health of children. I believe the Hamburg family, including daughter Peggy, represents the only triply-elected family of members in the 37-year history of the IOM.

Sadly, this year witnessed the passing of the first president of the IOM, John Hogness, who served from 1971 to 1974. He came to the IOM from the University of Washington and returned to take up the post of president of the University. John Hogness was a towering figure, literally (at 6 feet 4 inches in height) and intellectually. He established the principles of independence, reliance on evidence, and intellectual integrity that imbue the work of the IOM to this day. When you enjoy the reception at the end of the day’s Annual Meeting, think of Dr. Hogness, because he also enjoyed a good party and established the tradition of this grand celebration at the conclusion of the Annual Meeting.

This meeting marks the sixth year of my presidency of the IOM, and I realize how much we have been advantaged by the leadership of all my predecessors in this position, including Bob Glaser, who served in an initial, acting capacity, and Stu Bondurant, who stepped up to an interim role at a later date, Don Fredrickson, who followed John Hogness, and Fred Robbins, Sam Thier, and Ken Shine, who followed David Hamburg. It is a privilege today to work side by side with such outstanding individuals as Ralph Cicerone, president of the National Academy of Sciences, and Chuck Vest, president of the National Academy of Engineering, as it was with their predecessors, Bruce Alberts and Bill Wulf. The daily joy in this unique organization comes from the combination of purpose, place, colleagues, and the special opportunity at the IOM to make a positive difference for health. It is a wondrous thing to be in Washington with one’s only responsibility to use science and evidence to speak truthfully.

As I look forward to a second term of service as IOM president, I am very grateful for the support of our sponsors, our members, and Council. I appreciate being able every day to work with such a talented and professional staff, and I depend profoundly on my capable assistant, Sandra Matthews, who also served four presidents before me. I am especially thankful for the help of such outstanding colleagues as Steve Ryan and Hal Fallon, our current and former Home Secretary, and Jo Ivey Boufford and David Challoner, our current and former Foreign Secretary. Above all, I know that we depend on the selfless service of the many members and others who volunteer their time and expertise and enable the IOM to shine.
Health is on the ascendancy in the nation’s domestic agenda. The IOM is well positioned to bring the best thinking and guidance to the fore on any challenging question that may arise: expanding insurance coverage; strategies for discovery, innovation, and affordability in health care; reducing disparities in care; advancing quality of care in all its dimensions; providing compassionate care for the whole patient; achieving value in health care; coping with the health needs of an aging population; protecting the health, nutrition, and well-being of children; facilitating the rise of personalized medicine; protecting one’s own health; integrating medicine and public health; information technology in the service of sounder health decisions; attaining evidence-based medicine; designing the hospital of the future; meeting primary care needs; new challenges in environmental health; producing the future workforce for biomedical research and health care; pandemic preparedness and global interdependence on health; and much more. The future of the IOM is rich with opportunity and responsibility to apply science and evidence to advance the health of the public.

Working together, we can accomplish much, and we have much yet to do.

Sincerely,

Harvey V. Fineberg, M.D., Ph.D.
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Janet A. Stoll, Director
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RECENT PUBLICATIONS

Following is a list of IOM publications issued since the 2006 Annual Meeting.


Preparing for an Influenza Pandemic: Personal Protective Equipment for Healthcare Workers, September 18, 2007


Understanding the Benefits and Risks of Pharmaceuticals: Workshop Summary, August 14, 2007

Improving the Presumptive Disability Decision-Making Process for Veterans, August 9, 2007


Environmental Public Health Impacts of Disasters: Hurricane Katrina, Workshop Summary, June 14, 2007

Ethical and Legal Considerations in Mitigating Pandemic Disease: Workshop Summary, June 11, 2007


Training Physicians for Public Health Careers, June 6, 2007

Long-Term Health Effects of Participation in Project SHAD (Shipboard Hazard and Defense), May 30, 2007

Ending the Tobacco Problem: A Blueprint for the Nation, May 24, 2007

Advancing Quality Improvement Research: Challenges and Opportunities, Workshop Summary, May 23, 2007

Nutrigenomics and Beyond: Informing the Future, Workshop Summary, May 21, 2007

Future of Emergency Care: Dissemination Workshop Summaries, May 17, 2007


The Future of Disability in America, April 24, 2007

Adverse Drug Event Reporting: The Roles of Consumers and Health Care Professionals, Workshop Summary, April 12, 2007

The Learning Healthcare System: Workshop Summary, April 2, 2007
PEPFAR Implementation: Progress and Promise, March 30, 2007


Influence of Pregnancy Weight on Maternal and Child Health: A Workshop Report, February 27, 2007

Improving the Social Security Disability Decision Process, February 13, 2007

Global Environmental Health in the 21st Century: From Governmental Regulation to Corporate Social Responsibility, Workshop Summary, February 12, 2007

Assessing the Medical Risks of Human Oocyte Donation for Stem Cell Research: Workshop Report, February 6, 2007

Preventing Teen Motor Crashes: Contributions from the Behavioral and Social Sciences, February 5, 2007

Cancer Control Opportunities in Low- and Middle-Income Countries, February 1, 2007


Assessment of the NIOSH Head-and-Face Anthropometric Survey of U.S. Respirator Users, January 24, 2007


Implementing Cancer Survivorship Care Planning: Workshop Summary, December 20, 2006


Amyotrophic Lateral Sclerosis in Veterans: Review of the Scientific Literature, November 10, 2006

Dietary Reference Intakes Research Synthesis: Workshop Summary, October 20, 2006

Seafood Choices: Balancing Benefits and Risks, October 17, 2006

Gulf War and Health, Volume 5: Infectious Disease, October 16, 2006
The principal goal of the Board on African Science Academy Development (BASASD) is to advance the ability of nations in Africa to address their most serious health challenges by (1) enhancing the capacity of African academies of science to provide independent, evidence-based policy advice to their governments, and (2) building African governments’ appreciation of and demand for advice from these academies.

This 10-year effort engages nationally-based science academies in Cameroon, Ghana, Kenya, Nigeria, Senegal, South Africa, and Uganda; the African regional science academy, the African Academy of Sciences (AAS); and the Network of African Science Academies (NASAC). The program also explores the viability of other sub-regional consortia.

The specific objectives of this initiative include the following:

- Select African academies of science with the greatest promise to provide evidence-based health policy advice.
- Provide training for staff members from each participating academy to prepare them to support the conduct of policy advisory activities and manage finances.
- Promote continuous discussion and debate of evidence-based policy development in cross-cutting areas of health and sustainable development.
- Strengthen academy policy advisory capacity through mentored policy advisory activities.
- Strengthen substantive, managerial, and fiscal independence of academies of science through support of independent policy advisory activities and financially matched activities.
- Develop human, material, and organizational infrastructure in each academy to support the contribution of science to policy advisory work in the future.
- Build a regional alliance through annual symposia and learning collaboratives to enable participating academies and leading scientists in non-participating countries to learn from and support each other as they develop their roles.
- Develop demand from African governments and civil society organizations for evidence-based policy advice from African academies of science.
- Externally evaluate project outcomes and the effectiveness of the processes used to achieve project outcomes.

Organized: 2004

RECENT ACTIVITIES
Partnership Development
The science academies of Nigeria, South Africa, and Uganda—competitively chosen to participate in the program at the most intensive level—are receiving support and collaborative assistance in advisory activities. The initiative is also supporting strategic planning processes with the academies of Cameroon, Ghana, Kenya, and Senegal, and the African Academy of Sciences.

Nigerian Academy of Science
The Nigerian Academy of Science has established an ongoing convening activity—a Forum on Evidence-Based Policy Making in Nigeria. In February 2006, a multi-stakeholder planning meeting was held to take stock of the highest priority health issues that could potentially be addressed by an Academy-led Forum. A Forum workshop on the topic of blood safety was held in November 2006 and another workshop on the topic of under-five mortality was held in June 2007.

Academy of Science of South Africa
In order to publicize its work to build key relationships with policymakers, the Academy of Science of South Africa held a symposium in March 2006 on evidence-based advice to government. The event provided an opportunity to explore the Academy’s role as an independent provider of evidence-based advice on a broad range of topics and issues. The Academy of Science of South Africa has released its first consensus study in which a carefully selected committee examined the evidence and made recommendations on the topic of nutritional influences on human immunity, with special reference to tuberculosis and HIV infections. At the request of the South African government’s Department of Science and Technology (DST), the Academy will be undertaking a study on science-based approaches to the...
alleviation of poverty in South Africa. Poverty alleviation is one of five new national missions of the DST as outlined in the country's 2005 R&D Strategy.

Uganda National Academy of Science The Uganda National Academy of Sciences has established a Forum on Health and Nutrition. A stakeholder workshop held in November 2005 explored the feasibility of establishing an ongoing evidence-based discussion forum in Uganda. The workshop summary of this meeting, Partnering for Science in Uganda: Establishing the Forum on Health and Nutrition, was recently released and is currently being disseminated. In September 2006, the Academy held its first forum workshop, Malaria Control and Prevention: Strategies and Policy Issues. From this workshop it was decided that the Academy's first consensus study, which took place in July 2006, would be on Assessing Malaria Vector Resistance to Insecticides Used for Indoor Residual Spraying in Uganda. The report is currently in the process of being developed and will provide a number of recommendations and conclusions.

Strategic Planning Partnerships
U.S. staff has facilitated strategic planning sessions with the academies of Cameroon, Ghana, Kenya, Nigeria, South Africa, and Uganda, and the African Academy of Sciences. A member of the external evaluation team conducted a similar session with the science academy of Senegal, and a second strategic planning session with U.S. staff was conducted in January 2007. Through these sessions, the academies have explored future goals, identified obstacles to and opportunities for achieving these goals, defined strengths and weaknesses of their academies, and outlined specific strategies for achieving their goals. The sessions have highlighted the importance of developing a monitoring and evaluation framework to assist academies in tracking their progress toward the goals and objectives of the strategic plan. The academies of Cameroon, Ghana, Kenya, Senegal, and Uganda, and the African Academy of Sciences have submitted strategic plans and accompanying monitoring frameworks.

March 2007 Visit of African Science Academies to DC
To provide a concrete model for advisory activities being established by several of the African academies, 13 African academy staff members were invited to attend a number of training sessions in Washington, DC., in March 2007. This week-long event provided an excellent opportunity for networking among academies. The objectives of this visit were the following:

- Familiarize staff from various African academies with the functions, organizations, and operations of the U.S. National Academies.
- Gain a greater appreciation for the values and concepts that underlie the operation of the U.S. National Academies.
- Provide participants with practical skills and technical knowledge that will be useful to them in designing, planning, managing, and disseminating their own academy's activities.
- Foster an exchange of ideas on how science academies in Africa might be used to support policymaking.
- Provide program officers from U.S. and various African Science Academies the opportunity to network and to develop and strengthen professional relationships in order to build international networks of program officers who can direct policy studies.

In addition to learning about consensus and convening activities, staff heard such presentations as Building Values into an Organization, Challenges of Project Development in the U.S. and in Africa, and Improving Written Communication In the African Science Academies: What Are the Needs? They also participated in a number of small working groups and worked through the committee process using an example of a Malawi Academy study on HIV and elderly people. The group was able to actually work through the process using this as an example. They went through the exercise of forming the committee (free from bias and conflicts of interest), developing a budget and timeline, and identifying reviewers for the final report.

Annual Meeting and Joint Learning Session
The annual meeting, which is hosted by one of the African science academies in years 2-10 of the initiative, includes staff and member representatives of each of the academies, government leaders, and members of the media, as well as invited technical experts. The annual learning collaborative portion focuses on collaborative problem solving, exchange of best practices and strategies for project implementation, and training of African staff.
2006 Annual Meeting
The second annual meeting of the African Science Academy Development Initiative was held November 12-16, 2006, at the Hilton Yaoundé Hotel in Yaoundé, Cameroon. This meeting was hosted by the Cameroon Academy of Sciences. This 5-day event featured a half-day meeting of the U.S. NAS Board on African Science Academy Development and a parallel meeting of the Network of African Science Academies. During part of the board meeting, leaders from the eight participating African academies were present to participate in discussions of project policy issues such as reimbursement rates, compensation for committee service, etc. The leadership from each academy also met privately with the board members to address additional items specific to their own academy.

Following this, a 2-day joint learning session was held for the attending members and staff of the African academies. The objectives of this session were to promote information exchange and lessons learned among team members of the different science academies; help participants develop practical skills and technical knowledge that will be useful in planning and managing their own academy’s activities; help participants achieve a greater understanding of the project’s overall goals; and help participants refine, develop, or advance each academy’s monitoring and evaluation framework. The first day included general reflection and discussion of the highlights and challenges of the previous year’s work under ASADI and an exchange of experiences related to strategic planning; the planning, development, and management of forums; designing advisory processes in Africa; and establishing a role for national science academies in the evolving science system in Africa. The second day of this session focused on media relations and effective dissemination strategies. The academy representatives participated in an interactive session with African media representatives on key issues related to communicating with the public and the media and then engaged in small group discussions on effective dissemination and communication strategies.

This was followed by a 2-day public session entitled Prioritizing Food Security Policies for Health and Development in Africa. This session aimed to foster the exchange of ideas on how the science academies might be used to support policymaking, provide participants with opportunities to network and develop/strengthen relationships (e.g., among policymakers and representatives of science academies, or among representatives of science academies from different countries), provide relevant insight into participants’ work and interests, and deepen participants’ understanding of the process of evidence-based policymaking. A diverse slate of speakers stimulated discussion at the conference about the key food security policy issues in Africa and the possible points of entry for science academies, the policymaking process in Africa and the factors that constrain or promote the use of evidence in decision making, potential approaches or methodologies for evidence-based advising, and factors that may help nurture productive relationships between policymakers and science academies. Some topics covered included nutrition and health, agricultural productivity with a focus on biotechnology and African agriculture, agricultural and natural resource management and keys to sustainable agricultural production, and food emergencies and safety net programs.

2007 Annual Meeting
The African science academies were contacted in June 2005 to gauge their interest in hosting the 2006 annual meeting, and the academies of four countries—Cameroon, Senegal, South Africa, and Uganda—submitted formal offers to host. At this time, the Senegal Academy was selected to host the 2007 meeting in Dakar, Senegal. Discussions at the 2006 meeting involved selection of the 2007 conference theme. The U.S. National Academies staff offered a set of criteria that could guide the selection of the theme: the theme should illustrate the potential for evidence-based advising, should be suitable for highlighting current academy work, should be relevant to multiple scientific disciplines, should be relevant to current national and regional policy issues and to the global science academy movement, should offer potential for a robust slate of speakers and discussants, and should be attractive to other donors. The group ultimately decided on the theme of water and health in Africa.

Planning meetings were held in January and May 2007 to work with the leadership of the Academy of Science and Technology of Senegal and the InterAcademy Advisory Panel to develop a work plan, timeline, budget, and planning process for this year’s meeting in Dakar, Senegal. The
meeting is scheduled to be held November 11-15, 2007, at the Le Meridien President Hotel in Dakar, Senegal. Planning is currently underway.

**BOARD ROSTER**

Enriqueta C. Bond (Chair), President, The Burroughs Wellcome Fund, Research Triangle Park, NC

Jo Ivey Boufford, Professor, Robert F. Wagner Graduate School of Public Service New York University, New York

George Bugliarello, Chancellor, Polytechnic University, Brooklyn, NY

Michael Clegg, Distinguished Professor of Genetics, Department of Botany and Plant Sciences, University of California, Riverside

Phillip A Griffiths, Professor of Mathematics, Institute for Advanced Study, Princeton University, NJ

Princeton Lyman, Adjunct Senior Fellow for Africa Policy Studies, Council on Foreign Relations, Washington, DC

Narciso Matos, Executive Director, Foundation for Community Development

Cheikh Mbacké, Consultant, Population Program, William and Flora Hewlett Foundation

Mumphela A. Ramphele, Chair, Circle Capital Ventures

David Satcher, Director, National Center for Primary Care, Morehouse School of Medicine, Atlanta, GA

**BOARD ON CHILDREN, YOUTH, AND FAMILIES**

*Rosemary Chalk, Director*

The Board on Children, Youth, and Families is a joint activity of the IOM and the National Research Council (NRC) that serves as the focal point for authoritative analysis of research on children, youth, and families, and for the translation of this knowledge to guide policy decisions and professional practices. The board brings a multidisciplinary and evidence-based perspective to bear on the development of policies and programs for children, youth, and families, drawing upon the collective knowledge and analytic tools of the behavioral, social, health and biological sciences. The board also fosters the recognition that children, adolescents, and families constitute unique populations whose important differences are often not addressed in public policy, program development, or the organization and financing of health and human services.

**Organized: 1993**

**RECENT PUBLICATIONS**


*PEPFAR Implementation: Progress and Promise* (with the IOM Board on Global Health) (2007)

*Preventing Teen Motor Crashes: Contributions from the Behavioral and Social Sciences, Workshop Report* (with the NRC Transportation Research Board) (2007)

*Food Marketing to Children and Youth: Threat or Opportunity?* (with the IOM Food and Nutrition Board) (2006)


*Ethical Considerations for Research on Housing-Related Health Hazards Involving Children* (2005)


**CURRENT PROJECTS**

Adolescent Health Care Services and Models of Care for Treatment, Prevention, and Healthy Development

Depression, Parenting Practices, and the Healthy Development of Young Children

Developmental Outcomes and Assessments for Young Children (with the NRC Board on Testing and Assessment)

Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions (with the IOM Board on Health Care Services)

Reviewing the National Children's Study Research Plan (with the NRC Committee on National Statistics and the IOM Board on Population Health and Public Health Practice)

**PROJECTS UNDER DEVELOPMENT**

The Assessment of Children in Foster Care
Delivery of Mental Health Services for Children in Primary Care Settings
Early Childhood Experiences and Brain Chemistry
Effects of Homelessness on Children and Families
Forum on Teen Driving: Safety, Health, and Education Issues
Indicators of Child Health and Wellbeing for Vulnerable Populations
Protecting Children Involved in International Adoptions
Roundtable on the Reduction of Infant Mortality in the District of Columbia

**BOARD ROSTER**

**Bernard Guyer, M.D.** (Chair), Bloomberg School of Public Health, The Johns Hopkins University, Baltimore, MD

**Barbara Wolfe, Ph.D.** (Vice Chair), Departments of Economics and Population Health Sciences, University of Wisconsin, Madison

**William Rigby Beardslee, M.D.**, Department of Psychiatry, Children's Hospital and Harvard University, Boston, MA

**Linda Burton, Ph.D.**, Sociology Department, Duke University, Durham, NC

**P. Lindsay Chase-Lansdale, Ph.D.**, School of Education and Social Policy, Northwestern University, Evanston, IL

**Brenda Eskenazi, Ph.D., M.A.**, School of Public Health, University of California, Berkeley

**Christine C. Ferguson, J.D., M.P.H.**, School of Public Health and Health Services, The George Washington University, Washington, DC

**William Greenough, Ph.D.**, Department of Psychology and Beckman Institute, University of Illinois, Urbana

**Ruby Hearn, Ph.D.**, Robert Wood Johnson Foundation (emerto), Baltimore, MD

**Betsy Lozoff, M.D.**, Center for Human Growth and Development, University of Michigan, Ann Arbor, MI

**Susan Millstein, Ph.D.**, Division of Adolescent Medicine, University of California, San Francisco

**Charles Nelson, Ph.D.**, Laboratory of Cognitive Neuroscience, Children's Hospital, Boston, MA

**Elena Nightingale, M.D., Ph.D.**, Institute of Medicine, The National Academies

**Patricia O’Campo, Ph.D.**, Centre for Research on Inner City Health, St. Michael's Hospital, Canada

**Laurence Steinberg, Ph.D.**, Department of Psychology, Temple University, Philadelphia, PA

**Ellen Wartella, Ph.D.**, Office of the Executive Vice Chancellor and Provost, University of California, Riverside

**Michael Zubkoff, Ph.D.**, Department of Community and Family Medicine, Dartmouth College, Hanover, NH

**FOOD AND NUTRITION BOARD**

*Linda D. Meyers, Director*

The primary goals of the Institute of Medicine’s Food and Nutrition Board are:

1) **Food, Nutrition, and Health**: To provide visionary leadership in the effective application of the full range of nutrition and food sciences to improve human health. To contribute at national and global levels to enhance child growth and development; prevent diet-related deficiencies and chronic diseases; and improve physical and cognitive function, health, and well-being.

2) **Food Safety**: To decrease the incidence of foodborne diseases to improve human health nationally and globally. To apply scientific knowledge to develop advice on policies and approaches to eliminate, reduce, or control the natural, inadvertent, or intentional contamination of the food supply.

Established in 1940, the Food and Nutrition Board is a multidisciplinary group of distinguished scientists and leaders with expertise in the following:

- biostatistics/epidemiology,
- dietetics,
- emerging nutritional sciences,
- food microbiology and food safety,
- food science,
- geriatric nutrition,
- human nutrition,
- international nutrition,
- nutritional biochemistry,
- pediatric nutrition, and
- risk assessment.

**Organized: 1940**
**RECENT PUBLICATIONS**

- Progress in Preventing Childhood Obesity: How Do We Measure Up? (2007)
- Progress in Preventing Childhood Obesity: Focus on Communities (Regional Symposium) (2006)
- Progress in Preventing Childhood Obesity: Focus on Industry (Regional Symposium) (2006)
- Food Marketing to Children and Youth: Threat or Opportunity? (2005)
- Progress in Preventing Childhood Obesity: Focus on Schools (Regional Symposium) (2005)
- WIC Food Packages: Time for a Change (2005)

**CURRENT PROJECTS**

- Committee on Military Nutrition Research
- Development of DRIs, 1994-2004: DRI Lessons Learned and New Challenges Workshop
- Dietary Supplement Use by Military Personnel
- Evidence Framework for Childhood Obesity Prevention: A Planning Meeting

**PROJECTS UNDER DEVELOPMENT**

- Evidence Framework for Childhood Obesity Prevention
- Food and Nutrient Delivery Applications of Nanotechnology
- Food Safety on the Farm: Reducing Microbial Pathogens (with the NRC)
- Joint IOM/WHO Workshop on Biomarkers for Nutrient Risk Assessment
- Scaling Up: Nutrition Interventions for Children Under Two (International)
- Standing Committee on Childhood Obesity Prevention

**BOARD ROSTER**

- Dennis M. Bier, MD (Chair), Department of Pediatrics, USDA/ARS Children’s Nutrition Research Center, and NIH General Clinical Research Center, Baylor College of Medicine, Houston, TX
- Michael P. Doyle, PhD (Vice-Chair), Center for Food Safety, University of Georgia, Griffin
- Diane Birt, PhD, Department of Food Science and Human Nutrition and Center for Research on Dietary Botanical Supplements, Iowa State University, Ames
- Yvonne Bronner, ScD, Department of Public Health, Morgan State University
- Fergus M. Clydesdale, PhD, Department of Food Science, University of Massachusetts, Amherst
- Gordon L. Jensen, MD, PhD, Department of Nutritional Sciences, Pennsylvania State University, University Park
- Reynaldo Martorell, PhD, Hubert Department of Global Health, Rollins School of Public Health, Emory University, Atlanta, GA
- Susan T. Mayne, PhD, Division of Chronic Disease Epidemiology, Yale University School of Medicine
- Sanford A. Miller, PhD, Center for Food, Nutrition, and Agriculture Policy, University of Maryland, College Park
Established in 1985, the Board on Global Health (BGH) is concerned with advancing the health of populations worldwide. This involves addressing developing country health issues, enhancing the U.S. role in global health, and addressing health issues that have implications for U.S. health policy. The board identifies priority issues in these areas and facilitates provision of evidence-based guidance and recommendations to the U.S. government, international organizations, foundations, and non-governmental organizations. The board also collaborates with the medical academies in other countries, developed and developing, on health issues of mutual concern.

Board members have broad expertise in international health and experience in a range of countries. The board focuses on public health programs for prevention and control of disease and disability. This includes assessment of biomedical knowledge, research, and opportunities; reduction of behavioral, socioeconomic, and environmental risks to public health; recognition and guidance on ethical issues in public health; and recognition of opportunities to apply scientific knowledge to public policy making. These activities frequently include addressing the adequacy of the scientific base to support improvements in health and health care, along with the availability of trained personnel, institutional capacity, and supportive partnerships and collaborations.

Organized: 1985

Recent Publications

Cancer Control Opportunities in Low- and Middle-Income Countries (2007)
Ethical and Legal Considerations in Mitigating Pandemic Disease: Workshop Summary (2007)
PEPFAR Implementation: Progress and Promise (2007)
Improving Road Safety in Developing Countries: Opportunities for U.S. Cooperation and Engagement (2006)
Preventing HIV Infection Among Injecting Drug Users in High-Risk Countries (2006)
Quarantine Stations at Ports of Entry: Protecting the Public’s Health (with the IOM Board on Population Health and Public Health Practice) (2006)
Microbial Threats to Health: The Threat of Pandemic Influenza (2005)
**CURRENT PROJECTS**
Forum on Microbial Threats
Methodological Challenges in HIV Prevention Trials
PEPFAR Impact Evaluation Workshop
Preventing Violence in Low- and Middle-Income Countries: Finding a Place on the Global Health Agenda Workshop

**PROJECTS UNDER DEVELOPMENT**
America’s Vital Interest in Global Health: 10 Years Later
(sequel to America’s Vital Interest in Global Health, June 1997)
Enhancing Science Journalism in Africa
Evaluation of Intermittent Preventive Therapy for Malaria in Infants
Global Quality of Care
Long Term Strategy for the Global Response to HIV/AIDS
Malaria Eradication
Mexico-US Forum on Health
Organizational Response to AIDS Review
Regional Summits on Tobacco and Health
Road Traffic Safety in Developing Countries
Sequel to Future Needs for Live Variola Virus
Sustainable Global Surveillance for Zoonotic Diseases

**BOARD ROSTER**
Margaret Hamburg (Chair), Nuclear Threat Initiative, Washington, DC
George Alleyne, Pan American Health Organization, Washington, DC
Donald Berwick (IOM Council liaison), Harvard Medical School, Boston, MA
Jo Ivey Boufford, (IOM Foreign Secretary) New York University, New York
David Challoner, University of Florida, Gainesville
Ciro de Quadros, Sabin Vaccine Institute, Washington, DC
Sue Goldie, Harvard University School of Public Health, Boston, MA
Richard Guerrant, University of Virginia School of Medicine, Charlottesville
Gerald Keusch, Boston University School of Public Health, Boston, MA
Jeffrey Koplan, Emory University, Atlanta, GA
Sheila Leatherman, University of North Carolina School of Public Health, Chapel Hill
Michael Merson, Duke University Global Health Institute, Durham, NC
Mark Rosenberg, Task Force for Child Survival and Development, Decatur, GA
Phillip Russell, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD

**BOARD ON HEALTH CARE SERVICES**
Michele Orza, Acting Director

The Board on Health Care Services oversees activities of the Institute of Medicine concerned with the quality, effectiveness, organization, financing, and delivery of health care services. The board identifies high priority health issues, provides guidance on the conduct of studies and projects, and on occasion carries its own analyses. The board seeks to advance the well-being of people and communities by promoting independent, reliable, scholarly analysis and advice to government, professionals, and other members of the health industry, patients, and the public in general.

Established in 1981, the board is a multidisciplinary group of distinguished scientists and leaders in the health care field with expertise in the following priority areas:
- health care consumer empowerment and protection,
- health care organizations and systems management,
- health care quality improvement,
- health Information Technology,
- health law, insurance, and financing,
- health professions education and practice, and
- human behavior and communications.

Organized: 1981

**RECENT PUBLICATIONS**
Emergency Care for Children: Growing Pains (2007)
Emergency Medical Care: Dissemination Workshop Summaries (2007)
Emergency Medical Services at the Crossroads (2007)
Hospital-Based Emergency Care: At the Breaking Point (2007)
CURRENT PROJECTS
Forum on the Science of Health Care Quality
Improvement and Implementation
Health Care Workforce for an Aging Society
Highly Effective Clinical Services
Implementation of Health IT Standards by the National Coordinator
Psychosocial Services for Cancer Patients

PROJECTS UNDER DEVELOPMENT
Access to Oral Health Care and the Oral Health Workforce
The Future Health Workforce
Optimizing Medical Resident Schedules to Improve Health Care Safety

BOARD ROSTER
Steven A. Schroeder, MD (Chair), Department of Medicine, University of California, San Francisco
Rhonda J. Robinson Beale, MD, United Behavioral Health, Van Nuys, CA
J. Lyle Bootman, PhD, ScD, College of Pharmacy, University of Arizona, Tucson
Jack C. Ebele, MPA, Ebele Consulting, Washington, DC
Douglas A. Hastings, Esq., Epstein, Becker & Green, P.C., Washington, DC
Judith R. Lave, PhD, Graduate School of Public Health, University of Pittsburgh, PA
Thomas H. Lee, MD, Partners HealthCare System, Boston, MA
Arthur A. Levin, MPH, Center for Medical Consumers, New York

Donald M. Steinwachs, PhD, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD
Paul C. Tang, MD, Palo Alto Medical Foundation, Palo Alto, CA
Mary K. Wakefield, RN, PhD, School of Medicine and Health Sciences, University of North Dakota, Grand Forks
Gail R. Wilensky, PhD, Senior Fellow, Project HOPE, Bethesda, MD

BOARD ON HEALTH SCIENCES POLICY
Andrew M. Pope, Director

The Board on Health Sciences Policy oversees and guides a program of activities that is intended to encourage and sustain the continuous vigor of the basic biomedical and clinical research enterprises needed to ensure and improve the health of the public. In conducting these activities, consideration is given to the ethical, legal, and social contexts of scientific and technologic advances, and to the balance between scientific opportunities and public needs. The goals of the Board on Health Sciences Policy include the following:

- Foster the emerging fields of research in the health and biomedical sciences.
- Strengthen the role of science in policy and decision making.
- Promote and improve the education of health and research professionals and of the general public.
- Ensure an adequate workforce in biomedical and clinical research.
- Address issues in biomedical ethics.

The Board on Health Sciences Policy possesses expertise in the following areas:

- academic health center management,
- biomedical ethics,
- biomedical informatics,
- clinical research and translation,
- drug development and regulation,
- genomics and molecular biology,
- health and research professional education,
- medical and public health preparedness.
• neuroscience and nervous system disorders,
• nursing and non-medicine health professions,
• occupational safety and health,
• research administration/program evaluation,
• space biology and medicine, and
• stem cell research.

Organized: 1977

RECENT PUBLICATIONS
Assessment of the NIOSH Head-and-Face Anthropometric Survey of U.S. Respirator Users (2007)
The Future of Disability in America (2007)
Preterm Birth: Causes, Consequences, and Prevention (2007)
Understanding the Benefits and Risks of Pharmaceuticals: Workshop Summary (2007)
Ethical Considerations for Research Involving Prisoners (2006)
Hearing Loss Research at NIOSH: Reviews of Research Programs of the National Institute for Occupational Safety and Health (2006)
Organ Donation: Opportunities for Action (2006)
Reusability of Facemasks During an Influenza Pandemic: Facing the Flu (2006)
Sleep Disorders and Sleep Deprivation: An Unmet Public Health Problem (2006)
Guidelines for Human Embryonic Stem Cell Research (2005)

CURRENT PROJECTS
Aerospace Medicine and the Medicine of Extreme Environments
Conflicts of Interest in Medical Research, Education, Patient Care, and Institutional Management
Forum on Drug Discovery, Development, and Translation
Forum on Medical and Public Health Preparedness for Catastrophic Events
Forum on Neuroscience and Nervous System Disorders
NIOSH Personal Protective Equipment for Workplace Safety and Health
Review of The DHHS Office of Family Planning Title X Program
Roundtable on Translating Genomic-Based Research for Health

PROJECTS UNDER DEVELOPMENT
Medical Preparedness for a Nuclear Event
Military Medical Ethics
Rehabilitation Science and Engineering
Standing Committee on Clinical Trial and Results Registration

BOARD ROSTER
Fred H. Gage, Ph.D. (Chair), The Salk Institute for Biological Studies, San Diego, CA
C. Thomas Caskey, M.D., University of Texas, Houston Health Science Center
Gail H. Cassell, Ph.D., Eli Lilly and Company, Indianapolis, IN
James F. Childress, Ph.D., University of Virginia, Charlottesville
Ellen Wright Clayton, J.D., M.D., Vanderbilt University, Nashville, TN
Linda C. Giudice, M.D., Ph.D., University of California, San Francisco
Lynn R. Goldman, M.D., Johns Hopkins Bloomberg School of Public Health, Baltimore, MD
Lawrence O. Gostin, J.D., Georgetown University Law Center, Washington, DC
Martha N. Hill, Ph.D., Johns Hopkins University School of Nursing, Baltimore, MD
David Korn, M.D., Association of American Medical Colleges, Washington, DC
Alan Leshner, Ph.D., American Association for the Advancement of Science, Washington, DC
Jonathan Moreno, Ph.D., University of Pennsylvania, Philadelphia
E. Albert Reece, M.D., Ph.D., University of Maryland School of Medicine, Baltimore
Linda Rosenstock, M.D., M.P.H., University of California, Los Angeles
The Medical Follow-Up Agency (MFUA) was founded in 1946 shortly after World War II at the urging of Dr. Michael DeBakey, then a colonel in the Office of the Army Surgeon General. In its early years, the program consisted predominantly of clinical follow-up studies in which veterans were examined for after-effects of WWII injuries and diseases. MFUA now conducts a variety of epidemiological research studies and collaborates with qualified researchers from diverse backgrounds to obtain and analyze records data. A unique aspect of this work is that the MFUA staff authors its original research work. Panels of leading expert volunteers are appointed to advise the staff for large, complex studies.

MFUA operates as a special studies unit and is incorporated within the new Board of Military and Veterans Health. MFUA has a separate oversight committee of experts to oversee the portfolio of studies and guide the staff.

Organized: 1946

RECENT PUBLICATIONS
Long-Term Health Effects of Participants in Project SHAD (Shipboard Hazard and Defense) (2007)
Battling Malaria: Strengthening the U.S. Military Malaria Vaccine Program (2006)

CURRENT PROJECTS
Cohort Catalog
Genetics of Personality in Twins
Natural History of Celiac Disease
Transition of the AFHS (Ranch Hand) Biorepository and Database for Future Research Purposes
Update the Morbidity and Mortality Data for the Warren Air Force Base Cohort

JOURNAL PUBLICATIONS

ADVISORY COMMITTEE ROSTER
Daniel H. Freeman, Jr., Ph.D., Committee Chair, Director of Biostatistics, University of Texas Medical Branch, Galveston
Lynn E. Eberly, Ph.D., Assistant Professor of Biostatistics, University of Minnesota, Twin Cities
Irving I. Gottesman, Ph.D., Professor of Adult Psychiatry, University of Minnesota, Twin Cities
Peter S. Spencer, Ph.D., Professor of Neurology, Oregon Health and Science University, Portland

BOARD ON MILITARY AND VETERANS HEALTH
Rick Erdtmann, Director

As a result of the organizational strategic visioning process, systematic self-assessments, and input from the Council, the IOM established a new Board on Military and Veterans Health last year. The goal was to assure that the IOM was positioned to anticipate and respond to emerging issues in medicine and health affecting our veterans and well as those service members still on active duty.

Why a specialized board for this population? Military personnel and their families are exposed to risks and environments that are often distinct from those of the civilian population, and receive health care and other services from dedicated systems within the Department of Defense and the Department of Veterans Affairs. The board views veterans as individuals who have had a military service experience. It includes individuals still serving on active duty; in the reserves or the National Guard, as well as those who have departed military service. This military experience remains with them their entire life. This board addresses health issues that span the full cycle of a veteran's service—from the assessment and access of new recruits to their service as an active or reserve component military member, to their health care needs after discharge from military service. The board serves as a resource for government and non-governmental agencies to obtain advice or assistance in addressing veterans' issues. The portfolio of studies is intended to be very wide-ranging.

Topics of interest to this board include the following:
• medical standards for assessing military personnel;
• best preventive and clinical practices in military medicine;
• surveillance of military populations for illnesses and injuries;
• injuries and illnesses associated with military training;
• deployment-related exposures and diseases;
• mental health care needs;
• disability evaluation and rehabilitation;
• health of the Reserve and Guard;
• medical care for veterans, including access and quality; and
• military medical ethics.

Board members have expertise in biostatistics, clinical/trauma/rehabilitative medicine, environmental toxicology, epidemiology, government policies affecting veterans, medical ethics, mental health, military medicine, preventive medicine, research practices, reserve force health issues, and veterans health systems. The board serves as both a clearinghouse to receive study requests and as an engine to suggest new studies. It also strives to provide a bridging platform for health issues that transition from the Department of Defense health care to the VA health care.

As with all boards in the Institute of Medicine, this board does not perform studies. Each new study will be conducted by a committee of volunteer experts suited to the unique study tasks. The functions of the board are the following:
• to bring the expertise and experience of the nation’s leading scientists and practitioners to focus on the health issues of current and anticipated future importance to military and veteran populations;
• to engage in discussions with the federal agencies accountable for sustaining the health of veterans, Congressional committees concerned with the health of military and veterans, and with the major organizations that monitor and advocate for veterans’ health; and
• to recommend studies that advance understanding of health risks and health consequences of military service and ones that will improve veteran health outcomes.

Incorporated within the board is a existing unit named the Medical Follow-Up Agency (MFUA), established in 1946 to conduct epidemiological data studies utilizing the medical records of armed services personnel and veterans. MFUA continues its operations as a special studies unit conducting original research. MFUA has a separate oversight committee of experts to advise the staff on its studies.

**RECENT PUBLICATIONS**

* Improving the Social Security Disability Decision Process
* PTSD Compensation and Military Service (2007)
* Review of the DoD-GEIS Influenza Programs: Strengthening Global Surveillance and Response (with the IOM Board on Global Health)

**CURRENT PROJECTS**

Making Best Use of the Agent Orange Exposure Reconstruction Model

**PROJECTS UNDER DEVELOPMENT**

Systems Engineering Health Care: Tools and Techniques to Maximize the Effectiveness of the Medical Mission Support to the Department of Defense (with the NAE Program Office and the IOM Board on Health Care Services)

Military Medical Ethics (with the IOM Board on Health Science Policy)

**BOARD ROSTER**

Robert B. Wallace, M.D., MSc. (Chair), Professor of Epidemiology and Internal Medicine, and Co-Director, Iowa Center on Aging, University of Iowa College of Public Health

George K. Anderson, M.D., M.P.H., Executive Director, Association of Military Surgeons of the United States

Michael S. Ascher, M.D., Senior Medical Advisor, Biosciences Directorate, Lawrence Livermore National Laboratory, Livermore, CA

Arthur J. Barsky, M.D., Professor of Psychiatry, Harvard Medical School, Brigham and Women’s Hospital

Diana D. Cardenas, M.D., M.H.A., Chair, Department of Rehabilitation Medicine, Miami Miller School of Medicine

Linda D. Cowan, M.P.H., Ph.D., Professor, Department of Biostatistics and Epidemiology, University of Oklahoma Health Science Center

Timothy R. Gerrity, Ph.D., Director of Technology, Cal State University, San Berndino

Katherine L. Heilpern, M.D., Associate Professor and Chair, Department of Emergency Medicine, Emory School of Medicine, Atlanta, GA

Myron M. Levine, M.D., D.T.P.H., Director, Center for Vaccine Development, University of Maryland School of Medicine

Susan H. Mather, M.D., Chief Public Health and Environmental Hazards Officer, Department of Veterans Affairs (Retired)

Matthew L. Puglisi, M.A., Senior Military Analyst, Aptima, Inc.

Phyllis W. Sharps, Ph.D., R.N., FAAN, Associate Professor, John Hopkins University School of Nursing

Ernest T. Takafuji, M.D., M.P.H., Director, Office of Biodefense Research, National Institute of Allergy and Infectious Diseases

**BOARD ON POPULATION HEALTH AND PUBLIC HEALTH PRACTICE**

*Rose Marie Martinez, Director*

The Board on Population Health and Public Health Practice is broadly concerned with promoting the health of the public—physical, mental, and social—particularly through population-based interventions. The board examines and develops strategies for disease prevention, taking into account the multiple factors affecting health such as genetic endowment, social and environmental conditions, individual behavior (including tobacco use, alcohol consumption, diet, and exercise), and personal preventive serv-
ices. The board addresses the science base for such interventions, the public health infrastructure, and the education and supply of health professionals necessary for carrying them out.

The board has an ongoing program of studies on public health infrastructure, women’s and children’s health, immunization, AIDS and sexually transmitted diseases, and environmental and occupational health. In particular, the board has identified three priority areas that fall within a broad focus covering both preventive services and public health functions to emphasize in its work:

- re-examining public health capacities and responsibilities to meet public health challenges;
- community interventions to promote healthful behavior; and
- occupational and environmental health issues.

**Recent Publications**

- Ending the Tobacco Problem: A Blueprint for the Nation (2007)
- Gulf War and Health, Volume 5: Infectious Diseases (2007)
- Disposition of the Air Force Health Study (2006)
- Posttraumatic Stress Disorder: Diagnosis and Assessment (2006)
- Complementary and Alternative Medicine in the United States (2005)
- Does the Built Environment Influence Physical Activity? Examining the Evidence (2005)
- Estimating the Contributions of Life-Style Related Factors to Preventable Death: A Workshop Summary (2005)
- Human Resources at U.S. Ports of Entry to Protect the Public’s Health: Interim Letter Report (2005)
- Meeting Proceedings of the John R. La Montagne Memorial Symposium on Pandemic Influenza Research (2005)
- Quarantine Stations at Ports of Entry Protecting the Public’s Health (2005)
- Review of the HIVNET 012 Perinatal HIV Prevention Study (2005)
- The Smallpox Vaccination Program: Public Health in an Age of Terrorism (2005)
- Vaccine Safety Research, Data Access, and Public Trust (2005)
- Veterans and Agent Orange: Update 2004 (2005)

**Current Projects**

- Decision-Making Under Uncertainty
- Gulf War and Health: Brain Injury in Veterans and Long-Term Health Outcomes
- Gulf War and Health: Physiologic, Psychologic, and Psychosocial Effects of Deployment-Related Stress
- Gulf War and Health: Updated Literature Review of Depleted Uranium
- Review of NIOSH Research Programs: Traumatic Injury
- Review of the Health Effects in Vietnam Veterans of Exposure to Herbicides (Sixth Biennial Update)
- Roundtable on Environmental Health Sciences, Research, and Medicine
- Roundtable on Health Disparities
- Roundtable on Health Literacy
- Treatment of Post Traumatic Stress Disorder

**Board Roster**

- James W. Curran (Chair), Emory University
- Susan M. Allan, Oregon Department of Human Services
- Georges C. Benjamin, American Public Health Association
- Bobbie A. Berkowitz, University of Washington
The Roundtable on Evidence-Based Medicine was convened in 2006 to engage key stakeholders in collaborative discussion and work to help transform the way evidence on clinical effectiveness is generated and used to improve health and health care. It serves as a mechanism for interested parties from the academic, regulatory, commercial, consumer, philanthropic, and policymaking perspectives to meet, discuss sensitive and difficult issues in a neutral setting, and identify opportunities for collaboration. Roundtable discussion focuses on priority issues in the development and application of better evidence for clinical decision making that can drive improvements in the effectiveness and efficiency of medical care in the United States. Roundtable members work with their colleagues to identify issues not being adequately addressed, the nature of the barriers and possible solutions, and the priorities for action. They marshal the energy and resources of the sectors represented on the Roundtable to work for sustained public-private cooperation for change. Anchoring this work is a focus on three dimensions of the challenge:

1. accelerating progress toward the long-term vision of a learning healthcare system, in which evidence is both applied and developed as a natural product of the care process;
2. expanding the capacity to meet the acute need for evidence to support medical care that is maximally effective and produces the greatest value; and
3. improving public understanding of the nature of evidence, the dynamic character of evidence development, and the importance of insisting on medical care that reflects the best evidence.

Meetings of the Roundtable are held twice a year, with workshops and collaborative groups meeting throughout the year on various topics. Member meetings to date have been held on March 18 and September 21, 2006, and March 19 and September 24, 2007. In initial discussions, participants developed a charter statement setting the goal that, by the year 2020, ninety percent of clinical decisions will be supported by accurate, timely, and up-to-date clinical information, and will reflect the best available evidence.

**RECENT PUBLICATIONS:**

**CURRENT PROJECTS:**
Applying What We Know: Best Practices in Evidence-Based Medicine, Workshop
Creating a Public Good: Clinical Data as the Basic Staple of Healthcare Improvement
Engineering a Learning Healthcare System, Workshop
Evidence-Based Medicine and the Changing Nature of Health Care, Workshop
Judging Results: Standards of Evidence for Healthcare Interventions, Workshop
Leadership Commitments to Improve Value in Healthcare: Toward Common Ground, Workshop
Practice-Based Research: Redesigning the Clinical Effectiveness Research Paradigm, Workshop
The National Cancer Policy Forum (the forum) succeeded the National Cancer Policy Board, which was established at the Institute of Medicine and National Research Council to address broad policy issues that affect cancer in the United States and to recommend ways to advance the nation’s effort against cancer.

The board met three times a year to review progress, discuss emerging issues, and gather information and views from private and public sector actors, including many federal and state agencies that sponsor or conduct related work. The board analyzed information and issued reports and recommendations prepared under its direction by professional staff members and commissioned papers and held workshops in support of those projects. It also oversaw reports prepared by independent committees appointed for a specific task. The board’s core funding through a contract with the National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC) ended April 30, 2005.

The IOM National Cancer Policy Forum was established in response to the wishes of the principle federal sponsors, NCI and CDC, to participate in the IOM’s cancer work directly as members of the policy unit and their willingness to fund this activity and enlist other agencies as sponsors. Currently, in addition to the NCEI and CDC, the forum has as members and sponsors from the Agency for Healthcare Research and Quality (AHRQ), the Food and Drug Administration (FDA), and three private sector organizations: the American Society of Clinical Oncology, the American Cancer Society, and C-Change. An additional
thirteen members were appointed from distinguished members of the cancer community similar to those who were members of the board. The Chairman of the National Research Council appoints board and forum members for their expertise, experience, and constituencies, who generally serve 3-year terms. The forum is scheduled to meet three times each year.

This forum is the successor to the board by providing a focus within the IOM for the consideration of issues in science, clinical medicine, public health, and public policy relevant to the goals of preventing, palliating, and curing cancer. As such, it builds upon the work of the board and enjoys a closer working relationship with its federal and non-federal sponsors. As a forum rather than a board, sponsors are full members with the academic, consumer, and policy community members. They can bring ideas and requests to the deliberations and have the advantage of playing an active part in forum discussions and other forum activities.

Organized: 2005

RECENT PUBLICATIONS
Cancer Biomarkers: The Promises and Challenges of Improving Detection and Treatment (2007)
Implementing Cancer Survivorship Care Planning: Workshop Summary (2007)
From Cancer Patient to Cancer Survivor: Lost in Transition: An American Society of Clinical Oncology and Institute of Medicine Symposium (2006)

CURRENT PROJECTS
Health Research and the Privacy of Health Information: The HIPAA Privacy Rule (with the IOM Board on Health Sciences Policy)

Implementing Colorectal Cancer Screening Workshop
Improving the Quality of Cancer Clinical Trials Workshop

FORUM ROSTER
Harold Moses, M.D. (Chair), Vanderbilt-Ingram Cancer Center, Nashville, TN
Peter Bach, M.D., M.A.P.P., Memorial Sloan-Kettering Cancer Center, New York
Edward Benz, M.D., Dana Farber Cancer Institute, Boston, MA
Thomas Burish, Ph.D., Notre Dame University, IN
Betty Ferrell, Ph.D., R.N., City of Hope National Medical Center, Duarte, CA
Joseph Fraumeni, Jr., M.D., Division of Cancer Epidemiology and Genetics, NCI, Bethesda, MD
Stephen Friend, M.D., Ph.D., Merck, Whitehouse Station, NJ
Patricia Ganz, M.D., University of California, Los Angeles
Roy Herbst, M.D., MD Anderson Cancer Center, Houston, TX
Thomas Kean, M.P.H., C-Change, Washington, DC
William Lawrence, M.D., M.S., AHRQ, Rockville, MD
Lynn Matrisian, Ph.D., Vanderbilt University, Nashville, TN
John Niederhuber, M.D., National Cancer Institute, Bethesda, MD
David Parkinson, M.D., Senior Vice President Oncology Research, Biogen IDEC, CA
Edith Perez, M.D., Mayo Clinic, Jacksonville, FL
Scott Ramsey, M.D., Ph.D., Fred Hutchinson Cancer Research Center, WA
Eddie Reed, M.D., CDC, Atlanta, GA
Margaret Spitz, M.D., MD Anderson Cancer Center, Houston, TX
Ellen Stovall, National Coalition for Cancer Survivorship, Silver Spring, MD
Janet Woodcock, M.D., Food and Drug Administration, Rockville, MD
HEALTH POLICY EDUCATIONAL PROGRAMS AND FELLOWSHIPS
Marie E. Michnich, Director

The primary activity of this office continues to be the recruitment, selection, orientation and placement of the Robert Wood Johnson Health Policy Fellows. This program is now in its 34th year of operation and has overseen the fellowships of more than 200 recipients. These fellows remain in high demand and continue to receive the most prominent work assignments on Capitol Hill. The priority areas of emphasis are (1) to seek out qualified minority applicants, (2) to increase the total number of applicants, and (3) to increase the class size up to a maximum of 10 fellows per year.

The Robert Wood Johnson Foundation continues to support an annual Synergy Workshop, a 2-day program offered in June, to 6 of their national Scholars and Fellows programs. Selected attendees are those who directors of the participating program believe would benefit from a more in-depth orientation to Washington, DC, and interaction with the Robert Wood Johnson Fellows during their work assignments.

This office also hosts the Institute of Medicine/American Academy of Nursing/American Nurses Foundation Scholar-in-Residence. Last year’s Distinguished Nurse Scholar, Ada Sue Hinshaw, former IOM Council Member and Dean Emeritus at the University of Michigan, spent the year examining the role of nursing research in influencing health policy. This year’s Distinguished Nurse Scholar, Carolyn Williams, former Dean of the University of Kentucky, College of Nursing, will focus on innovative interprofessional practice in the health sciences involving professionals from two or more disciplines (particularly nursing, medicine, pharmacy, health sciences, and public health) and educational models to prepare for such practice.

Finally, the IOM Anniversary Fellowship continues in its second year with Lisa Barcellos, a genetic epidemiologist from the University of California, Berkeley, and Roderick King, senior faculty, Massachusetts General Hospital Disparities Solutions Center, and instructor, Harvard. Both are actively involved with IOM Boards and Committees.

Organized: 1973

ADVISORY BOARD ROSTER
Robert Graham, Ph.D. (Chair), Department of Family Medicine, University of Cincinnati College of Medicine, Cincinnati
Sheila P. Burke, R.N. (Vice Chair), Smithsonian Institution, Washington, DC
Peter Budetti, M.D., J.D., Institute for Health, University of Oklahoma Health Sciences Center, Oklahoma City
Kenneth B. Chance, Sr., D.D.S., University of Kentucky, College of Dentistry, Lexington
Jack C. Ebeler, M.P.A., Alliance for Community Health Plans, Washington, DC
Judy Feder, Ph.D., Georgetown University, Washington, DC
Robert J.P. Hauck, Congressional Fellowship Program, American Political Science Association, Washington, DC
Nancy Johnson, Baker, Donelson, Bearman, Caldwell & Berkowitz, PC, Washington, DC
Angela Baron McBride, Ph.D., R.N., Indiana University School of Nursing, Indianapolis
Howard K. Rabinowitz, M.D., Thomas Jefferson Medical College, Philadelphia, PA
Jeanne Sinkford, D.D.S., Ph.D., American Dental Education Association, Washington, DC
Mario Pacheco, M.D., St. Vincent Hospital, Santa Fe, NM
Robert Otto Valdez, Ph.D., The Rand Corporation, Washington, DC
Eugene Washington, M.D., University of California, San Francisco

OFFICE OF REPORTS AND COMMUNICATION
Clyde Behney, Deputy Executive Officer
Bethany Hardy, Communications Director

The IOM Office of Reports and Communication (ORAC) is responsible for the IOM’s report review function, communications strategies and activities, and other functions related to the report process and the administration of IOM.
The communications aspect of ORAC’s role has two primary objectives: to increase public understanding about who the IOM is and what it does, and to effectively communicate the substantive messages of the IOM’s studies and programs.

ORAC provides leadership, coordination, counsel and assistance in the development of strategies, products, and services that will enhance the communication and dissemination of IOM reports and collateral materials. ORAC also manages the Kellogg Health of the Public Fund, an endowment intended to better inform the public and local public health decision makers and to develop targeted health resources, intervention strategies, and communication activities that are responsive to the needs of local communities, especially underserved and disadvantaged communities.

The ORAC staff includes a Communications Director, a Communications Officer (currently vacant), a Web Communications Manager, a Senior Editorial Projects Manager, a Report Review Associate, and an Administrative Assistant, as well as a shared Research Associate. In addition, ORAC works closely with the Office of Congressional and Governmental Affairs and the Office of News and Public Information.

**Recent Activities**

**“Healthy Children” Communication Campaign**

Plans are currently underway to launch a two-year, comprehensive, theme-based communication campaign at the IOM. The campaign aims to educate families and caregivers in disadvantaged communities about the preventive steps necessary to ensure children’s health. It will promote messages from IOM studies related to children and youth over the last several years and its promotional materials may include a campaign web site, a media tour, regional symposia, and other activities intended to raise awareness about IOM’s work on this subject. To date, more than $200,000 has been raised to support the campaign. The campaign activities are scheduled to begin in early 2008.

**Kellogg Health of the Public Fund**

In 2005 and 2006, the IOM and the Academy for Educational Development (AED) employed Community YouthMapping, a research method pioneered by AED, in communities across the country to engage youth and adults in the collection of information about how local citizens make health choices. A portion of the Kellogg Health of the Public Fund activities for 2007 includes implementing some of the recommendations that resulted from mapping the previous years’ activities. For example, a young person from Bowling Green, Kentucky, recently recommended implementing a “smart card” program in his community. Under the program, the card would be distributed free of charge to all young people and their families and would give a discount to the card holder on healthy food choices and fitness equipment purchased. As a result, the IOM is currently working with the health organizations in Bowling Green to implement the “smart card” pilot program. A plan for the program is currently being developed. Also in 2007, a portion of the Kellogg Health of the Public Fund will be used to support the IOM’s new “Healthy Children” Communication Campaign.

**IOM Web Site Redesign**

The IOM is currently undergoing a major redesign of its external web site. The focus of the redesign is on clean design, incorporating intuitive navigation and organization for the IOM’s targeted audiences. Through this redesign, the IOM will be better able to integrate interactive features such as discussion boards, audio recordings, meeting registration, listserv registration, and report purchasing into the site. The redesigned site will also more effectively engage visitors, helping them find what they are looking for and featuring the impact that IOM reports have had in policy and the general public. The IOM plans to select a vendor to help with the redesign by the Fall of 2007 and to unveil a new and improved site in 2008.
INSTITUTE OF MEDICINE FINANCES

A general overview of the Institute of Medicine's finances is illustrated in the materials that follow.

Chart 1 shows the Institute’s program and general operation expenditures over the last several years. Program expenditures for fiscal year 2007 are estimated at over $28.7M. Our ratio of general operation expenditures to total expenditures remains below 20 percent. Table 1 presents the detailed dollar expenditures.

Sources of funding for general operations and program expenditures for fiscal year 2006 are shown on Charts 2 and 3. The major sources of general operations support remain the indirect cost pool of the National Research Council and income earned from the IOM endowment funds. As in the past, the federal government continues as the main source of program support, providing 69.6 percent of the funds. The private sector provided 28.9 percent of program support.
Chart 1
General Operations and Program Expenditures
Fiscal Years 2003 Through 2007
### Table 1
General Operations and Program Expenditures
Fiscal Years 2003 Through 2007

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<td><strong>GENERAL OPERATIONS</strong></td>
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<td>NAS Indirect Cost Pool</td>
<td>$3,866,713</td>
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<td>$3,806,468</td>
<td>$3,951,621</td>
<td>$4,511,528</td>
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<td>IOM Independent Funds</td>
<td>$1,388,253</td>
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<td>$1,548,262</td>
<td>$1,904,529</td>
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<td><strong>TOTAL GENERAL OPERATIONS</strong></td>
<td>$5,264,966</td>
<td>$5,450,938</td>
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<td>$5,499,883</td>
<td>$6,416,057</td>
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<td><strong>PROGRAM EXPENDITURES</strong></td>
<td>$28,519,875</td>
<td>$26,301,215</td>
<td>$31,870,423</td>
<td>$32,508,062</td>
<td>$28,725,117</td>
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<td><strong>TOTAL IOM EXPENDITURES</strong></td>
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<td>$31,752,153</td>
<td>$37,652,115</td>
<td>$38,007,945</td>
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<td>16%</td>
<td>17%</td>
<td>15%</td>
<td>14%</td>
<td>18%</td>
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<td>% General Operations to Total</td>
<td>18%</td>
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<td>18%</td>
<td>20%</td>
<td>22%</td>
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Chart 2
General Operations Support
Fiscal Year 2006

Indirect Funds 72%
Endowment Income 28%
Chart 3
Sources of Program Funding
Fiscal Year 2006

- Federal 69.6%
- VA 20.5%
- Other Federal 6.3%
- SSA 1.6%
- State 5.6%
- DHHS 35.6%
- Private 28.9%
- NRC 0.7%
- IOM 0.8%
### INSTITUTE OF MEDICINE
#### ENDOWMENT FUNDS
#### Total Contributions and Market Value
#### December 31, 2006

<table>
<thead>
<tr>
<th>Unrestricted Funds</th>
<th>To 12/31/05</th>
<th>To 12/31/06</th>
<th>TOTAL</th>
<th>@ 12/31/05</th>
<th>@ 12/31/06</th>
<th>% MARKET Change 05 TO '06</th>
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<td>Robert Wood Johnson Foundation</td>
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<td>-</td>
<td>5,000,000</td>
<td>11,135,796</td>
<td>12,219,333</td>
<td>11.135,796 / 12,219,333</td>
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<td>Kaiser Family Foundation</td>
<td>488,485</td>
<td>-</td>
<td>488,485</td>
<td>869,479</td>
<td>953,524</td>
<td>869,479 / 953,524</td>
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<td>MacArthur Foundation</td>
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<td>5,000,000</td>
<td>11,087,857</td>
<td>12,336,829</td>
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<td>2,700</td>
<td>1,199,434</td>
<td>1,859,399</td>
<td>2,095,203</td>
<td>1,199,434 / 2,095,203</td>
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<td>Pharmaceutical Companies</td>
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<td>259,448</td>
<td>525,079</td>
<td>577,908</td>
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<th>@ 12/31/06</th>
<th>% MARKET Change 05 TO '06</th>
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<td>13,582,905</td>
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<td>Kaiser Family Foundation</td>
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<td>525,000</td>
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<td>20,102</td>
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<td>Corporations</td>
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<td>-</td>
<td>125,000</td>
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<td>IOM Scholar in Residence Fund</td>
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<td>17,300</td>
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<td>Women's Health Issues</td>
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<td>20,000</td>
<td>67,310</td>
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<td>4,366,722 / 6,590,974</td>
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<td>1,009,237 / 1,542,274</td>
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<td>500,000</td>
<td>741,983</td>
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<td>16,059,796</td>
<td>27,926,344</td>
<td>34,155,263</td>
<td>14,523,559 / 34,155,263</td>
</tr>
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</table>

2006 DONORS AND SPONSORS

We gratefully acknowledge the support of IOM Members and Friends.

THE EINSTEIN SOCIETY
In recognition of members and friends who have made cumulative lifetime contributions of $100,000 or more to the National Academies.

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Elkan Blout*
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Daniel E. Koshland, Jr.
William W. Lang
Gerald and Doris Laubach
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Whitney MacMillan
William W. McGuire

*Recently Deceased
Burton and DeeDee McMurtry
Richard and Ronay Menschel
Ruben F. Mettler*
Dane and Mary Louise Miller
The Honorable* and Mrs. G. William Miller
George and Cynthia Mitchell
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Gordon and Betty Moore
Joe and Glenna Moore
David and Lindsay Morgenthaler
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Sara Lee and Axel Schupf
Shep and Carol Ruth Shepherd
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Georges C. St. Laurent, Jr.
Charlotte and Morry Tanenbaum
Ted Turner

Leslie L. Vadasz
Roy and Diana Vagelos
John C. Whitehead
Wm. A. Wulf
Alejandro Zaffaroni

THE IOM SOCIETY OF THE INSTITUTE OF MEDICINE
In recognition of members of the Institute of Medicine and individuals who have made cumulative lifetime contributions between $20,000 and $99,999.

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John R. Ball
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