

**NATIONAL DEAFNESS AND OTHER COMMUNICATION DISORDERS
ADVISORY COUNCIL**

September 15, 2017

**National Institutes of Health
Bethesda, MD**

MINUTES

The National Deafness and Other Communication Disorders Advisory Council convened on September 15, 2017 in Building 31, Conference Room 6, National Institutes of Health (NIH), Bethesda, MD. Dr. James F. Battey, Jr., Director, National Institute on Deafness and Other Communication Disorders (NIDCD), served as Chairperson. In accordance with Public Law 92-463, the meeting was:

Closed: September 15, 2017: 8:30 a.m. to 10:00 a.m. for review of individual grant applications; and

Open: September 15, 2017: 10:20 a.m. to 1:40 p.m., for the review and discussion of program development needs and policy.

Council members in Attendance¹:

Ms. Lisa Adams	Dr. Jian-Dong Li
Dr. Sarah Blackstone	Dr. M. Charles Liberman
Dr. Diane Bless	Ms. Nanci Linke-Ellis
Dr. Susan Ellis-Weismer	Dr. Christoph Schreiner
Dr. Sue Kinnamon	Dr. H. Steven Sims
Dr. David Lee	Dr. Richard Smith

Council members absent:

Dr. Judith Gierut	Dr. Donald Wilson
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Council ex-officio members in Attendance:

Dr. Judy Schaffer for Dr. Lucille Beck (VA)
Ms. Christa Themann (CDC)
Dr. Lynn Henselman for Dr. Kristen Casto (DOD)

Council Ad-Hoc members in Attendance:

Dr. John Patrick Carey	Dr. Sandra Gordon-Salant
Dr. Neil Segil	Dr. Charlotte Yeh

The complete Council roster is found in Appendix 1.

¹For the record, it is noted that members absent themselves from the meeting when the Council is discussing applications (a) from their respective institutions or (b) in which a real or apparent conflict of interest might occur. This procedure applies only to individual discussion of an application and not to "en bloc" actions.

NIDCD employees present during portions of the meeting:

Dr. Kathy Bainbridge	Dr. Roger Miller
Mr. James Burton	Ms. Kristen Mullsteff
Dr. Laura Cole	Mr. Eddie Myrbeck
Dr. Judith Cooper	Mr. Eric Nunn
Dr. Janet Cyr	Dr. Kausik Ray
Ms. Susan Dambrauskas	Dr. Alberto Rivera-Rentas
Mr. Hoai Doan	Mr. Mark Rotariu
Dr. Nancy Freeman	Dr. Elka Scordalakes
Ms. Maria Garcia	Dr. Lana Shekim
Dr. Andrew Griffith	Dr. Kathy Shim
Mr. Howard Hoffman	Dr. Sheo Singh
Ms. Debbie Holmes	Ms. Nanette Stephenson
Ms. LaTanya Holmes	Dr. Melissa Stick
Ms. Joanne Karimbakas	Dr. Susan Sullivan
Dr. Kelly King	Ms. Kelli Van Zee
Dr. Eliane Lazar- Wesley	Dr. Bracie Watson
Dr. Chuan-Ming Li	Ms. Ginger Webb
Ms. Lonnie Lisle	Mr. Timothy Wheelles
Dr. Trinh Ly	Mr. Baldwin Wong
Dr. Castilla McNamara	Dr. Shiguang Yang

Other federal employees present during portions of the meeting:

Dr. Biao Tian, CSR
Dr. Wind Cowles, CSR
Dr. Ying-Yee Kong, CSR
Ms. Bonnie Matheson, OD
Dr. Michael Lauer, OD

Members of the public present during open portions of the meeting:

Dr. Christopher Platt
Mr. Dan Eckstein, NOVA Research Company
Ms. Barbara Kelley, Hearing Loss Association of America
Ms. Kitty Werner, American Academy of Audiology
Dr. Julie Mennella, Monell Chemical Senses

CLOSED SESSION

I. Call to Order and Opening RemarksDr. James F. Battey, Jr.

The meeting was called to order by Dr. Battey, Director, NIDCD, who expressed appreciation to the entire Council for their service and advice.

II. Council Procedures..... Dr. Craig A. Jordan

Procedural Matters

Dr. Jordan discussed important procedural matters, including requirements imposed by the Government in the Sunshine Act and the Federal Advisory Committee Act. The necessity of members to avoid conflict of appearance thereof was stressed, as was the need to maintain confidentiality concerning the proceedings and materials related to the closed portion of the meeting. Dr. Jordan announced that the Council meeting would be closed for consideration of grant applications during the morning session, but would be open to the public at approximately 10:00 a.m.

III. Council Consideration of Pending Applications

A. Research Project Grant Awards

1. Consideration of Applications: On the Council's agenda was a total of 135 investigator-initiated R01 grant applications; 108 applications had primary assignment to NIDCD, in the amount of \$37.9 million first-year direct costs. It is anticipated that, of the applications competing at this Council, NIDCD will be able to award grants to R01 applications scoring up through the 13th percentile.

B. Special Programs Actions

1. NIH Mentored Patient-Oriented Research Career Development Award (K23): The Council recommended support of one application.
2. NIH Pathway to Independence Award (K99): The Council recommended support of one application.
3. NIH Support for Conferences and Scientific Meetings (R13): The Council recommended support of four applications.
4. NIH Exploratory/Development Research Grant Award (R21): The Council recommended support of seven applications.
5. NIDCD Early Career Research (ECR) Award (R21): The Council recommended support of eleven applications
6. NIDCD Clinical Center Research Grant (P50): The Council recommended support of one application.
7. NIH Small Business Technology Transfer (STTR) Phase I (R41): The Council recommended support for three applications.

8. NIH Small Business Innovation Research Awards (SBIR): The Council recommended support for three Phase I (R43) applications.
9. NIH Small Business Innovation Research Awards (SBIR): The Council recommended support for one Phase II (R44) application.
10. Noise-Induced Synaptopathy in the Human Auditory System (R01): The Council recommended support for one application.

IV. Report of the Board of Scientific Counselors Dr. Andrew Griffith

Next, Dr. Battey welcomed Dr. Andrew Griffith, Director of NIDCD’s Division of Intramural Research. As stipulated by law, each institute must provide annually to its National Advisory Council an overview of the Intramural Research Program. The overview includes reports of the Board of Scientific Counselors (BSC), and the responses of the Scientific Director. This presentation is informational; Council members are not asked to recommend approval or disapproval of the reports or to modify them in any way. However, the Council may make recommendations to the Director, NIDCD regarding such research on the basis of the materials provided.

Dr. Griffith presented Reports of the BSC regarding the review of several intramural laboratories. He then presented his responses to the reports and responded to questions from Council.

[Executive Secretary Note: During the BSC presentation, attendance was restricted to the Council members, the Executive Secretary and a few senior NIDCD administrators.]

OPEN SESSION

V. Opening Remarks Dr. Battey

Dr. Battey welcomed additional staff and visitors to the open session of the meeting.

Recognition of Ad-Hoc Members

The NDCD Advisory Council slate for new members has been delayed. In order to supplement the expertise of the Council following the 2017-member retirements additional scientific expertise was required. Four members of our research community graciously agreed to serve as Ad Hoc Consultants and to review summary statements and other materials in order to advise the Council members and the Director, NIDCD during the meeting. I’d like to briefly introduce these consultants:

Dr. John Patrick Carey is Professor in the Department of Otolaryngology-Head and Neck Surgery and Chief in the Division of Otology, Neurotology, and Skull Base Surgery at the Johns Hopkins University. He received his medical degree from Washington University. His research interests include the normal vestibular reflexes and how they change with age, novel intratympanic treatments (i.e., middle ear injections) for conditions like Meniere’s disease and sudden hearing loss, and the mechanisms of vestibular migraine. Dr. Carey has special interest in health and diseases of the inner ear that affect both balance and hearing mechanisms. He has extensive experience in superior canal

dehiscence syndrome, Meniere's disease, vestibular migraine, and other causes of vertigo. Dr. Carey and his colleagues developed the operation to repair the superior canal using image-guided surgery. Dr. Carey has authored or co-authored a multitude of peer-reviewed publications. He has received many honors and awards such as a Presidential Citation from the American Otological Society in April 2015 for his contribution to understanding the pathophysiology of vestibular science. Dr. Carey is a member of numerous professional societies.

Dr. Sandra Gordon-Salant is Professor and Director of the Doctoral Program in Clinical Audiology in the Department of Hearing and Speech Sciences at the University of Maryland, College Park. She earned her Ph.D. in Audiology at Northwestern University. Her research interests include the effects of aging and hearing loss on auditory processes, as well as signal enhancement devices for hearing-impaired listeners. She has served as Editor of the Journal of Speech, Language, and Hearing Research, Associate Editor of the Journal of the Acoustical Society of America-Express Letters, and member of the National Academy of Sciences' Committees on Disability Determination for individuals with Hearing Impairments and Medical Evaluation of Veterans for Disability Determination. She has published numerous articles and book chapters on the topic of age-related hearing loss and speech understanding problems of older people. She is the senior editor of the book, *The Aging Auditory System*. Dr. Gordon-Salant received the Al Kawana Award for outstanding contributions to research from the American Speech-Language-Hearing Association in 2013. Her research has been supported by the National Institute on Aging of the NIH for the past 30 years.

Dr. Neil Segil, is Professor of Research in the Department of Stem Cell Biology and Regenerative Medicine and Department of Otolaryngology-Head and Neck Surgery at the University of Southern California. He received his Ph.D. from Columbia University. His research is focused on the development aspects of cell cycle regulation as they relate to the inner ear, hearing loss and regeneration. The long-term goal of Dr. Segil's research is the treatment of deafness through regeneration of the sensory hair cells. He is on the Editorial Board of the journal *Hearing Research* and has served on several committees of the Association for Research in Otolaryngology. Dr. Segil has published extensively, serves often as a reviewer of grant applications, and frequently presents at meetings. He has received patents for his inventions in the areas of treatment or prevention. Dr. Segil was a member of the Board of Scientific Counselors for NIDCD from 2009-2014.

Dr. Charlotte Yeh is the Chief Medical Officer for American Association of Retired Persons Services, Inc. She received her medical degree from Northwestern University Medical School. Her professional interests include enhancing care for older adults. She has become widely recognized for her commitment to the consumer voice in health care, in addition to being a sought-after speaker on issues that matter to people 50+ such as brain health, caregiving, hearing, care coordination and healthy living. Dr. Yeh has over 30 years of experience in healthcare. She is a board-certified emergency physician. She worked as Physician-in-Chief for the Department of Emergency Medicine at Tufts Medical Center in Boston. Dr. Yeh has received numerous awards and honors for her efforts on behalf of patients. In 2012, she was awarded the National Asian Pacific American Corporate Achievement Award for her leadership and commitment to diversity in the workplace. She has lectured frequently on blending clinical practice with the legal requirements of the Emergency Medical Treatment and Labor Act.

My thanks to each of you for assisting us with this important work.

Dr. Battey thanked Dr. Nanci Linke-Ellis for extending her service on the Advisory Council also in an effort to assist with the work.

Consideration of Minutes of the Meeting of January 27, 2017

Dr. Battey called the members' attention to the minutes of the May 19, 2017 meeting of the Advisory Council. The minutes were approved as written.

Confirmation of Dates for Future Council Meetings

Dates for the Council meetings through September 2019 have been established. A list of these meetings was distributed to the Council members and posted on the web site prior to this meeting. The next meeting of the Council is scheduled for Friday, January 26, 2018, in Building 31, Conference Room 6 on the NIH campus, Bethesda, Maryland.

VI. Report of the Director, NIDCD Dr. Battey

Budget Update

Dr. Battey began his presentation by pointing out that this is the first time in FY 2017 that we have presented a complete FY 2017 budget picture. There was a nice increase of \$13.5 million for NIDCD from the FY 2016 Final Allocation to the FY 2017 Operating Plan. These increased funds were used to support the increased cost of non-competing Research Project Grants.

Dr. Battey went on to display the FY 2018 Budget Level proposed amounts, as compared to the FY 2017 Operating Level established by the budget legislation passing in May 2017. The three separate and not equal requests for funds include the President's Budget Request and the House and Senate Appropriations Bills. He noted that the House and Senate have proposed modest increases while the President has proposed a decrease, based on a significant policy change to indirect costs calculations. FY 2018 appropriation levels will be revealed when the Congress passes budget legislation that the President signs. Our 2018 fiscal year will begin on October 1st under a Continuing Resolution (CR) that runs through December 8th.

[A copy of the slides Dr. Battey used for this budget presentation is included in Appendix II]

VII. Report of the Director, Division of Intramural Research Dr. Griffith

NIH policy requires that the National Advisory Council for each institute review the activities of their respective intramural program once a year. Dr. Andrew Griffith, Scientific Director of NIDCD's Division of Intramural Research presented the 2017 report.

Board of Scientific Counselors

Dr. Griffith updated the Council on the membership of the Board of Scientific Counselors. Dr. Andrew Groves from the Baylor College of Medicine is the Chair of the committee; the committee currently has 5 members and on average 20% of the membership is replaced annually. Three new member appointments have been delayed by current Department of Health and Human Services (DHHS) hiring limitations.

Personnel

The intramural program is currently composed of 10 tenured investigators and two tenure-track investigators along with a large contingent of supporting scientists. The planned retirement of Dr. Barry Horwitz, one of the tenured investigators was noted. There are also four individuals in the Surgeon-Scientist Career Development program.

Highlights

Dr. Griffith provided information about the NIDCD's Otolaryngology Surgeon-Scientist Program that is geared toward an integration of clinical and basic research opportunities in a mentored environment. The goal is to provide early career faculty development through graduated independence and resources. In addition, the intramural program provides a culture of scholarly inquiry and scientific rigor in conjunction with opportunities to maintain their important surgical skills. He also noted the strategic relationships for NIDCD with three local hospitals including the Walter Reed National Military Medical Center where these surgeon-scientists can not only build their skills as researchers, but also as surgeons in the field of otolaryngology.

The fourth EARssentials course was held in July 2017 at the Porter Neuroscience Research Center with the focus being, "Concepts and Techniques of Contemporary Hearing Research." The primary target audience was new NIDCD intramural trainees; however, the course was offered free of charge and was open to any interested individual, even scientists from outside the NIH. The week-long course included morning lectures and afternoon laboratory sessions. In 2017, attendees included trainees from six extramural research organizations.

VIII. Report of the Director, Division of Extramural Activities Dr. Jordan

Dr. Jordan announced to members and staff that there would be renovations to the Conference area of Building 31 during 2018. Plans are to hold two Advisory Council meetings at the Natcher Conference Center and one will be held in the Porter Neuroscience Research Center. He promised to update everyone as the meetings are moved.

[Executive Secretary Note: As of the writing of these minutes, construction has been delayed. The plan for January 2018 meeting now is that it will occur in the usual location in Building 31, Room 6C6.]

Next, Dr. Jordan introduced the NIH's Next Generation Researchers Initiative using the NIH Guide Notice as a springboard ([NOT-OD-17-101](#)). The goal of this initiative is to ensure the long-term stability of the biomedical research enterprise. He noted that the goal is to launch independent careers for Early Stage Investigators (ESI) and retain them as they become Early Established Investigators (EEI) in a way that enhances workforce diversity.

The NIH has had the ESI program for almost 10 years. The current environment is particularly challenging for many new- and mid-career investigators. The NIH has taken numerous steps to balance, strengthen, and stabilize the biomedical workforce including; Special Council Review policy, New Investigator/Early Stage Investigator policies, initiatives from the Advisory Council to the NIH Director, and focused programs for early-career

investigators. The new NIH policy adds the next step to bolster this group of young investigators as an Early Established Investigator (EEI). The EEI is a PD/PI who is within 10 years of receiving the first substantial independent NIH R01-equivalent research award as an ESI. A meritorious application with a designated PD/PI EEI may be prioritized for funding if:

- The EEI lost or is at risk for losing all NIH research support if not funded by competing awards this year, or,
- The EEI is supported by only one active award.

Dr. Jordan then pointed out that the NIH is developing evidence-based strategies to identify, grown and retain ESIs and EEIs across these critical career stages. The approach for the future includes maintaining an updated census/status of ESIs and EEIs while encouraging the development and testing of metrics that can be used to assess the impact of NIH grant support on scientific progress. Also, there will be greater emphasis on current NIH funding programs designed for early-stage and mid-career investigators such as; NIH Common Fund’s New Innovator Awards and an array of IC-specific programs utilizing the R35 funding mechanism. By providing funding priority for applications from EEIs, the NIH intends to stabilize the career trajectory of research investigators.

Dr. Jordan spoke next of the Notice of Changes to the NIH Policy for issuing Certificates of Confidentiality ([NOT-OD-17-109](#)) in response to the 21st Century Cures Act. This requires that the “Secretary, HHS shall issue Certificates of Confidentiality to persons engaged in biomedical, behavioral, clinical or other research, in which identifiable, sensitive information is collected.” These Certificates protect the privacy of subjects by limiting the disclosure of identifiable, sensitive information. This policy is effective October 1, 2017 and retroactive to December 13, 2016.

**IX. The Flavor World of Childhood:
Basic Biology and Implications for Health”Dr. Julie Mennella**

Dr. Battey welcomed Dr. Julie Mennella, Member at the Monell Chemical Senses Center in Philadelphia, Pennsylvania to discuss her research on early childhood experiences with food and flavor preferences as they relate to growth and disease.

Early life experiences—both biological and social—explain trajectories of health decades later. In this talk, I will review the evidence base that explains why and how the basic biology of children makes them vulnerable to the current food environment rich in added sugars and salt. This biology also explains why children initially reject foods such as green vegetables as well as the liquid medicines given them to combat an illness. If this is the bad news, the good news is that a variety of early flavor experiences, beginning even before the child has their first ‘taste’ of food, can shape preferences. Flavors transmit from the maternal diet to amniotic fluid and mother’s milk, and repeated experiences with the flavors of healthy foods can shape and modify food preference with far-reaching effects on behavior. This emerging body of knowledge from both human and animal model research suggest that early life experiences could have a significant impact in addressing many of chronic diseases that plague modern society which derive in large part from poor food choice, dictated by our taste preferences.

X. Report of the Division of Scientific Programs..... Dr. Cooper

Dr. Cooper discussed NIDCD's plans to reissue a Funding Opportunity Announcement to solicit more complicated clinical trial applications (i.e., require FDA oversight, to establish efficacy, or increased risk to participants). Council Members discussed and unanimously endorsed the concept.

Dr. Cooper then introduced Drs. Shekim and King to update the Council regarding the interpretation with the World Health Organization.

The NIDCD, like many NIH Institutes, is active in global health research and conducts and supports research at foreign institutions. Drs. Lana Shekim and Kelly King reviewed the process of collaboration in global health research among NIH ICOs and the HHS Office of Global Affairs. This process is coordinated by the Fogarty International Center. Historical context to NIDCD engagement with the World Health Organization was noted.

In May 2017, the World Health Assembly adopted a resolution on prevention of deafness and hearing loss. NIDCD was tasked to prepare the United States government position for the World Health Assembly meeting, and was invited to participated in a follow-up stakeholders' meeting in July. The resolution and a summary of meeting were provided.

XI. "Implementation of Clinical Trials Reforms" Dr. Michael Lauer

Dr. Battey welcomed Dr. Michael Lauer, Deputy Director for Extramural Research at the NIH to discuss the upcoming NIH Clinical Trials Reforms.

Dr. Lauer began with a story from a 2011 article in the British Journal of Medicine (BMJ) which stated that there were problems with Clinical Trials making the statement, "There are many [NIH-funded] trials not covered by [FDAAA], such as trials of behavioral interventions and surgical procedures. No policies exist to make sure that the public has access to results from NIH funded research that is not published." BMJ 2011;344:d7292 doi: 10.1136/bmj.d7292 (Published 3 January 2012)

Next, he noted that the article was met with doubt. He referenced an article he co-authored in 2013, when in his position at the NHLBI, that tried to refute the earlier claims and found much to his dismay that they might be right. He displayed a table comparing Cumulative Publication Rate to Months after Trial Completion from which the team concluded that "A number of parties share responsibility, including funders, investigators, academic medical centers, [universities], clinical research organizations, and ... journals." N Engl J Med 2013;369:1926-34

Citing a later BMJ article titled, "Publication and reporting of clinical trial results: cross sectional analysis across academic medical centers and displaying a table that displayed the Studies published or results reported within 24 months (%), the quote from the article, "Despite the ethical mandate and expressed values of academic institutions, there is poor performance and noticeable variation in the dissemination of clinical trial results across leading academic medical centers." BMJ 2016;352:i637

To indicate just how serious this is he references an NPR Opinion article by Dr. Harlan Krumholz of the Yale School of Medicine from February 2016," Academic Medical Centers Get an F in Sharing Research Results" which makes the following points:

- “We have a bottleneck at our nation’s bastions of research excellence. Too many times, study results are neither reported on the government website, clinicaltrials.gov, nor published in a journal.
- The failure to share results is so pervasive that it seems inappropriate to blame individuals. Instead it is a systemic problem.
- Not reporting results violates the basic principle of the scientific method. It hurts patients, society, and science. It dishonors the people who gave their consent and bore the risk of participating...
- The holding back of the results impedes progress toward scientific breakthroughs, corrupts the medical literature and wastes research funding”
<http://www.npr.org/sections/health-shots/2016/02/23/467712481/academic-medical-centers-get-an-f-in-sharing-research-results>

As if not enough evidence had been compiled seeking change, the United States Government Accounting Office (GAO) Report to Congressional Committees from March of 2016 indicated that “Additional Data Would Enhance the Stewardship of Clinical Trials across the Agency citing two facts:

- “NIH’s OD reviews some data on clinical trial activity across NIH but has not finalized what additional data it needs or established a process for using these data to enhance its stewardship.
- NIH is limited in its ability to make data-driven decisions regarding the use of its roughly \$3 billion annual investment in clinical trials.” <https://www.gao.gov/products/GAO-16-304>

Since 2014, the NIH has been responding to this negative data. First, the Notice of Revised NIH Definition of “Clinical Trial” was issued in a Notice to the community ([NOT-OD-15-015](https://www.federalregister.gov/documents/2014/07/24/2014-14511/notice-of-revised-nih-definition-of-clinical-trial)). The revision was designed to make the distinction between clinical trials and clinical research studies clearer and to enhance the precision of the information NIH collects, tracks, and reports on clinical trials. It is not intended to expand the scope of the category of clinical trials. No changes have been made to the NIH definition of a “Phase III clinical trial.”

In September 2016 the policy for Clinical Trials Regulation and Results Information Submission was published as a federal register notice that stated, “A fundamental premise of all NIH-funded research is that the results must be disseminated....

In research involving human beings, scientists have an ethical obligation to ensure that the burden and risk that volunteers assume comes to something, at the very least by ensuring that others are aware of the study and that its findings contribute...”

<https://www.federalregister.gov/documents/2016/09/21/2016-22379/nih-policy-on-the-dissemination-of-nih-funded-clinical-trial-information>

Since the summer of 2016 NIH has been communicating in public forums like the article that appeared September 2016 in the Journal of the American Medical Association showing that the NIH is moving “Toward a New Era of Trust and Transparency in Clinical Trials” as well as through policy notices like [NOT-OD-16-149](https://www.federalregister.gov/documents/2016/09/21/2016-22379/nih-policy-on-the-dissemination-of-nih-funded-clinical-trial-information) “NIH Policy on the Dissemination of NIH-Funded Clinical Trial Information,” as well as publishing blogs in the [Extramural Nexus](http://www.extramuralnexus.org). He also showed the improved NIH Clinical Trials website <https://grants.nih.gov/policy/clinical-trials.htm> that outlines the policies and procedures the NIH is implementing to enhance accountability.

Dr. Lauer concluded with this thought, “It is important that we get this right. We have an ethical mandate to assure the public that the results of all NIH-funded trials will be made available in a timely manner. We know that under the current state of affairs, over half of all

completed NIH-funded trials are not reported out within 2.5 years of completion; the problem is widespread and pervasive. This is an unacceptable state of affairs; it should not be optional to report results. We look forward to continuing to work with you as we move towards higher levels of trust and transparency. <https://nexus.od.nih.gov/all/2017/09/08/continuing-to-clarify-the-nih-definition-of-a-clinical-trial/>

XII. Adjournment

The meeting was adjourned at 1:40 p.m. on September 15, 2017.

XIII. Certification of Minutes

We certify that, to the best of our knowledge, the foregoing minutes and attachments are accurate and correct².

10-24-17

/Craig A. Jordan/

Craig A. Jordan, Ph.D.
Executive Secretary
National Deafness and Other Communication
Disorders Advisory Council

10-24-17

/James F. Battey, Jr./

James F. Battey, Jr., M.D., Ph.D.
Chairman
National Deafness and Other Communication
Disorders Advisory Council

Director
National Institute on Deafness and
Other Communication Disorders

Ginger Webb
Council Assistant
NDCD Advisory Council

² These minutes will be approved formally by the Council at the next meeting on January 26, 2018, and corrections or notations will be stated in the minutes of that meeting.

APPENDICES

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Roster
National Deafness and Other Communication Disorders Advisory Council
 (Terms end on 5/31 of the designated year)

Chairperson

James F. Battey, Jr. M.D., Ph.D., Director
 National Institute on Deafness and Other Communication Disorders
 Bethesda, MD 20892

ADAMS, Lisa C., J.D. Founding Member and President Massachusetts Hearing Aids for Children Coalition Newton, MA 02458	2020	LEE, David J., Ph.D. Professor Department of Public Health Sciences University of Miami School of Medicine Miami, FL 33136	2018
BLACKSTONE, Sarah W., Ph.D. President and CEO Augmentative Communication, Inc. Monterey, CA 93940	2019	LI, Jian-Dong, M.D., Ph.D. Georgia Research Alliance Eminent Scholar Director, Center for Inflammation, Immunity and Infection Professor, Department of Biology Georgia State University Atlanta, GA 30303	2018
BLESS, Diane M., Ph.D. Professor Emeritus Departments of Communicative Disorders And Surgery University of Wisconsin – Madison School of Medicine Madison, WI 53792	2018	LIBERMAN, M. Charles, Ph.D. Director, Eaton-Peabody Laboratory Department of Otolaryngology Harvard Medical School Boston, MA 02114	2019
ELLIS WEISMER, Susan, Ph.D. Oros-Bascom Professor Department of Communication Sciences and Disorders Waisman Center University of Wisconsin-Madison Madison, WI 53705	2020	LINKE ELLIS, Nanci Consultant Ellis Consultancy Culver City, CA 90232	2020
GIERUT, Judith A., Ph.D. Professor Emerita Department of Speech and Hearing Sciences Program in Cognitive Sciences Indiana University Bloomington, IN 47405-7002	2020	SCHREINER, Christoph, M.D., Ph. D. Professor and Vice Chairman Department of Otolaryngology – Head and Neck Surgery Center for Integrative Neuroscience School of Medicine University of California, San Francisco San Francisco, CA 94158	2019
KINNAMON, Sue C., Ph.D. Professor Department of Otolaryngology University of Colorado, Denver Aurora, CO 80045	2019	SIMS, H. Steven, M.D. Associate Professor and Director Department of Otolaryngology- Head and Neck Surgery University of Illinois Medical Center Chicago, IL 60612-7333	2020

SMITH, Richard J. H., M.D. 2018
Professor
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Ad Hoc

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Executive Secretary

JORDAN, Craig A., Ph.D.
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NIDCD Director's Budget

James F. Battey, Jr., M.D., Ph.D.
NIDCD Advisory Council Meeting
September 15, 2017

National Institute on Deafness and Other Communication Disorders

**September 2017 Council
Budget Mechanism
(Dollars in thousands)**

<i>Budget Mechanism</i>	FY 2016 Final Allocation		FY 2017 Operating Plan	
	<i>Number</i>	<i>Amount</i>	<i>Number</i>	<i>Amount</i>
Research Projects				
Noncompeting	549	\$210,401	582	\$226,500
Admin. Supplements	22	1,017	25	2,000
Competing	218	81,768	193	73,400
Subtotal	767	293,186	775	301,900
SBIR/STTR	30	12,682	34	13,500
Subtotal, RPG's	797	305,868	809	315,400
Research Centers	15	16,507	8	14,124
Other Research	66	10,881	62	10,000
Total Research Grants	878	333,256	879	339,524
Individual Training	127	5,675	125	5,700
Institutional Training	157	7,469	160	7,800
R & D Contracts	32	17,986	37	20,500
Intramural Research		37,450		39,430
Research Mgmt. & Support		20,515		22,950
TOTAL		\$422,351		\$435,904

