

COPR Timeline

November 1997

Congress Directs Action to the HHS Secretary

Congress directed the Secretary, U.S. Department of Health and Human Services, to commission the Institute of Medicine to “conduct a comprehensive study of the policies and processes used by the NIH to determine funding allocations for biomedical research.” The study would examine:

1. the factors or criteria used by the National Institutes of Health to determine funding allocations for disease research
2. the process by which research funding decisions are made
3. the mechanisms for public input into the priority setting process
4. the impact of statutory directives on research funding decisions

July 1998

An Institute of Medicine (IOM) report recommends that the NIH Director establish a council of representatives from the general public that would provide input at the highest level of NIH about issues of public interest related to medical research.

July 1998

Institute of Medicine Recommends That NIH Create COPR

The Institute of Medicine (IOM) report contained 12 recommendations. Recommendation number 8 called for the NIH Director to establish a council of representatives from the general public that would provide input at the highest level of NIH about issues of public interest related to medical research.

-- Institute of Medicine. 1998. Scientific Opportunities and Public Needs: Improving Priority Setting and

Public Input at the National Institutes of Health. Washington, D.C.: National Academy Press.

July 1998

Congress Directs Action to the NIH

In response to the IOM report, Congress urged the NIH Director to begin the process of implementing those recommendations that do not take legislative action as soon as possible. In addition, the Committee requested a report on the status of implementing all the recommendations by December 31, 1998.

-- In House Report accompanying HR4274, FY99, Labor, Health and Human Services, and Education,
and Related Agencies.

September 1998

Dr. Harold Varmus, then NIH Director, invites members of the public and health advocates to a special meeting to discuss the formation of a public council, including potential roles and responsibilities of members and various avenues for public outreach.

November 1998

The plan provides a framework for starting the council, including identifying criteria for selecting a diverse membership and engaging an external organization to ensure a fair and transparent selection process.

With a plan in place, NIH announces a call for nominations in the Federal Register and reaches out to national, regional, and local health organizations.

Winter 1999

NIH receives more than 250 nominations from across the country, representing:

- Patients

- Members of patient advocacy groups
- Family members of patients
- Health care professionals
- Scientists who work with the public
- Communicators in health, medicine, or science
- Academics
- Public servants
- Professionals from health- and science-related nonprofit agencies and professional societies

Through a two-tiered process of external review, NIH selects and invites the first 20 COPR members, who are to serve on a rotating basis with about one-third of the Council being replaced with new public members each year.

Meetings are planned each spring and fall on the NIH campus in Bethesda, Maryland.

April 1999

The COPR Meets for the First Time

Members are introduced to NIH, its Institutes and Centers, and its key initiatives, including how NIH engages the public, a newly planned clinical trials database, and ongoing research.

Dr. Varmus suggests that COPR work between meetings on identifying areas of interest. Potential areas of discussion include:

- Training and recruitment into clinical and laboratory sciences
- Protection of patients in research

- Technology transfer and the relationship between NIH and proprietary research
- Economic analysis and the metrics for burden of disease

Dr. Varmus creates the COPR Associates program, which will be comprised of individuals who applied to COPR but were not selected in the first round and who would accept an invitation to receive regular news about NIH and possibly be called upon to contribute to NIH initiatives.

COPR Class of 1999

- Michael Anderson
- Theodore Castele
- Robin Chin
- Luz Claudio
- Mary desVignes-Kendrick
- Melanie Dreher
- Pam Fernandes
- David Frohnmayer
- Vicki Kalabokes
- Barbara Lackritz
- Joan Lancaster
- Debra Lappin
- Lydia Lewis
- Roland McFarland
- Isaac Montoya

- Rosemary Quigley
- Maurice Rabb
- Bob Roehr
- Thomas Vaalburg
- Doug Yee

October 1999

COPR Discusses Its Mission, Role, and Responsibilities

Members hear more about NIH programs and initiatives, and the Council decides to take an active role in planning COPR meetings, including a possible roundtable for members to discuss issues in advance of each meeting.

COPR emphasizes that the relationship between the Council and NIH should be meaningful and substantive and that the members should focus on broad issues of importance to NIH from the public perspective.

COPR's mission, role, and responsibilities are posted online.

April 2000

COPR Establishes Several Work Groups

COPR identifies and prioritizes key areas of public interest and establishes work groups on clinical trials, health disparities/ underserved populations, human research protections, and outreach to other NIH public members. It also forms the Rotation and Transition Work Group to assist NIH with identifying future COPR members.

COPR proposes a draft message on the role of COPR Associates and makes progress in defining operational guidelines to ensure COPR's ability to provide valuable input to the Director.

April 2000 (*continued*)

The NIH recognizes the value that many COPR nominees can bring to the NIH, based on (1) the wealth of experience and (2) interest in NIH programs presented in the nominations. To build and help foster relationships with these interested and dedicated members of the public, we invite nominees who are not selected for the Council to become COPR Associates.

COPR Associates may be called upon by various NIH offices, institutes or centers, to provide input on high-level programs and initiatives, including strategic plans, outreach activities, health educational activities, and clinical trials programs. COPR Associates also receive information about emerging issues and activities at NIH through e-mail announcements, which they then share with their constituents.

COPR Class of 2000

- Michael D. Anderson
- Theodore Castele
- Robin Chin
- Luz Claudio
- Mary desVignes-Kendrick
- Melanie C. Dreher
- Pam Fernandes
- David Frohnmayer
- Vicki Kalabokes
- Barbara B. Lackritz
- Joan Lancaster
- Debra R. Lappin
- Lydia Lewis

- Roland McFarland
- Isaac Montoya
- Rosemary B. Quigley
- Maurice F. Rabb
- Bob Roehr
- Thomas Vaalburg
- Douglas Q.L. Yee

October–November 2000

COPR Discusses Health Disparities Research and Sets Council Procedures

In response to NIH presentations, COPR acknowledges and comments on measures in place to protect individuals participating in research and on research in the field of health disparities.

COPR reviews the progress of the working groups and improves the draft of History, Values, and Operations of COPR, an operational guide for the current and future councils. The members agree on procedures for how COPR will develop specific recommendations and submit them as formal reports to the Office of the Director.

May 2001

COPR Discusses Its Upcoming Report with Dr. Kirschstein

COPR reviews and discusses with the NIH Director and other leadership key points and concepts, such as patient consent and conflict of interest in research, that are to be included in drafted sections of an in-progress report by the Human Research Protections Work Group.

COPR Class of 2001

- Michael Anderson
- Evelyn Bromet
- Luz Claudio
- Melanie Dreher
- Pam Fernandes
- Ellen Bishop Grant
- Vicki Kalabokes
- Leonard Tamura
- Barbara Lackritz
- Joan Lancaster
- Debra Lappin
- Robert Martin
- Roland McFarland
- Isaac Montoya
- Rodrigo Munoz
- Rosemary Quigley
- Bob Roehr
- Thomas Vaalburg
- Doug Yee

October 23, 2001

COPR Presents Dr. Kirschstein with Its First Report, *Human Research Protections in Clinical Trials:*

A Public Perspective

The report suggests that NIH use not only “high-tech” cutting-edge science but also “high-touch” human interactions that value and empower patients. The Council urges NIH to lead the research community toward implementing COPR’s six global principles: ensuring informed consent, enhancing transparency, improving institutional review boards, addressing conflicts of interest, ensuring the privacy of participants, and developing model programs for training investigators about patient protections and enhancing public education about clinical trials.

April 2002

NIH Responds to COPR’s First Report

COPR convenes to hear NIH’s response to the human research protections report. As a result, NIH identifies the need to embrace communications with a broader public.

COPR also begins to learn about NIH’s work regarding minority health and health disparities.

COPR Class of 2002

- Evelyn Bromet
- Nancye Buelow
- Luz Claudio
- Ellen Bishop Grant
- Debra Sue Hall
- Kimberley Hinton
- Vicki Kalabokes

- Barbara Lackritz
- Debra Lappin
- Ted Mala
- Robert Martin
- Isaac Montoya
- Rodrigo Munoz
- Rosemary Quigley
- Bob Roehr
- Lawrence Sadwin
- John Shlofrock
- Leonard Tamura
- Zelda Tetenbaum
- Donald Tykeson
- Doug Yee

May 2002

Elias Zerhouni is appointed NIH Director.

October 2002

Dr. Zerhouni Presides Over His First COPR Meeting

Dr. Zerhouni presides over his first COPR meeting and shares with COPR his vision through the NIH Roadmap for Medical Research.

COPR holds a “planning day” to review the next areas that it will pursue vis-à-vis Dr. Zerhouni’s Roadmap initiatives. As a result, COPR forms the Public Input and Participation Work Group, which would identify ways NIH might enhance

transparency in the research priority-setting process and review how the Institutes and Centers obtain public input across NIH.

COPR also forms an Agenda Issues Work Group, to facilitate the identification of meeting agendas.

Dr. Zerhouni establishes liaisons between COPR and the Advisory Committee to the Director (ACD), a scientific advisory group that parallels COPR's public advisory function. Liaisons facilitate communications and interaction between the two committees.

December 2, 2002

COPR submits to the NIH Director a Report on the Organizational Structure and Management of NIH.

Among other recommendations, COPR suggests that NIH fund more trans-NIH research and make the expenditures for each disease area more transparent.

December 23, 2002

COPR submits to the NIH Director a Public Library of Science (PLOS) report, recommending that NIH continue to support the PLOS, in addition to PubMed Central, and suggests ways to express that support.

April 2003

Dr. Zerhouni Asks For COPR's Input on the Changing Health Care Landscape

Dr. Zerhouni discusses changes in the NIH budget and in the environment for biomedical research. He talks about megatrends that increase the need for interdisciplinary research and the shift in emphasis from acute, lethal diseases to chronic, long-term diseases. Disparities in medical care are a concern, as are rising rates of obesity and diabetes. These challenges require careful balancing of the nation's research portfolio.

Dr. Zerhouni sets this changing health care landscape as the context for the COPR's actions, advice, and integration of public input. He asks COPR to review the topic further and provide input to NIH.

April 2003 (*continued*)

COPR members provide feedback to NIH about ongoing communications with the public and offer ideas for enhanced public outreach and communications.

COPR is updated on NIH's implementation of the Government Performance and Results Act and recaps for the Director its progress on studying public input and participation across NIH.

The Council requests that the Director send COPR's suggestions and recommendations on the NIH Structure and Functions to the IOM in anticipation of their pending report.

COPR Class of 2003

- James Armstrong
- Evelyn Bromet
- Ruth Browne
- Nancye Buelow
- Barbara Butler
- Frances Dunston
- Rafael Gonzales-Amezcu
- Ellen Bishop Grant
- Debra Hall
- Kimberley Hinton
- Jim Jensen

- Ted Mala
- Rodrigo Munoz
- William Novelli
- Lawrence Sadwin
- John Shlofrock
- Ellen Sigal
- Dawna Torres Mughal
- Leonard Tamura
- Zelda Tetenbaum
- Donald Tykeson

July 2003

This report (also called the “NRC/IOM Report”) represents a detailed, independent examination of NIH. It contains 14 specific recommendations.

October 2003

COPR Discusses Public Input and Trust At Its 10th Meeting

COPR reports on information gathered across NIH about public input into the research priority-setting process. Future efforts for the Public Input and Participation Work Group include distilling this information to identify best practices that can be recommended for replication across the Institutes and Centers.

COPR members hear presentations on trust in the clinical research enterprise, the Tuskegee experiment, and legislative policy at NIH. COPR identifies ways to examine how to enhance public trust in clinical research. The members emphasize the need to understand the relationship between health disparities,

research practices, and building trust. COPR subsequently forms a work group on public trust.

January 2004

COPR submits a response to the IOM Report on NIH's structure, published in July 2003. In its response, COPR identifies 6 of the 14 recommendations as priority areas from the public's perspective. The council comments on three additional recommendations.

April 2004

COPR Presents Its Latest Report To Dr. Zerhouni

COPR presents its report Enhancing Public Input and Transparency in the NIH Research Priority-Setting Process.

The recommendations encourage NIH to:

- Go beyond the NIH campus
- Partner with communities
- Use proactive outreach, including low- and high-technology approaches
- Increase trans-Institute communication
- Promote bidirectional communication
- Make sure public input reaches decision makers
- Fully utilize advisory councils and their public members
- Actively educate the public about how NIH makes decisions
- Publicize opportunities for public input

Look for mechanisms that encourage input

April 2004 (*continued*)

Dr. Zerhouni updates COPR members on the progress of regulations governing conflicts of interest, on testimony before Congress, and about key Roadmap activities. He also discusses collaboration with the U.S. Food and Drug Administration to share data on clinical trials.

COPR hears about the new NIH Public Trust Initiative, including scope, activities, and relationship to the Roadmap. COPR members previously arranged for speakers offering three different perspectives on public trust in medicine by leaders in community-based research.

COPR's Public Trust Steering Work Group presents background and findings from a literature review. The members agree to plan a COPR-sponsored workshop to explore barriers and solutions to participation in medical research.

NIH reported to COPR actions that it has taken in response to COPR recommendations for enhanced public outreach. NIH initiatives include expanded Web sites specifically for the public, the NIH News in Health bulletin, and more frequent collaborations with the media on science and health.

COPR Class of 2004

- James J. Armstrong
- Craig T. Beam
- Ruth C. Browne
- Nancye Buelow
- Barbara Butler
- Wendy Chaite
- Frances Dunston
- Rafael Gonzales-Amezcu
- Debra Hall

- Robert Michael (Mike) Hill
- Kimberley Hinton
- Jim Jensen
- James Kearns
- Ted Mala
- Lawrence Sadwin
- John Shlofrock
- Ellen V. Sigal
- Dawna Torres Mughal
- Donald E. Tykeson

October 26–27, 2004

COPR hosts a workshop on public trust in clinical research. More than 80 participants representing varied communities involved in clinical research meet to discuss issues related to public participation and trust.

COPR identified two primary goals for the workshop:

- To identify guiding principles that all involved communities could use to build participation and trust in medical research.
- To develop initial recommendations for the NIH Director and partnering organizations.

In a full day of interactive sessions, the attendees discuss the public's perception of medical research and explore the barriers to and opportunities for enhancing public participation and trust in clinical research within the context of partnerships.

October 2004

Public Trust Workshop Discussions Continue at COPR Meeting

Throughout the October 2004 workshop, COPR members captured common themes and key points—at this follow-on meeting, they present preliminary findings to the Director. A main message emerges that clinical research can be greatly enhanced through clear communications with participants and by creating partnerships among all stakeholders: patients, community providers, and scientists.

Dr. Zerhouni raises a key question: Why should the public trust us? He concludes that NIH must answer this question and credits COPR with successfully bringing together individuals with unique perspectives for expanding a much-needed dialogue about public trust issues.

Dr. Zerhouni notes that the NIH Public Trust Initiative in combination with the workshop findings will inform and support the NIH Roadmap for Medical Research.

January 2005

COPR analyzes the October 2004 workshop information and presents the Director with its public trust recommendations.

The report encourages a culture change in the scientific community with regard to public participation in research. The 12 recommendations include:

- Engage researchers, educators, and academic institutions in incorporating the public's perspective consistently at every level of training in both the conduct of clinical research and the publication of findings from that research.
- Document and publish “best practices” from efforts to reengineer the clinical research enterprise as soon as NIH begins to see results so that progress in

improving public trust
in medical research grows rapidly and steadily.

COPR's report complements the ongoing work of the NIH Public Trust Initiative and provides input to the emerging Clinical and Translational Science Award program, designed to reengineer the clinical research enterprise through centers of excellence and the collection and dissemination of "best practices."

As a result, NIH leadership now consistently include "participation" as an integral part of the research paradigm—the "fourth P" in transforming medicine from curative to preemptive.

April 2005

NIH Responds to COPR's Public Trust Recommendations

Dr. Zerhouni announces the new NIH conflict-of-interest regulations and the continued development of a new NIH Office of Portfolio Analysis and Strategic Initiatives, which is tasked partially with making research priority-setting decisions more transparent to the public.

COPR members receive updates on NIH's response to COPR's public trust workshop recommendations and the NIH Public Trust Initiative.

COPR members hear presentations and provide feedback on several presentations about public access to NIH research results, including efforts by the NIH Office of Science Education to attract youth to science and a new archive, PubMed Central, that enables uniform public access to peer-reviewed articles on all NIH-sponsored research.

COPR forms a Performance Review Work Group to develop a process for evaluating the COPR's activities as a basis for future initiatives.

COPR Class of 2005

- James Armstrong

- Craig Beam
- Ruth Browne
- Nancye Buelow
- Barbara Butler
- Wendy Chaite
- Christina Clark
- Frances Dunston
- Valda Boyd Ford
- Rafael Gonzales-Amezcu
- Mike Hill
- Jim Jensen
- Nicole Johnson
- James Kearns
- Cynthia Lindquist
- Nicolas Linares-Orama
- Michael Manganiello
- Marjorie Mau
- Dawna Torres Mughal
- Ellen Sigal

October 2005

COPR Makes Recommendations To Increase Public Awareness Of NIH

Dr. Zerhouni discusses the new Office of Portfolio Analysis and Strategic Initiatives, which will manage NIH's large and complex scientific portfolio, coordinate trans-NIH initiatives, and develop better tools and information for decision-making.

The co-chairs of the NIH Public Trust Initiative report on progress and additional NIH activities related to COPR's recommendations for clinical research.

The Role of the Public in Research Work Group presents its findings about the potential for including trained members of the public in peer review. The director of the Center for Scientific Review explains the existing process of peer review at NIH.

October 2005 *(continued)*

The Performance Review Work Group reports on initial ideas for evaluating COPR's work. The group proposes guidelines for post-report feedback and a post-report tracking process for the full COPR to consider.

COPR recommends that NIH enhance communications to increase awareness of NIH's identity through public outreach and increasing education efforts to key decision makers in government. Among other ideas, COPR encourages NIH to ask grantees to identify NIH in their published research papers.

April 2006

COPR Meets with Leaders From NIH Offices and NHGRI

COPR hears presentations and engages in discussion with leaders of the National Human Genome Research Institute, the NIH Budget Office; and the NIH Office of Technology Transfer.

COPR approves the work of the Performance Review Work Group and adopts tools for planning, evaluation, and tracking progress.

The Communications Work Group praises ongoing and accelerating communication efforts by NIH and suggests additional opportunities to unify the

NIH identity and increase communication across the board about NIH research activities.

COPR recommends to NIH that it continue to actively pursue efforts to involve the public in research, and the group emphasizes promising avenues, including peer review groups, institutional review boards, researcher education about the value of public involvement, and partnering with voluntary groups, clinics, and community organizations.

COPR Class of 2006

- Syed Ahmed
- James Armstrong
- Craig Beam
- Ruth Browne
- Barbara Butler
- Wendy Chaite
- Christina Clark
- Linda Crew McNamara
- Frances Dunston
- Valda Boyd Ford
- Nicole Johnson
- James Kearns
- Nicolas Linares-Orama
- Cynthia Lindquist
- Michael Manganiello

- Marjorie Mau
- Ann-Gel Palermo
- James Wendorf

November 2006

COPR Makes Recommendations to NIH for Increasing Public Involvement in Research

Dr. Zerhouni reports on continuing efforts to increase transparency at NIH and on changes in the peer review process.

COPR hears and responds to NIH's endeavor to ensure that the investment in genomic research is best used by developing a central repository of data from genome-wide association studies. COPR also hears about new communications initiatives, including an NIH collaboration with the Discovery Channel and other media efforts to increase public outreach.

November 2006 (*continued*)

COPR identifies specific strategies for increasing the ability of researchers to involve the public. Suggestions include for NIH to consider offering incentives to researchers for involving the public, conduct studies and develop evidence of the value of public participation, create tools for educating researchers, and provide guidance to grant applicants.

COPR also urges the formation of a COPR Ambassadors program to link COPR alumni and current COPR members in the planning of and/or participation in NIH Institute and Center outreach programs planned throughout the United States.

April 2007

COPR Discusses Diversity Training and Health Disparities Research at NIH

COPR becomes more immersed in NIH's knowledge management initiatives and learns about the new Division of Program Coordination, Planning, and Strategic

Initiatives within the Office of the Director as well as more about NIH's Research, Condition, and Disease Categorization initiative to bring greater transparency to the funding process.

COPR also hears that its previous work on the role of the public in research helped to frame part of a funding announcement for a new program under the Clinical and Translational Science Awards. Grantees are now required to build bridges between academic centers and surrounding communities.

April 2007 (continued)

COPR members present findings from their recent inquiry into diversity training and health disparities research at NIH and discuss the potential of pursuing these areas in the coming year.

COPR also sets goals for publishing two editorials with working titles of "The Future Is Now: Enhancing the Role of the Public in Medical Research" and "What Is Trust Worth?"

COPR confirms the continuation of the Role of the Public in Research Work Group and selects one area for future efforts: the identification of concrete ways to encourage researchers to involve the public with emphasis on community engagement.

April 2007 (continued)

COPR members present findings from their recent inquiry into diversity training and health disparities research at NIH and discuss the potential of pursuing these areas in the coming year.

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COPR confirms the continuation of the Role of the Public in Research Work Group and selects one area for future efforts: the identification of concrete ways to

encourage researchers to involve the public with emphasis on community engagement.

COPR Class of 2007

- Syed Ahmed
- Craig Beam
- Wendy Chaite
- Christina Clark
- Naomi Cottoms
- Linda Crew McNamara
- Valda Boyd Ford
- Elmer Freeman
- Beth Furlong
- Brent Jaquet
- Nicole Johnson
- Nicolas Linares-Orama
- Cynthia Lindquist
- Michael Manganiello
- Matthew Margo
- Marjorie Mau
- Anne Muñoz-Furlong
- Ann-Gel Palermo
- James Wendorf

October 2007

NIH Launches the Partners in Research Program

The co-chairs of the Public Trust Initiative announce the recent launch of Partners in Research, a program that will identify and encourage innovative models of community research partnerships. This program grew out of COPR's October 2004 workshop on public trust.

COPR makes progress toward identifying specific actions that would spur researchers to involve the public in research. The Role of the Public in Research Work Group establishes a charge to develop guidance for grant reviewers to measure community engagement and define public participation and community engagement so that researchers are clear on what they are being asked to do.

COPR also suggested that NIH embrace the COPR Ambassador program concept as a way to promote bilateral communication and promote partnerships with non-federal groups for enhanced outreach.

January 2008

COPR publishes an editorial on the importance of public participation in health research in the *Hawai'i Medical Journal*

March 2008

Avalere Health Recognizes COPR in a List of Best Practice Organizations

Avalere Health, a Washington, D.C.-based public health policy firm, recognizes COPR as one of eight best practice organizations integrating patient and clinician perspectives in research priority setting in the report Patient and Clinician Participation in Research Agenda Setting: Lessons for Future Application.

COPR drafts a formal letter to Dr. Zerhouni in response to his request that the Council offer specific ideas for reaching a broader public. The letter offers two high-priority communication initiatives:

1. NIH should develop a multimedia national public awareness campaign to inform the public about how to access NIH health information.
2. NIH should continue to aggressively pursue “new media,” such as podcasts or YouTube webcasts, as a venue for bringing research-generated information and messages to a wider public audience.

April 2008

The Role of the Public in Research Work Group Presents Draft Community Engagement Materials

Dr. Zerhouni announces that he has received a preliminary report on peer review enhancement. The report is based on a comprehensive analysis conducted with input from members of the public. He says the NIH Public Access Policy has been implemented and discusses trends that affect the funding of early-stage investigators.

The Role of the Public in Research Work Group reports on a roundtable it hosted to help the work group frame efforts aimed at researcher training and peer review panels involving community engagement. Experts from within and outside NIH participated. The group developed drafts of several tools, including two definitions, a template, and a process.

The Communications Work Group discusses a panel session it held to gain insight on effective communications strategies for use in education and outreach programs. The work group recommends implementation of a trans-NIH “Communications Roadmap” and offers to lead efforts seeking input on the public's interest and practices in finding health information.

COPR Class of 2008

- Syed Ahmed
- Micah Berman
- Lora M. Church
- Christina Clark
- Naomi Cottoms
- Linda Crew-McNamara
- Valda Boyd Ford
- Elmer R. Freeman
- Beth Furlong
- Brent Jaquet
- Nicole Johnson
- Cynthia Lindquist
- Matthew Margo
- Marjorie Mau
- Anne Muñoz -Furlong
- Eileen Naughton
- Ann-Gel Palermo
- Carlos Pavao
- John Walsh
- James Wendorf
- James Wong

October 2008

Dr. Zerhouni Presides Over His Final COPR Meeting

COPR recognizes Dr. Zerhouni for his leadership and support of public engagement in NIH priority setting as they bid farewell during Dr. Zerhouni's last meeting as the NIH Director. Dr. Zerhouni retired from the NIH on October 31.

Additional COPR learns about the NIH's efforts in genome science and public health education, including an upcoming website to increase public understanding of Genomics.

Public Trust Initiative Co-chairs present advances in the Partners in Research Awards, which were reviewed in April 2008. Two COPR members participated on the review panel.

October 2008

COPR publishes three documents to help different groups assess and learn about community engagement:

- Definitions of Public Participation and Community Engagement
- Community Engagement Framework for Peer Review Guidance
- Community Engagement Framework for Development of Education/Training for Researchers

August 2009

Francis S. Collins, M.D., Ph.D., Sworn in as NIH Director

Francis S. Collins, M.D., Ph.D., became the 16th director of the National Institutes of Health. He was nominated to lead the NIH, the nation's premiere biomedical research agency, by President Barack Obama on July 8, and was unanimously confirmed by the U.S. Senate on August 7, 2009.