

## MESSAGE FROM THE DIRECTOR

Dr. Barbara B. Mittleman

Best wishes to all for a challenging, productive, happy, and healthy new year. We at the National Institutes of Health (NIH) Public-Private Partnership (PPP) Program office finished up 2010 with lots of accomplishments, challenges, and changes. The PPP Coordinating Committee has been focusing on working with not-for-profit organizations and has spent the first half of the year in stimulating discussions about why and how organizations fashion a collaboration and partnership agenda. This continues into 2011 with an exciting lineup of speakers and topics.

A great deal of planning and time went into bringing some 2,400 people from more than 50 countries and multiple sectors (academia, government, industry, nongovernmental organizations, etc.) together at the 2010 mHealth Summit, all engaged in questions having to do with the use of mobile devices for health, biomedical research health policy and planning, and more. The Summit included plenary sessions at which various luminaries shared their thoughts (Francis S. Collins, NIH Director; William “Bill” Gates, Co-chair and Trustee, Bill & Melinda Gates Foundation; Ted Turner, Chairman, United Nations Foundation; Aneesh Chopra, U.S. Chief Technology Officer; and Todd Park, Chief Technology Officer, U.S. Department of Health and Human Services (HHS), just to name a few); exhibits in which technology and application developers could share information and allow attendees to discuss their wares and collaborative opportunities; a poster session in which data and projects were showcased; and a variety of focused, concurrent sessions.

Dr. Audie Atienza, then on detail to the PPP Program office from the National Cancer Institute, was the master coordinator of NIH’s involvement in the Summit, organizing the abstract review, working on the content and rosters for the concurrent sessions, engaging with internal NIH stakeholders and outside parties, and breathing and dreaming mHealth for months. Sad to say (for the PPP Program office), Audie has left us to move to HHS on detail to head an mHealth task force, further demonstrating the potential impact and importance of mobile health technologies and approaches for a variety of health, research, payment, and policy foci at the Department level. We will miss him, but appreciate his work to further the coherence and impact of mobile technologies for public health outcomes.

More information about the Summit also appears in this issue, in the feature by Mr. Richard Scarfo, Director, Marketing Communications and Strategic Alliances, Foundation for the National Institutes of Health. From the NIH point of view, there was a great deal of opportunity at the Summit; the wide attendance and its multisector nature, the opportunity to engage with technology and applications developers, and the networking were all of real value to NIH staff in attendance. Also well attended and appreciated at the Summit was a session devoted to providing an opportunity to meet the funders of mHealth research and pilot programs—both industry and foundations as well

## SPOTLIGHT

The National Institutes of Health (NIH) Public-Private Partnership Program (PPP) is pleased to include in this issue feature articles by Mr. Richard Scarfo, Director of Strategic Alliances, Foundation for the National Institutes of Health (FNIH) and PPP Program staff. Mr. Scarfo describes the 2010 mHealth Summit sponsored by FNIH and held November 8-10, 2010, in Washington, D.C. Dr. Tony Dickherber, Science and Technology Policy Fellow, American Association for the Advancement of Science, discusses the Cancer Human Biobank (caHUB). Dr. Dickherber is working at the National Cancer Institute’s Office of Biorepositories and Biospecimen Research and has joined the PPP Program office on a part-time basis to explore the fundamentals of public-private partnerships as well as work on projects that involve The Biomarkers Consortium (BC). Dr. Shawnmarie Mayrand-Chung also provides news of projects and personnel changes in the BC. Dr. Bill Riley provides an update on the NIH mHealth Inter-Institute Interest Group.

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as NIH Institutes and Centers (ICs). Partnership opportunities are in development, growing from relationships started at this Summit and at the 2009 mHealth Summit. NIH's mHealth Inter-Institute Interest Group remains active as a venue for exploring and sharing information about NIH activities with regard to mHealth as well as providing an opportunity for outside speakers to efficiently access the NIH community with interests in this area. More details of all this from the NIH perspective are found in Audie's article in this issue. NIH's mHealth Inter-Institute Interest Group (mHealth IIIG) remains active as a venue for exploring and sharing information about NIH activities with regard to mHealth as well as providing an opportunity for outside speakers to efficiently access the NIH community with interests in this area. Taking over as chair of the mHealth IIIG is Dr. Bill Riley (NIH National Heart, Lung, and Blood Institute). In this newsletter, Bill provides details about mHealth IIIG focus and activities, such as the NIH mHealth Summer Training Institute.

We have also had many exciting and diverse opportunities to engage with other Federal agencies. PPP Program staff serves on the Council of the National Aeronautics and Space Administration (NASA) LAUNCH initiative, a global partnership for innovation cosponsored by NASA, U.S. Department of State, United States Agency for International Development, and Nike, Inc. The inaugural LAUNCH: Health meeting in October 2010 provided a unique opportunity to engage with innovators in technologies and approaches that may have applications for the NASA space mission, but also have the potential for improving public health here on Earth, both in the United States and among underserved and/or remote populations. The engagement with NASA continued into December, when its Space Life Sciences Director, Jeffrey R. Davis, M.D., came to the NIH Campus to make presentations about NASA's new Human Health and Performance Center, innovation at NASA, and NASA's use of prizes and challenges. This also served as an opportunity for inter-agency dialogue around the Center when we hosted representatives from HHS Centers for Disease Control and Prevention, Food and Drug Administration, and Indian Health Service, Immediate Office of the Secretary, and National Institute of Standards and Technology as well as NIH to discuss how the Center is organized, what tools and opportunities exist for collaboration within it, and how U.S. Federal agencies can join. For further information, please see <http://www.nasa.gov/offices/NHHPC/index.html>. Other topics, on which NIH PPP Program office advice has been sought by non-NIH Federal agencies, include the development of the planned PPP to follow the effects of the Gulf oil spill and the development of a PPP related to the biovigilance system for blood, organs, and tissues. It is clear that establishing PPPs and leveraging Federal dollars with private organizations' resources and capacities provide synergies for many agencies with their own (diverse) missions.

Elsewhere in this newsletter, Dr. Shawnmarie Mayrand-Chung details the progress and work of The Biomarkers Consortium (BC), with comments about the revitalization of the Inflammation and Immunity Steering Committee, exciting progress in the I-SPY 2 (Investigation of Serial Studies to Predict Your Therapeutic Response with Imaging and Molecular Analysis 2) trial as well as information about past and upcoming speaking events and conferences related to biomarkers. Dr. Tony Dickherber, Science and Technology Policy Fellow, American Association for the Advancement of Science, working primarily in the National Cancer Institute's Office of Biorepositories and Biospecimen Research, has joined Shawnmarie on a part-time basis to explore how PPPs work generally and the BC specifically, and he, too, has contributed his thoughts to this issue. We continue in collaboration with Dr. Joel Cutcher-Gershenfeld, Dean and Professor, School of Labor and Employment Relations, University of Illinois, through a National Science Foundation-funded effort regarding developing a case study of the BC and working toward a fundamental understanding of how stakeholders align in the setting of PPPs.

PPP Program staff continues to travel and take the PPP message "on the road." Recent interactions have focused on drug development (from the vantage point of industry and of the pharmaceutical industry); innovation (from the government and industry perspective); and how industry, universities, and government can interact from an operational and a transactional standpoint. Providing advice to NIH ICs, other agencies, other governments, and private organizations/businesses remains an ongoing emphasis of the Program as always.

We wish you well in the new year and are at the ready to assist your partnership efforts in any way we can. Please call 301-443-YPPP (301-443-9777) or e-mail [pppartnerships@od.nih.gov](mailto:pppartnerships@od.nih.gov) for additional information or assistance. ❖

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# NOVEMBER GATHERING ESTABLISHES MHEALTH SUMMIT AS LEADING EVENT IN MOBILE HEALTH

Mr. Richard Scarfo, Director of Marketing, Communications and Strategic Alliances, Foundation for the National Institutes of Health

Surpassing even the ambitious projections, the 2010 mHealth Summit nearly tripled its attendance over that of the previous year when it convened November 8-10 in Washington, D.C. As many as 2,400 attendees from 50 countries around the world gathered to learn, explain, demonstrate, and share the cutting-edge tools, services, solutions, and protocols that are shaping the ways mobile and wireless technologies can improve health both domestically and around the world.

The largest gathering of its kind in the United States, the event featured more than 150 speakers who populated dozens of cross-sectoral sessions focused on Research, Technology, Business, and Policy issues. Dr. Francis S. Collins, Director, National Institutes of Health (NIH), set the tone for the Summit during his opening keynote address, which was followed by other luminaries who provided keynote perspectives including William “Bill” Gates, Co-chair and Trustee, Bill & Melinda Gates Foundation, and Ted Turner, Chairman, United Nations Foundation. A total of 125 exhibiting companies and 185 poster presentations filled an exhibit floor that remained busy well after the Summit officially closed each evening. The true success of the gathering was demonstrated by the array of researchers, policymakers, entrepreneurs, and visionaries from a wide range of intersecting disciplines who converged to spark ideas, debate, partnerships, and innovations.

The Summit was organized by the Foundation for the National Institutes of Health (FNIH) in partnership with the mHealth Alliance and NIH. It was designed not only to advance discussions around research and delivering health care in new and innovative ways, but also to emphasize high-

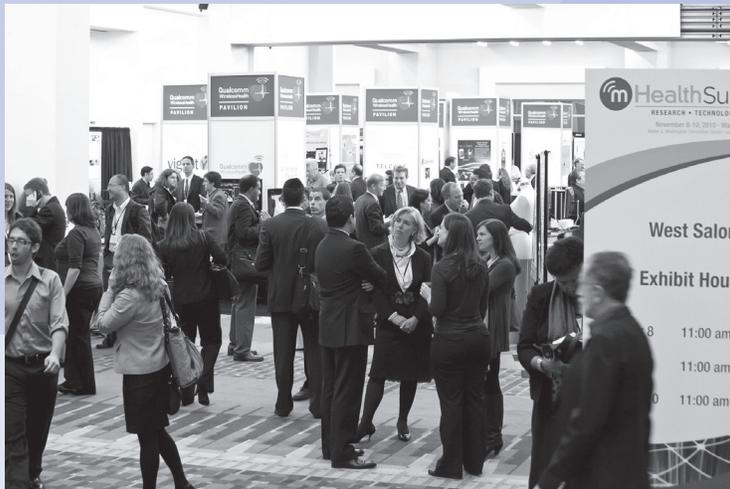
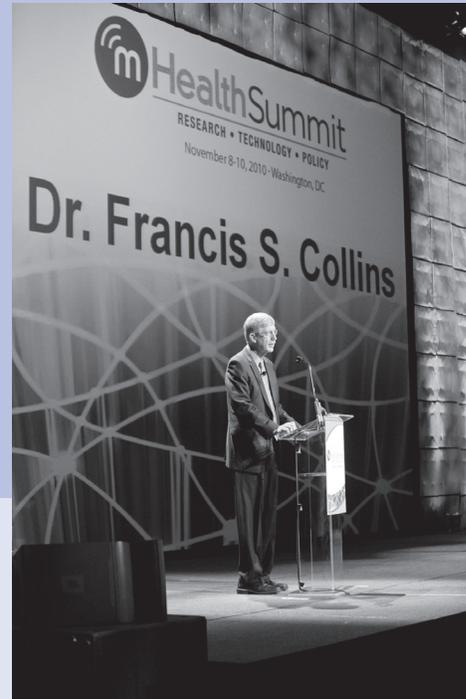


Exhibit Floor at the 2010 mHealth Summit



Dr. Francis S. Collins, Director, National Institutes of Health, delivering the 2010 mHealth Summit keynote address on opening day

impact, sustainable solutions with the ability to affect millions of people, especially in low-resource settings. Through that unique mission, it succeeded in attracting stakeholder buy-in from a wide range of sectors, countries, backgrounds, and philosophies.

In addition to Dr. Collins, Mr. Gates, and Mr. Turner, the Summit featured addresses by U.S. Chief Technology Officer Aneesh Chopra; Rockefeller

Foundation President Dr. Judith Rodin; and many other forward-thinking leaders. “The people, ideas and innovations at this year’s mHealth Summit are a testament to the fact that the mHealth moment has arrived, and is moving full-speed ahead,” said Dr. Scott Campbell, Executive Director and CEO of the FNIH. Bolstering that assertion was the mHealth Alliance’s announcement of a series of major grants and new partnerships at the Summit. “It is these connections and commitments that make events like the mHealth Summit so important in helping drive forward the field of mHealth,” commented David Aylward, Executive Director of the mHealth Alliance.

“I’ve never experienced anything like this,” said Clint McClelland, Senior Director of Market Development for Qualcomm. “The quality of the attendees was excellent. Everyone I needed to meet was at the 2010 mHealth Summit.”

Based on the resounding success of the 2010 Summit, the FNIH has already begun to lay the groundwork for an even better, more comprehensive, and inclusive event this year. The 2011 mHealth Summit is scheduled for December 5-7 at the Gaylord National Hotel & Convention Center at the Maryland National Harbor. ❖

## THE CANCER HUMAN BIOBANK

Dr. Tony Dickherber

The Cancer Human Biobank (caHUB) is the first centralized and public biorepository for human biospecimens in the United States. Soon to be launched by the National Cancer Institute (NCI) Office of Biorepositories and Biospecimen Research (OBRR) and initially funded by the American Recovery and Reinvestment Act, caHUB will evolve into a public-private partnership in support of the caHUB mission. The mission of caHUB is to contribute to medical advances by providing high-quality human biospecimens and data as well as analysis, scientific tools, and services to the cancer research and product development communities. This initiative leverages resources already developed by the NCI, including the OBRR Biospecimen Research Network (BRN) and the *NCI Best Practices for Biospecimen Resources*.

caHUB is a unique institution in many respects, including its quality-focused collection approach, extensive specimen annotation and tracking infrastructure, scientific expertise, and the fact that it is a public resource whose primary aim is to advance our understanding of cancer and our ability to fight it. Through caHUB, the NCI seeks to address the shortage of highly annotated research biospecimens collected under rigorous standards too costly for private organizations to pursue but required to address a number of critical scientific issues. Additionally, caHUB seeks to reduce wasted research time and resources caused by questionable specimen quality and difficulties in validating results for regulatory considerations.

In order to achieve sustainability, caHUB will require both financial and in-kind support beyond what can be provided by taxpayer appropriations. This includes pursuing appropriate cost-recovery mechanisms and partnering opportunities. caHUB will require the support of the broader research community, including institutions of advocacy, private foundations, and industry. As a member of OBRR, I have been allowed the privilege of serving a part-time detail to the National Institutes of Health Public-Private Partnership Program (PPP) during the second year of my American Association for the Advancement of Science (AAAS) Science and Technology Policy Fellowship.

Through this experience, I hope to develop a better understanding of what is required to develop and maintain effective partnerships with both government and private industry. My early tasks with the PPP Program office have involved participating in the program oversight of The Biomarkers Consortium, which presents itself as an intriguing model for partnership with private industry, and understanding precompetitive opportunities for collaboration in translational clinical research. I am excited about the various activities ongoing at the PPP Program office, especially translational science initiatives, and how they might inform the development of the NCI caHUB program. ❖

## THE BIOMARKERS CONSORTIUM: A RECAP OF 2010

Dr. Shawnmarie Mayrand-Chung

The year 2010 was very productive for The Biomarkers Consortium (BC). We had a strong start with the approval and launch of the I-SPY 2 trial (Investigation of Serial Studies to Predict Your Therapeutic Response with Imaging And moLecular Analysis 2). This clinical trial for women with newly diagnosed locally advanced breast cancer tests whether adding investigational drugs to standard chemotherapy is better than standard chemotherapy alone before surgery. The I-SPY 2 trial employs a groundbreaking

clinical trial model that uses genetic or biological markers (“biomarkers”) from individual patients’ tumors to screen promising new treatments, identifying which treatments are likely to be most effective in specific types of patients. The innovative adaptive trial design will enable researchers to use early data from one set of patients to guide decisions about which treatments might be more useful for patients later in the trial, and eliminate ineffective treatments more quickly.

Other projects approved and set in motion for launch include several aimed at the qualification of biomarkers—particularly timely with the U.S. Food and Drug Administration’s (FDA) provision of recent draft guidance on biomarker qualification. The FDA has brought several ideas for biomarker qualification projects to the BC over the last year including the *Clinical Evaluation and Qualification of Kidney Safety Biomarkers* project. This project, which is being conducted in conjunction

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with the Critical Path Institute Predictive Safety Testing Consortium, is designed to:

- Qualify new biomarkers for monitoring kidney safety in the clinic
- Improve clinical diagnoses of acute kidney injury during drug development
- Serve as a model for collaboration between two consortia

Additional members of this project team include University of Southern California, University of Texas MD Anderson Cancer Center, University of Minnesota, Dana-Farber Cancer Institute, National Institutes of Health (NIH), FDA, and multiple industry partners.

In December, the BC announced that the results of its proteomics study utilizing plasma samples from the Alzheimer's Disease Neuroimaging Initiative (ADNI) are ready to be shared with scientists worldwide for further analysis. This BC project, entitled *Use of Targeted Multiplex Proteomic Strategies to Identify Plasma-Based Biomarkers in Alzheimer's Disease*, was designed to be the first part of a multiphased effort seeking to utilize samples collected by ADNI to qualify multiplex panels in both plasma and cerebrospinal fluid to diagnose patients with Alzheimer's disease and monitor disease progression.

New projects were also approved in the areas of beta cell mass function, *Identification and Validation of Markers That Predict Long-Term Beta Cell Function and Mass*, and Alzheimer's disease, *Alzheimer's Disease Targeted CSF Proteomics Project*. Additionally, several new concepts were approved, including:

- Atherosclerosis Computer Modeling Initiative

- Endpoints for Clinical Trials of Drugs for Bacterial Infections and Pneumonia

- Osteoarthritis Biomarkers Consortium Project

There were participant changes to both the executive and steering committees last year. Most notably was the replacement of two NIH members of the Executive Committee (EC): Dr. Larry Tabak, National Institute of Dental and Craniofacial Research, and Dr. John Niederhuber, National Cancer Institute (NCI), were replaced by Dr. James Battey, Director, National Institute on Deafness and Other Communication Disorders, and Dr. Douglas Lowy,

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Deputy Director, NCI. We are excited to have the opportunity to work with and gain the insights of Drs. Battey and Lowy as the BC heads into 2011. Dr. Thomas Insel, Director, National Institute of Mental Health, continues to serve on the EC, as he has done since the inception of the BC, and has provided invaluable guidance to the EC as well as the Neuroscience Steering Committee (NSC).

The year 2010 resulted in some changes to the BC steering committees as well. Dr. Anna Barker retired from

NCI and also stepped down from her role as steering committee co-chair for the Cancer Steering Committee (CSC). Dr. Barker made huge contributions to the BC and helped the CSC develop and launch several important biomarker projects during her 4-year tenure, and she will be missed. Other steering committee co-chair changes included the naming of two new co-chairs to the Inflammation and Immunity Steering Committee (IISC): Dr. Brian Kotzin (Amgen) and Dr. Andras Perl (State University of New York, Upstate Medical University College of Medicine) replaced Dr. Daniel Rotrosen (National Institute of Allergy and Infectious Diseases) and Dr. Bruce Littman (Translational Medicine Associates). Dr. Hussein Manji (Johnson & Johnson) replaced Dr. Bill Potter (ex-Merck) on the NSC.

In other steering committee news, the IISC kicked off the new year with a face-to-face meeting on January 7, and there are already discussions under way to develop several new projects this year. In addition to the proposed Osteoarthritis Biomarkers Consortium Project, other prospective projects in the areas of chronic obstructive pulmonary disease and asthma and rheumatoid arthritis and lupus are being considered.

Several new project concepts are under consideration by the Metabolic Disorders, Neuroscience, and Cancer Steering Committees, and 2011 is poised to be another exciting and busy year for the BC. ❖

# MHEALTH SUMMIT 2010 AND BEYOND

Dr. Audie A. Atienza

The 2010 mHealth Summit ([www.mhealthsummit.org](http://www.mhealthsummit.org)) was held November 8-10, 2010, at the Washington Convention Center in Washington, D.C. The meeting was hosted by the Foundation for the National Institutes of Health (FNIH), in partnership with the National Institutes of Health (NIH) and mHealth Alliance. There were over 2,400 participants (from over 50 countries), 185 posters, 40+ technology demos, and 18 concurrent sessions at the 2010 Summit.

Highlights included keynote presentations by Dr. Francis S. Collins, Director, NIH; Mr. Bill Gates III, Founder, Bill & Melinda Gates Foundation; Mr. Todd Park, Chief Technology Officer, U.S. Department of Health and Human Services; Mr. Aneesh Chopra, Chief Technology Officer, The White House; Mr. Ted Turner, Founder, United Nations Foundation; Dr. Judith Rodin, President, Rockefeller Foundation; and Dr. Julio Frenk, Dean, Harvard University School of Public Health. Plenary/Super Session Panels addressed key topics, including cross-sectoral perspectives, future visions of mHealth (mobile health), comparative effectiveness research, global health, CEO/executive perspectives, privacy/security, and regulatory/policy issues.

The 2010 mHealth Summit also featured a funding networking session at which conference participants had a chance to speak with representatives from many NIH Institutes and Centers including the National Institute of Child Health and Human Development, National Library of Medicine, National Institute of Mental Health, National Heart, Lung, and Blood Institute, National Cancer Institute, Office of Behavioral and Social Sciences Research, National Institute on Aging, National Institute of Biomedical Imaging and Bioengineering, and National Institute on Drug Abuse, along with other funding agencies (e.g., McKesson Foundation, Robert Wood Johnson Foundation, Intel Digital Health Group, and others).

Of the 18 concurrent sessions, six were dedicated specifically to mHealth research and chaired by NIH staff. In each of these sessions, research studies from both U.S. and international settings were highlighted. A special Thank You goes out to the many NIH staff who served as reviewers and to those who submitted the 440+ abstracts in response to the Call for Presentations/Technology Demos. Among the 30 research studies selected for oral presentations, six were submitted by new investigators (i.e., researchers within 5 years of their terminal degree), and these promising new investigators were recognized during the Summit for their excellent work.

The major themes of the 2010 mHealth Summit were (1) exploring the intersections among research, technology, and policy and (2) facilitating cross-sectoral dialogue in mHealth. Many perspectives were represented at the 2010 mHealth Summit, including those of academia, industry, nonprofit, government, and international stakeholders. This created unprecedented opportunities for networking with various organizations, but also distinct challenges in the planning and implementation of the Summit. As mobile health technology progresses at a much faster pace than traditional government research funding, keeping research and evidenced-based solutions at the forefront remains a particular challenge. This disconnect between industry-driven technology and government-funded research will require creative collaborations to ensure that mHealth solutions are effective, sustainable, and scalable.

Mobile health has gained further visibility at the U.S. Department of Health and Human Services (HHS), where an agency-wide task force has recently been formed to provide recommendations directly to HHS Secretary Kathleen Sebelius on text messaging and mHealth activities at HHS. In addition, the NIH mHealth Inter-Institute Interest Group formed in January 2010 remains active, with strong interest across the NIH ICs. Future mHealth activities at NIH in 2011 will include the development of an NIH-Indian Health Service-Qualcomm collaborative mHealth research project and the inaugural NIH Summer Institute on Mobile Technology Research to Enhance Health. While many challenges still exist, the future of mHealth looks bright. ❖

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# CALENDAR

DATE	MEETING	LOCATION & TIME	SPEAKER
1.20.11	PPP Coordinating Committee Meeting*	NIH Campus Building 1, Wilson Hall 2:30 - 4:30 pm	<i>Public-Private Partnerships: Working With Not-for-Profit Entities: Partnering Within Global Health Architecture—A Conversation With the World Bank</i> <b>Elizabeth (EJ) Ashbourne</b> , Lead, Global Health Information Forums, World Bank/Health Metrics Network  <b>Armin Fidler</b> , Advisor, Policy and Strategy for the Health Sector, World Bank
2.15.11	mHealth IIIG Meeting**	NIH Campus Building 31, Room 5A05 3:00 - 4:30 pm	<i>Monthly trans-NIH committee meeting</i> <b>Praduman Jain</b> , Chair, Mobility Initiative, Continua Health Alliance, and CEO, Vignet, Inc.
2.17.11	PPP Coordinating Committee Meeting*	NIH Campus Building 1, Wilson Hall 2:30 - 4:30 pm	<i>Public-Private Partnerships: Working With Not-for-Profit Entities</i> (speaker to be announced)
3.17.11	PPP Coordinating Committee Meeting*	NIH Campus Building 31, Room 6C10 2:30 - 4:30 pm	<i>Public-Private Partnerships: Working With Not-for-Profit Entities: Partnering to Promote and Facilitate Translational Research</i> <b>Garry Neil</b> , M.D., Corporate Vice President, Science and Technology (COSAT), Johnson & Johnson - New view of translational research from an industry perspective  <b>Lili Portilla</b> , M.P.A., Senior Advisor for Technology Transfer, National Center for Research Resources, NIH - New view of translational research from an NIH perspective.
3.22.11	mHealth IIIG Meeting**	NIH Campus Building 1, Wilson Hall 3:00 - 4:30 pm	<i>Monthly trans-NIH committee meeting</i> (speaker to be announced)
4.21.11	PPP Coordinating Committee Meeting*	NIH Campus Building 1, Wilson Hall 2:30 - 4:30 pm	<i>Public-Private Partnerships: Working With Not-for-Profit Entities</i> (speaker to be announced)
4.26.11	mHealth IIIG Meeting**	NIH Campus Building 31, Room 6C6 3:00 - 4:30 pm	<i>Monthly trans-NIH committee meeting</i> (speaker to be announced)
5.19.11	PPP Coordinating Committee Meeting*	NIH Campus Building 1, Wilson Hall 2:30 - 4:30 pm	<i>Public-Private Partnerships: Working With Not-for-Profit Entities</i> (speaker to be announced)
5.24.11	mHealth IIIG Meeting**	NIH Campus Building 31, Room 6C10 3:00 - 4:30 pm	<i>Monthly trans-NIH committee meeting</i> (speaker to be announced)
6.16.11	PPP Coordinating Committee Meeting*	NIH Campus Building 1, Wilson Hall 2:30 - 4:30 pm	<i>Public-Private Partnerships: Working With Not-for-Profit Entities</i> (speaker to be announced)

\*The PPP Coordinating Committee (PPPCC) meets on the third Thursday of each month. For additional information, please contact Ms. Marjorie Bonorden at bonordenm@od.nih.gov.

\*\*mHealth IIIG Committee meets the fourth Tuesday of each month. For additional information, please contact Dr. Bill Riley at william.riley@nih.gov.

All meeting locations are subject to change.

Visit us at <http://ppp.od.nih.gov>

## LOOKING FOR PPP INFORMATION?

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## NIH MHEALTH INTER-INSTITUTE INTEREST GROUP UPDATE

William T. Riley, Ph.D., Program Director, Clinical Applications and Prevention Branch, National Heart, Lung, and Blood Institute

The National Institutes of Health (NIH) mHealth (mobile health) Inter-Institute Interest Group (mHealth IIIG) is composed of program staff from the various NIH Institutes, Centers, and Offices who are interested in coordinating and encouraging biomedical and behavioral research utilizing mobile technologies. Among the activities of the mHealth IIIG this fall has been support of the mHealth Summit, a partnership of the mHealth Alliance, the Foundation for the NIH, and NIH, which was held November 8-10, 2010. mHealth IIIG members reviewed abstracts submitted for paper and poster presentations and technology demonstrations at the Summit, and assisted in the planning and support for the mHealth Summit. As the mHealth Summit has evolved to focus primarily on the business and technology aspects of mobile health, the NIH mHealth Interest Group has shifted its focus since the Summit to coordinating workshops and conferences that address the research needs of the mobile health field.

One such effort is the NIH mHealth Summer Training Institute, which will be held June 20-24, 2011, in San Diego, California. The Institute, sponsored by the Office of Behavioral and Social Sciences Research with a number of NIH Institute and Center cosponsors, will bring together leaders in mobile technology, behavioral

sciences, and clinical research to lead a cross-training event for early career investigators with an interest in mHealth. The training curriculum will cover the current state of the science in mobile technology and engineering, behavior change theory, and clinical applications and will highlight the intersection among these areas for research related to health. For further information, see [http://obssr.od.nih.gov/training\\_and\\_education/mHealth/index.aspx](http://obssr.od.nih.gov/training_and_education/mHealth/index.aspx). The NIH mHealth IIIG will continue to plan and coordinate additional workshops and conferences addressing a variety of mHealth research topics with the goal of facilitating and encouraging rigorous research in this area.

In 2010, the NIH Public-Private Partnership Program office initiated the NIH mHealth IIIG, which was ably organized and led by Audie A. Atienza, Ph.D., and currently has nearly 100 members. In November, Audie was detailed to the U.S. Department of Health and Human Services (HHS), where he is working on Text4Health and other HHS health technology initiatives. With Audie's departure, Bill Riley, Ph.D., National Heart, Lung, and Blood Institute, is serving as acting chair of the mHealth IIIG, and can be contacted at [william.riley@nih.gov](mailto:william.riley@nih.gov) or contact Dr. Barbara Mittleman, mHealth IIIG co-chair, at [mittlemb@mail.nih.gov](mailto:mittlemb@mail.nih.gov) for further information about this NIH interest group. ❖

