

## Frequently Asked Questions

### **What is the ResearchMeansHope.org campaign?**

The ResearchMeansHope.org campaign is a pilot project that will test whether it is possible to build grassroots support for sustained increases in NIH funding in targeted congressional districts and cultivate additional champions for NIH in Congress. The campaign will reach out to opinion leaders through newspaper and radio advertising in the targeted districts, as well as by electronic and social media (eg., targeted emails, Facebook pages, Twitter, and blogs). A Web site has been created to enable the public to contact Congress in support of increased NIH funding. A new 501c6 organization, the Coalition to Support Medical Research, has been incorporated as the official entity that is operating this campaign. The founding members of the coalition are AAMC, AAU, FASEB, Johns Hopkins, and the Association of Public and Land-grant Universities (APLU, formerly NASULGC).

### **How does the ResearchMeansHope.org campaign supplement current NIH advocacy efforts?**

Most of the community's NIH advocacy efforts to date have been focused "inside the Beltway." The ResearchMeansHope.org campaign will take place beyond the Beltway in low-cost media markets and legislative districts represented by members of Congress who are important decision-makers on NIH funding or who have the potential to become additional champions of NIH in Congress.

### **The economic stimulus package includes \$10 billion in additional NIH funding. Why do we need ResearchMeansHope.org?**

The stimulus package provides a much needed infusion of funds that will create jobs and generate economic growth resulting in new resources and technologies that will fuel scientific discovery. The goal of the ResearchMeansHope.org campaign is to create additional champions in Congress who will support sustained growth in NIH funding. We believe that achieving sustained real growth in the NIH budget over the long term requires demonstrating public support for increases in federal funding of biomedical research.

### **What are the campaign's congressional target districts and is there potential for other organizations to help in choosing them?**

We are piloting the media campaign in two media markets/districts beginning with the April congressional recess. The initial two target markets are in California and South Carolina. Depending on available funds, we will continue to look at other markets that fit the campaign's strategic approach, i.e., low-cost media markets represented by members of Congress who either serve on key committees for NIH funding or hold leadership posts, or who are considered "up and comers," and who have the potential to become a champion for NIH over the long term.

### **Can the pilot have much impact by itself? Won't full implementation of the campaign be extremely expensive?**

The purpose of the pilots is to test the basic strategy and see if it works (whether targeted advertising--including the use of new media--will generate public support for increasing NIH funding and whether this activity convinces members of Congress in those districts to become new champions for NIH). While we hope the campaign will have a positive effect on NIH

appropriations for FY 2010, our goals, as noted, are longer term and are designed to cultivate additional congressional champions for NIH.

By employing a highly targeted approach that focuses on specific districts/members of Congress, we can control the scale of the campaign and modulate it to available funds. If we approach this campaign as a long-term effort, "full implementation" would be unlikely to mean unattainable sums in any given year; rather, we could continue to invest effort in 2-4 districts a year -- unless it was determined that a larger and broader effort should be launched.

At a minimum, our goal is to raise enough funds to be able to run the pilot in at least two districts, which is estimated at approximately \$250,000 per district. If we aren't able to raise the money, we will not run the campaign. Support for this campaign will come strictly from voluntary contributions.

### **What will the ResearchMeansHope.org Web site include?**

The primary purpose of the Web site is to create an effective national presence for the campaign and allow visitors to contact their members of Congress. Our focus group research indicates that people will use the Web site mainly as an easy way to email their members of Congress. Beyond that, it is unclear how much time people will spend browsing other content that is on the site. Therefore, the initial Web site will consist of information about the campaign, a list of supporters, some basic information about how the NIH supports research and links to a variety of existing resources about NIH funding, a way for people to sign up for updates and alerts, as well as the congressional email capability. We have also added an "email a friend" feature, a widget, and Facebook and Twitter accounts to the site.

### **Is there going to be a campaign launch event and if so is there opportunity for other partners to be involved?**

The campaign launch date was on April 22. Although there was not an official campaign launch event in Washington, D.C. and/or the selected districts, press releases were made public and campaign contributors continue to be recognized on the Web site.

### **What are the criteria for serving on the campaign's board of directors?**

According to the Coalition's bylaws, the board of directors should represent a fair cross-section of the coalition's members and include representatives from patient advocacy groups, scientific societies, academic institutions, and commercial health-related enterprises. Decisions about additions to the board of directors will be made by the founding partners once all contributions have been received.

### **Will there be other opportunities for contributing organizations to have a say in the campaign?**

A steering committee, consisting of staff from the founding coalition partners, guides the day-to-day operations of the campaign. The board of directors has authorized the steering committee to add to its members from time to time additional individuals who represent important constituencies or entities and who, in their collective assessment, will strengthen the work or impact of the coalition. In addition, campaign contributors will receive email updates as well as have an opportunity to provide input through regular conference calls about the campaign.

**To date, who has contributed to the ResearchMeansHope.org campaign?**

Solicitations of medical schools, teaching hospitals and other organizations have netted over \$300,000 in contributions to date from the American Academy of Pediatrics, American Heart Association, the American Physiological Society, Association of Schools of Public Health, Case Western Reserve University School of Medicine, Cedars-Sinai Medical Center, City of Hope, the Pharmaceutical Research and Manufacturers of America, Stanford University School of Medicine, Thomas Jefferson University and Hospitals, University of California Health System, University Hospitals Case Medical Center, University of Michigan Medical School, University of Utah, University of Vermont College of Medicine, Washington University School of Medicine in St. Louis, Wright State University Boonshoft School of Medicine, and other institutions and societies. A full list of contributors can be found at <http://www.researchmeanshope.org/about.html>. Outreach is also occurring with patient advocacy groups, industry groups, scientific societies, independent research organizations, universities and others. Our goal is to raise \$500,000 for the pilot program.

**Could local chapters of other groups organize activities or hold events in support of the campaign?**

We welcome additional activities that other groups wish to organize so long as they are consistent with the purpose of the ResearchMeansHope.org campaign (advocating for more federal support of medical research overall, as opposed to advocacy efforts for specific diseases). We also hope that organizations supporting the campaign activate their grassroots networks to advocate for sustained increases in NIH funding. We welcome input from potential contributors as to how to optimize existing grassroots efforts in conjunction with the campaign.