

# IUPUI Faculty Council Committee Annual Report 2017-2018

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**Committee Name:** Research Affairs

**Chair:** Victoria Champion

**Members:**

Members with Term Expiring June 30, 2019

Allgood, Kacy (Medicine)  
 Burr, David (OVCR)  
 Champion, Vickie (Nursing) (Chair)  
 Dixon, Brian (University Library)  
 Ellsworth, Susannah (Medicine)  
 Goff, Phillip (Liberal Arts)  
 Konrath, Sara (Philanthropy)  
 Massie, Crystal (Nursing)  
 Mendonca, Marc (Medicine)  
 Miller, Steven (Medicine)  
 Tanaka, Hiromi (Medicine)  
 Warden, Stuart (Health & Rehab. Science)  
 Yokota, Hiroki (E&T)

Members with Term Expiring June 30, 2018

Chu, Tien-Men (Gabe) (Dentistry)  
 Guiliano, Jennifer (Liberal Arts)  
 Mosley, Amber (Medicine)  
 Organ, Jason (Medicine)  
 Robb, Sheri (Nursing)  
 Vemuri, Gautam (Science)

Liaisons for 2017-2018 (or Ex Officio)

Atkinson, Simon (Vice Chancellor for Research) (Administrative Liaison)  
 Windso, L.Jack (Executive Committee Liaison)

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**Action Items:**

Date	Status
<b>IUPUI Strategic Plan</b>	Simon discuss the IUPUI strategic plan in light of the Grand Challenge which is not really in our hands. It was decided that Anantha would update us at a future meeting.
	The main problem is software. The IT Policy has the University owning everything that is patentable. Most patentable IT is the result of external grant funding and thus requires the university as the IT agent. The university would like to change the policy so it captures most software like a lot of other universities. Like to increase the revenue share that goes to inventors and creators of IT. Decrease the university share somewhat but add additional revenue to the creators. Right now, creators get 35% of any revenue and the lab or on-going research program gets 15% in a 22 account. It has been stated that a lot of people are not getting that 15% in their 22 accounts because they don't ask.

<p><b>External funding to support salary</b></p>	<p>School departments where the Dean issued a goal of getting 80% of your research FTE through grants and contracts.</p> <p>Committee members felt it was unrealistic especially if you are tenure or tenure track, you need to do all three things in the mission so it is probably more like 50% given to research. Dr. Atkinson suggested members get data from other institutions to support less than 80% funding of salary.</p>
<p><b>Conflict of Interest and the Common Rule.</b></p>	<p>The new conflict of interest will request an update for each individual on a rolling basis.</p> <p>We are moving towards having an integrated Conflict of Interest (COI) and Conflict of Commitment (COC) portal so that much of the reporting can be done through this portal.</p> <p>Currently, each campus has its own COI Committee. Would like to consolidate to one committee-this will involve integrating Bloomington into IUPUI.</p> <p>An Administrative Review Committee Process is set up such that if the financial interest is less than \$25,000 and does not involve a faculty start-up, it can be handled through the Administrative Review Committee which is made up of people from the General Council Office, Research Compliance, and representatives from the research community.</p> <p>The first discussion about a New Common Rule was in 2011- the new rules for human subject's research was enacted on the last day of the Obama Administration. It has not been rescinded by the new administration. It is expected to go into effect on the 19<sup>th</sup> of January. John presented that we have given to external parties around the Common Rule and in particular about how IU will adopt it..</p>
<p><b>Human subjects</b></p>	<p>There is a new definition of human subjects such that it isn't just individuals- it is now bio specimens. It is a little bit less of a change for us than many institutions because we have been strict about the use of bio-specimens here as a true de-identification purpose process.</p>
<p><b>Clinical Trials</b></p>	<p>There is a new definition of a clinical trial which significantly expands the scope of what falls under a clinical trial. A clinical trial now means a research study in which one or more human subjects are prospectively assigned to one or more interventions to evaluate the effects of the interventional biomedical or behavioral health related outcomes. Psychology will now be considered a clinical trial. All behavioral research will be a clinical trial. Anything that involves an intervention and a prospective assignment will constitute a clinical trial.</p>
<p><b>Oral history</b></p>	<p>The New Common Rule specifically states there are certain activities that are not human subject's research and they include a number of things, specifically excludes oral history.</p>

<p><b>What constitutes an exception or exemption</b></p>	<p>There is a process whereby people in the compliance office confirm that it fits the criteria of an exemption. There are now eight categories of exempt research where before there were approximately six.</p> <p><b>Criteria one</b>-educational setting is not changed. There was a clause added that it will not adversely affect the students who are committed to learn.</p> <p><b>Criteria two</b> is expanded to include educational test surveys, procedures, and observation of public behavior.</p> <p><b>Criteria three</b> will now allow you to actually have benign behavioral interventions. Benign is a relative term and they identified it as- brief in duration, harmless, painless, not physically invasive, not likely to have significant adverse lasting impact, and the researcher has no reason to think that the subjects will find it offensive or embarrassing. There is no guidance how to quantify or qualify brief duration.</p> <p><b>Criteria four</b> involves retrospective study of existing data that was collected for other than research purposes as long as the information was imported in a way that a person could not be identified. Exempt category four will be much broader.</p> <p><b>Criteria five and six</b> are unchanged – directly conducted research but it could mean something for Purdue in the future.</p> <p><b>Category seven</b> is new. Storage or maintenance of identifiable, private information or identifiable bio-specimens for potential secondary use is an IRB limited review</p> <p><b>Category eight</b> is new and is for the use of identifiable, private information or identifiable bio-speciesism.</p>
<p><b>Mandated single IRB review</b></p>	<p>The NIH has a requirement that any application that is submitted after the 25<sup>th</sup> of January that is a multisite study has to have a statement regarding single IRB. This is not just a clinical trial – any multisite trial-conducting the same protocol</p>
<p><b>Developing an IUPUI expert database</b></p>	<p>The idea is to have an information source where faculty could look for collaborators with specific expertise to build teams who might be able to put forth proposals, particularly for large interdisciplinary type grant mechanisms, which should be increasing in number. Simon indicated that this didn't currently exist. There is what IU calls an IU experts data base which is mostly targeted at the media to provide a place for boarders to look for somebody to get a quote about some particular story, and is entirely scraped from websites. The committee felt it was a good idea if resources existed. There are many other resources exterior to the university. If it doesn't cause increased faculty workload-it should be pursued.</p>
<p><b>Quality of Life Initiative</b></p>	<p>Simon reported that quality of life initiatives are being done with Khaula Muradha in the Office of Community Engagement. The idea is to be able to link faculty with community contacts. Simon indicated that CHEP and the CTSI were also involved. Simon is primarily interested in applying these resources to research and he will ask for involvement from our committee as needed. David Burr has been engaged in a conversation around health disparities. I think the idea is they could be sort of the outgrowths of the Monon Project (to explore the reasons for the difference in life expectancy as you go down the Monon Trail from Carmel to in a city, Indianapolis, where it's some large differences).</p>
<p><b>IUPUI as leader in qualitative research</b></p>	<p>Faculty are doing qualitative or mixed methods research and the challenge is how to bring them together. There are some courses offered in different units. We need someone to lead</p>
<p>Publications</p>	<p>The librarians request status on number of publications but it is just for faculty in PhD programs. It is difficult to get good analytics. David Lewis is trying to develop an experts database.</p>
<p>Co-PI grants</p>	<p>If there is an MPI that subcontracts to IU, it is not counted as NIH funding by national tracking. Simon answered that this is a problem with how NIH reports.</p>

Rapid response for research grants	A clearing house for rapid response to research is in strategic plan. Idea is to simplify IUPUI faculty working with someone outside the university. Katie Morris now leads the contract group within ORA and is really interested in making this work better.
Smart cities initiative	Started with Obama administration initiative to encourage cities to take advantage of technology to make cities run better. Indianapolis is very interested in moving forward on this. And, they started conversations beginning of this year with IUPUI as a potential partner so they could use the faculty expertise in engineering or informatics to think about smarter traffic lights than the ones than what they have. The problem is that the city has no money to put toward, they have a little bit of money they could put into this, so it's more a question of working with the city to identify the things that they are interested in and then trying to see if there are opportunities to fund this kind of research elsewhere. I think it extends beyond the technology fields. I think there are some social science issues that need to be applied. Consensus was that this was good initiative that needed funding.
Predatory Journals	<p>Jerry Odell present information on predatory journals. Predatory journals send emails seeking authors to publish in fields where they have no expertise. We have always had a problem with predatory journals. Elsevier published six of them in the beginning of the 2000's that were just fronts for MERCK. They did not disclose that and called them peer reviewed. IU subscribed to them for a little bit. We want to invest our time and effort in the scholarly ecosystem.</p> <p>IUPUI authors publish more than 3,000 articles per year in 'trusted' journals (Web of Science, Scopus, Medline, or DOAJ). There are at least 500 more articles in journals that not indexed, but probably safe – Law, Humanities, and the social sciences. There is no industry index of what a predatory journal is so identifying what article is published in a predatory journal is a challenge.</p> <p>There are programs available to identify predatory journals. The website <a href="http://thinkchecksubmit.org/">http://thinkchecksubmit.org/</a> is the most widely used. Leading indicators that there is a problem is 1) it is an open access journal and it is not indexed by the DOAJ (<a href="https://doaj.org/">https://doaj.org/</a>). This guidance is replicated across a number of well-known industry guides: International Committee of Medical Journal Editors (ICMJE); Committee on Publishing Ethics (COPE). <i>Principles of Transparency and Best Practice in Scholarly Publishing</i>, version 3 has a 16 point list that faculty and everyone should focus on including editors to determine what is predatory and what is not. The Federal Trade Commission encourages asking librarians about submitting to journals. One way to increase responsibility and accountability with this problem would be classes on responsible conduct of research or intro to research classes that graduate students take. The library would love to participate in developing that education or coming to the classroom itself. Other proposals that have been made around this is creating a policy that says – if your article is not indexed here it does not count.</p>
Foundation for Smoke Free World	John Hopkins sent an email to the Dean of Fairbanks School of Public Health requesting the school to sign-up to not accept funding from the newly established Foundation for a smoke-free world. IUPUI tried about 15 years ago to not accept money from tobacco companies but it failed. The Kelly School of Business accepts money from tobacco. This issue was discussed.

<p>Discussion of strategic plan- Anantha Shekar</p>	<p>IU School of Medicine trying to move the school to a higher profile with more collaborative, impactful kind of posture. . Our focus has to be education, service to health professionals, discovery and translation. Our primary focus was on five areas, with the first being extramural funding. We set as a goal increasing this by 10%/year. The second goal is to improve our impact through dissemination of our research. Primarily through publications. For us the main database is really PubMed. The third area is to improve the health and wellness of citizens of Indiana, pushing population health, particularly health disparities, poor infant mortality, and most recently the addictions initiative. We are also trying to improve translation and this is primarily through clinical trials and other kinds of diverse and drug development programs. Fourth, we are expanding our capacity for growth and our fifth goal is to foster the vitality of our people. The goal of increasing external funding by 10%/year is being pushed down to departments within the SOM.</p> <p>There are four pillars major themes: 1) Precision health which is primarily driven by our grand challenge but also some of the other announcements that are making in precision health; 2) Population health is an emerging area, 3) Lifespan research-with Riley’s pediatric programs and geriatrics and 4) supportive oncology and palliative care program with some of it being funded by Walther for the cancer part and other resources as well.</p> <p>The university is tracking publications from school to school in PubMed. In the last three years you can see we have about 1,500 – 2,000 papers that came out of Pub Med. We have systematically pushed chairs and departments to put out more papers and the papers that have an impact factor of 10 or more. Publications and grants are performance metrics.</p> <p>We now have a clinical trials office. It is a single office that manages clinical trials across all of IU Health, across all IU Health Sciences schools and even trials that are being done in the dental or nursing school are all through this single office. We started was something called Top Twenty Clinical Trials. These are trials that the health system actually recognizes as having true value for either saving patient’s lives who do not have any treatment or that these are so impactful that they would improve quality of our health services to these patients.</p>
<p>New Programs</p>	<p>New programs include: 1) is Physician Health, 2) immunotherapy center, 3) chemical instructional biology center, and 4) genomic medicine and Vera Bradley breast cancer center. Other new programs include machine learning and data management and cloud based computational decision support. Another new initiative is called INC. It is a collaborative initiative for college enrichment. The idea here is that we will recruit faculty to IU and IU School of Medicine in collaboration with local industry, with the idea that they come in knowing that they already have a partner in one of the local industries.</p>
<p>CTSI</p>	<p>CTSI s funded by NIH and is a collaborative institute. It has numerous partners, both industry but also philanthropy partners as well as healthcare partners, faith partners, etc. This has been a great platform to build lot of research infrastructure and education infrastructure. There is a lot of infrastructure for research but also lot of programs for pilot grants as well as education grants and fellowships. There are lots of pilot projects being done that are supported by the CTSI and our Cancer Center.</p>

<p>Library update</p>	<p>Renovations: The purpose of the renovation was to provide additional study space for graduate students. We have seen higher SAT scores, higher ACT scores, more on scholarship and learning and they needed a space to study. The third floor is primarily individual study space for undergraduate students. The fourth floor is also primarily individual study space for students but it also has a reserved area for private group space or individual space that requires card access for doctoral students. Doctoral students may reserve space to do intensive team work if they want to.</p> <p>Publishers continue to raise the prices on journal subscriptions. This year the library has faced another round of how do we continue to pay for journal subscriptions in the face of rising costs? There was an interim plan to cut a large number of journal titles which would have meant we would have kept access to the stuff that we subscribed to before but we would not renew those of January, 2018 but a hold was put on that plan because it disproportionately affected the School of Science. In the interim, we have formed a subcommittee made up of individuals from the library affairs committee, the budgetary affairs committee at campus at ISE campus level, and the executive committee of the ISE. The way the library is funded is a challenge. The library wants to better support research, but the budget crisis has precluded that.</p> <p>There are a number of things the library is doing to support scholarship on campus but there may be additional services and support that could help accelerate research. Due to the Search Committee for a new Dean and budget committee there will be no time to look at research services (data management plans, archiving, reproducibility, open access, stewardship, etc.).</p>
<p>Research policy on submissions for funding – Simon Atkinson</p>	<p>A policy that was written in response to the move from the School of Public Health that would prevent their faculty applying for funding to the latest funding frame set up by the tobacco companies. There is an academic freedom at the university regarding decisions about where to apply for funding and what to accept. The policy attempts to clarify what is and what is not acceptable in terms of funding. The general idea is it is not the source but the conditions that are placed on the funding. The policy currently states you can get funding from any place as long as it is legal, and the funder does not place restrictions on publications. and that the funding does not place unexceptional conditions on publications.</p> <p>So- the question is whether restrictions should be placed on funding that directly or indirectly comes from tobacco. Fred Cate called the Big 10 VPRs and they related they had never restricted funding based on the source unless it was what they regarded as hate groups. With the tobacco foundation, it is not where the money is coming from it is the consistent history of the tobacco industry and manipulating research around tobacco through the use of their funding mechanisms.</p> <p>The draft policy is coming from Fred Cates. It would need to be a UFC policy. The best course would be advisory votes in Indianapolis and Bloomington and then inform the UFC.</p>

**Action Items to be carried over to 2018-2019:**

Action Item(s)	Status

Please attach any completed documents, minutes, or recommendations made by your committee during this report year. One copy of this report and supporting documents will be sent to the IUPUI University Archives.

**Report due: June 30, 2018**

**Submit to: Karen Lee**  
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