ing assignment criteria (based on respective program missions) approved by the Director, NIH. Special coordinating arrangements are made as needed when two or more Institutes share interest in a research area too widely ramified to fit neatly within a single organization's mission. Examples of this are NINDB and NHI cooperation in the area of stroke research; the NIH Staff Group on Mental Retardation (which coordinates respective interests of NICHD, NIMH, NINDB, and DRFR in problems of the mentally retarded); and ad hoc coordinating arrangements worked out among NIMH, NIGMS, and NICHD for the behavioral sciences.

(*b*) *With other units of the department or agency:*

i. The need for coordination and cooperation: In its impact on health and education goals, the NIH research program shares common ground with many other program components within the Department of Health, Education, and Welfare. In terms of health, there are points of interface (and therefore a need for one degree or another of coordination or cooperation) with each of the other Bureaus of the Public Health Service; also with the Food and Drug Administration, the Children's Bureau, the Office of Vocational Rehabilitation, and the Aging Administration recently established at the departmental level. In relation to NIH's important impact on graduate education, the prime concern is for more effective coordination with the rapidly growing programs of the Office of Education.

Within the Public Health Service, the search for more effective program groupings has led in recent years to deliberate shifting of traditional dividing lines among PHS components. Such shifts increase the need for sensitively informed coordination. For example, while NIH retains its traditional role as the research arm of the Public Health Service, that role is no longer exclusive. Other PHS bureaus now award research grants—notably the Bureau of State Services, which supports and conducts research on a range of community health and environmental health problems. Similarly, responsibility for State formula grants for prevention and control of cancer, cardiovascular disease, diabetes, and other NIH disease research areas has passed for the most part from NIH to the Bureau of State Services. Only in the mental health area does NIH still retain programs of this type.

Construction programs also generate coordination needs across PHS components. For example, the hospital construction programs of the Division of Hospital and Medical Facilities (BSS) affect long-range capabilities in many PHS program areas. There is repeated interface between activities of that Division and NIH's Health Research Facilities construction; also shared responsibilities between that Division and NIMH for the Community Mental Health Center program.

Finally, the new regional medical program presents an unprecedented challenge for coordination of diverse program efforts, both within and beyond the Public Health Service.

ii. Existing arrangements: At the departmental level, the key staff role in coordinating NIH and other health-oriented activities of HEW is assigned to the Office of the Assistant Secretary for Health and Scientific Affairs. Also at the Department level, a variety of staff offices and line or staff assistants to the Secretary are assigned responsibilities with coordinating impact on NIH program. The major roles