My name is Justin Harris and I’m presenting my Capstone Project: NIH spending patterns and their effect on global health. Billions of dollars in public funds are spent annually trying to improve public health, but are we spending this money where it can do the most good? Are our current allocation patterns based on real data or public opinion, and do the funds spent actually correlate to a decreased burden of disease? Basically, how are we doing, and can we do better? A quick look at our top killers and our top funded diseases show there is actually a pretty large discrepancy between what we’re funding and what is actually killing. Our top killer, heart disease, is only our 33rd biggest funded, where our top-funded disease, HIV/AIDS is our 40th biggest killer. Is this an outlier or a trend? It seems to be a trend. Consistently our highest killers are not our highest funded diseases. Even when adjusting for disability-adjusted life years (DALYs) lost, the trends hold. What makes this even more frustrating is that funding works. There are multiple cases I’ve identified where funding spikes over a decade ago have borne fruit in recent years, as their ranking has trended downward. Diabetes is one such example, dropping from 4th to 14th over the last decade. So, why aren’t we funding according to a disease’s burden? Is public funding more closely related to ‘hype’ versus how big of a burden they are? To answer this, we are using Twitter and Facebook mentions over the last 10 years as a measure of public opinion. As total available funds from NIH may also be tied to the public fervor, do we need some measure of pandering in our distributions to insure more money is available? The final deliverable is a model to maximize the return on investment by minimizing our death and DALYs across all causes based on the factors previously discussed. I look forward creating a useful tool that will guide policy-makers toward a more efficient use of the public’s money for the good of all. Thank you.