

CONGRESS RESUMES BUDGET DELIBERATIONS: WHERE'S THE MONEY? *MS*

The second session of the 105th Congress resumes this week after a two week recess. The legislators will turn their attention to continued consideration of FY 1999 funding levels for agencies and programs. The House Budget Committee will consider joining their Senate counterparts in producing a budget resolution. The appropriations' subcommittees will be finishing up their hearings with testimony from agency directors, members of Congress, and public witnesses. The authorization committees will resume their oversight hearings, agency reauthorizations, and consideration of new legislation. Conference committees will reconcile differences between legislation already passed by the House and Senate. In addition, the FY 1998 supplemental appropriations bills remain mired in disputes over international family planning, funding for the United Nations and the International Monetary Fund.

All of this will occur in an atmosphere of an-ever approaching congressional election season and a series of constraints that may impinge on producing the proposed budget increases for research and other important programs. In conversations with administration officials and congressional staffers, there is concern over where the money can be found to provide the increased funding that the President, some legislators, and advocates want.

In order to meet the administration's goals of increasing research, the budget needs funds outside the normal process to avoid nasty trade-off scenarios with other domestic programs. The President's proposals predicated increases for research on dollars produced by tobacco legislation. Senator John McCain (R-AZ), chairman of the Senate Commerce, Science and Transportation Committee, has produced a bill that would increase taxes on cigarettes to produce revenues. How those revenues would be spent is not designated in the legislation. The Senate Budget Resolution proclaims that any funds from

tobacco legislation would go to shore up the Medicare Trust Fund. Despite the administration's optimism and McCain's doggedness, it is still uncertain that this legislation will pass the Congress. Even if it did, research, outside perhaps of the National Institutes of Health (NIH), may not be the beneficiary of the expected revenue windfall.

Another scenario for finding the funds for research is the expected surplus. There is anticipation that growth in revenues will provide greater-than-predicted surpluses, both for FY 1998, the current fiscal year, and FY 1999. Last May, the Congressional Budget Office found an extra \$225 billion, that allowed the administration and Congress to conclude the agreement to balance the budget. Again, there is no consensus on how to allocate the new additional revenues. Some Senators and House members, particularly on the Republican side, would like to use them for a larger tax cut than the \$30 billion proposed in the Senate budget resolution. The President in the State of the Union Address proclaimed that any surplus should go to "Social Security first."

Further restraining the use of the surplus to increase spending are the "caps" included in the Balanced Budget Agreement. These caps are considered inviolate by many members of Congress. One complication caused by the caps occurred in the Senate budget resolution. In order to give NIH an 11

INSIDE UPDATE...

- Committee Hears Views on NIH Research Priority Setting
- Study Reports Little Increase in School Violence
- The Future of Prevention Research at NIMH
- Group Seeks Large Surveys of Children and Adolescent Mental Health
- Highway Bills Reauthorize Transportation Statistics Bureau

percent increase the Senate had to offset this \$1.5 billion increase by limiting funding for other programs in the Public Health Service, including the Centers for Disease Control and Prevention.

On the other hand, both the House and Senate have passed the reauthorization of the Intermodal Surface Transportation and Efficiency Act (ISTEA). The bill authorizes \$218 billion (House) and \$214 billion (Senate) in highway and mass transit funding over six years. This spending would break the caps, but the Senate budget resolution has offsets, mostly from mandatory spending, to keep the bill within the limits. These offsets were recommended by the administration to fund increases in education and other domestic programs the President favored. The House's solution to the cap problem is to recommend taking highway spending off-budget so that it would not count against the restraints.

Symbolic Boost to Research Doubling Effort

The drive to double science spending embodied in S. 1305, the Gramm-Lieberman legislation (see UPDATE, October 27, 1997), received a symbolic boost on the Senate floor, when it voted a non-binding Sense of the Senate resolution endorsing the concept. The reality is that in the appropriations subcommittees, an agency such as the National Science Foundation, will have to compete with the other agencies under the VA, HUD, Independent

Agencies' jurisdiction. In order to achieve the 10 percent increase proposed by the President, dollars will have to be found from other agencies such as EPA, NASA, HUD, or the Federal Emergency Management Agency. One program where they will not be allocated from is the Veterans' Medical Care account, as close as a sacred cow as there is in the budget.

The Senate also passed another "sense" resolution sponsored by Senator Jeff Bingaman (D-NM) to put all science agencies and programs into the Science Function #250 of the budget. This would necessitate moving NIH from the Health function. This mirrors somewhat the attempt by the National Academy of Sciences to produce a unified science budget in their 1995 report *Allocating Federal Funds for Science and Technology*.

Congress also comes back to finish the agricultural research bill, the State Department authorization bill, and to see if they can break the stalemate over whether sampling should occur in the 2000 Census.

If the House does not produce a budget resolution by May 15, the appropriations committee has the authority to begin to move the 13 spending bills. Whether they will do so is up to the House leadership. There is some concern not to get caught without the bills enacted before the fiscal year begins on October 1, since Congress wants to adjourn shortly thereafter to campaign.

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COMMITTEE HEARS VIEWS ON NIH RESEARCH PRIORITY SETTING *AS*

An Institute of Medicine (IOM) committee continued its task of conducting a "comprehensive study of the policies and processes used by National Institutes of Health (NIH) to determine funding allocations for biomedical research," as requested by the NIH in accordance to a congressional provision (Public Law 105-78). On April 2 - 3, the Committee heard recommendations and views from both NIH officials and advocacy organizations regarding NIH's priority-setting process.

The Congress specifically requested the IOM to "assess the factors or criteria used by NIH to determine funding allocations for disease research; the process by which research funding decisions are made; the mechanisms for public input into the priority-setting process; and the impact of statutory directives on research funding decisions." The Committee expects to release its report in July.

Convened as the result of criticism by a number of patient advocacy groups that the NIH is not responsive to their concerns, the Committee heard from NIH Institute Directors and the directors of offices within the Office of the Director on April 2. NIH Director Harold Varmus met with the Committee at its initial meeting on March 6.

Committee Chairman Leon Rosenberg of Princeton University stressed at both hearings that the Committee "has not made up our minds . . . Questions should not be said to have determined the groups' conclusions." He further emphasized that the Committee's recommendations will be "reviewed by a panel of the IOM before they become final."

Rosenberg asked hearing participants whether there "was a need for a new element in the director's office that is responsive to the reason that we have been brought together, an office of public and congressional liaison?" Such an office, responded NIH Office of Science Policy Director Lana Skirboll, with responsibilities for "all the input of all the various constituencies would be two miles wide and one micron deep." Skirboll also noted that the inquiries would ultimately "be referred" back to the appropriate institute. Office of Behavioral and Social Sciences Research Director Norman Anderson further emphasized that "to a certain degree," such an office already exists in the Office of the Director.

During her brief description of the National Institute of Child Health and Human Development's priority-setting process, Deputy Director Yvonne Maddox underscored that her institute "has a huge mandate with a broad spectrum of science and a wide range of disciplines," perhaps the widest ranging of any institute at NIH. According to Maddox, NICHD consists of 3 congressionally-mandated centers, a wide array of programs and "uses a wide array of mechanisms" from the centers mechanism to

corporate agreements. Maddox told the Committee that the NICHD has no real formula for decision making but is impacted by multifaceted influences. Congressional mandates, she related, are "difficult without funding." Maddox also highlighted NICHD's "strong group of advocates that are not disease oriented, including a coalition of organizations [The Friends of NICHD] who serve and represent over 100 organizations."

When asked about the impact of congressional mandates or statutory directives on the institute's decision making, National Institute of Alcohol Abuse and Alcoholism Director Enoch Gordis said, "We don't like them." Gordis acknowledged that while the directives are "motivated by good things, they distort the decision and prevent "hot new areas from being researched . . . Mandates are not a good idea."

National Institute of Environmental Health Sciences (NIEHS) Director Kenneth Olden stated that his institute has received only one directive in his six years as director. That directive, he said, came shortly after he was appointed to his position and had not yet developed an agenda. Olden maintained that NIEHS has received report language consistent with the mission statement of the Institute and "with [the Institute's] research plans anyway." He further stressed that he "does not see how a Congressperson can uncover an issue that [he] had not uncovered in advance. . . If there are perceptions — our job is to educate the public." NIEHS, continued Olden, is "proactive."

Lack of Social and Behavioral Science Noted

Testifying on April 3, American Psychological Association's (APA) Christine Hartel told the Committee that APA has a long history of advocacy within the NIH and for the agency. Despite the mission of several institutes to do behavioral science it is an underappreciated asset at NIH, said Hartel. She said, however, APA is supportive of NIH's research priority setting. She underscored that the best of psychological science outpaces NIH's ability to assimilate it. The necessity for special integration would not be recognized if not for Congress. Hartel noted that APA and other organizations worked with Congress to authorize the OBSSR and that there are hints from time to time from NIH that the Office has

use and value. Nevertheless, Hartel said that there will always be tension because there will always be more research questions than research dollars. She concluded that NIH is best qualified to set the priorities, but it needs the "congressional oversight to keep it honest."

Federation of Behavioral, Psychological and Cognitive Sciences Executive Director David Johnson noted that "NIH priority setting is multi-tiered with formal and informal elements." Johnson said that behavioral scientists "are often of the view that their research receives too low a priority at NIH." These scientists believe that "successful prevention and health maintenance research would reduce the incidence of disease dramatically, lead to better health throughout one's lifespan, and assure a high quality life even for those with chronic disease. And it would reduce health care costs . . . In explaining these priorities to those who set NIH's priorities, we have been greatly aided over the past three years by the Office of Behavioral and Social Sciences Research. By exposing non-behavioral scientists to significant research, by coordinating such research across institutes and by engaging institute directors in joint research projects, OBSSR has increased understanding of this kind of research at NIH."

Despite this success, Johnson said there are two major problems. First, "behavioral research is stigmatized at NIH." Second, there is not enough people in the priority setting system whose own research backgrounds equip them to understand the significance of the information they are receiving from the behavioral research community. Johnson made five recommendations: 1) the effectiveness of the Office of Behavioral and Social Sciences Research can be aided with an increase in staff and funding; 2) more NIH staff need to have a background in behavioral or social science to assure that the significance of proposed research will be understood; 3) a greater proportion of advisory committee members than is currently the case need to be behavioral or social scientists; 4) great care must be taken to see that grant applications from behavioral and social scientists are routed to review panels containing members who have a deep understanding of the research area; and 5) provide more opportunities for staff to interact with behavioral and

social scientists at annual meetings and in other settings be increased.

"Improvements in health reductions in medical care costs require population-based prevention research to derive interventions that can reach across communities and the nation. We need a much better understanding of the social and behavioral aspects of health and illness," Daniel Hoffman, Associate Dean for Public Health at the George Washington University School of Public Health and Health Services told the IOM committee. "Further advances in basic medical service can not be successfully deployed without sound understanding of the social, economic, and behavioral factors that enable the population to use and benefit from the advances." Hoffman said that the NIH needs to place more emphasis on "population-based prevention research" — research aimed at how best to educate at risk populations and communities and determine what specific interventions will reduce the risk of contracting a particular disease, such as HIV or cancer. Hoffman also recommended that NIH study factors in the physical and social environments affecting health behavior and health status.

Thomas Glynn, retired National Cancer Institute staffer and now with the American Cancer Society, said that there was a relative paucity of behavioral scientists. While 70 percent of cancer is behaviorally related, there is a lack of behavioral and social scientists on staff and as members of the advisory boards to score high quality research proposals. He cited a greater need for trans-disciplinary research that integrates the behavioral and the biological sciences. Glynn further cited the need for more NIH-directed research over investigator-initiate research. Requests for applications "defines a field," he said. Congressional directives, another form of public input, he continued, is still a useful part of the priority-setting process structure. Glynn stressed that the system works fairly well. In conclusion, he recommended that NIH expend greater effort to explain the process to the general public, which is more than "fixing a web page," it calls for good public relations.

STUDY REPORTS LITTLE INCREASE IN SCHOOL VIOLENCE *DH*

Despite several highly publicized and disturbing school shootings in the past school year, a research study shows that there was little increase in school crime between 1989 and 1995. The report, produced from research performed by the Departments of Education and Justice, shows that 14.6 percent of students aged 12 through 19 reported violent or property victimization at school, compared to 14.5 percent in 1989.

The data, from the National Center for Education Statistics (NCES) and the Bureau of Justice Statistics (BJS), show, however, that students in 1995 were more likely to be victimized by violent crime — a physical attack or a robbery by force, weapons, or threats — compared to 1989. In 1995, 4.2 percent of all 12- to 19- year old students experienced a violent crime, compared to 3.4 percent in 1989. The report is the first to analyze the 1995 School Crime Supplement (SCS), the enhancement to the National Crime Victimization Survey (NCVS). The 1989 data from the NCVS were reanalyzed to allow the authors to compare the 1989 and 1995 results. The 1995 data were gathered from approximately 10,000 SCS respondents who were between the ages of 12 and 19.

The report — *Students' Reports of School Crime: 1989 and 1995* — also found that fewer than one student in 1,000 reported taking a gun to school in 1995. However, the report also found that one in 20 students reported seeing another student with a gun at school. Over 12 percent (12.4 percent) of those who reported seeing another student with a gun said they were the victim of a violent crime at school, compared to 3.8 percent of those who did not report seeing guns. The report shows that older students were more likely to report knowing a student who brought a gun to school. (Sixteen percent of 19 year olds knew a student who brought a gun to school, compared to 15.1 percent of 16 year olds and 6.2 percent of 12 year olds.)

Rise in Illegal Drugs and Gangs

The data show that from 1989 to 1995, drug availability increased slightly. In 1995, 65.3 percent

of students reported the availability of drugs, while 62.3 percent of students reported availability in 1989. As with guns, students in higher grades were more likely to report drug availability. Over 80 percent (80.3 percent) of 12th graders surveyed in 1995 said that drugs were available, compared to 72.2 percent of 9th graders, 50.1 percent of 7th graders, and 39.5 percent of 6th graders.

The study also noted that students reporting street gangs in their schools increased from 15 percent in 1989 to 28 percent in 1995. Public school students, according to the data, were more likely to report that gangs were present in their schools than private school students, 31 percent compared to 7 percent. The authors note that 7.5 percent of all students who reported street gang activity in their schools said they had been victims of violent crime at school, compared to 2.7 percent of students who reported no gangs.

Males More Likely to be Victims

In 1989 and 1995, male students were more likely to be victims of crime than their female counterparts. The data indicate, however, that violence against females is on the rise. In 1989, 4.8 percent of males were subject to school violence, while only 2.0 percent of female students experienced violence. Violence against males and females rose from 1989 to 1995 to 5.1 percent and 3.3 percent, respectively.

The study was written by Kathryn Chandler and Chris Chapmar of NCES and Michael Rand and Bruce Taylor of BJS. Copies of the study can be obtained from the BJS fax-on-demand system by dialing 301-519-5550, listening to the menu, and selecting document numbers 107 through 110. It can also be downloaded from:
<http://www.ojp.uddoj.gov/bjs/>, or
<http://nces.ed.gov>.

THE FUTURE OF PREVENTION RESEARCH AT NIMH *AS*

According to a Workgroup on Mental Disorders Prevention Research of the National Advisory Mental

Health Council (NAMHC), chaired by Thomas J. Coates of the University of California, San Francisco, prevention science research is ripe for investment. The workgroup spent the past year examining the prevention research portfolio of the National Institute of Mental Health (NIMH), identifying gaps and opportunities, and indicating priorities for future agency research. Additionally, the Workgroup was charged with examining whether the success of HIV prevention can be translated into mental disorders prevention.

Coates noted that HIV/AIDS is transmitted by a limited and identified set of behaviors. These behaviors, said Coates, are "embedded in complicated personal, social, and legal contexts." He also noted that for HIV/AIDS there is a clear and integrated program of pre-intervention, intervention, and services research, along with a "clear sense of emergency, public importance, and passion."

The Workgroup, in a 50-page report to NAMHC, makes 14 recommendations, including:

1. Redefinition of the domain of prevention research to include pre-intervention basic and clinical research, relapse prevention, prevention of comorbidity, and prevention services research. The workgroup emphasized that there is a need for a precise understanding of etiology.
2. Strengthen epidemiological foundations of prevention research.
3. Stimulate intervention studies of early childhood risks for adverse outcomes.
4. Accelerate progression of depression prevention research.
5. Refine/advance conduct disorder prevention research.
6. Broaden targets of prevention research, including subpopulations (especially minorities), disorders (especially severe and persistent mental disorders), relapse and disability in many mental disorders, and prevention strategies (larger social units).
7. Expand comorbidity prevention, especially links between mental and substance abuse disorders and mental and medical disorders.
8. Develop a program of preventive services research, including prevention policy research.
9. Encourage and support long-term follow-up in prevention research.
10. Build prevention research capacity, especially through training grants.
11. Provide scientific leadership for prevention research by continuing the prevention research consortium and convening a standing prevention research advisory group.
12. Provide leadership in prevention grant review/reorganization; ensure review expertise in key disciplines.
13. Provide leadership for cross-agency linkages.
14. Provide leadership for prevention research dissemination.

The workgroup also noted that there is unfinished business and recommended:

NIMH convene periodic prevention research summits. The summits would recommend to NAMHC the highest research priorities across disorders and prevention research phases based on public need and scientific opportunity.

NIMH summarize the state of knowledge about risk and protective factors and processes; prevention interventions; and prevention research across major mental disorders.

The report will soon be available on NIMH's website at www.nimh.nih.gov.

GROUP SEEKS LARGE SURVEYS OF CHILDREN AND ADOLESCENT MENTAL HEALTH

NIMH's Use, Needs, Outcomes and Costs of Child and Adolescent Populations (UNOCCAP) Oversight Board reported to NAMHC that there is a lack of data to gauge public health needs. The Board, chaired by David R. Offord of McMaster University, said that the needs are so great that the Board is proposing a child and adolescent research program. "One study can't do it," said Offord. The Board's recommendations include:

* Initiating an ongoing national survey to monitor children, symptoms, impairment, and services uses. A national survey would allow NIMH to see how things are currently and how they are changing over time. Offord also noted that such a survey can

provide a group of indicators that can help to evaluate the effects of policy changes. It would also allow NIMH to refine new measures as they matured, he added.

- * Initiating a national survey of the type of services used by children in treatment, the cost of these services, and how benefit coverage affects service use and costs.
- * Developing activities to support the two large scale surveys, which would be released to the field.
- * Encouraging research on the conceptualization and measurement of childhood mental problems and impairment from infancy to age 18.
- * Establishing initiatives to further the understanding of emotional functioning and mental health problems in young children.
- * Establishing a program of local, regional, and longitudinal studies in 3 separate areas: 1) paths into and out of disorders; 2) paths into and out of service use; 3) effect and quality of mental health services.
- * Establishing a program to foster innovative methods or analyses in child mental health.

Offord told NAMHC that the program would be synergistic and the modules should be competitive, including solicitation of research to address pressing policy questions. "Nothing lowers the quality of life for kids more than emotional and behavioral problems," concluded Offord.

NIMH Director Steve Hyman, responding to the anticipated recommendations from the UNOCCAP Oversight Board, included an initiative on child and adolescent research as one of the areas of opportunity for the institute in the coming fiscal year.

Other NIMH research priorities in the coming fiscal year include: the Brain Molecular Anatomy Project, the consortium for PET Ligan development, human genetics in complex mental disorders, neuroimaging research, clinical trials to assess treatments for mental illnesses, training the next generation of mental health clinical researchers, hormones and brain function, research on mental health services in the context of managed care, and new intervention strategies for prevention of mental

disorders. The UNOCCAP report is available online at <http://www.nimh.nih.gov/research/unoccap.htm>

HIGHWAY BILLS REAUTHORIZE TRANSPORTATION STATISTICS BUREAU *HS*

The ISTEA bills passed by the House and Senate not only provide funds for highways and mass transit, but they include new life for the Bureau of Transportation Statistics (BTS). The 1991 version of ISTEA established the Department of Transportation's statistical arm.

The Bureau compiles transportation data, implements a long-term information collection program, and issues guidelines for information collection, coordination, and availability. BTS' funds come from the Highway Trust Fund. The President requested \$31 million for FY 1999.

The reauthorization codifies existing BTS initiatives: 1) the Transportation Data Base, including various data on competing and complementary modes of transportation, intermodal combinations, international movement, and local and intercity movements; 2) the National Transportation Library; and 3) the general content of the National Transportation Atlas Data Base (NTAD), a geographic data base depicting transportation networks; flows of people, goods, vehicles, and craft over these networks; and social, economic, and environmental conditions affected by these networks. The Senate bill requires the Director to study freight factors, such as diesel fuel data and miles of international trade traffic.

The House provides \$31 million per year for the six years of the bill's life, 1998 through 2003. The Senate only authorizes \$26 million in FY 1998, with \$1 million increments in the succeeding five years, reaching \$31 million only in FY 2003. These authorization level differences will need reconciling in the House-Senate conference.

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