

NRC PONDERES NEW SURVEY OF RESEARCH DOCTORAL PROGRAMS *HS*

In 1982 and 1993 the National Research Council of the National Academies of Science and Engineering and the Institute of Medicine produced massive reports, containing huge amounts of data, concerning the effectiveness and quality of research doctoral programs in United States' universities. At a two-day meeting on June 22 and 23, a panel contemplated the issue of whether to do a third study.

M.R.C. Greenwood, Chancellor of the University of California, Santa Cruz, chaired the meeting. The panelists included Brendan Maher, Psychology Emeritus of Harvard, who co-chaired the 1993 study. A preliminary consensus appeared to have been reached to undertake another assessment. The major questions involved how to do it, who was the audience, and the value of rankings based on reputational ratings by individuals.

The earlier studies collected data by discipline and by university on many different dimensions. Departments were ranked according to a number of criteria. The most controversial was the "Quality dimension" based on soliciting opinions from raters who were asked to evaluate departments. These "reputational" views were the focus of press reports on the study, since they provided answers to the "Who's Number 1?" question and most resembled the popular ratings published by *U.S. News and World Report*.

A number of folks, including National Science Foundation (NSF) Deputy Director Joe Bordogna, argued against a repeat of the rankings of departments by reputation. These people thought the raters were not sufficiently knowledgeable about all departments, that they valued "old reputations," rather than "new trend setters," and this kind of assessment was, in Bordogna's words, "an anachronism." Others defended these evaluations as valid indicators of a graduate program's performance.

Changes in technology and the way research is conducted would require any new study to examine a number of new factors that could complicate the assessments. The whole notion of collaboratories through the Internet, where researchers from different universities work on a specific research problem, is one example. The growing multidisciplinary and interdisciplinary nature of research is another complication, if you are trying to assess the strengths of departmental doctoral programs. Another issue that could complicate the process is the recent calls for broadening of graduate training, such as preparing Ph.D.s for non-academic careers.

On the question of audience, the panelists suggested three possible targets: policymakers, students, and university administrators. Some argued that this report could be an opportunity to show policymakers what and how graduate education is doing. Others saw it as a guide for students, although the one student at the meeting thought there were better alternatives, such as *Peterson's Guides* and universities' webpages. Other panelists suggested that administrators — Provosts, Deans, Department Chairs — used the report the most to evaluate and change programs.

Another strong suggestion was that any new study must move beyond the previous ones and attempt to measure outcomes. What happened to a department's students in the job market? How many dropped out of the program before finishing? Joseph Cerny, Vice Chancellor for Research at the

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University of California, Berkeley, presented data from a project he is conducting that examines Ph.D.s who graduated from sixty-one universities in the years 1982-85. He follows their subsequent careers and obtains their retrospective views about their graduate programs. He then compares their responses to some of the results of the 1982 study.

Finally, the panel examined the question of inclusion of areas that were omitted in the previous years' studies. These included new emerging disciplines such as cognitive science, disciplines that trained mostly practitioners rather than researchers, such as education, and others that perhaps now deserve assessment, such as agricultural economics and communications. Developing taxonomies for sub-disciplines, particularly in biology, remains a difficult problem.

The next steps are to figure out how to raise the money to finance a new study and further discussion of the questions and methodologies for the study.

JOINT HEARING ON FEDERAL ROLE IN EDUCATION RESEARCH *DIA*

The federal investment in education research and the reauthorization of the Office of Educational Research and Improvement (OERI) were the topics

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of a June 17 joint hearing of the Senate Health, Education, Labor, and Pensions Committee and the House Education and Workforce Committee. OERI is due for reauthorization. The hearing was convened to discuss and consider OERI's role and mission through the next reauthorization.

Representative William Goodling (R-PA), chair of the House committee, noted that the federal government plays an important role in education research. Current federal research efforts, however, are fragmented, duplicative, and highly vulnerable to political manipulation, he stated. Senator James Jeffords (R-VT), chair of the Senate committee, noted that education programs need to be thoroughly evaluated so "we know what works and what doesn't" in the classroom. Evaluation of federal education programs, noted Jeffords, should be a stronger component of OERI's mission.

Senator Ted Kennedy (D-MA), ranking Democrat on the Senate committee, stressed the need for the OERI to become "the National Institutes of Health (NIH) of education research." Noting that he was troubled by OERI, he declared that it is absolutely essential for the federal government's education research program to be second to none. Echoing Jeffords' sentiments, Kennedy noted that the nation's school teachers and administrators need to have the best information to determine the best classroom practices. He said that "medical practitioners would not use guesswork, and so shouldn't teachers."

Chris Cross, president of the Council for Basic Education and a former head of OERI, noted that in the upcoming reauthorization, the role and mission of OERI will need to be clarified, since there is "currently a good deal of confusion regarding the actual mission of the agency." He discussed several areas which the Congressional authorizers may want to consider.

First, he declared that the federal investment in education research and OERI is "abominable." Overall, the federal investment devoted specifically to education research at OERI should be \$700 million per year. The FY1999 budget for "research, development, and dissemination" at OERI is \$143.6 million. Second, Cross questioned whether OERI should be pulled out of the Department of Education and become an independent agency led by a director

with a fixed term. Third, the National Education Research Policy and Priorities Board, created through the 1994 OERI reauthorization, should be strengthened. Fourth, OERI should do more to educate teachers and practitioners on how to access good research and how to effectively use this research. Finally, Cross suggested that Congress should fund more collaborative research efforts, like the Interagency Education Research Initiative (IERI) among OERI, the National Science Foundation (NSF), and the NIH.

Maris Vinovskis, senior research scientist at the Center for Political Studies at University of Michigan, was the hearing's most vocal critic of OERI and the federal education research system. Vinovskis noted, like Cross, that "one of the serious limitations of educational research has been the lack of adequate funding."

However, he stated that this is certainly not the only, or the main problem. He pointed to a misuse of funds — OERI and its predecessor, the National Institute of Education (NIE), he said, have spent billions of dollars over the course of many years on activities other than research and development. OERI's role in programs not directly related to research — specifically its technical assistance programs — needs to be examined in the upcoming reauthorization. Congressional mandates on how funds must be spent have also hampered OERI's ability to operate efficiently and effectively, he said.

He discussed several issues that Congressional authorizers should consider when drafting the reauthorization language. The political independence of OERI, he said, needs to be reaffirmed and protected. Like Cross, he supported more joint research efforts like IERI. The staff of OERI, he noted, should be increased and OERI should have the ability to recruit distinguished researchers. In addition to implementing an effective peer-review system for research grant competitions, Vinovskis suggested that the funding level for field-initiated studies (FIS) be increased.

Alexandra Wigdor, Director of the Division on Education, Labor, and Human Performance at the National Academy of Sciences, noted that education research is an enormously valuable component for improving the nation's education system.

Wigdor pointed to both supply-side problems and demand-side problems of the nation's education research system. On the demand side, she said that there is low demand for education research. The OERI, therefore, must work to cultivate schools' acceptance of science-based research, thereby increasing consumer demand for research on education policy and practice. Too often school practice and policy is based on personal experience and fads, while they should be based on research, she said. On the demand side (might be related to the lack of quality research and products on the supply side), Wigdor said that research produced by OERI is not user-friendly and must be packaged in a form that can be used by teachers and education administrators.

Wigdor also placed some of the blame on the high turnover rate of OERI's leadership. You can not run a first-rate research agency if the leadership is constantly in flux, said Wigdor. Further, the education research model is flawed, said Wigdor. She noted that research needs to follow the design as articulated in Donald Stokes' book *Pasteur's Quadrant* which calls for more basic research to be conducted in applied settings. Finally, she emphasized that research in education needs to be more coherent.

OAR RELEASES FY 2000 PLAN FOR HIV-RELATED RESEARCH

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The National Institutes of Health's Office of AIDS Research (OAR) recently released its Fiscal Year (FY) 2000 Plan for HIV-related research. The comprehensive plan is the collaborative effort of hundreds of individuals, says the Office's new director, Neal Nathanson. He notes that the Plan "serves as the framework on which the development of the budget is based, as the basis for determination of the use of AIDS-designated dollars, and as a tracking and monitoring mechanism for those expenditures." The full plan is available on OAR's webpage at:
<http://www.nih.gov/od/oar/FY2000PLN.PDF>.

The NIH Revitalization Act of 1993 (Public Law 104-43) mandates the OAR to develop an annual comprehensive plan and budget for all NIH AIDS Research. The statute requires the Director of OAR

to “plan, coordinate and evaluate research and other activities conducted or supported” by the agency, as well as provide for “behavioral research and social sciences research.”

The FY 2000 plan notes that while “important advances have also been made in diagnosis and prevention of perinatal HIV infection, to reduce transmission further, additional research is necessary.” Additionally, the plan emphasizes that it is “crucial to develop interventions to address the specific behavioral and psychosocial risk factors.”

The plan is divided into seven major areas of emphasis: behavioral and social sciences, natural history and epidemiology, etiology and pathogenesis, therapeutics, training, infrastructure and capacity building, and information dissemination.

OAR, in the plan, emphasizes that presently, “the most effective way to prevent or reduce the spread of HIV/AIDS is through behavioral change,” noting that the primary modes of transmission in the U.S. results from “unprotected sexual intercourse with an HIV-infected person and the use of HIV-contaminated injection drug equipment.” The primary goal of NIH-sponsored AIDS related behavioral and social science research is to discover how to change the behaviors that lead to HIV transmission and how to maintain protective behaviors once they are adopted. Because of the “notable” shift in demographics of the HIV/AIDS epidemic in the United States over the past decade, there is a need to develop and refine behavioral and social science interventions that take into account “the complex interplay of gender, age, cultural context, and HIV risk,” the plan notes.

The behavioral and social science section of the plan is organized into scientific issues/gaps in knowledge listed in priority order, objectives (the scientific question to address the scientific issue), and a number of strategies that are not prioritized, but serve to define avenues and approaches that may be pursued within the scope of AIDS and AIDS-related research:

Reducing and Preventing HIV Transmission

As the epidemic evolves, effective strategies are required for reducing or preventing HIV transmission in many populations not yet reached by these interventions or for whom effective interventions have

not yet been developed. Further development of comprehensive interventions are needed to address the varying profiles of risk factors, including combinations of alcohol and drug use, mental health issues, and sexual-risk-taking behaviors, that are related to HIV-infection and transmission in diverse populations.

To address this issue, the OAR plans to support research to develop, evaluate, and diffuse effective social and behavioral interventions at the societal, community, organizational, social network, dyadic, and individual levels to prevent HIV transmission and acquisition by reducing HIV-related risk behaviors and increasing protective behaviors.

Strategies include:

- ◆ Support intervention research that addresses the impact of alcohol and or drugs on sexual encounters that may contribute to HIV transmission;
- ◆ Support intervention research that identifies effective attention to contextual risk factors for groups disproportionately affected who continue to demonstrate high-risk behaviors. This research should also identify which public health applications most effectively attend to cultural contexts;
- ◆ Support research that investigates the impact of laws and policies on HIV transmission.

Need for Basic Behavioral and Social Science Research

Basic behavioral and social science research is needed to understand the implications of the spread of the HIV/AIDS epidemic to the most severely underserved populations that is concurrently occurring with important improvements in HIV treatment and care. Research is needed to understand the antecedents and consequences of risk and protective behaviors at the societal, community, organizational, network, dyadic, familial, and individuals levels. Additional basic research is needed to identify the behavioral, psychological, cognitive, cultural, contextual, and social factors that affect HIV treatment and disease management.

To facilitate this understanding, the OAR will support basic social and behavioral research to strengthen the understanding of the determinants, processes, and culture and contextual issues influencing HIV-related risk, protective behaviors, and the consequences and impact of HIV disease,

including treatment and management of HIV infection.

Strategies include:

- ◆ Conduct basic research to better understand the impact of HIV therapeutic regimens on adherence, sexual risk behaviors, drug-related risk behaviors, and psychosocial adaptation;
- ◆ Support research on the economic and social implications for retired and older individuals who provide support and care to younger family members or friends with HIV/AIDS and their dependents;
- ◆ Support multidisciplinary research that investigates the biobehavioral and sociobehavioral determinants and mechanisms of sexuality, including processes of sexual and gender identity formation

Interventions and HIV Infection

There is a need for research on interventions to improve treatment adherence and to ameliorate negative physical, behavioral, psychological, cognitive, and social consequences of HIV infection. Qualitative and quantitative research methodologies should be further developed to address adherence, quality-of-life, and health care delivery issues.

The OAR plans to support research for the development, evaluation, diffusion, and adoption of strategies to increase early identification, to improve treatment adherence, and to prevent or minimize the negative physical, psychological, cognitive, and social consequences of HIV, including the stigmatization of persons with or at-risk for HIV.

Strategies include:

- ◆ Support research on adherence to treatment regimens, including communication techniques to improve shared decision making between health care providers and HIV-infected individuals, and behavioral strategies to manage symptoms secondary to treatment protocols;
- ◆ Promote research to identify and remove barriers to effective health care utilization among persons with or at-risk of HIV infection, including access, engagement, follow up, and adherence to health and social services across the continuum and across the life course; and
- ◆ Support research on the decision-making processes of health care workers in screening and identifying HIV cases, especially cases of early and acute infection.

Behavioral and Social Science Methods Key to Understanding Aspects of HIV-Infection

Behavioral and social science methods have greatly enhanced understanding of HIV transmission, consequences of HIV infection, and health maintenance among at-risk and HIV-infected individuals.

To further the understanding of HIV-infections, the OAR will support research to advance innovative quantitative and qualitative methodologies to enhance behavioral and social science research to prevent and treat HIV.

Strategies include:

- ◆ Develop improved methodologies — including methods for obtaining and validating self-report data, culturally appropriate standardization of measurement tools for survey, and the measurement of change over time — based on assessment of the current status of qualitative and quantitative methodologies for studying behavioral and social factors associated with HIV and AIDS;
- ◆ Develop and strengthen culturally, linguistically, and age-sensitive and -appropriate research instruments for subpopulations; and
- ◆ Support health services research and evaluation research to determine the impact of changes in the health care delivery system on HIV/AIDS care.

NIMH CRAFTING STRATEGIC PLAN; SEEKS COMMENTS AS

The National Institute of Mental Health is seeking input on its strategic plan. The NIMH's Plan is in response to "increased public and congressional interest in how the National Institutes of Health (NIH) sets priorities and plans science — manifested in the Institute of Medicine report, *Scientific Opportunities and Public Needs: Improving Priority Setting and Public Input at the National Institutes of Health*." All of the NIH Institutes are working to have their strategic plans completed by the end of the year. An initial draft outline of NIMH's plan is available on the Institute's webpage for review at: <http://www.nimh.nih.gov/strategic/strategicplan.htm>

The Institutes' strategic plans will identify programmatic areas for research emphasis over a 2 -

5 year period and describe major scientific opportunities and strategies for achieving them. The plans, however, will not include budget estimates for carrying them out.

The NIMH's current draft plan contains three broad goals that correspond closely with its congressionally authorized programs (i.e., research and training). **Goal 1:** Understanding mental illness; **Goal 2:** Understanding how to treat and prevent mental illness; and **Goal 3:** Assuring an adequate national capacity for research and dissemination — addressing research infrastructure needs, such as training, research resources, and information dissemination.

According to NIMH Director Steven Hyman, the NIMH is seeking public participation in its annual priority-setting process which will be reflected in the Institute's Plan. The Institute is "really interested in your input," said Hyman, at the Institute's Third Annual Research Roundtable. A series of public meetings will be held over the summer that will involve both public constituencies and scientists.

During his introductory remarks at the Roundtable, Hyman stressed that translation of research findings is critical. "One of the greatest reasons for failure of treatment," he said, is the "lack of adherence" to the treatment — the subject of a recent COSSA-sponsored Congressional briefing (See *UPDATE*, May 3, 1999). Many of the problems in behavior are related to public health. A sustained change in human behavior is necessary, citing as an example how hard it is to get individuals to take full regimens of antibiotics prescribed by physicians, instead of stopping the medication once they start to feel better. With depressed individuals who feel that they may not be worthy of treatment, Hyman noted, the task is even more difficult. Hyman asked, "How do we actually address this behavior?" We need to get the social psychologists and the anthropologists "to help us think about this kind of problem," he added. Echoing his earlier comments before an Institute of Medicine panel in May, Hyman noted a major activity is to think about how to get basic behavioral scientists involved in translational research (See *UPDATE*, May 31, 1999).

Another important issue for NIMH, and one which affects the entire biomedical research community, according to Hyman, is the issue of

research ethics in clinical settings. The NIMH, he said, has done a number of things to address the concerns raised. The Institute is trying to balance the protection of people who volunteer for clinical trials with the research endeavor. It would be "immoral to retreat from the research agenda," he continued, "when we are far from where we want to be."

SHALALA ON HEALTH AND CHILDREN AT WOODROW WILSON CENTER *AS*

The Clinton legacy, with regard to children, will be the improvement of the health of our nation's children and the way in which health is measured. Secretary of Health and Human Services (HHS) Donna Shalala made these informal remarks June 15 before the Director's Forum of the Woodrow Wilson International Center for Scholars, directed by former Representative Lee H. Hamilton (D-IN).

Shalala pointed to several administration initiatives to support her notion of the Clinton legacy. In particular, she cited the decline in infant mortality rates, the Centers for Disease Control and Prevention's successful immunization program against childhood diseases, treatment strategies for pediatric AIDS that have resulted in the significant reduction of the number of children born with AIDS, HHS's campaign against youth tobacco use and drug abuse, the development of new strategies for the injury reduction campaign, and the National Institute of Child Health and Human Development's "Back to Sleep" campaign against SIDS [sudden infant death syndrome]. The national statistics for 1993 through 2001, predicted Shalala, will show that our youngest children are actually healthier than in the past.

Our nation's children, said Shalala, are also better prepared to achieve in school and to participate in the work force. She noted that more of our youth are now able to afford college. She attributed the recent decline in the number of teenage births to everyone being focused on the same issue at the same time. Shalala remarked that she is not convinced that teens are having less sex, but safer sex, she said.

Shalala noted that our nation's changing demographics show that — due to the healthy economy and welfare reform — more parents are

working. More children, therefore, are economically secure, she added.

Knowledge Base Stronger

Shalala emphasized that as a result of research, the nation's knowledge base is stronger. She further noted that research is more accessible now than in the past.

When questioned about youth gun violence and the juvenile justice bills that recently passed the House and the Senate, Shalala answered that a real opportunity exists to address gun violence that must not be squandered. Noting that she was not diminishing the problem of gun violence and children, Shalala stressed that there is an insufficient amount of research regarding adolescents. She cited an earlier Carnegie-supported study on adolescence, but did not mention the current ADD Health Study [The Longitudinal Study on Adolescence Health] that HHS, through NICHD, is currently supporting (ADD Health was the topic of a COSSA congressional briefing, *What Do We Know About Adolescent Health? Findings from the National Longitudinal Study of Adolescent Health* on July 17, 1998. See *UPDATE*, August 10, 1998 or consult the COSSA webpage for the executive summary).

We "have to know a lot more about adolescence." As a society, we pay a lot of attention to babies, but lose our ability to communicate and listen to young people, said Shalala. Different kinds of interactions with young people are needed, she added. While gun control is central to the debate about youth violence, other communication factors play an important role in preventing, as well as anticipating, tragedies such as the one in Columbine. She explained that she agrees with former CDC Director and current Surgeon General David Satcher that guns are a public health issue. She noted that the Senate-passed juvenile justice bill contains some gun control provisions. The House passed juvenile justice bill, however, contains no such provisions.

When asked about the recent decline in the number of people on welfare and their well-being, Shalala expressed that she does not consider the decline in welfare rolls a serious measure of how well welfare reform is working. "It's crude," said Shalala, and basically reflects the state of the economy. (Welfare reform was the topic of a March

12, 1999 COSSA congressional briefing, *Is Welfare Reform Working? The Impact of Economic Growth and Policy Changes*. See *UPDATE*, April 5, 1999 or consult the COSSA webpage for the executive summary).

Responding to a question regarding the disturbing counter trend of poverty and health problems concentrating in areas that have not and are not reached, Shalala said that there has to be a way "to put a system in place for minority and low income communities." She noted the Surgeon General's efforts to eliminate health disparities by 2010 (See *UPDATE*, November 23, 1998).

The Woodrow Wilson International Center for Scholars was created by law in 1968 for advanced studies where vital current issues and their deep historical background are explored through research and dialogue.

Sources of Research Support

COSSA provides this information as a service and encourages readers to contact the agency for further information or application materials. Additional application guidelines and restrictions may apply.

American Philosophical Society

The American Philosophical Society announces the availability of funds for a fellowship for mid career faculty of universities and 4-year colleges in the United States who have been granted a sabbatical. For more information about the fellowship or other research grant programs, contact the American Philosophical Society: Committee on Research, 104 South 5th Street, Philadelphia, PA 19106; Email for grant inquires: eroach@amphilsoc.org (please include your mailing address); Telephone: 215/440-3429. Information about the American Philosophical Society and its numerous research grants is also online at: <http://www.amphilsoc.org>.

National Institute of Justice (NIJ)

The NIJ's Graduate Research Fellowship Program provides dissertation research support to outstanding doctoral students undertaking independent research on issues in crime and justice. Students from any discipline are encouraged to apply. The NIJ encourages diversity in approaches and perspectives. The deadline is September 15. For more information on this or other NIJ research grant opportunities, contact the NIJ webpage at: <http://www.ojp.usdoj.gov/nij/funding.htm>.

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