



# COSSA Washington Update

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## SENATE PASSES FY 2003 OMNIBUS SPENDING BILL

Late on January 23, the Senate completed its work on the 11 remaining FY 2003 appropriations bills. In order to expedite the process, the bills were rolled into one omnibus piece of legislation, H.R. 2. To remain close to President Bush's overall spending level, the Senate resorted to a number of budgetary games that it will have to sell to the House and the Administration. A conference to reconcile the Senate bill with the House versions of the spending legislation will take place over the next few weeks. The hope is to complete the FY 2003 funding process not too long after the President's budget for FY 2004 is released on February 3.

One game that may not survive the conference is the Senate's use of across-the-board (ATB) reductions to all accounts in the bill. In presenting the original Omnibus bill, Senate Appropriations Chairman Ted Stevens (R-AS) included a 1.6 percent ATB cut in his amendment to H.R. 2 to offset increases in education funding. During Senate consideration of the bill, a number of amendments adding funding to other programs necessitated a further 1.3 percent ATB offset. In addition, the Senate used the gimmick of forward-funding some programs, not counting them until the FY 2004 budget, as a method of trying to get around the limits imposed by the Administration. The House, which is more likely to support the President's cap, is likely to try to force the Senate to abandon these tactics.

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## NEW NIDA DIRECTOR NAMED

On January 23, National Institutes of Health Director Elias Zerhouni announced the appointment of Nora D. Volkow as the new Director of the National Institute on Drug Abuse (NIDA).

Volkow is currently Associate Director for Life Sciences at Brookhaven National Laboratory (BNL), Director of Nuclear Medicine at BNL, and Director of the NIDA-Department Of Energy Regional Neuroimaging Center at BNL. She is also a Professor of Psychiatry and Associate Dean for the Medical School at SUNY-Stony Brook.

Volkow holds a BA from the Modern American School of Mexico City and an MD from the National University of Mexico. She replaces Glen R. Hanson, who has served as NIDA's Acting Director since 2001. Volkow will assume her new duties in April.



# MAJOR CHILDREN'S STUDY PLANNING CONTINUES

In December, 2002, more than 500 participants in the "large, complex, and challenging" Congressionally-mandated National Children's Study (NCS) met in Baltimore to continue planning the undertaking. National Institute of Child Health and Human Development (NICHD) Director Duane Alexander praised the participants of the 22 working groups, the study assembly, the Interagency Coordinating Committee (ICC), and the Federal Advisory Committee (FAC), for the "superior job of handling the mammoth study for the largest longitudinal cohort of children ever taken."

The assembly of individuals was cumbersome but necessary, Alexander observed, emphasizing that he is very much aware of the frustrations, difficulties, and challenges associated with planning a study of this magnitude. While it is more cumbersome and slower to include the extramural community, it is the optimal way to get the best advice, he asserted.

## Core Hypotheses

The core hypotheses are the key to the study, Alexander told the group. These will consist of a set of study topics needed to guide the data collection. Thus far, over 50 hypotheses have been proposed to the NCS advisory committee and have received extensive review by several groups. Currently, the ICC has compiled a list of five primary topics as a first iteration: 1) undesirable outcomes of pregnancy; 2) altered neurobehavioral development, developmental disabilities, and psychiatric outcomes; 3) injury; 4) asthma; and 5) obesity and altered physical development.

Acknowledging that there are many areas of the study that are not part of the five primary topics, Alexander urged that these categories serve as a framework for the deliberations of the Inter-Working Group teams at the meeting. The categories serve as an organizing structure and do not imply that all related outcomes are addressed by the hypotheses. Alexander also cautioned that the NCS cannot afford to leave out the social and behavioral components of health.

Addressing the concerns of the participants regarding the need for a diverse advisory committee, Alexander explained that there would be an expansion of the committee to fill in the gaps in expertise. In addition, there will also be an increase in program staff associated with the study.

Alexander informed the group that a number of pilot studies have been completed. Additional pilot studies are needed and are being put in the field, he added. He specifically expressed the need to do more on human subjects and ethical issues associated with the study. Noting that there is a working group for these issues, Alexander also highlighted the need to solve the problem of getting informed consent initially and getting permission from the children themselves. Four NCS workshops have been conducted in this area, and a National Academy of Sciences committee has been appointed specifically to consider consent and assent of children, he said.

Alexander added that there may be an opportunity to make the study an international venture as a result of interest indicated by Canada, South America, Europe, and Japan.

## Funding Not Certain

Relating that the NCS has been "enthusiastically endorsed" by NIH Director Elias Zerhouni, Alexander explained that the funding for the NCS is nonetheless not assured. Study planners have resources for the current fiscal year and have requested additional funding in Fiscal Year 2004 that will allow for essential, but not optimal, planning. He expressed his hope that the funding will be augmented for FY 2004. Alexander indicated that he is currently working through the budget with the agencies involved in the study and with the Office of Management and Budget.

The cost of the massive and complex study is \$80 million in the first year, increasing to a high of \$180 million in the most intensive part of the study, Alexander told the participants. He also noted that planning will proceed as if the funding is there, with the knowledge that modifications may have to be made.

## Framework for Planning the NCS Presented to Advisory Committee

Christine Bachrach, Chief of the NICHD's Demographic and Behavioral Sciences Branch and Co-Chair of the NCS Social Environment Working Group, presented an integrative framework for the NCS to the advisory committee. According to Bachrach, such a framework is needed to "help address the complex challenges and opportunities of the NCS." The framework would also create

a common vision, facilitate interdisciplinary collaboration, integrate related hypotheses, guide the development of study methods, and frame and communicate the significance of the study for multiple audiences, she explained.

Presenting an initial set of ideas developed by two of the working groups, Bachrach stressed that the challenges for the NCS include the need to:

- Address differences in theoretical models, scientific methods, and vocabularies across an unprecedented range of disciplines, including the physical, chemical, biomedical, behavioral, and social sciences (e.g. population vs. individual models of health).
- Develop a study design and a set of measurement strategies that optimally address the goals of the study.
- Assure that the NCS reflects the most advanced scientific methods available, within the constraints it will necessarily face.
- Effectively communicate the goals and potential of the study across scientific disciplines and to policy makers and funders.

### **Health, 'A Multidimensional and Developmental Process'**

Bachrach explained to the FAC that health is "viewed as a multidimensional and developmental process that influences physical, psychological, and social functioning. In addition, it incorporates both positive and negative aspects, including disease, disability, and impairments, and the ability of an individual to develop the capacity to function effectively," she further stressed.

She explained that determinants of health originate both inside and outside of the individual, with the production of disease taking place within multiple nested contexts of differing "proximity" to the individual organ or system. These levels of context, Bachrach continued, include molecules, cells, organs, organisms, families, communities, and nations. Processes relevant to health occur within and across these levels.

Observing that human organisms simultaneously create and respond to their environments, she stressed that individuals, groups, and communities play an active role in creating and maintaining health.

According to Bachrach, the framework presented is just a starting point and will require the input of all 22 working groups, the ICC, and the FAC in order to adequately meet the goal of providing a common vision and organizing tool. She further emphasized that the final, revised version of the framework will be used as a tool for:

- Integrating related hypotheses (e.g., asthma etiology, management, and morbidity);
- Conceptualizing and developing measurement timelines that identify what measures are relevant to specific outcomes at what developmental stages, and when and how they should be measured;
- Identifying threats to causal inference, that is, confounding factors and processes that may produce misleading results if not properly accounted for by the study design; and
- Communicating the common vision of the NCS to a broad variety of audiences, including scientists, policymakers, and funders.

Additional information on the NCS can be found at <http://www.nationalchildrensstudy.gov>.

### **APPROPRIATIONS** (Continued from Page 1)

Before the reductions, Stevens' amendment gave the National Institutes of Health \$27.16 billion, slightly below the President's original request to complete the five-year doubling of the Institutes. Stevens allocated \$5.27 billion to the National Science Foundation, which would have provided the Agency a 10 percent increase over last year's appropriations.

In the meantime, Office of Management and Budget Director Mitch Daniels announced that the increase for discretionary spending in the proposed FY 2004 budget would be 4 percent. With most of the increase slated for defense and homeland security, the rest of the government will be put on austerity budgets. Funding for the possible coming war with Iraq will probably be handled in supplemental requests later in the year.

# U.S. FAILS TO TRANSLATE KNOW-HOW AND TECHNOLOGY IN DELIVERING HEALTH CARE

The United States has the know-how and technology to deliver world-class health care to the public, but often fails to translate such expertise into everyday clinical practice,” according to a January 7 National Academies of Science report, *Priority Areas for National Action: Transforming Health Care Quality*. To bring about major improvements in health care quality and delivery, the report emphasizes that the Department of Health and Human Services and other public and private stakeholders should focus on 20 priority areas, as collective action in these areas could help transform the entire health care system. The document is part of a series originating from the IOM’S quality initiative, which has previously released *To Err is Human* and *Crossing the Quality Chasm*.

According to George J. Isham, Chair of the Committee on Identifying Priority Areas for Quality Improvement and Medical Director and Chief Health Officer of HealthPartners Inc., the 20 areas offer the greatest opportunities for rapid and substantial improvements in the quality of health care. Isham emphasized that “clearly, in many instances our health care system delivers state-of-the-art care that averts premature death and enables people to live better with their illnesses.”

However, far too many Americans, he stressed, do not receive the high-quality care they deserve. Citing diabetes as an example, he observed that it is known that people with diabetes should have their blood sugar levels carefully monitored and should receive annual eye and foot exams. Despite these proven interventions, recent data reveal that up to 75 percent of adults with diabetes do not receive the recommend care from their health providers. As a result, tens of thousands of people with diabetes die prematurely, have their limbs amputated, or go blind. Much of this is preventable, Isham contended.

The 20 priority areas are a set of starting points to ignite further transformation of health care. According to Isham, the areas represent the full spectrum of health care from preventive and acute care to chronic care and end-of-life care. The areas also span the entire lifecourse, impact all types of health care settings, and engage a vast array of health care providers. The report recommendations include “cross-cutting areas” that embody the committee’s commitment to the essential elements of system change that must traverse all conditions for care to be delivered in a patient-focused way.

The 20 priority areas include: care coordination self-management and health literacy, asthma, cancer screening, diabetes management, hypertension, old age frailty, immunization, ischemic heart disease, major depression, nosocomial infections, obesity, pain control, self-management/health literacy, severe and persistent mental illness, stroke, and tobacco-dependence.

## Next Steps

The Committee recommended that the Agency for Healthcare Research and Quality (AHRQ), in collaboration with other private and public organizations, be responsible for continuous assessment of progress and updating the list of priority areas. Responsibilities would include:

- Developing and improving data collection and measurement systems for assessing the effectiveness of quality improvement efforts.
- Supporting the development and dissemination of valid, accurate, and reliable standardized measures of quality.
- Measuring key attributes and outcomes, and making this information available to the public.
- Revisiting the selection criteria and list of priority areas.
- Reviewing the evidence base and results, and deciding on updating priorities every three to five years.
- Assessing changes in the attributes of society that affect health and health care and could alter the priority of various areas.
- Disseminating the results of strategies for quality improvement in the priority.

Noting that it often encountered a lack of reliable measures to use in assessing improvability for the priority areas under consideration, the Committee concluded that particular attention should be focused on enhancing survey data and developing new strategies for collecting, collating, and disseminating quality improvement data.

The Committee also recommended that the data collection in the priority areas:

- Go beyond the usual reliance and disease- and procedure-based information to include data on the health and functioning of the U.S. population.
- Cover relevant demographic and regional groups, as well as the population as a whole, with particular emphasis on identifying disparities in care.
- Be consistent within and across categories to ensure accurate assessment and comparison of quality enhancement efforts.

Finally, the Committee urged Congress to provide the necessary support for the ongoing process of monitoring progress in the priority areas and updating the list of areas. A copy of the report can be obtained at: <http://www.nap.edu/catalog/10593.html>

## ECONOMISTS EXPLORE PRODUCTIVITY GROWTH IN THE NEW ECONOMY

Despite a warning by former Treasury Secretary and current Harvard President Larry Summers that economists should be humble when projecting productivity growth in the future, the recent American Economic Association meeting in Washington featured a session where such growth was the key focus of discussion.

Summers joined two former Chairs of the President's Council of Economic Advisers (CEA), Martin Feldstein and Joseph Stiglitz, former CEA Member Martin Baily and Professors Dale Jorgenson and Robert Godon on the panel.

Much of the discussion focused on the impact of information technology (IT) on the growth in productivity, which fueled the economic boom from 1995-2000. All agreed that IT had some effect but that other factors were very much involved. Baily, now with the Institute for International Economics, argued that the key was business innovation brought on by competitive pressures. He noted that a series of case studies by McKinsey and Company, to whom he is a consultant, indicated this, but also that there are industry-based differentiations, particularly in the service sector.

Feldstein, now President of the National Bureau of Economic Research, discussed the importance of

incentives to productivity growth. He compared the U.S. with Europe and noted that incentivized American managers were able to make the tough decisions, taking risks and downsizing companies that their unincentivized European counterparts could not. He also noted that increased use of IT produced growth and he believed this would continue.

While agreeing with his colleagues that IT investment overexplains the revival, Gordon, Economics Professor at Northwestern, looked at the future and declared that the IT investment boom will not be back anytime soon. He asserted the demand for new IT products is just not there. The reasons for this, he claimed, were that software has fallen behind hardware, the failed promise of business-to-business e-commerce, and the overbuilding in the telecommunications industry.

Jorgenson, Economics Professor at Harvard, demonstrated with data his gloomy prediction that the U. S. is about to move back into a period of slow growth similar to the pre-boom 1973-95 years. His major explanation for this is the slowdown in the growth of hours worked, a key component to the productivity boom of the past seven years.

Stiglitz, now a professor at Columbia, focused on globalization and the new economy. He disagreed with Feldstein over the role of incentives, proclaiming that huge salaries for company executive "distorted the economy." He argued that globalization had created capital flight, brain drains, and the undermining of social capital.

Summers disagreed with most of Stiglitz's globalization comments. Aside from his warning about hubris, the Harvard President pronounced himself more optimistic about the long-run growth picture. He saw a generally healthy economic environment with low capital costs, product market competition, and low entry barriers for new businesses. He argued that the IT sector will continue to increase as a percentage of Gross Domestic Product (GDP), which will enhance productivity growth.

# ANNOUNCEMENTS/ RESEARCH SUPPORT

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

## Washington University Summer Institute

The Washington University Summer Institute on the Empirical Implications of Theoretical Models meets June 2-27 in St. Louis. The institute is intended for junior faculty and graduate students with an interest in legislative politics.

The program consists of four seminars with top faculty from throughout the country. Each seminar addresses the problems of testing mathematical models of politics. The topics are:

- **June 2-6.** Theoretical and Methodological Foundations; Professors Randall Calvert and Andrew Martin (both Washington University).
- **June 9-13.** Operationalization of the Spatial Model; Professor Kevin Quinn (University of Washington) with guests Simon Jackman (Stanford) and Keith Poole (Houston).
- **June 16-20.** Modeling Individual Agents and Institutions; Professor Scott Page (University of Michigan) with guests Tim Salmon (University of Florida) and Troy Tassier (University of Michigan).
- **June 23-27.** Issues in Testing Positive Theories of Judicial Decision Making; Professors Charles Cameron (Columbia) and Lee Epstein (Washington University) with guests John Ferejohn (Stanford) and Pablo Spiller (UC Berkeley).

The institute offers a two-year cycle of seminars that allows participants to join the program for any two consecutive summers during the next four years. The seminars for June 2004 are described at <http://wc.wustl.edu/eitm>. Up to 25 subsidies of up \$1000 each are available for full-time participants. There is no tuition.

Applicants must submit a complete curriculum vita and a 1-2 page statement of the value of the institute for your education and work. It is recommended that graduate students also submit a

transcript of their graduate work and one or two letters of recommendation. The vita and statement may be submitted by email to [eitm@wc.wustl.edu](mailto:eitm@wc.wustl.edu). The application deadline is February 15. For more information, please contact: Steven S. Smith, Professor of Political Science, Washington University at (314) 935-5630.

## Demography and Social Science of Race: A Request for Applications

Over the past 30 years the U.S. has become increasingly diverse. The consequences on the economic, social, and cultural fabric of the U.S. associated with this increasing diversity are still largely conjectural, and may ultimately depend on how communities, institutions, individuals, and social policy respond to the changes in our population.

Several National Institutes of Health (NIH) Institutes: Child Health and Human Development (NICHD), Heart, Lung and Blood (NHLBI), Human Genome (NHGRI), Diabetes and Digestive and Kidney Diseases (NIDDK), Mental Health (NIMH), Aging (NIA), and Drug Abuse (NIDA) are seeking research applications (PA-03-057) on the demography and social science of race and ethnicity in the United States.

Demographic and social aspects of race and ethnicity include issues related to understanding how the changing composition and conceptualization of race and ethnicity are affecting the U.S. socially, economically, and demographically. This includes examining how increasing racial and ethnic diversity are affecting population health and health disparities; issues related to the development of racial and ethnic identity and to interactions between racial/ethnic identification and demographic, health, and other outcomes; and issues related to the measurement of race and ethnicity, including racial and ethnic self-identification.

The goals of the program announcement are to clarify what is captured by "race" and "ethnicity" in social science analysis, and to elaborate the complex social, cultural, and psychological processes that underlie racial and ethnic identification and its meaning in social science analysis. Accordingly, the announcement calls for research in three broad areas:

- 1) causes and consequences of changing racial and ethnic composition of U.S. society, including effects on population health and health disparities;

- 2) issues related to the development, maintenance, and consequences of racial and ethnic identity; and
- 3) Developing and validating methods of conceptualizing, measuring, and modeling race and ethnicity.

Possible research topics include:

- How are economic, social, and demographic factors and government policies affecting the racial and ethnic composition of the U.S.?
- How have changes in the ethnic and racial diversity of workplaces, social organizations, and other institutions affected behavior, values, and attitudes?
- How has increasing racial and ethnic diversity affected population health and health disparities?
- How are racial and ethnic identities formed?
- How do differences in self-identified race/ethnicity and race/ethnicity as perceived and assigned by others interact and how do they affect socioeconomic, health, and demographic outcomes?
- When racial and ethnic differences in social, economic, demographic and other outcomes are observed, what are the mechanisms explaining these differences?

For more information contact: Rebecca L. Clark (NICHD) [rclark@mail.nih.gov](mailto:rclark@mail.nih.gov); Ebony Bookman (NHLBI) [bookman@nhlbi.nih.gov](mailto:bookman@nhlbi.nih.gov); Jean McEwen (NHGRI) [jm522n@nih.gov](mailto:jm522n@nih.gov); Lawrence Agodo (NIDDK) [la21j@nih.gov](mailto:la21j@nih.gov); Cheryl Boyce (NIMH) [cboyce@nih.gov](mailto:cboyce@nih.gov); Georgeanne Patmois (NIA) [patiosg@nia.nih.gov](mailto:patiosg@nia.nih.gov); or Yonette Thomas (NIDA) [yt383@nih.gov](mailto:yt383@nih.gov).

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[www.cossa.org](http://www.cossa.org)

## NRC RELEASES REPORT ON FRONTIERS IN AGRICULTURAL RESEARCH

The National Research Council's (NRC) Committee on Opportunities in Agriculture has released its report, *Frontiers in Agricultural Research: Food, Health, Environment, and Communities*, which was requested by the Department of Agriculture (USDA) and mandated by Congress. The document outlines key areas of opportunity for Federally-funded research on new and emerging agricultural markets and changing rural communities.

In the executive summary, the Committee lays out research frontiers to meet five challenges providing "opportunities for public agricultural research to serve the expanded customer base." To respond to the challenge of improving quality of life in rural communities, the report calls for studies to "evaluate the effects of changes in agricultural market structure" and "meet the challenge of rural development's changing context." The text also notes that to tackle this portfolio, the USDA's research agencies should redirect resources that currently support agricultural productivity research.

The Committee also calls on the USDA to conduct a national summit every 2-3 years to assess national research needs and involve stakeholders; reexamine its partnerships and research collaborations with universities; and increase the hiring of scientists in research fields that have the greatest opportunities to address societal goals. The full report can be accessed at [www.nap.edu](http://www.nap.edu). The Committee was chaired by Laurian J. Unnevehr of the University of Illinois.

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American Historical Association  
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