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HARVARD MD URGES MORE SOCIAL SCIENCE FUNDING IN HEALTH RESEARCH

The House Committee on Science and Technology's Science Policy Task Force held hearings April 22-24 on 'Policies for Biomedical Research.' The hearings, chaired by Rep. Doug Walgren (D-Pa), focussed on three areas: 1) management and coordination of research programs in the federal agencies and other organization, including private institutes, foundations, and industry, 2) evaluation of the impact of research, and 3) future directions of government policy for support of biomedical science. This Update report covers only the first two days of hearings.

While most speakers deplored a recent decline in participation by physicians in fundamental biomedical research, Howard H. Hiatt, Professor of Medicine at Harvard and former Dean of the Harvard School of Public Health, called attention to another badly underdeveloped area: funding and training in scientific areas related to prevention of illness rather than cure. He stated that, with regard to the major illnesses contributing to mortality, "prevention is a far more effective approach than treatment." He pointed out that the marked increase in death owing to lung cancer was not due to inadequacy of medical means, such as chemotherapy, but rather to environmental factors (chiefly smoking) outstripping the ability to cure. Correspondingly, the marked decrease in stomach cancer was not due to improved medical means but to environmental and behavioral factors. The fields that Hiatt believed were neglected were epidemiology, environmental and public health, and the social and behavioral sciences, all of which produced basic knowledge of important relationships between health and behavior on various

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levels, from individual factors to social systems. In addition, "health services research," he said, "has not gotten much attention from government agencies or from the academic community...it needs to be encouraged." So, according to Hiatt, do the engineering and social sciences that can contribute to helping people with chronic illness, disability, or handicaps.

Encouraged by Rep. Walgren to expand on this argument, Hiatt drew a parallel between encouraging physicians to receive laboratory-oriented research training, where progress has been made, and encouraging physicians and nonphysicians to train in the behavioral and social sciences, where much remains to be done. Rep. Walgen remarked, "We've turned our back and walked away from (these) sciences. Why?" Hiatt held that the scientific glamor of advances in biomedical research had pre-empted attention; while that glamor was justified, when those findings are translated into medical practice we end up "wasting billions of dollars a year on unnecessary risks and suffering." Hiatt pointed out that the complexity of subject matter in prevention on a large scale was daunting, and that a different kind of scientific model, correlative rather than causal, was often involved. The failure to recognize this, he held, was aggravated by the relative decline in federal funding in basic social science at nonmedical agencies such as the National Science Foundation.

The testimony of Shervert H. Frazier, Director of the National Institute of Mental Health (NIMH), echoed some of Hiatt's emphases. Frazier pointed out that a firm scientific research base in the classification, etiology, and treatment of mental illness has come about only in the last 20 years or so, primarily through laboratory science -- e.g., neuroscience, molecular biology, the invention of psychoactive drugs, etc. A new emphasis on the connection between (mental) health and behavior was now discernible at NIMH, and Frazier commented that "We have not paid enough attention to the needs of people" -- i.e., to addiction, depression, and other conditions with strong behavioral as well as biological bases. In his prepared testimony, Frazier gave virtually no attention to prevention or to basic social science knowledge other than in the health and behavior arena. At the hearing he said that, while the needs of actual people functioning in the world were important, it was the judgement of "scientists at the bench" which must determine research priorities. He further commented that while the over-all strategy of NIMH in earlier times was to fund as broad a range of research as possible, it had become evident that NIMH "was placing inappropriate emphasis on some topics that were only tenuously related to mental illness and mental health," and that the range of support had to be narrowed. The structure of the Institute had been altered from a pattern of balanced support for a range of disciplines to a focus on specific disorders. Questioned by Rep. Walgren on how NIMH decides between biomedical and behavioral research emphases, Frazier remarked that "some of it is political, to come right down to it." In general, Frazier believed that research in mental illness and health was severely underfunded.

He commented that while the use of lithium in the treatment of manic-depressive illness was estimated to have saved more than \$6.5 billion in the last 15 years, the entire NIMH research budget since 1948 amounted to only \$3 billion.

All the speakers on April 23 spoke of the necessity for funding the best investigators. Frazier described the damage to the system from cutting back suddenly on training, since it takes up to 10 years to train a productive scientist. He spoke also of the desirability of lengthening typical research grant commitments to 8 to 10 years, an opinion shared by Paul A. Marks, President of the Memorial Sloan-Kettering Cancer Center and former Vice President for Health Sciences at Columbia University. Richard Greene, Director of the Medical Research Service of the Veterans Administration, agreed with other speakers that unreliability of research support was a major factor in keeping MDs from research careers.

The April 22 hearing provided an overview of federal programs supported by the National Institutes of Health (NIH) from agency and university perspectives. Witnesses included two Nobel Laureates, Salvador E. Luria of MIT and Howard M. Temin of the McArdle Laboratory at the University of Wisconsin-Madison, and a panel of three senior managers from the Office of the Director at NIH: Joseph F. Rall, Deputy director for Intramural Research; William F. Raub, Deputy Director for Extramural Research and Training; and Jay Moskowitz, Associate Director for Program Planning and Evaluation.

Dr. Luria, former director of the MIT Cancer Center, in an overview of the federal biomedical enterprise, emphasized the enormous strides which have been made over the last 10 years. He singled out the joining of cancer research, immunology, and genetics which has occurred over that period. Luria called for a return to more stable funding, and suggested that Congress may wish to compare the research accomplishments of NIH through its granting process with those of the Department of Defense.

The final first-day witness, Dr. Temin, spoke from the perspective of the individual university-based investigator. He praised the federal government's support of biomedical research as one of the greatest success stories, noting that it is one of the few areas of federal involvement where there is general satisfaction with the system and its products. Temin traced his own career as a researcher and also illustrated the importance of federal support for non-targeted basic research with examples from recent work on AIDS. "The effectiveness of the response to AIDS benefitted from the close coupling of basic and applied research illustrated, for example, by research on certain chicken and cat viruses being immediately relevant to human AIDS. The close coupling of biomedical research to public health measures, and the need for both, is also shown by the AIDS epidemic. Basic research

provided the knowledge base and testing tools to carry out public health measures." He spoke further of "the need for both curative and biological and behavioral preventive approaches to controlling this epidemic."

Dr. Moskowitz traced the evolution of current NIH evaluation processes, and noted that the set-aside for evaluation of up to 1% on all funds appropriated for the Public Health Service is directly controlled by the Secretary of Health and Human Services through the Assistant Secretary for Planning and Evaluation (ASPE). NIH conducts extensive evaluation both internally and externally on all levels. This is primarily supported by funds provided through ASPE, and is mostly planned and carried out through individual institutes. He noted that, even including funds spent by ASPE and other non-NIH units of HHS, considerably less than 1% is spent on evaluation. Moskowitz mentioned that the Technical Merit Review Committee, composed of NIH staff selected for their "professional expertise in the design and conduct of research in evaluation, social and behavioral sciences, and quantitative assessment disciplines," plays an important role in the approval of annual Evaluation Plans. In response to a question from Rep. Walgren, Moskowitz explained that decisions on emphases in concentrated research efforts evolve from openly held meetings of the Scientific Advisory Committee during which various initiative must compete. He noted that the Advisory Council (which includes appointed representatives of the lay public) also reviews these initiatives.

OERI REACHES OUT: FINN SEEKS ADVICE AND SUPPORT

Seeking advice and support for the reorganized and reborn Office of Educational Research and Improvement (OERI), Assistant Secretary Chester Finn and his staff met with representatives of over 40 groups, including COSSA, during three sessions in early April. The new OERI includes the old National Institute of Education (NIE) and the old National Center for Education Statistics (NCES), as well as various other remnants of the educational research, dissemination, improvement of practice, and library support programs.

In the meetings, Finn listened to the representatives' concerns and also outlined what he hoped to accomplish for the OERI. Many of his plans are contingent on reauthorization of OERI by Congress this year and on its receiving the significant increase, from \$52 million to over \$70 million, proposed in the President's budget. The first part is moving along, with the Senate Labor and Human Resources Committee reauthorizing OERI as part of the reauthorization of the Higher Education Act. In the House, the Select Education Subcommittee, Rep. Pat Williams (D-MT), Chairman, marked up an OERI reauthorization bill on April 15. Getting the increased funds may be a more difficult task, since Congress has not supported increased funding for education research in a long time.

Finn's first priority would be to repair the data base at the Center for Statistics. Recent articles in the New York Times

and elsewhere have noted the unreliability of the Department of Education's statistics, making this initiative highly necessary. The Committee on National Statistics has also been studying the problem under the chairmanship of Professor F. Thomas Juster of the University of Michigan and will issue a report in the near future. OERI's current plans are to collect more comprehensive information about early childhood and elementary education and totally to redesign the elementary and secondary statistics series. In addition, data about teachers' work habits, attitudes, quality and effectiveness will be collected. The National Assessment of Educational Progress (NAEP) would remain a major focus of the Center for Statistics.

Plans for the Office for Research include developing by next year a comprehensive longitudinal study of students from eighth grade through high school. Attempts to assess postsecondary education and practice are also on the agenda, with a major need, noted by Finn, to "develop responsible outcome measures." Although OERI will continue to support the education laboratories and centers, Finn indicated strong support for "a balanced portfolio of individual, small group, and institution research." However, since funds for the labs and centers are already committed, any funding of individual field-initiated research clearly will be contingent on additional funding.

In the past few years COSSA has joined with the American Education Research Association, the American Psychological Association, and the Federation of Behavioral, Psychological, and Cognitive Sciences to urge the reorganization of federal efforts in education research and statistics at increased levels of support, especially for individual investigator field-initiated research. The administration has responded with a new structure and an ambitious agenda, and the authorizing committees of Congress have generally given the go-ahead. It now seems that increased support for education research, statistics, and dissemination rests in the hands of the appropriating committees. Given an era of budget scarcity, and the low regard for education research on the part of some policy-makers, success will be difficult.

SOCIAL SCIENTISTS FADING IN NIH FELLOWSHIP PICTURE

The number of applications received from social and behavioral scientists by the National Institutes of Health (NIH) for National Research Service Awards (NRSA) has been decreasing, according to sources in the NIH Division of Research Grants.

The NRSA program funds career-building postdoctoral awards in biomedical and behavioral research. The latter term is intended to include the social sciences. Eligible applicants must have had the PhD (or the equivalent) for at least seven years. Normally the awards permit successful applicants to use a sabbatical or other study period for advanced training in new scientific areas or methodologies, so that their research skills are sharpened and their ability to do venturesome research is enhanced. Fellowships can be continued for periods up to three years.

There used to be two study sections at NIH to handle applications from social and behavioral scientists; these have now been collapsed into one panel to handle social science and psychological applications. Those applications have dropped to the point where there are only 100 or so during a given year. Of these applications, about one third are coming from epidemiologists or psychobiologists, whose proposals span both the social and behavioral science and the biomedical or public health areas. Concurrently, applications from neuroscientists, which go to another study section, have sharply increased.

NIH officials are uncertain what accounts for the lessening in applications from social and behavioral scientists. The neurosciences are burgeoning; but it is unlikely that senior scientists are switching into neuroscience in significant numbers, so that the two trends would be correlated. Compared to the biological sciences, social and behavioral scientists do not have a tradition of research postdoctorals extending well into mid-career; but that fact would not in any case explain a recent drop in applications. Perhaps the most likely explanation is that the social and behavioral science community, aware of cuts proposed by the administration in NIH's research budgets and aware that the social sciences have been under pressure in the NIH institutes, have become discouraged from applying. Such reactions have been noted before, in response to changes in federal funding practices. If so, it would be a pity, since one of the aims of the NRSA awards is to enable a wide range of scientists to broaden their capacity to undertake research in the various areas that NIH supports -- in other words, to share in NIH funding.

The next deadline for applications is May 10, 1986; thereafter, deadlines are September 10, 1986, and January 10, 1987. Program officers in the NIH agencies who can advise on the suitability of fellowship plans include:

National Institute on Aging, Ronald P. Abeles, Ph.D., Bldg. 31C, Room 4C32, Bethesda, MD 20892, (301) 496-3136

National Institute of Dental Health, Patricia Bryant, Ph.D. Westwood Bldg., Room 510, Bethesda, MD 20892, (301) 496-7807

National Institute of Child Health and Human Development Hildegard Topper, Bldg. 31A, Room 2A04, Bethesda, MD 20892, (301) 496-1848

National Eye Institute, Constance Atwell, Ph.D., Bldg. 31A, Room 6A49, Bethesda, MD 20892, (301) 496-5301

National Heart, Lung, and Blood Institute, Max Heinrich, Jr., Ph.D., Federal Building 3A12, Bethesda, MD 20892, (301) 496-1724

National Cancer Institute, Barney Lepovetsky, Ph.D., J.D., Blair Bldg., Room 424, Bethesda, MD 20892, (301) 472-8898

National Institute of Neurological and Communicative Disorders and Stroke, Donald Luecke, M.D., Federal Building 1020, Bethesda, MD 20892, (301) 496-4188

National Institute of Arthritis, Diabetes, and Digestive and Kidney Disease, Kirt Vener, Ph.D., Westwood Bldg., 3A16A Bethesda, MD 20892, (301) 496-7821

SOURCES OF RESEARCH SUPPORT: DEPARTMENT OF HEALTH AND HUMAN SERVICES

COSSA provides this information as a service, and encourages readers to contact the agency rather than COSSA for more information.

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The announcement of FY 1986 research priorities solicits proposals in the following areas: 1) analysis of the 1982 New Beneficiary Survey, 2) the determinants of divorce, and 3) the effect of private pensions and the demand for older workers on retirement behavior. Proposals in other areas will be considered.

Budget: Approximately \$600,000 will be spent on extramural research in FY 1986.

Disciplines Supported: Demography, economics, political science, sociology, statistics, and other social science disciplines

Review Process: Applications are reviewed by panels of federal and nonfederal experts and by ORSIP staff.

Restrictions on Awards: Grant recipients are expected to provide at least 5% cost-sharing of project costs.

Deadlines: Proposals in response to the current solicitation must be submitted by June 13, 1986.

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