

**SBE ASSISTANT DIRECTOR SEARCH ACCELERATES** *HS*

The pace of the recruitment to select a successor to Bennett Bertenthal as Assistant Director (AD) for the National Science Foundation's (NSF) Social, Behavioral and Economic Sciences Directorate (SBE), has picked up in recent weeks. Bertenthal expects to leave NSF in December.

William Julius Wilson, Professor of Sociology and Public Policy at Harvard's JFK School of Government and chair of the search committee, has filled out his panel. The distinguished members include: James Anderson, cognitive science at Brown University; Nancy Cantor, Provost at University of Michigan; Irwin Feller, public policy at Penn State University; James Gibson, political science at University of Houston; Charles Plott, economics and political science at California Institute of Technology; Yolanda Moses, President of City College of New York; Samuel Preston, Dean of Arts and Science at University of Pennsylvania; and Robert Solow, economics emeritus at Massachusetts Institute of Technology. Wilson and the committee are evaluating candidates and expect to present a short-list to NSF by mid-June.

At a meeting with the COSSA Executive Committee on May 12, NSF Director Rita Colwell indicated a sense of urgency in selecting the new Assistant Director. Her criteria for the new AD are: a "highly respected scientist," an excellent manager, a spokesperson for the entire SBE community, and someone steeped in the quantitative aspects of the SBE sciences. She also expressed the hope that the process could be completed and a candidate selected by the end of July. COSSA's representatives applauded this sense of urgency and told Colwell that we hoped that there would not be a repetition of the four month hiatus that occurred between Cora Marrett's departure and Bertenthal's arrival.

**DATA RELEASE BATTLE CONTINUES** *HS*

While awaiting the Office of Management and Budget's (OMB) evaluation of the more than 10,000 comments it received on its revisions of Circular A-110 with respect to data sharing with the public, efforts continue to repeal or modify the law that gave rise to the necessary revision.

Senator Richard Shelby's (R-AL) amendment to the 1999 Omnibus Appropriations bill directing OMB to revise the circular so that the public, through the Freedom of Information Act (FOIA), could gain access to all data from studies supported by federally funded grants started this ruckus. (See *UPDATE*, December 12, 1998)

Representative George Brown (D-CA), Ranking Democrat on the House Science Committee, and Representative Vern Ehlers (R-MI), Vice-Chair of that panel, have introduced a bill, H.R. 88, to simply repeal the Shelby provision. It has garnered about 35 co-sponsors in the House, so far. Other efforts are also underway to prevent implementation of any new OMB revisions to A-110, through the efforts of Representative James Walsh (R-NY), Chairman of the House VA, HUD, IA Appropriations Subcommittee, and Representative David Price (D-NC). In the Senate, Senator Richard Durbin (D-IL) has also been searching for an approach to prevent implementation. All these members are seeking ways

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to develop a data sharing policy that will balance the public's right to know with a scientist's right to conduct his/her research. Suggestions for a moratorium and a study by either the National Academy of Sciences or the National Academy of Public Administration are also on the table.

Of course, Shelby has the upper hand having enacted his provision into law. He also has the strong support of Senate Majority Leader Trent Lott (R-MS) in this struggle. Many scientific societies and universities are working to overcome these obstacles and prevent implementation of the new provision.

## RESEARCHERS DISCUSS SCHOOL VIOLENCE AT SENATE HEARING

DH

In the wake of the Columbine, Colorado high school tragedy, Senator James Jeffords convened a May 6 hearing of the Senate Health, Education, Labor, and Pensions Committee to discuss school crime and safety. The Committee heard from three panels, including a panel of social scientists. Senator Jeffords noted that the federal government often develops prevention programs, but often does not evaluate the effectiveness of the programs. He said that more evaluation needs to be performed in order to know what really works and what doesn't work.

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## A Need for Research

In her testimony, Denise Gottfredson, professor in University of Maryland's Department of Criminology and Criminal Justice, former COSSA seminar speaker, and author of the section on school violence in the University of Maryland study, *Preventing Crime: What Works, What Doesn't, What's Promising*, noted a need for more research on safety in the Nation's schools. Particularly, she said that research needs to focus on four questions: 1) What kinds of students participate in violent activities?, 2) What kinds of schools and what types of communities experience school violence?, 3) What are the indicators of school violence and what can we do in response to these indicators?, and 4) How can the results of research be translated into actual school settings?

She said that research has provided some insights into the causes and correlates of school violence. For example, Gottfredson noted that overall urban schools are more violent than suburban schools, despite the recent spate of violent school shootings in suburban school settings. Also, she said that smaller schools and schools with strong administrative leadership often experience less school violence. There has been some good research, she said, that shows a link between student involvement in school and community activities and a reduction in youth violence.

"Research," she said, "provides a roadmap of precursors of school violence" and has also shown that some school violence prevention efforts work while others do not. Citing the Maryland report, she said that programs that stress early identification and early intervention and after-school programs work. In addition, school programs that are comprehensive in nature and stress the development of competency skills (developing self-control, stress-management, responsible decision-making, social problem-solving, and communication skills) and programs aimed at clarifying and communicating norms about behavior are effective in addressing school violence. The Drug Abuse Resistance Education (D.A.R.E.) program and late-night basketball programs, on the other hand, do not work to prevent school violence, said Gottfredson.

There is a need, she declared, for more quality research on this issue. She also said that more schools need to adopt school-based violence prevention programs based on research. Currently, only 40 percent of the activities that schools undertake to prevent or reduce violence adhere to research. The federal government, she said, should encourage schools to implement best-practices based on research to prevent school violence. It should also encourage more high quality research on a broad range of issues, since the issue of youth violence is overly broad, said Gottfredson.

Senator Mike DeWine (R-OH) agreed with Gottfredson that the Nation needs more research and evaluation. "In the future, we must have better data," he declared.

In response to a question by Senator Jeffords about who in the federal government could perform this research, Gottfredson noted that the National Institute of Justice, the National Institute of Mental Health, and the National Institute of Drug Abuse, are all very capable of performing this type of research.

James Alan Fox, Dean of Criminal Justice at Northeastern University, said that youth violence has decreased by 50 percent in the last several years. Fox said that this is nothing to be overly optimistic about since it is a decrease from record levels. The decline in violent youth crime has been driven by the reduction in crime among urban youth resulting from intensive urban programs. There has been an increase, he said, in the gang membership and crime in smaller non-urban communities. Fox pointed to the decline in the crack cocaine market in the urban centers as the reason for the decline in crime. The crack market, however, has been replaced by violent games and the availability of guns, he declared.

The U.S., he said, must deal with an increasingly violent culture perpetuated by the glorification of violence and the widespread availability of firearms. Overall, Fox said, the sense of "community has weakened." He said that politicians and others have laid a lot of blame on parents and parenting. Parents do not deserve the blame; most parents are well-meaning and should not be the focus of the blame. "We need to assist parents, not assail parents."

Echoing Gottfredson, Fox indicated his support of after-school programs, since statistics show that

most youth crime occurs in the after-school hours. These programs, he said, must be inclusive and participation should not be based on academic achievement. He said that schools are safe and that we must keep the issue of school and youth violence in perspective. He said that placing metal detectors in schools will destroy the learning environment and portray schools as armed camps. He also noted that schools uniforms are not the answer to school violence. He said that there is no evidence to suggest that school uniforms prevent violence. Gottfredson concurred and noted that uniforms, as part of a comprehensive school program, may have some impact.

#### NIH BUDGET PRIORITIES PROCESS EXPLORED

At this year's annual Senate Labor, Health, and Human Services Appropriations Subcommittee hearing to establish the National Institutes of Health's (NIH) budget for FY 2000, Subcommittee Chair Arlen Specter (R-PA), noted that the NIH may be the "only crown jewel of the federal government." Specter said that his Subcommittee had taken the lead in increasing the allocation for NIH. He cautioned, however, that the Subcommittee was looking at a "very tight budget" for FY 2000. While the NIH, he said, has done some marvelous things, the issue had been raised as whether or not the Congress should establish how much is spent on each disease.

Senator Tom Harkin (D-IA), the Subcommittee Ranking Member, commended Specter for calling the hearing to "discuss the process by which funds are allocated among the various programs, diseases, and activities at NIH. But, frankly, we wouldn't need to have this hearing if Congress could just find a way to get the NIH the resources they need to do their job." Until the Senate can effectively do that, this funding process "will always be subject to criticism."

Harkin emphasized that while NIH should make the final funding decisions through its peer review system, Congress also "has an important role to play in setting priorities for medical research. We are talking about the National Institutes of Health not the National Institutes of Basic Research — the societal impact of disease is an important consideration when making funding decisions," he said. He cited several

examples of the “need for, and positive impact” of the Congress’ involvement, including the recent creation of the National Center for Complementary and Alternative Medicines. Congress, he concluded, “must maintain a rigorous oversight role over NIH to assure that taxpayers’ dollars are well spent and that important areas aren’t neglected.”

NIH Director Harold Varmus, who testified at two hearings in 1997 regarding priority setting since his ascension as NIH director, discussed five issues to bring the Senators up to date on the subject.

**1. What Are NIH’s Criteria for Allocation of Research Funds?** — Noting that the allocation of funds to medical research is complex, Varmus said that there are five broad criteria that guide the planning and spending of the NIH budget. He further noted that these criteria were endorsed by the Institute of Medicine Report, “Scientific Opportunities and Public Needs: Improving Priority Setting at the National Institutes of Health.” (See UPDATE ) These criteria include: 1) quality of the research; 2) prospects for important discoveries; 3) public health needs; 4) a broad portfolio across all of science relative to health; and 5) the necessary infrastructure for the conduct of research.

**2. Is it Possible to Plan?** — Discovery is unpredictable, said Varmus. He noted that he has asked each of the Institute and Center directors to develop a 2 - 5-year strategic plan, which “includes input from scientists, patient advocates, and health care providers with the goal of making these written plans available to the Administration, Congress, and the public early in FY 2000.”

**3. Who Provides Advice to NIH Leadership?** — Varmus emphasized that NIH has a broad range of advisors. There is a “complex dialogue” with scientific review groups, advisory councils, and workshop and town meeting participants. He highlighted NIH’s new efforts to build upon and improve access to and communication from the NIH, including a new webpage to serve as the focal point for NIH public liaison activities:

<http://www.nih.gov/welcome/publicliaison>.

**4. Measure of Disease Burden Is an Insufficient Way to Allocate Resources** — Varmus explained that the NIH considers disease burdens in its decisions, but in spite of the agency’s extensive efforts to gather and analyze data, the information on disease burdens is imperfect. He emphasized that

estimates of spending by disease, while consistent from year to year for any single disease, do not allow for meaningful comparisons across diseases.

**5. Science Is Not a Commodity. You Cannot Buy Discoveries.** — “New scientific efforts are also driven by evidence that under-explored opportunities exist and that they can attract talented investigators, newly trained scientists, or scientists from other fields.”

## HOUSE SUBCOMMITTEE HOLDS AHCPR REAUTHORIZATION HEARING

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On Thursday, April 29 the House Commerce Subcommittee on Health and Environment held a hearing on the reauthorization of the Agency for Health Care Policy and Research (AHCPR). Subcommittee Chairman Michael Bilirakis (R-FL) noted that he was “hopeful” that the Congress can “pass legislation to reauthorize the agency this year.” AHCPR “serves a critical function in efforts to improve the quality of health care in our nation,” he emphasized.

AHCPR Administrator John Eisenberg noted that this was the agency’s 10<sup>th</sup> anniversary. The AHCPR, established in 1989, has matured in its approach and has evolved as a scientific partner to both public and private institutions, he noted. It was created in response to congressional interest in focusing and expanding federal involvement in outcomes research and practice guidelines.

Eisenberg testified that AHCPR’s priorities included: 1) conducting and supporting research on the outcomes and effectiveness of treatments; 2) ensuring that clinicians, patients, health care system leaders, and policymakers have the information that will enhance the quality of care; and 3) identifying gaps in access to and use of health care services. He emphasized that AHCPR is not a regulatory or enforcement agency, “but a scientific research agency that sponsors, conducts, and translates research.” He characterized AHCPR’s role as “helping the practice of health care catch up with the science of health care.” AHCPR, said Eisenberg, follows the same “rigorous evaluation and peer review standards for awarding research grants as does the National Institutes of Health.”

In 1995, AHCPR was the center of a series of controversies that threatened the agency's existence. The agency came under attack during the budget and appropriations process in the 104<sup>th</sup> Congress. The Republican leadership, looking for federal programs to cut or trim, questioned the agency's involvement in the Clinton Administration's 1993-94 health care reform effort. In addition, opponents of AHCPR questioned the need for the agency and whether its functions could be replicated by other government agencies or the private sector.

At the hearing, Representative Tom Bliley (R-VA), Chairman of the full Commerce Committee released a statement emphasizing that the "role of AHCPR as a nonpartisan agency able to provide evidence-based science to the marketplace is an invaluable resource."

### Frist Leads Senate Effort

In the Senate, Senator Bill Frist (R-TN) has introduced bipartisan legislation (S.580) to reauthorize the AHCPR and to change its name to the "Agency for Healthcare Research and Quality." There are 11 cosponsors to S. 580, including Senators James Jeffords (R-VT), Edward Kennedy (D-MA), Connie Mack (R-FL), and Barbara Mikulski (D-MD). A slightly modified version of the legislation has been incorporated in the Patients' Bill of Rights Act which was considered by the Senate Health, Education, Labor, and Pension Committee's Public Health Subcommittee chaired by Frist.

Eisenberg stressed to the House Subcommittee that the Senate language helps the agency remain credible. He further noted that he is "comfortable" with taking "policy" out of the name and adding "quality." He added that the agency's mission should be amended to align with the language of S. 580. He characterized AHCPR's role as "helping the practice of health care catch up with the science of health care."

### FATHERHOOD: TOPIC OF HOUSE WAYS AND MEANS COMMITTEE HEARING

On Tuesday, April 27, the House Committee on Ways and Means Subcommittee on Human Resources held a hearing on fatherhood.

Subcommittee Chair Nancy Johnson (R-CT) welcomed several witnesses, including Princeton University Professor Sara McLanahan and Gordon Berlin, Senior Vice President of the Manpower Demonstration Research Corporation (MDRC). Johnson held the hearing to discuss what research suggests about the economic and social circumstances of unmarried fathers, as well as the effects of programs designed to help these fathers improve their economic status and their relationships with the children and their children's mothers. The Congresswoman said that the "next logical step in reforming welfare is to help poor fathers improve their economic circumstances and participate directly in the rearing of their children."

McLanahan, of Princeton's Office of Population Research, discussed some preliminary results on a "major new study of unwed parents" that she and her colleagues have undertaken. The study, she said, is designed to fill the void in knowledge about unwed parents and their children — the fastest growing families in the U.S. — accounting for one third of all births in 1997. McLanahan briefly discussed some preliminary findings from Austin, TX and Oakland, CA — eventually the study will encompass 20 cities. One finding, said McLanahan, is that "the vast majority of unwed fathers are strongly attached to their families, at least at birth." She said that they were able to interview 75 percent of the unwed fathers in these two cities. Of the interviewees, McLanahan said that nearly 60 percent were interviewed at the hospital. "Clearly, these figures belie the myth that unwed mothers do not know who the father is, or that unwed fathers do not care about their children." A second finding, noted by McLanahan, is that most of the unwed fathers are not in a good position to support their new families. She reported that nearly half the men did not have a high school degree, only 20 percent had an education beyond high school, 20 percent did not work in the past year, 10 percent had problems with drugs and alcohol, and nearly 4 percent were in jail at the time of the interview.

Berlin discussed the MDRC's recent evaluation of the Parents' Fair Share (PFS) program, a seven site test of programs that provide employment, parenting, and other services to fathers of children receiving welfare, who are unemployed and unable to meet their child support obligations. Berlin concluded that the PFS, authorized by the Family

Support Act of 1988, was partly successful in increasing the fathers' quality involvement with their families. Specifically, Berlin said the PFS program resulted in fathers who were "more likely to get involved in decisions involving their children." However, he noted that the PFS was less successful in increasing fathers' economic earnings. Berlin noted that "referral to PFS did not produce an overall impact on employment rates or earning across the seven sites." The employment of the fathers referred to PFS did not differ from a control group of fathers who were not referred to PFS, concluded Berlin.

### SOCIOECONOMIC STATUS AND HEALTH DISPARITIES CONFERENCE

According to Norman Anderson, Director of the Office of Behavioral and Social Sciences Research (OBSSR), "there is a cultural shift occurring at the National Institutes of Health (NIH)." Anderson made the remark at a New York Academy of Sciences conference, *Socioeconomic Status and Health in Industrial Nations: Social, Psychological, and Biological Pathways*, jointly sponsored by the John D. and Catherine T. MacArthur Foundation Research and hosted by the NIH with educational grants from the OBSSR, and the National Institute on Environmental Health Sciences (NIEHS).

The conference, held May 11-12, highlighted recent research results which show that there are a range of issues, beyond health behaviors and access to healthcare, which affect health throughout people's lives. The meeting was also convened to examine the data on socioeconomic status (SES) and health, specifically focusing on the impact of SES throughout the lifetime. Conference participants discussed the "gradient of health" and the relationship between health and such indicators as income, education, occupation, and neighborhood and community characteristics.

Anderson told conference attendees that the NIH is "very committed to research on SES and health," citing NIH Director Harold Varmus' inclusion of health disparities as one of his new "Areas of Research Emphasis" for FY 2000. Varmus, said Anderson, is "intellectually intrigued" with the social and behavioral sciences, further noting that Varmus

had made health disparities a topic of the NIH Directors Retreat. Designation of an Area of Research Emphasis by the NIH Director provides for a "renewed emphasis on research to understand the causes of disease; to identify and increase knowledge of risk factors for disease; to determine reasons for health disparities that may be associated with race, ethnicity, gender, or socioeconomic status; and to understand the role of personal behaviors and environmental factors in health disparities." NIH's approach to SES, said Anderson, is an integrated one. Researchers, he emphasized, need to begin to think about multidiscipline and cross-discipline approaches. Solving the mystery of SES and the health gradient requires a multilevel perspective, he said.

The conference was organized into five sessions: 1) an Introductory Session moderated by Nancy Adler from the University of California and a conference co-chair; 2) Developmental Influences Across the Life Span, moderated by Teresa Seeman, University of California; 3) Effects of the Social Environment, moderated by George A. Kaplan, University of Michigan; 4) Psychobiological and Psychosocial Pathways and Mechanisms to Disease, moderated by Mark R. Cullen, Yale University; and 5) Aspects of Policy Implications — For Health and Research, moderated by Katherine Newman, Harvard University.

### SES: A Powerful Determinant of Health

Adler emphasized that research has shown that a person's SES "is a powerful determinant of his or her health," noting that the effect is not "simply the result of the extreme effects of poverty, but is found across the whole range of SES." This means that on average the more "advantaged individuals are, the better their health." There are still a number of questions that remain unanswered regarding the SES-health gradient, Adler emphasized, including:

1. Is the gradient the same in all populations? Most of the research has been done on white males in the U.S. or Western Europe. Are there some groups for whom the gradient is less defined or even reversed?
2. Is the gradient due to the impact of SES on health or the impact of health on SES?
3. Does the gradient occur for all diseases? Does the patterning of diseases for which the gradient holds shed light on causative mechanisms?

4. What is it about SES that influences health? Are the effects of SES on health due to the material resources associated with the traditional indicators of SES? Are they due to the impact of differential social status and relative rather than absolute deprivation?

5. What are the multiple pathways by which SES influences health? What is the role of the social environments in which people live and work, of their psychological traits and responses, of health-related behaviors, and biological responses? To gain a full understanding of how SES impacts health we need to study the intersection of these pathways, said Adler.

### Social Capital and Health

Ichiro Kawachi, from the Harvard School of Public Health, discussed "social capital and community effects on population and individual health." Noting that enormous variations in health status have been observed across geographic areas of the country, including states, counties, and neighborhoods, Kawachi emphasized that population health is determined by features of the social environment as well as by the behaviors of individuals. Recently, Kawachi said, researchers have turned their attention toward examining the influence of social capital on population and individual health. Social capital, he said, refers to features of social organization — such as levels of interpersonal trust and norms of reciprocity — that facilitate collective action and promote public health. "Intervening to reduce socioeconomic disparities in health requires that we focus on the characteristics of places as well as people," he said.

### SES and Ethnicity

David Williams, from University of Michigan's Institute for Social Research, discussed the complex ways in which race and SES combine to affect health. "Racism is an added burden for individuals who belong to stigmatized racial/ethnic minority populations," said Williams. Individual and institutional discrimination, along with "the stigma of inferiority can adversely affect health by restricting socioeconomic opportunities and mobility." He stressed that there are large racial differences in SES and that SES accounts for much of the observed racial disparities in health. Yet, even when SES levels are the same, racial differences in health persists, noted Williams. Despite this presentation,

several participants of the conference publically expressed frustration and concern that the conference largely ignored the role of racism.

### What Next?

According to Norman Anderson, several of the NIH Institutes and Centers are in the process of developing Requests for Applications (RFA) and Program Announcements (PA), or are currently actively seeking applications RFAs and PAs that have been released, including:

- ◆PA-98-098 — "Socioeconomic Status and Health Across the Life Course" — the National Heart, Lung, and Blood Institute; the National Institute on Aging; the National Institute of Child Health and Human Development; the National Institute of Environmental Health Sciences; and the National Institute of Mental Health, are seeking research grant applications to study the cumulative and contemporaneous relationships between SES and physical and mental health and functioning over the life course and across generations;
- ◆the National Institute on Dental and Craniofacial Research is planning a major RFA for Centers for research on health disparities;
- ◆the National Institute on Aging is placing new emphasis on ethnicity, SES, and health in its Baltimore Longitudinal Study of Aging (an Intramural Program) to move the field forward;
- ◆the Fogarty International Center is planning a workshop on international health and economic development; and
- ◆the NIEHS is aggressively developing a research agenda on environmental aspects of SES, as well as coordinating a trans-NIH funding initiative on SES and health.

### ROCKEFELLER INSTITUTE OF GOVERNMENT REJOINS COSSA

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The Nelson A. Rockefeller Institute of Government at the State University of New York at Albany has rejoined COSSA as a Contributor. We welcome them back and look forward to working with them on matters of mutual concern.

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