Consortium of Social Science Associations

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SENATORS ISSUE CALL FOR DOUBLING NSF BUDGET

As they had done earlier in the hearings on the National Science Foundation's (NSF) Fiscal Year (FY) 2001 budget Senators Kit Bond (R-MO) and Barbara Mikulski (D-MD) have called for a doubling of the Foundation's budget by 2005 (See *UPDATE*, May 15, Number 9). The FY 2000 NSF budget is almost $4 billion.

In a letter addressed to Majority Leader Trent Lott (R-MS) and Democratic Leader Tom Daschle (D-SD), Bond and Mikulski, the Chairman and Ranking Democrat on the VA, HUD, Independent Agencies appropriations subcommittee, note that: "Just as we have worked collectively to double the National Institutes of Health (NIH) budget over five years, we believe it is now time to launch a parallel effort to double the budget of the National Science Foundation (NSF) over five years. It is our strong belief that the success of NIH's efforts to cure deadly diseases such as cancer depends on the underpinning research supported by NSF."

The Senators observe that NSF is currently celebrating its 50th Anniversary and proclaim its impact over those fifty years has been "monumental." They further declare that NSF's investments "have also spawned not only new products, but also entire industries, such as biotechnology, Internet providers, e-commerce, and geographic information systems." The letter also uses the dictionary of American Sign Language as another example of NSF supported research that has helped people to "participate fully as contributing members of society."

Citing Federal Reserve Chairman Alan Greenspan and NASDAQ President Alfred Berkeley, the letter concludes that "there is a growing consensus that investing in fundamental scientific research is one of the best things we can do to keep our nation economically strong."

Bond and Mikulski are asking their colleagues in the Senate to sign onto the letter advocating this substantial increase in NSF's funding. They have also received letters of support from former NIH Director Harold Varmus, now head of Sloan Kettering Memorial Cancer Center, and current Institute of Medicine President Ken Shine.

The two Senators will get a chance to deliver a down payment on their proposal when the VA, HUD, Independent Agencies subcommittee marks up its FY 2001 bill, now likely to occur in September, and in the subsequent negotiations with the House and the administration to produce a final bill.

BILL WOULD ABOLISH EDUCATION RESEARCH OFFICE AND CREATE NEW INDEPENDENT AGENCY

In a radical departure from the current system, Congressmen Michael Castle (R-DE) and William Goodling (R-PA) have introduced legislation which would abolish the Office of Educational Research and Improvement (OERI) and replace it with a new independent research agency outside the auspices of the Department of Education. The bill (HR 4875), the "Scientifically Based Educational Research, Evaluation, Statistics, and Information Act of 2000," was introduced on July 18 and is on the "fast-track" for House floor consideration. The House Subcommittee on Early Childhood, Youth, and Families, chaired by Castle, will hold a hearing on July 26 to consider the legislation.

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"Education research is broken in our country, and Congress must work to make it more useful, more independent of political influence, and less bureaucratic than our current system," said Castle in a press release. As subcommittee chair, Castle has held several hearings over the past year that dealt with the Federal role in education research. During these hearings, Castle was often highly critical of the OERI, particularly its perceived vulnerability to political manipulation and partisan politics. At several of the hearings, Castle suggested that an independent education research agency, outside the Education Department, would insulate the system from political influences.

HR 4875 would restructure several agencies currently within the department and create a new National Academy of Educational Research, Statistics, Evaluation, and Information. The Academy would consist of several smaller agencies and offices, including: the National Center for Education Research (NCER); the National Center for Education Statistics (NCES), which would be similar to the current statistical agency within the Education Department; the National Center for Program Evaluation and Development (NCPED); and National Education Library and Clearinghouse Office.

The Academy would be run by a Director who would be Presidentially-appointed and Senate-confirmed and serve for a six year term. The Director, in conjunction with a 17 member advisory board, would determine several long-term research priorities. A Commissioner would head the NCER and be responsible for peer review standards and standards for the conduct of evaluation. This person would also approve and carry out specific long- term research priorities as developed by the Committee for Education Research, a seven member panel appointed by the Commissioner.

Critics: Research Priorities Eliminated

The bill would ultimately eliminate the five National Research Institutes and the 12 National Research and Development Centers. Bill opponents believe that by eliminating these structures the bill effectively dismantles a research infrastructure that has been built up over the years. More importantly, perhaps, is that the bill would, according to critics, eliminate the research priorities that are the focus of the Institute and Centers, including: at-risk students, early development, postsecondary education, life-long learning, and school governance and finance.

Over the years policy-makers have questioned the quality of research supported produced by the OERI. For this reason, the legislation attempts to define "scientifically valid research" eligible for support by the NCER. According to the bill, scientifically valid research: "includes applied research, basic research, and field-initiated research whose rationale, design, and interpretation is soundly developed in terms of established scientific research and that is conducted in accordance with scientifically based quantitative research standards and qualitative research standards as defined in this Act." It proceeds to define basic, applied, field-initiated studies, qualitative, and quantitative research.

Critics of the bill suggest that through its attempts to define the type of research appropriate for support, the legislation would prohibit other types of studies that can offer insights into educational settings and practice — including economic and financial studies that seek to determine the most efficient ways to fund schools, as well as studies on drug use and violence in our Nation's schools.

The bill would also dismantle the established regional education research and dissemination system. The Regional Education Laboratories, along with the Comprehensive Centers, Eisenhower Math

CONSORTIUM OF SOCIAL SCIENCE ASSOCIATIONS

Executive Director:	Howard J. Silver
Public Affairs:	David A. Hess
Government Affairs:	Angela L. Sharpe
President:	Alfred Blumstein

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and Science Consortia, and Regional Technology in Education Consortia programs would be consolidated into a regional block grant. Critics suggest that rural and poor schools would be at a disadvantage when competing with larger schools for block grant money.

Democrats on the House Early Childhood, Youth, and Families Subcommittee and the Education and Workforce Committee generally oppose the idea of pulling the education research office outside the Education Department.

SENATE COMMITTEE PASSES CJS FUNDING BILL

The Senate Appropriations Committee approved by a 28-0 margin the Fiscal Year (FY) 2001 funding bill for the Departments of Commerce, Justice, State, the Judiciary, and Related Agencies (CJS). The Senate Committee, however, has not yet reported the bill so the details for agency funding levels are unclear. Senate Majority Leader Trent Lott (R-MS) has publicly noted his desire to pass the FY 2001 CJS bill before Congress convenes for its August recess. In order to do that, the Senate Appropriations Committee will have to act during the week of July 24.

According to Office of Justice Programs' officials, the bill would provide the **Justice Assistance** Account, which contains the base budgets for the **National Institute of Justice (NIJ)** and the **Bureau of Justice Statistics (BJS)**, $426 million, which is $119 million more than the administration's request. The Committee provided NIJ a $2.6 million increase to $46 million from its FY 2000 base level of $43.4 million. This is equal to NIJ's funding level in FY 1999. The House-passed version of the funding measure cut NIJ's base to $42.4 million. In addition to its base funding, NIJ will receive transfers of funds from Crime Act offices and block grant programs for research and evaluation. These details, however, are not yet known. Like the House, the Senate does not provide the one-percent research and program evaluation set-aside for the NIJ (See *UPDATE*, March 6, Number 4).

For the BJS, the Committee provided a $1.8 million increase to $27.3 million from its FY 2000 level of $25.5 million.

The committee provided the **Office of Juvenile Justice and Delinquency Prevention (OJJDP)** $279.7 million, less than the $289 million request.

The **Bureau of the Census** received $693.6 million, nearly $30 million more than the House approved, but still short of the $719 million request.

For the **Bureau of Education and Cultural Affairs** at the State Department, the Committee provided $225 million, equal to the administration's request. However, this amount includes $1.8 million for the North/South Center, previously outside this account and therefore not included in this total.

NAS DIVISION UPDATES WEBSITE

The Board on Children, Youth, and Families (BOCYF) of the National Academy of Science (NAS) has updated and expanded its Internet homepage.

To visit the BOCYF online go to: ***www.national-academies.org/cbsse/bocyf***.

SOURCES OF RESEARCH SUPPORT

COSSA provides this information as a service and encourages readers to contact the sponsoring agency for more information or application materials. Further application guidelines may apply.

Department of Education
Office of Educational Research and Improvement
FY 2001 Field Initiated Studies Grant Program
Deadlines: August 18 (Letter of Intent);
September 15 (Applications)

The Office of Educational Research and Improvement (OERI) invites applicants for the FY 2001 Field Initiated Studies (FIS) Grant Program competition. The FIS awards grants to conduct education research in which topic and methods of study are generated by investigators. Application packages and information are available online at: ***www.ed.gov/offices/OERI/FIS*** or ***www.ed.gov/GrantApps***.

NIH SOCIAL AND BEHAVIORAL SCIENCE RESEARCH CONFERENCE: PART TWO

The National Institutes of Health (NIH) held the first ever conference "Toward Higher Levels of Analysis: Progress and Promise in Research on Social and Cultural Dimensions of Health," June 28 and 29 on the NIH campus. The two-day conference covered the full range of social and behavioral sciences, and provided participants with a wealth of information. The following is a sample of the presentations given at the conference. (This is the second of a two part series. See *UPDATE*, July 10, Number 13, for the first story.)

Race and Health

Robert Hahn of the Centers for Disease Control and Prevention discussed the use of race and ethnicity and social science in Federal policy. To illustrate, he noted that a goal of the U.S. Public Health Service in its Healthy People 2010 initiative is the elimination of health disparities based on race and ethnicity. Hahn noted that there are a number of problems associated with the way the Federal government collects racial and ethnic information, including: categories that are not well defined and not used consistently among Federal agencies, the possibility that categories are not well understood by many respondents, response rates and miscounts that differ substantially among racial and ethnic groups, and persons who report different racial and ethnic identities in different surveys at different times (See *UPDATE*, 6/2/97, 7/1/97, 9/29/97, 11/10/97).

He stressed that despite substantial Federal effort and some advances in the collection of racial and ethnic information, fundamental problems remain unresolved which hinder efforts to understand and monitor health equity. He concluded that, notwithstanding the difficulty of collecting this information, many anthropologists question the use of race.

Anthropologist Janis F. Hutchinson, University of Houston, explained that the definition of "race" and the identification of different races has been problematic since the inception of the concept. Although discrete biological races cannot be identified, everyone identifies with race, said Hutchinson. Social meanings are articulated through racial identities. Power is also embedded in the construction of racial identities, said Hutchinson.

She observed that racial identities are constructed in five ways: 1) the intersection of race, class, gender, and nationality; 2) the construction of racial identities by those in power; 3) the formation of racial identities in opposition to those in power — a form of resistance; 4) sociality, creates a comradery among people; and 5) everyday experiences. She further noted that since colonial days, racial variation in health has been dominated by a genetic model that views race as a function of biological homogeneity and black-white differences in health as mainly genetically determined. There are no qualitative differences between populations, she argued. Ninety-nine percent of the human genome is common to all people. Further, the definition and meaning of race are not the same everywhere, stressed Hutchinson.

Socioeconomic Status (SES) and Health

"SES is a pervasive and consistent predictor of health," emphasized Ichiro Kawachi, Harvard University. While the socioeconomic distribution of illnesses can sometimes change directions, and various risk factors come and go in the population, the poor have always suffered higher rates of premature mortality and morbidity, said Kawachi. The SES/health relationship, he continued, "occurs as a gradient, and is not confined to poverty." The lower one's position on the socioeconomic hierarchy, the worse one's health status, he said. Adding that there has always been a health gradient, Kawachi emphasized that SES is a neglected dimension in official sources of health statistics. Even when the data is collected, observed Kawachi, it tends to be underreported.

According to Kawachi, there are many different pathways through which socioeconomic advantage "confers better health." Both material and psychosocial factors play a role in giving rise to the SES gradient, he underscored. New advances in biology, he concluded, have contributed to a better understanding of how socioeconomic conditions "get under the skin" to produce health disparities.

Gender and Health

We are born with a biological sex, said Paula England, Department of Sociology and Population Studies Center, University of Pennsylvania. Gender, she continued, arises in part because of social interaction and because people are treated differently because of their sex. This "gender system," said England, operates at many levels, from the micro to the macro. At the micro level, one's sex is transformed into gender because it affects the expectations one encounters throughout the lifecycle. The flow of information and opportunities received across the lifecycle are affected by sex-segregated social networks. Cultural meanings, England continued, about what is valued in men and women appear in jokes, stories, and the mass media. At the macro level, said England, corporate, military, and social welfare policies are affected by gendered assumptions. As an example, England noted that the schedules and demands of many jobs were devised on the assumption that the worker had a full-time homemaker at home.

According to England, links between gender and health defy simple summary. Women suffer from some physical illnesses and from depression, yet they live longer than men and suffer less from other types of ill health. "These seemingly contradictory patterns make sense, given the gendered pattering of opportunities and social structural roles," she said. For example, said England, sex discrimination in labor markets, as well as childcare responsibilities, lead women to have lower earnings and be under-represented in positions of authority. For single mothers, this often means household poverty. For married women, it lowers their bargaining power in marriage. Low power and resources can often lead to stress, depression, and physical ill health.

Socially approved notions of masculinity as "power" and "daring," said England, encourage men to engage in risky behaviors such as violence and substance abuse. This risky behavior, she said, leads to men's higher mortality. On the other hand, England noted that women's embeddedness in networks of emotional support is health-inducing and is a buffer to many stressors.

Culture and Health

Culture, stressed W. Penn Handwerker, University of Connecticut, consists of the knowledge people use to live their lives and the way in which they do so. It is what is in one's head and influences what one does. What is in our head is unique to us. It is shared in specific ways with specific people. Culture makes up a major component of the behavioral ecosystems in which we live our lives. Handwerker said that unfortunately he could not say how this happens. Consciousness comes after behavior, he said.

A "culture," in contrast with culture, said Handwerker, consists of the intersection of sets of labels, definitions, and meanings that we "variously share" with other people. The emotional tone to experience comes from the danger and opportunity signaled by our stress response. Stress thus shapes cultural meaning and induces specific choices that generate cultural replication or evolution. Childhood experiences, said Handwerker, may induce specific forms of adult brain structure and function. Stress-induced "morbidity" may consist of adaptive responses to ecosystems in which children find themselves subject to predation and denial of access to resources. "Resilient" children, he stressed, may exhibit high mortality.

Further research, said Handwerker, is needed to identify and characterize 1) the stressor dimensions and specific health effects of social relations and interaction predicated on power inequalities between and among individuals and social groups; and 2) the effect of various forms of stressors and social supports on children's brains and behavior, particularly their relation to the familiar litany of depression, substance use and abuse, suicide and other forms of violence, sexually transmitted diseases, HIV/AIDS, and teen pregnancy.

Social Capital and Health

According to John Hagan, Northwestern University and American Bar Foundation, "individuals acquire at birth and accumulate through their lives unequal shares of human and social capital that incrementally alter and determine their life chances." Hagan explained that these shares of human and social capital are acquired through the resources of surrounding social institutions — families, schools, and neighborhoods. Because individuals vary in their access to these resources, they must adapt themselves to the institutional and structural circumstances they inherit and inhabit. In less advantaged community and family settings,

without abundant institutional resources, parents are less able to supply or transmit opportunities to their children. Using violence as an example, Hagan noted that young people who come from disrupted families or who are failing in educational settings have increased risk of exposure to various kinds of violence — not only neighborhood or street violence, but also self-destructive violence (e.g., suicidal behavior) and intimate partner violence (e.g., romantic relationships).

Gary Sandefur, University of Wisconsin, discussed families, social capital and health, and said that social relationships can provide resources that lead to the enhancement of the well-being of individuals. These relationships — parent-child, spousal, friends, neighbors, coworkers, teachers, among others — provide resources to individuals, including social support and encouragement, access to larger social networks, role modeling, and opportunities to learn and develop. Sandefur also noted that the availability of data, such as the National Longitudinal Survey of Adolescent Health (Add Health), creates opportunities to look at the effects of social capital and parental investments in social capital on the physical and mental well-being of adolescents, as well as other social and behavioral outcomes.

"It is widely recognized that social relationships, social integration, and affiliation have powerful effects on physical and mental health," echoed Lisa Berkman, Harvard School of Public Health. People who are isolated, she said, are at increased risk from dying from many causes of death, she continued. Berkman further explained that social networks and the degree to which individuals are embedded in supportive social relationships are related to many different outcomes, most likely for many different reasons, that need examination.

Religion, Spirituality, and Health

"A large and growing research base indicates that religious involvement typically has beneficial effects on physical health, mental health, and survival itself," noted Linda K. George, Duke University. George observed that currently the most important research in this area is focused on identifying the mechanism by which religious involvement affects health. The search to do so is important for a number of reasons, she emphasized. First, from the perspective of basic science, the search for mechanisms is a hallmark of causal inference. Second, from a public health perspective, if we can identify the mechanisms that account for the relationships between religion and health, it may be possible to "package" those mechanisms in forms other than religion — an important goal because not everyone finds religious involvement palatable, said George.

Neighborhoods and Health

The short term consequences of urban renewal in the second half of the 20th century, said Mindy Thompson Fullilove, New York State Psychiatric Institute, were dire and included the loss of money, loss of social organization, and psychological trauma. The long term consequences, continued Fullilove, "flow from the social paralysis of dispossession and, most importantly, a collapse of political action." This has important implications for the well being of African-Americans. Blacks, as a people, believe themselves to be a group and because of segregation were only able to live in certain areas, she said.

The structure of a city provides the substrate of individuals lives. The issue is to understand what happens socio-geographically during urban renewal. Where do the people go and what happened to them? The bulldozing that accompanies urban renewal, continued Fullilove, displaces people and destabilizes the ecosystem. Showing before and after slides of renewal of such cities as Memphis (Tennessee) St. Louis, (Missouri), and Pittsburgh (Pennsylvania), Fullilove underscored that urban renovation causes destabilizing events, including confusion, disorder, and nonsense. With the tearing apart of the structure you weaken the group. What does this have to do with health?, asked Fullilove. The bulldozing of communities destroys health because individuals are not able to go it alone, she answered.

Robert Sampson, University of Chicago, emphasized the need to study the effects of environment on health. Social characteristics of neighborhoods vary widely by family structure, lifestyle, stability, and SES, said Sampson. Research suggests that multiple dimensions of poor health are ecologically concentrated in disadvantaged neighborhoods. Sampson discussed research that depicts the spatial clustering of health-related

outcomes such as violence, infant mortality, and low birth weight. There seems to be a direct link between moving to better neighborhoods and health outcomes. The research, he said, is fairly consistent — inequality in neighborhood is reflected in health outcomes.

Sampson posed the question that if there is clustering, what is it about neighborhoods, above and beyond the attributes of the individuals who inhabit them, that might contribute to various health outcomes? Current research seeks to identify both the individual selection and social causation processes hypothesized by theory to account for why community disadvantages and poor health are seemingly intertwined, said Sampson.

Sociocultural Process and Prevention

There is consistent evidence that social norms affect health-related behaviors such as violence and drug use, noted J. David Hawkins, University of Washington. There is also evidence that broad social norms among adolescents change significantly over relatively short periods of time, and that such changes are accompanied by changes in the prevalence of relevant health behaviors. Further, there is consistent evidence, he continued, that interventions in schools and communities can have beneficial effects in changing norms regarding alcohol and other drug use among middle school students and in preventing drug use during adolescence across a wide range of racial, cultural, and socioeconomic groups.

Noting that obesity, physical inactivity, negative body image, and disordered eating are on the increase among American youth, Mimi Nichter, University of Arizona, emphasized that in order to design appropriate prevention and intervention programs to address these important public health concerns, it is necessary to understand the social and cultural contexts in which these problems arise. Ethnographic studies of adolescents attentive to notions of culturally appropriate body size, patterns of consumption, and attitudes to physical activity, said Nichter, have provided important insights into the experiences of teens. According to Nichter, prevention programs need to heighten girls' awareness of unrealistic body images and discuss the possibilities for more realistic body shapes. She further observed that considering the diversity that exists across cultures, there is much that can be learned by bringing girls of different ethnic groups together to articulate cultural differences and reflect upon the cultural underpinnings of how girls and women feel about their bodies.

Culture Change and Health

Immigrants to the United States, even those from very destitute origins, exhibit superior morbidity and mortality outcomes compared to U.S. minorities, noted William A. Vega, University of Medicine and Dentistry of New Jersey. According to Vega, immigrants' frequency of practicing various risky health behaviors (e.g, criminal, domestic abuse, and substance abuse) are lower as well. This is "especially paradoxical," said Vega, "because their children will become U.S. minorities."

"Regrettably," he continued, these "positive outcomes deteriorate the longer they are in the U.S." Their rates "normalize" to the U.S. population rate in subsequent generations. The evidence for this "immigrant adjustment" effect is widespread. The primary mechanisms responsible for this adjustment, however, are not known, said Vega.

Questions for further research, said Vega, include: How do we explain the superior immigrant health profile? How do income and education interact with culture? What can we learn about social structure and health?

In the Fall, the Office of Behavioral and Social Science Research (OBSSR) will develop a research agenda based on the conference's presentations and recommendations. A draft of the agenda will be posted on the NIH/OBSSR website (***www1.od.nih.gov/obssr/obssr.asp***), to allow the social and behavioral science community to provide comments and suggestions.

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CONTRIBUTORS

American Council of Learned Societies
American Institutes for Research
University of Arizona
Bowling Green State University
Brookings Institution
Brown University
University of California, Berkeley
University of California, Davis
University of California, Los Angeles
University of California, San Diego
University of California, Santa Barbara
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Consortium of Social Science Associations
1522 K Street, N.W., Suite 836, Washington, D.C. 20005