Consortium of Social Science Associations

COSSA WASHINGTON UPDATE

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CONGRESS RECESSES; SPENDING BILLS UNFINISHED; FRENZIED FALL AWAITS

Despite the best efforts of the Republican leadership, the Congress left town on July 24 for its convention and summer recess without moving the appropriations process as far as they had hoped. Only two of the thirteen bills have moved to the President's desk. He has signed the Military Construction bill and is expected to sign the Defense bill. The eleven others are stuck in the process, with veto threats hanging over many of the bills. With Congress hoping to adjourn by October 6, September will feature frenzied negotiations between the White House and Capitol Hill on FY 2001 spending priorities.

Senate and House conferees have come to an agreement on the massive Labor, Health and Human Services, Education funding legislation. The conferees agreed to increase the total funding in the bill to the $106 billion sought by the President. However, the Democrats in Congress have criticized the conference claiming the Republicans excluded them. The President still threatens a veto, because of the lack of funding for his priorities in education and because of riders, such as the one prohibiting the implementation of ergonomics regulations. The conference committee provided a $2.7 billion or 15 percent increase for the National Institutes of Health (NIH). This will keep NIH on the doubling-in-five-years track.

The Senate passed the Agriculture and Rural Development spending bill sending it to conference with the House. So far, the President does not like this one either based on the White House view that certain research accounts are underfunded. A policy dispute over lifting sanctions on food and medicine to Cuba, with liberal Democrats and farm-state Republicans forming an interesting alliance supporting ending the sanctions, a move strongly opposed by the GOP leadership, may keep this bill tangled up for a while. The Senate provided $180.5 million for Hatch Act funding, $121.4 million for the National Research Initiative Competitive Grants program, $67 million for the Economic Research Service, with $1 million transferred to the Food and Nutrition Service, and $100.6 million for the National Agricultural Statistics Service. It also included the following prohibition: "None of the funds appropriated or otherwise made available by this or any other Act shall be used to pay the salaries and expenses of personnel to carry out the transfer or obligation of fiscal year 2001 funds under the provisions of section 401of Public Law 105-185, the Initiative for Future Agriculture and Food Systems."

The House has passed all its appropriations bills except for the one that funds the District of Columbia, which as usual is tied up over provisions trying to sustain Congressional hegemony over the city. The Senate still has five bills to pass, including the VA, HUD, Independent Agencies legislation which funds NSF, HUD, NASA, EPA, and the Veterans' Administration. It seems clear that this bill is the "caboose" of this year's appropriations process, since it has not even been marked up in subcommittee yet. The subcommittee needs a considerable influx of funds for this bill since the appropriators have been robbing its allocation to help pay for the other spending bills. The Senate also needs to boost spending above House levels and it needs to fund the Corporation for National Service for the bill to come anywhere close to something the President will sign.

The Commerce, Justice, State and the Judiciary bill has not made it to the Senate floor yet either. This bill is also under a veto threat for providing

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insufficient funding for a number of programs that the White House considers priorities such as community policing and international peacekeeping.

The debate over how to spend the surplus, how much tax cutting to accomplish, and the record of the 106th Congress now comes down once again to end of the session bargaining. All parties seek advantage since the White House and both Houses of Congress are up for grabs in the November election.

MODIFIED OERI BILL PASSES SUBCOMMITTEE

The House Early Childhood, Youth, and Families Subcommittee of the Education and Workforce Committee approved a bill that would reauthorize the Department of Education's Office of Educational Research and Improvement (OERI). The bill, as originally introduced by Subcommittee Chair Michael Castle (R-DE), would have moved OERI outside of the Department and made it an independent agency. However, because of concerns from many Subcommittee members, mostly Democrats, Castle offered a substitute that kept the research agency within the Department of Education. The bill approved by the Subcommittee would also set-aside a certain amount of the agency's funding for long-term research — a provision not contained in Castle's original bill (See *UPDATE*, July 24, Number 14).

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The bill now moves to the Education and Workforce Committee after Congress returns from its August recess. The time for passing legislation in this Congress is short, so it is unlikely that the bill will make it through full committee and the full House before the target October 6 adjournment date.

CONTINUED FOCUS ON HEALTH DISPARITIES

Congress and the social and behavioral science community continue to focus on differences in health outcomes for different racial and ethnic populations.

LEGISLATION MARKED UP

On July 26, the House Commerce Committee approved by voice vote H.R. 3250, a measure to establish a National Center for Research on Minority Health and Health Disparities. The Center is "to conduct and support basic and clinical research, training, the dissemination of health information, and other programs with respect to the health of racial and ethnic minority groups and other health disparity populations."

H.R. 3250 would: 1) require the Center to carry out a program to facilitate research on minority health by providing for research endowments at Centers of Excellence, 2) establish an advisory council, including a representative of the Office of Behavioral and Social Sciences Research, to advise, assist, consult with, and make recommendations to the Center Director, 3) establish a loan repayment program for qualified health professionals such that not less than 50 percent of the contracts are with individuals who are from disadvantaged backgrounds, and 4) require that an evaluation report be submitted to the Senate Committee on Health, Education, Labor, and Pensions, and the House Committee on Commerce. The bill also authorizes $100 million for the Center in FY 2001, and "such sums as may be necessary" for FY 2002 - 2005.

SENATE HEARING

"The recent mapping of the human genome has shown that, in genetic terms, all human beings, regardless of race or gender, are more than 99.9 percent the same. However, despite this fact, serious and tragic disparities in health outcomes exist that are specific to race and gender," observed Chairman of

the Senate Health, Education, Labor and Pensions Subcommittee on Public Health Senator Bill Frist (R-TN). Speaking at a Committee hearing on July 26, Frist noted that recent studies have demonstrated that ethnic minority populations, in addition to having lower rates of health care access, exhibit poorer health outcomes, and have higher rates of death from cancer and heart disease, HIV/AIDS, diabetes, infant mortality, and other health problems.

Embracing a "renewed focus on how to address minority health disparities," Frist stressed his interest in examining how the National Institutes of Health's (NIH) administrative process to elevate the current NIH Office of Research on Minority Health (ORMH) to that of center status was fairing. The hearing also addressed the health care disparities between women and the rural underserved populations, and the actions of NIH to address these disparities as well as to review relevant legislation (S. 1880, the Health Care Fairness Act of 2000) designed to address the issue of health disparities.

The evidence of health disparities in the United States is striking and beyond dispute, testified Acting NIH Director Ruth Kirchstein. The causes are multiple and include: "poverty, level of education, inadequate access to health care, lack of health insurance, societal discrimination, and lack of knowledge about the causes, treatment, and prevention of serious diseases disproportionately affecting differing populations." The causes are not genetic, except in rare cases such as sickle cell disease, emphasized Kirchstein. Echoing Frist, she stressed that "all of us, regardless of race, have basically the same genetic construction."

The Federal government is engaged in multifaceted initiatives designed to address health disparities in Americans including, Healthy People 2010, a national program to promote wellness and disease prevention, has the elimination of health disparities as one of its primary goals. In addition, the Department of Health and Human Services' Initiative to Eliminate Racial and Ethic Disparities in Health targets six health disparities for elimination: infant mortality, cancer screening and management, cardiovascular disease, diabetes, HIV/AIDS, and immunization (See *UPDATE*, April 17, Number 7).

New Approaches Needed

Scientific research, emphasized Kirchstein, "is all about trying new approaches when current ideas do not achieve expected results." This philosophy applies to health disparities, she said. While the NIH has made strides in some areas, "it is clear that we need a different approach," said Kirchstein. Noting the Administration has proposed the creation of a coordinating center in the fiscal year (FY) 2001 budget and legislative authority for the ORMH to award grants in certain circumstances, Kirchstein said that the NIH also supports the creation of a national center for research on minority health and health disparities as proposed in both House and Senate legislation.

According to Kirchstein, the NIH envisions authority for the center to award grants to fill in research gaps and build capacity at research institutions. The major role of the center would be to coordinate the efforts of all NIH Centers and Institutes. However, she believes "the primary research on disease that result in health disparities must remain at the Institutes and Centers with expertise in disease specific research," stressed Kirchstein.

Kirchstein informed the Senate Subcommittee that for the past six months, the NIH has been developing a comprehensive "Strategic Plan to Reduce and Ultimately Eliminate Health Disparities." The plan, which for the first time coordinates the research resources of the NIH Institutes and Centers, reported Kirchstein, is currently in draft form and is under review by the ORMH advisory committee. The goal, said Kirchstein, is to ready the Strategic Plan to submit as part of the NIH's FY 2002 budget as an outline of the agency's priorities and commitment to research on health disparities. According to Kirchstein, the Plan is focused on three major areas: 1) research; 2) research infrastructure; and 3) public information, outreach, and education.

Varmus, Evolved?

Noting that in the past former NIH Director Harold Varmus, currently President of Memorial Sloan-Kettering Cancer Center, expressed reservations regarding the creation of such a center, Frist asked Kirchstein to comment on those reservations. What has changed? asked Frist. Kirchstein stressed that Varmus' perspective evolved

over time and just before leaving the NIH he supported the legislation. Former Health and Human Services Secretary Louis Sullivan, also testifying before the Subcommittee, further observed that in a recent commencement address to the Washington University School of Medicine, Varmus focused his remarks solely on the issue of health disparities.

In those remarks, Varmus emphasized that the NIH "must take an active role in addressing these issues." Varmus noted that NIH has "tried to do so, but the progress has been slow, policies have been contentious." Emphasizing that "greater burdens of disease are carried by people in certain locations [environment], in lower socioeconomic groups, or in minority ethnic and racial groups," Varmus underscored "that not all of these differences can be ascribed to deficiencies in medical care or even in access to care. "Educational levels and cultural and economic factors play important parts," he noted. Varmus also stressed the need for health workers to "become more sensitive to their own perhaps even unconscious prejudices." He also stressed that schools must review their curricula to prevent the transmission of stereotyping. Quoting Harold Freeman, who recently joined the National Cancer Institute, Varmus said that "'physicians . . . must learn to see people not through the lens of race,'" because race is a social construct, without basis in biology "'but instead as the individual persons they are.'"

Sponsors of the House companion bill, H.R. 3250, Representatives John Lewis (D-GA) and Jesse Jackson Jr (D-IL), and J.C. Watts (R-OK), testifying on behalf of S. 1880, urged the Senate to consider the measure before the 106th Congress adjourns. "It's a good bill, a necessary bill, and the right thing to do. Mark up and do what you can to pass the bill," urged Lewis.

NIH Creates Health Disparities Website

Twelve of NIH's 25 Institutes and Centers have posted their health disparities strategic plans on the web. The site also includes NIH's definition of health disparities, information regarding opportunities for scientists to apply for NIH grants and contracts targeted to reducing health disparities, along with recruitment and retention information for increasing the minority scientists. The website address is: (***http://.healthdisparities.nih.gov***)

BRIEFING HELD

On June 26, 2000, COSSA, the American Psychological Association, the Society for the Psychological Study of Social Issues, the National Association of Social Work, and the American Sociological Association held a joint congressional briefing, "*How SES, Race and Ethnicity Effect Health Outcomes and What to Do About It: Research on Minority Health Disparities*," on Capitol Hill.

Addressing a standing room only audience, social and behavioral scientists addressed the ways in which health outcomes can be improved for racial and ethnic minorities by including social and behavioral science research in federal health research initiatives. They included: **Brian Smedley**, study director of the Institute of Medicine's report "Unequal Burden of Cancer: An Assessment of NIH Research and Programs for Ethnic Minorities and Medically Underserved;" **Norman B. Anderson**, the former and first director of the National Institutes of Health (NIH) Office of Behavioral and Social Sciences Research (OBSSR); **Hector Myers**, Professor, Department of Psychology, University of California Los Angeles; **David R. Williams,** Professor of Sociology and a senior research scientist at the Institute for Social Research, University of Michigan, and a faculty associate in the African American Mental Health Research Center and the Center for AfroAmerican and African Studies, Michigan; and **Jeanne Miranda**, Associate Professor of Psychiatry, Georgetown University Medical Center and Senior Scientific Editor of the Supplement to the Surgeon General's Report on Mental Health on Culture, Race, and Ethnicity.

The Real Promise for Reducing Health Disparities Lies Not in Genetics Alone

Smedley commented on that morning's announcement that the mapping of the human genome was completed. He noted that, "ironically, . . . we are also increasingly coming to understand that breakthroughs in medical genetics are not going to result in the overall population health improvements that have been the goal of public health for decades." The greatest improvements in the Nation's health, said Smedley, will "result from a better understanding of social and better factors that affect health."

It is "critical," he said, "to support research that will examine differences in behavioral and social factors," such as "cultural variations in health attitudes and practices; ethnically appropriate interventions to improve diet and reduce risk behaviors such as smoking; and social and environmental conditions, such as a lack of access to appropriate cancer screening and prevention information, that may contribute to disparities."

Anderson, now at Harvard, noted that the timing of the briefing was particularly auspicious, given that "there have never been greater interest and determination, both in Congress and the Administration, to take action to eliminate the health disparities that exists between minority and majority populations in this country." He expressed his belief that the NIH is moving toward an expanded view of health: that the physiology we are born with, and the social and physical environments in which live, and the choice we make about our lifestyles all interact to make us sick or keep us well. The NIH is approaching an increasing number of health conditions from a multidisciplinary perspective, which increases the odds that the multiple influences on health can be sorted out and understood, Anderson concluded.

"These Are Not Acts of God"

Williams provided congressional staffers with an overview of "what we know" regarding trends and social determinants of health. Focusing his remarks mainly on the black/white differences, Williams presented data similar to those he described at the National Institutes of Health's conference *"Toward Higher Levels of Analysis: Progress and Promise in Research on Social and Cultural Dimensions of Health"* held June 27 -28 on the NIH campus. (See *UPDATE*, July 10, Number 13).

How do we make sense of the data? he asked. "These are not acts of God," he continued. The answer, said Williams, lies in the systematic implementation of policy, the legacy of racism (skin color is one of the mechanisms not readily recognized), residential segregation, schools, and jobs. These factors are all driving forces in determining the health status of blacks, said Williams.

Myers discussed the "Biobehavioral Contributions to Ethnic Health Disparities: The case of Hypertension and Birth Outcomes." Myers stressed that "health and disease are products of the interaction of psychosocial, behavioral, and biological processes." The effects, he continued, may be direct via biological changes that parallel, precede, or are part of emotional reactions or behavioral patterns in response to chronic life stresses.

Using hypertension as an example, Myers expanded on the usefulness of the biobehavioral model in understanding ethnic health disparities. Hypertension, he said, results from the disregulation of blood pressure control mechanisms. He listed the risk factors for hypertension including: family history, low socioeconomic status, excess weight, African American ethnicity, older age, male, high sodium intake and low intake of calcium, potassium and magnesium, high fat diet, sedentary lifestyle, smoking, excessive alcohol consumption, and high chronic stress. Noting that most of the research has been on black/white differences, Myers said the studies suggest that hypertension has a different pathogenesis in blacks and whites. In blacks, noted Myers, high blood pressure develops earlier, is more likely to be undiagnosed and uncontrolled, has a faster disease course, and earlier mortality.

Sociocultural Aspects of Psychotherapy

Miranda focused her presentation on the "Sociocultural Aspects of Psychotherapy: Disseminating Effective Care." She began by expressing her amazement that there are not disparities in the need for mental health care. However, she observed that there are huge disparities regarding access and use of mental health care. Miranda also highlighted new evidence that reports as minorities use mental health care, they get poorer quality care than their white counterparts. Blacks, said Miranda, have the potential to have worse outcomes. They are over-represented in homeless populations and the criminal justice system, she noted. She emphasized that it is also possible that their mental health problems lead to worse outcomes.

She noted, however, that African-American, Latino, and poor patients differ from middle class whites in their responses to therapists and to mental health settings. They are less likely to participate in care than middle class white patients, and they tend to underuse services or discontinue using services prematurely, she continued. On the other hand, African American and Latino patients respond

similarly to quality care as white patients, noted Miranda.

CENSUS SUBCOMMITTEE HOLDS HEARING ON ACS; RURAL ISSUES KEY CONCERN

House Census Subcommittee Chair Dan Miller (R-FL) convened a July 20 hearing to discuss whether the American Community Survey (ACS) should be used as a replacement for the decennial census long form questionnaire. Rural issues proved an important part of the discussion as Miller and several witnesses raised issues of importance to rural communities and rural officials.

During his opening statement, the Chair indicated the need to replace the long form, particularly after the privacy concerns raised in the on-going 2000 Census (See *UPDATE*, April 17, Number 7). He said, however, that many questions would first have to be addressed before the ACS officially replaces the long form. It would be a disservice to the American people, continued Miller, if Congress reflexively approved the ACS without answering several questions: Is the ACS cost efficient?; Should the ACS be mandatory of voluntary?; ***Are rural areas getting quality and timely data?*** (emphasis added); Will it be implemented in an accurate, efficient, and consistent manner?; and Does the ACS address the privacy concerns of the American people. The hearing was the first of what will likely be a series of hearings to address the future of the ACS.

Representative Jo Ann Emerson (R-MO), Co-Chair of the Congressional Rural Caucus, and Chuck Fluharty, Director of the Rural Policy Research Institute, addressed the impact of the ACS on rural America. Both noted that rural communities currently suffer from a data bias. Emerson and Fluharty both suggested that rural communities, defined as areas of less than 50,000 people, lack the necessary public "policy decision support tools" to make effective policy decisions.

The lack of data describing demographic, economic, societal, and other changes in these areas is particulary important, said Fluharty, given the recent trend toward devolution of policy decisions. Local areas do not have the resources — manpower or money — to undertake research and gather data on their communities. Therefore, policies are often based on inappropriate data.

Emerson and Fluharty also noted that because rural America is experiencing rapid change — economically and demographically — data gathered by the decennial census at the beginning of the decade is often out-of-date as the decade proceeds. Both noted that the ACS would provide much more timely and relevant information. Fluharty indicated that the more timely information provided by the ACS would "ensure that more timely rural data would be available to equitably allocate and distribute federal and state funds."

New Commerce Secretary Supports ACS

Five days into his tenure as the newly confirmed Secretary of Commerce, Norman Mineta appeared before the 2000 Census Advisory Committee to discuss the American Community Survey (ACS). During his remarks, Mineta noted the great importance of statistical data collected by the Census Bureau and the Federal government. He indicated, however, that if the picture of our country is based on blurred information, the policies resulting from that flawed data would be bad. As the planned replacement for the decennial census long form questionnaire, the ACS, he said, would provide more timely and accurate information. The ACS, he said, would also be less onerous for respondents to complete than the long form. Mineta concluded his remarks by noting that the ACS is a "great leap forward in census taking."

The ACS is currently being tested in 31 sites and the Census Bureau plans to have the monthly household survey of 250,000 fully operational by 2003. This, however, is dependent on Congress signing off on the survey and providing the necessary and appropriate funding.

McADAM CHOSEN TO LEAD ADVANCED CENTER

Stanford University sociologist Douglas McAdam has been chosen to lead the Center for Advanced Study in the Behavioral Sciences (CASBS). He will replace the retiring Neil Smelser, who has been the Center's director since 1994. McAdam will take over on September 1, 2001.

McAdam has been at Stanford since 1998. Prior to that he taught at the University of Arizona for 18 years. He is the author or co-author of eight books and more than 50 articles in the field of political sociology, with special emphasis on the study of social movements and revolutions. Among his best known works are *Political Process and the Development of Black Insurgency, 1930-1970* and *Freedom Summer*, which was awarded the C. Wright Mills Award and was a finalist for the American Sociological Association's best book prize in 1991. He is currently working with Charles Tilly and Sidney Tarrow on a book titled *The Dynamics of Contention*, an ambitious new theoretical framework for the study of political contention.

The Center's new leader earned his Ph.D. from the State University of New York at Stony Brook in 1979 and his B.S. from Occidental College in 1973. He has received numerous awards for research, teaching, and distinguished service. The Center, located in the foothills overlooking Stanford, was created in 1954 "to increase knowledge of the principles of human behavior." It offers one year fellowships that enable behavioral scientists to pursue their scholarly research free from their usual university teaching and administrative duties. Since its founding, more than 2000 behavioral scientists and humanists have been CASBS Fellows. McAdam has twice been a Fellow at the Center, in 1992 and 1998, and has directed summer institutes there in 1994 and this year.

ENHANCING OUTCOMES IN WOMEN'S HEALTH: CALL FOR PAPERS

The American Psychological Association (APA), in collaboration with COSSA, has put out a call for papers, symposia, and posters for its third multidisciplinary conference on women's health entitled "*Enhancing Outcomes in Women's Health: Translating Psychosocial and Behavioral Research into Primary Care, Community Interventions, and Health Policy.*" The conference is planned for October 4 -6, 2001, at the Hyatt Regency in Washington, D.C. ***Deadline for submission is Friday, September 1, 2000.***

The primary focus of the conference is on the diseases that consist of the leading causes of morbidity and mortality in women (e.g., arthritis and other autoimmune diseases, cardiovascular disease, cancer, and diabetes). Critical health behaviors that contribute to these diseases will also be examined (e.g., smoking, dietary patterns/obesity, and lack of physical activity). In addition, the role of mental health, particularly depression, in the risk, onset, course, and outcome of chronic and life-threatening illnesses affecting women.

For additional information and submission material contact: Wesley Baker, Conference Coordinator, APA, Women's Program Office, 750 First Street, NE, Washington, D.C. 20002-4242; 202/336-6120 (Telephone); 202/312-5490 (Fax); wbaker@apa.org (Email); or see the web at ***www.apa.org/pi/wpo/whc3/whc3.html***.

SOURCES OF SUPPORT

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

Library of Congress Fellowships International Studies

The Library of Congress, Association of American Universities and the American Council of Learned Societies announce residential fellowships to support postdoctoral research in the humanities and social sciences using the foreign language collections at the Library of Congress. Applicants must hold a Ph.D. conferred prior to October 1, 2000 and preference will be given to scholars within 7 years of the degree. The fellowships include a stipend of $3,000 per month, are for four to nine months, but can be extended to a full year. ***Applications are due no later than October 2, 2000.*** A description of the Library's international collection may be found at ***www.loc.gov*** and look under the section describing collections and services. For more information about the program and an application go to: ***www.acls.org/locguide.htm***.

EDITOR'S NOTE

With Congress in recess for the month of August, this is the last *UPDATE* until September 14. Enjoy the rest of the summer!

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