



WASHINGTON UPDATE

October 25, 2010

Volume 29- Issue 19

In This Issue

[Advisory Committee Told of Job Well Done on 2010 Census: Time to Look Ahead](#)

[Commerce to Re-Establish Economic Statistics Advisory Committee](#)

[World Statistics Day Celebrated with Session on Capitol Hill](#)

[NIH, AHRQ Holds Conference on Comparative Effectiveness and Personalized Medicine: An Essential Interface](#)

["Big History" Advocate Speaks at NSF](#)

[Decision Making Under Uncertainty on Environment Focus of New NSF Center Awards](#)

[NSF Awards 14 New Grants in Multi-Directorate Dynamics of Coupled Natural and Human Systems Program](#)

[Committee on Measures of Student Success Holds First Meeting](#)

[Early Childhood Education Research Looks at Effectiveness of Head Start](#)

[Medical Sociologists' Contributions to Health Highlighted in "What Do We Know? Key Findings from 50 Years of Medical Sociology"](#)

[Special Journal Issue on a Decade of Research on Health Maintenance Behavior](#)

[NSF and Census Bureau Seek Proposals on Methodological Questions](#)

[NIH Director's Early Independence Award Program](#)

[Economic History Association Joins COSSA](#)

Advisory Committee Told of Job Well Done on 2010 Census: Time to Look Ahead

The 2010 Census Advisory Committee, of which COSSA is a member, met on October 21-22 to look back over this year's count and to look ahead to what the next Census in 2020 might look like. There was also discussion about the role of the American Community Survey (ACS), the sample-based annual survey that replaced the long-form of the decennial.

Reviewing the process for 2010, Arnold Jackson, Associate Director for Decennial Census, reviewed the scale of the undertaking. The 2010 decennial census involved counting approximately 309 million people in an estimated 134 housing units and 235,000 group quarters (e.g. prisons, college dorms, military barracks) in over 39,000 jurisdictions and approximately nine million census blocks. The Bureau established 12 temporary Regional Census Centers, 492 temporary Local Census Offices, and filled 1.4 million positions.

Approximately 74 percent of those receiving a mailed form returned them, thus reducing the activity and cost of the non-response follow up, which resulted in the Bureau returning \$1.6 billion to the U.S. Treasury. In addition, for the first time the Bureau maintained the Master Address File between censuses, delivered bilingual English/Spanish questionnaires to about 12 million households, and mailed replacement questionnaires to low and medium response areas.

The Partnership Program and the Integrated Communications Campaign conducted by the Bureau to raise interest and compliance with the Census involved 256,847 organizations who served as 2010 Census Partners, providing more than \$1.1 billion in value-added contributions to the effort. Most were community organizations contributing linguistic skills in 145 languages and skewed toward the hard-to-count populations. The Portrait of America Road Tour used 13 vehicles to travel 162,664 miles across the country with 1,005 events that garnered 217 million total media impressions increasing awareness of the 2010 Census. Americans made more than 34 million visits to the 2010 Census web site. In addition, the Census has approximately 100,000 fans on Facebook, produced over 350 videos for You Tube, and the Director's Blog had over 600,000 page views. The advertising consortium produced and ran more than \$168 million worth of messages in 28 languages.

The Bureau, according to director Robert Groves, is busily processing the data as it gets ready to meet the requirement to provide state population counts to the Congress so it can reapportion the number of House seats each state is entitled to in the 2012 congressional elections. Early next year, the Bureau will provide the states with more detailed population counts so that each state can redistrict its state legislative districts for state elections in 2011 and 2012.

Looking Ahead: Reviving Research at the Bureau

Groves, as he has in previous talks, expressed concern about the difficulties faced in gathering data from the taking of surveys, which has been the bread-and-butter method for collecting information by the Bureau and other federal government agencies. Participation rates continue to decline and that leads to increasing costs that are "unsustainable," he noted. Although "users are clamoring at our gates" and the demand for data is growing in all quarters, "we can't keep using our current measurement methods," he told the Advisory Committee.

To help with this problem, Groves has recruited Roderick Little, Professor of Biostatistics at the University of Michigan, to become the Bureau's Associate Director for Research and Methodology in order to restructure the research function. Little told the Advisory Committee that because of the difficult challenges facing statistical agencies, successful innovation requires scientific methods that will exploit and develop modern statistical analysis tools while conducting controlled comparisons of alternative approaches.

In addition, Little remarked that government agencies face increased competition from rival estimation systems employing the Internet and other data sources capable of offering near real-time monitoring. Yet, the temptation to combine information from a variety of data sources "is attractive in principle, difficult in practice," he suggested.

The research directorate will play an important role in developing and testing the design of the 2020 Census, Little noted. He seeks the help of the external research community to identify problems and unmet data needs as well as new uses for the data already available. One new cooperative venture is the NSF/Census Research Network (see other story).

Data Release Bottleneck

In December 2010, the Census Bureau will release three sets of data that could create much confusion among the media and the public.

On December 6 the Bureau will release a Demographic Analysis providing population counts at the national level only based on the states' vital statistics of birth and deaths as well as emigration and immigration data from administrative records.

On December 14, the Bureau will release American Community Survey data for a five year period from 2005-2009. These data will provide details about the social, economic, and housing characteristics of communities down to areas with less than 20,000 people

Sometime before December 31, the Bureau, as noted above, will release the official count of the entire U.S. population by state from the 2010 count for the purposes of apportionment.

The Bureau hopes the confusion can be allayed by the research and statistics community who can explain the differences in methods, coverage, and impact, in conversations with the media and the public.

Commerce to Re-Establish Economic Statistics Advisory Committee

In the late 1990s there was a bill in Congress to consolidate the Census Bureau, the Bureau of Economic Analysis (BEA), and the Bureau of Labor Statistics (BLS) into a "Federal Statistical Service" that would not reside in any of the major departments. That bill did not succeed. Yet government and non-government actors in these three agencies have important roles to play in collecting, analyzing, and disseminating the nation's economic statistics. A current effort is underway to allow them to share information.

With all this in mind, the Secretary of Commerce has announced that the Department is going to re-establish the Federal Economic Statistics Advisory Committee (FESAC) within the Economics and Statistics Administration (ESA), which will report to the Undersecretary of Economic Affairs. The current occupant of that position, Rebecca Blank, told the Census Advisory Committee, that this is a committee that once existed but has been moribund for some time.

According to the *Federal Register* announcement (September 15, 2010, pp. 56058-59), the Committee will advise the Directors of ESA's two statistical agencies, the BEA and the U.S. Census Bureau, and the Commissioner of the Department of Labor's BLS on statistical methodology and other technical matters related to the collection, tabulation, and analysis of Federal economic statistics.

The Committee will function solely as an advisory committee to the senior officials of BEA, Census and BLS in consultation with the Committee chairperson. Important aspects of the Committee's responsibilities include, but are not limited to:

- a. Recommending research to address important technical problems arising in Federal economic statistics;
- b. Identifying areas in which better coordination of the Agencies' activities would be beneficial;
- c. Establishing relationships with professional associations with an interest in Federal economic statistics; and
- d. Coordinating, in its identification of agenda items, with other existing academic advisory committees chartered to provide agency-specific advice, for the purpose of avoiding duplication of effort;

FESAC will have 14 members appointed by the Secretary of Commerce. They will include economists, statisticians, survey methodologists, and behavioral scientists and will be chosen to achieve a balanced membership across those disciplines.

The Committee expects to hold its first meeting in December 2010.

World Statistics Day Celebrated with Session on Capitol Hill

The United Nations designated October 20, 2010 as World Statistics Day "to raise awareness of the many achievements of official statistics premised on the core values of service, professionalism, and integrity."

Here in the United States, part of the celebration included a session on Capitol Hill, *National Statistics: Sound Science, Sound Policy, Strong Democracy*. Organized by a number of groups, including COSSA, the event included remarks by Katherine Wallman, head of the Office of Statistical Policy in the Office of Management and Budget, Ken Prewitt, former Census Bureau Director and now Professor Public Affairs at Columbia University, Robert Groves, current U.S. Census Bureau Director, and Steve Landefeld, director of the Bureau of Economic Analysis (BEA).

Prewitt argued again that the federal statistical system must be considered to be part of the nation's scientific infrastructure. He noted the promotion of alternatives to "official statistics" such as the increasing use of digital data collected by the private sector to drive policy making. He expressed concern that these data often do not satisfy the privacy, quality, and representation requirements that federal statistical agencies are expected to meet. He also advocated for the idea, now in legislation before the current Congress, of making the Census Bureau more independent (see Update, [April 5, 2010](#)).

Quoting Alexander Hamilton in Federalist Number 21, Groves noted that "the wealth of nations depends...on the information they possess." For Groves, the essence of a nation's statistical system is that the numbers are credible and free from political interference. In addition, the benefits/burden balance is critical, he argued. We should admit, he maintained, that burden is important and that we should try to reduce it, noting that probability sampling is the best method available to "share the burden" of obtaining information. In conclusion, he declared that "Official statistics are the fuel for the engine of democracy."

Landefeld described the development of the series of National Income Accounts led by Simon Kuznets in the 1930s that became the Gross Domestic Product (GDP) figure so important in the fostering of economic policy and other policies.

The event also allowed opportunities for informal discussions with the leaders and representatives of the 14 major U.S. statistical agencies that make up the Interagency Council on Statistical Policy. Aside from Census and BEA, these include: the Bureau of Justice Statistics; the Bureau of Labor Statistics; the Bureau of Transportation Statistics; Economic Research Service; Energy Information Administration; National Agricultural Statistics Service; National Center for Education Statistics; National Center for Health Statistics; Office of Environment Information; Office of Research, Evaluation, and Statistics, U.S. Social Security Administration; Science Resources Statistics Division, National Science Foundation; and the Science of Income Division, Internal Revenue Service.

Those in attendance also received copies of the latest issue of *The Annals* of the American Academy of Political and Social Sciences. The issue, edited by Prewitt and titled *The Federal Statistical System: Its Vulnerability Matters More Than You Think*, contains papers based on presentations at the May 8, 2009 symposium at the National Academy of Sciences (see Update, [May 18, 2009](#)). For more information about the journal go to: www.aapss.org.

NIH, AHRQ Holds Conference on Comparative Effectiveness and Personalized Medicine: An Essential Interface

On October 19 -20, the National Institutes of Health (NIH) and the Agency for Health Care Research

and Quality (AHRQ) held a day and a half conference, *Comparative Effectiveness and Personalized Medicine: An Essential Interface*, on the status of comparative effectiveness research (CER) and its use in policy and practice. The focus of the meeting was the interface between personalized medicine (PM) and CER.

The conference responds to the recently passed health care legislation (Patient Protection and Affordable Care Act) that emphasizes the importance of comparative effectiveness research (see Update, [April 5, 2010](#)). It also acknowledges the key role that many believe personalized medicine will play in ensuring the capacity to identify both individual and subgroup differences within populations. The meeting was organized to explore these "critical streams of scientific inquiry in order to better align evidentiary, infrastructure and database needs, to highlight research challenges, and to brainstorm about regulatory, ethical and societal factors affecting both fields." The desired outcome is the forging of "new synergies capable of generating innovation in the course of healthcare reform which will result in enhanced health outcomes."

Collins: 'The CER Vision of Tomorrow: Tailoring Medicine to the Individual'

NIH director Francis Collins proclaimed the conference "a very important meeting on a very interesting topic." Sharing a panel with AHRQ's director Carolyn Clancy, Collins noted that the two agencies have worked together on CER. He also highlighted their work on the newly created Patient-Centered Outcomes Research Institute (PCORI). PCORI was established in the Patient Protection and Affordable Care Act of 2010 as a non-profit organization "to assist patients, clinicians, purchasers, and policy -makers in making informed health decisions by carrying out research projects that provide quality, relevant evidence on how diseases, disorders, and other health conditions can effectively and appropriately be prevented, diagnosed, treated, monitored and managed" (see Update, [September 27, 2010](#)).

Collins began by pointing out that he had been asked by the conference organizers to give a different perspective than he had been asked to give in the past. He stressed, however, that he does not share the perspective that there is a conflict between personalized medicine and comparative effectiveness research. In his view they are "highly complementary," and shared several examples he sees as reflecting this harmony. The goal is to support research that optimize outcomes and reduce costs. "Clearly we have an issue if we continue on the [cost] curve we are on," Collins insisted. NIH appreciates that research is a critical part of providing the evidence to improve this circumstance, he continued, citing the agency's dual mission "science in pursuit of fundamental knowledge about the nature and behavior of living systems" and "application of that knowledge to extend healthy life and reduce the burdens of illness and disability." Collins pointed out that a "substantial portion" of the NIH's portfolio is focused on the second part of the agency's mission, the subject of the conference.

Collins observed that "Personalized Medicine" has many different definitions and presented a "pretty broad one:" "Personalized Medicine uses individual genetic profiles and individual information about environmental exposures to guide decisions made in regard to prevention, diagnosis and treatment of diseases." It is not, however, he explained a one-size-fits-all. According to the NIH director, personalized Medicine is "presumably" based on the reality that: "Knowledge of a patient's genetic profile can help health care providers select the proper medications or therapy and administer it using the proper dose or regimen." It also includes family history. He further observed that Personalized Medicine advances through data and technology from the Human Genome Project, an effort that Collins led as director of the National Human Genome Research Institute at NIH.

CER is something that the NIH has been doing for a long time, although it did not call it by that name, Collins maintained. He pointed out that CER at NIH can be applied to and has been applied by NIH to prevention, diagnosis, treatment, behavior change, health systems, and special populations. Of the one hundred priorities put forth by the Institute of Medicine report mandated in the American Recovery and Reinvestment Act (Recovery Act), Collins noted that NIH was already involved in some aspect of NIH research in 88 of those and the remaining areas have been implemented in the agency' portfolio via the Recovery Act. He acknowledged, nevertheless, that NIH is "thought of as being

more of a basic science arena." Accordingly the agency's comparative effectiveness research portfolio, which consists of hundreds of thousands of dollars a year, has not been fully appreciated.

Diabetes Prevention Program: An Example of CER and PM Complementarity

He cited several examples of areas where both CER and PM are already playing an interesting and complementary pathway together beginning with the Diabetes Prevention Program (DPP). The DPP is one of the CER studies that Collins acknowledged that he and others point to as a "great example of how to try to assess when there are multiple possible interventions for a very important problem what works." The DPP trial was designed to identify the most effective intervention for individuals with pre-diabetes also known as impaired glucose tolerance. The results from the trial were "striking," declared Collins.

The study found that an active intensive lifestyle intervention was the most effective when compared to a placebo and the drug metformin. A recent follow-up study found that these protective effects persist for at least a decade. Collins explained that because the study was well-designed with appropriate consent requirements it is possible to retrospectively examine the personalized part of the study to see what happens when you do the analysis around the subsets of diabetes by risk factors. Follow-up research, as a result, found that regardless of genotype you get an effect with the lifestyle intervention. Having both CER and PM information gives more than you would have with either one alone, he reported.

The NIH director ended his remarks by expressing his belief that CER "should be guided by the emerging science of genomics and personalized medicine." That means, said Collins, that CER studies should include participant genomic and environmental exposure data in order to understand why some individuals benefit from a treatment while others do not. CER will generate research hypotheses relevant to Personalized Medicine by exploring why certain groups may or may not respond to an intervention. According to Collins, NIH is well positioned to evaluate the comparative outcomes related to various genotypes and environmental exposures.

Clancy: 'Moving from Best Evidence to Practice: Role of Patient-Centered Outcomes Research'

Clancy acknowledged the "terrific opportunity" NIH and AHRQ have had over the past year. She had learned a great deal about the agencies' complementary perspectives. She opened her remarks with a quote by Atul Gawande, (*Time*, January 4, 2010): "The core point at which health care costs explode is the point at which the doctor and the patient sit down together to make a decision about what they should do. We have not concentrated enough, in our thinking about reform, on that moment." She underscored Gawande's point, stressing that conversations between doctors and patients are too often evidence-free on both sides of the conversation. It is that gap that AHRQ hopes to use to inspire and motivate where AHRQ makes its research investment. "From AHRQ's perspective, the impact of these investments will be evaluated in terms of the outcomes of improved patient care," Clancy asserted.

She reflected that for many Americans, the definition of Personalized Medicine is getting your telephone call returned, preferably the day that you called the office for information. Acknowledging that the exciting advances in genomics and other biological sciences are breathtaking, she observed that increasingly for diagnostic treatment decisions there are two or more options, which is fantastic place to be, stressed Clancy.

For Clancy, the bridge between personalized medicine and comparative effectiveness or patient-centered outcomes research is "in the notion of a learning health care system." Right now, regardless of the perspective from which you come at this issue, the big challenge is the distribution of knowledge so that all who can possibly benefit do benefit, she contended. That challenge, she believes, does not respect any particular type of intervention. Breakthrough treatments are "unbelievably exciting," but even more exciting would be complete confidence that we had the infrastructure in place to assure people who are likely to benefit would be appropriately identified

and receive that treatment.

From AHRQ's perspective, said Clancy, the key question is which components will add to the goal of system transformation. From that perspective, Clancy explained, AHRQ continues to think strategically as to how it balances investments in research versus the "learning system" or infrastructure needed to implement it as part of routine daily care. She sees this as having "a direct link" with the science of measurement.

Clancy summarized AHRQ's priorities which include: **Patient safety** (Health Information Technology, patient safety organizations, patient safety grants), **Effective Health Care Program** (comparative effectiveness review, CER, clear findings for multiple audiences), **Ambulatory Patient Safety** (safety and quality measures, drug management and patient-centered care, patient safety improvement corps) **Medical Expenditure Panel Survey** (visit-level information on medical expenditures, annual quality and disparities reports) and **Other Research and Dissemination Activities** (quality and cost effectiveness, e.g., prevention and pharmaceutical outcome, U.S. Preventive Services Task Force).

She also highlighted several AHRQ-supported projects that she is very excited about including the Surgical Care and Outcomes Assessment Program (SCOAP), "a physician-led, voluntary collaborative creating an aviation-like surveillance and response system for surgical quality." A tool for clinicians, the goal of the project is to improve quality by reducing variation in process of care and outcomes. It is, however, a "laborious data collection process." To automate the data collection, the project is receiving a grant from AHRQ on behalf of the Office Secretary of Health and Human Services (HHS). To speed up that process will be a big advance towards a learning health care system, said Clancy.

Clancy also highlighted the diabetes registries AHRQ is funding in Santa Cruz, California designed to track the diabetes population to identify trends in key indicators of care. These advances, Clancy explained, are not about specific research questions but all about the kind of infrastructure needed so that many care delivery organizations will literally become part of the research enterprise as well as part of the application of that research.

Clancy reported that AHRQ, in close collaboration with NIH, has awarded \$473 million Recovery Act dollars for patient-centered outcomes research. This sum includes all of AHRQ's \$300 million allocation and \$173 million of the \$400 million administered by AHRQ for the Office of the HHS Secretary. The research areas supported include: health care intervention in real world settings, advanced use of the research findings by diverse populations, development of effective patient registries and training, and career development for the next generation of researchers.

She further reported that AHRQ considered the broad categories for investment in terms of data infrastructure, dissemination and translation of research, including optimizing the impact of patient-centered outcomes' research findings through behavioral economics randomized controlled trials, and patient-centered outcomes' research on delivery systems. The decision was made by the agency to broaden the definition of patient-centered care or comparative effective research from focusing strictly on clinical interventions to one that also encompasses system or care delivery interventions. She acknowledged, however, that the science for this area less well developed, but did not think you could argue that it was not "very, very important." Additional investments will be made in these areas, Clancy added.

As far as the personalized aspect of AHRQ's research, Clancy declared that the agency takes very seriously the issue of applying science to practice and has a history of doing so, including in the areas of Health IT, shared decision making, encouraging the inclusion of all possible populations in clinical trials, and funding studies about the benefits and harms among different patient subgroups. For many chronic illnesses, Clancy pointed out, the only way to know whether you are doing more good than harm "is to literally ask the patient because physiological metrics do not provide good information."

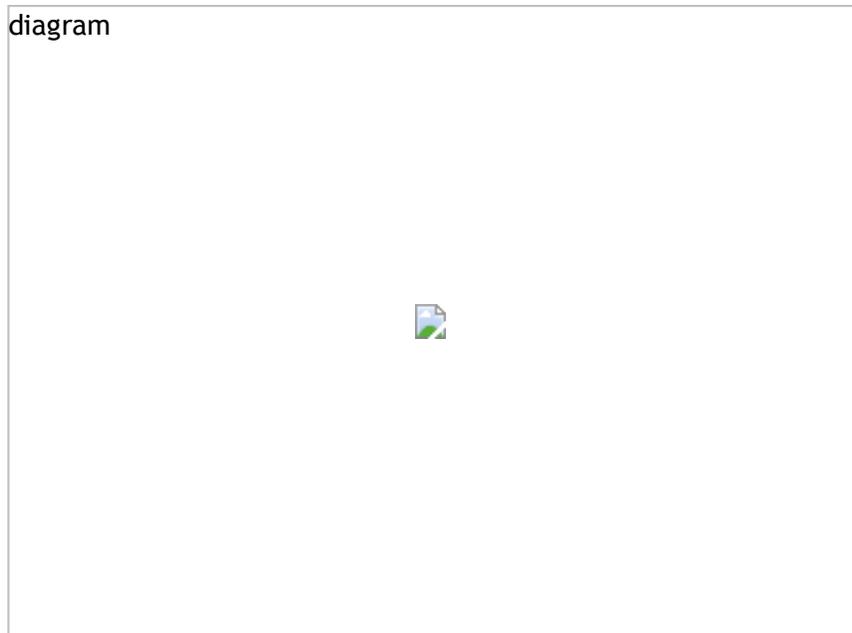
Clancy pointed out that the Affordable Care Act of 2010 has changed the landscape. What most people don't appreciate about the legislation is that it is an evidence-based bill. For most clinical decisions there is a clear directive to turn to the best possible scientific evidence whether that is deciding quality of care or whether that is deciding which co-payments are exempt or covered by Medicare. There is a very strong focus on improving quality of care, Clancy shared. There is a clear signal from policy makers that science can and must be used to improve the health care delivery system, said Clancy.

In conclusion, Clancy reiterated that when AHRQ speaks of applying science to practice it is both about what we do in treatment, but it is also about a much broader array of factors including lifestyle, environment and genetics. Similarly, there are many treatments that lead to positive behavior change, including what type of counseling is needed to change behavior. AHRQ, Clancy contended, sees nothing but opportunities ahead including: expanding interdisciplinary research to include factors, such as real world setting and populations, and different comorbidities; improving lifestyle choices, including quitting smoking and improving diet and exercise; and increasing the range of research on health care delivery; Health IT and dissemination and use.

'What is Needed to Make Personalized Medicine Evidence Based?'

Both Bruce (Ned) Calonge (Colorado Department of Public Health and Environment) and Steven Teutsch (Los Angeles County Department of Public Health) pointed out that Personalized Medicine is not new. Calonge stressed there are "huge benefits to be held before you get down to Personalized Medicine" if you took what we know now. Teutsch maintained that clinicians have been carrying out PM for a very long time: they understand the social context in which you live, they know your family history, they know what you care about, including how you perceive the problem, and they identify acceptable clinical management in the context of patients' preferences and values. And clinicians who are effective have to communicate effectively. Personalized Medicine is an incremental addition to this and not something fundamentally new, Teutsch explained.

According to Teutsch, we are discussing Personalized Medicine because of the explosion of genomic information that is no longer about rare single gene disorders, but multiple genes that potentially affect chronic and other diseases. This information, he indicated, is becoming affordable and we are beginning to understand the interaction of our genes and the environment. In addition, there are new diagnosis and therapeutics. All of this is happening in the context of unsustainable health care costs driven in part by new technology. But these tests rarely yield cost savings and



where the use of test is cost effective, they are still cost additive, he explained. This includes the downstream consequences associated with the tests.

He referred to a modified version of the Healthy People 2010 Objectives figure that illustrates an ecological model of disease, that includes biology and the genes and genomes that contributes a modest amount to the overall health our country and "is heavily influenced by behavior and by the social and physical environments." So while we are discussing something of "critical importance" as patients and individuals we need to continue to remind ourselves about the bigger context of how we

are going to produce health in the country, Teutsch cautioned. Genetic tests can be used for disease screening, risk assessments/susceptibility, diagnosis, prognosis of diagnosed disease and predicting treatment response, he reminded the audience. All of this information is good if it is going to add value, improve care and/or increase efficiency. It is not good if the harms exceed benefits, including unnecessary follow-up and treatment. All of these technologies, however, he pointed out, induce opportunity costs.

Teutsch explained that the Centers for Disease Control and Prevention (CDC) convened EGAPP (Evaluation of Genomic Applications in Practice and Prevention) to address this issue. EGAPP is an independent nonfederal work group created to establish and evaluate a systematic, evidence based process for assessing genetic tests and other applications of genomic technology in transition to clinical and public health practice.

He pointed out another issue that needs consideration is the volume of whole genome sequencing. He maintained that there are cognitive challenges to large volume of data, including information overload that can lead to inaction by some or too much action by others. We are going to need to develop clinical decision support systems, he stressed. He explained that it is also extremely cognitively challenging to balance harms and benefits in a significant way. There is also a need to develop presentation mechanisms that impart information in ways that clinicians and patients can understand the tradeoffs easily and will lead to good decisions. As information gets framed it can influence behaviors, for better or worse, Teutsch observed, citing as an example the choice between a 70 percent chance of survival versus a 30 percent chance of death.

Wrapping up his presentation Teutsch posed the question: Is there an inherent contradiction between comparative effectiveness and personalized medicine. He would suggest not. If we don't know whether genomic testing and therapeutics work now, will we ever justify their use? We would need a new paradigm since pathophysiological reasoning alone has misled us on many occasions, he concluded.

The conference was organized in conjunction with the ECRI Institute and was arranged in the format of an edited book. Speakers agreed to participate in a blog for a week following the meeting so that participants and others could continue to ask questions and debate issues, see www.ecri.org/ceblogger. ECRI also provides resources on comparative effectiveness research on its website at www.ecri.org/ce. The Institute is designated as an Evidence-based Practice Center (EPC) by AHRQ and as a Patient Safety Organization (PSO) by DHHS. It is a Collaborating Center of the World Health Organization (WHO) with terms of reference in technology, patient safety, and risk management.

Jeffery Lerner (ECRI) stated that from his point of view "personalizing CER helps to bring science and public demand into better alignment." "Generating and applying that evidence effectively is what makes policy and practice possible," he explained.

"Big History" Advocate Speaks at NSF

On October 16, the National Science Foundation's (NSF) Education and Human Resources directorate invited David Christian to discuss "Big History, Science Literacy, and STEM Careers." Christian, who is a Professor of History at Macquarie University in Sydney, Australia, made the case for teaching the history of civilization "as a blend of cosmology, physics, chemistry, geology, biology, anthropology, sociology, economics, and history" that provides a single, compelling narrative.

The idea of "big history," Christian related, attempts to integrate science and the humanities to develop syntheses that are creative, trans-disciplinary, and global in scope, to tell the story of the universe. It is a story, he pronounced, that is 13.7 billion years old that begins with the Big Bang, follows the development of life on earth, and the rise of humanity and the global civilization we now inhabit. This last part has existed for a brief period of time, he indicated.

It is an effort, Christian claimed, in an age of increasing complexity and scientific specialization to bring a unity of knowledge that would echo the paradigm developments noted by Thomas Kuhn. It is also an attempt, he suggested, to fulfill the vision of E.O. Wilson of "consilience" among the intellectual disciplines.

Christian discussed what he considers the eight thresholds in history where something truly new appeared. These include: the Big Bang; the first stars and galaxies; the making of chemical elements; the appearance of the Earth and the Solar System; the beginnings of life from single cell to multi-cell organisms; the first humans and their differences from what came before; the rise of agricultural societies; and the modern revolution whose breakthrough is the industrial revolution.

This view of history, Christian noted, makes the usual seminal events taught in world history classes, such as the French Revolution and the Renaissance, insignificant events in a much broader focus on very large patterns that shape the past.

Christian's approach has certainly not been adopted by policy makers who are contemplating the way to improve American students understanding of Science, Technology, Engineering and Mathematics (STEM). Big history may improve the understanding of the universe and how it and we got here, but it will not, policy makers will argue, make us more competitive and innovative in the global economy, which is the nation's paramount goal in improving STEM education.

Decision Making Under Uncertainty on Environment Focus of New NSF Center Awards

The National Science Foundation (NSF) has made awards to four universities whose research focuses on understanding decision making within the context of climate change and other long-term environmental risks. The awards bring together scholars from many different fields, such as decision science, psychology, economics, geography, atmospheric science, engineering, mathematics, and computer science, to identify effective ways to make decisions when both the nature of the problems and the potential impacts of responses are uncertain.

The winners are:

Arizona State University

Title: Decision Center for a Desert City II: Urban Climate Adaptation

ASU's Decision Center for a Desert City (DCDC) will develop fundamental new knowledge about decision making under uncertainty from three perspectives: climatic uncertainties, urban-system impacts, and adaptation decisions. These scientists will use social science principles to develop and test an integrated decision-support process for policy making and examine the interconnected water, energy, and land-use decisions that exist in a complex dynamic urban system under climate change.

Columbia University

Title: Understanding and Improving Environmental Decisions

Columbia University's Center for Research on Environmental Decisions will focus on social processes underlying group, individual and household decisions that have environmental impacts. The researchers will investigate processes such as group decisions to develop or offer green options to how households decide which energy plan to select. They will also explore how the manner in which decisions are made affects environmental decisions, with a special interest in those decisions made in a social context that deal with uncertainty over a long time horizon, and have a mixture of goals. The investigators will address social processes, decision architecture, and the use of technical information in environmental decision making by conducting laboratory experiments and field studies.

Carnegie Mellon University

Title: Center on Climate Decision Making

This interdisciplinary collaborative group will combine knowledge and research methods from behavioral and decision sciences, engineering, and natural science to assist individuals, corporations, governments, and the international community to better address many of the difficult climate decisions they now face. The group's researchers, who are associated with about 10 different organizations, will address a range of topics including decisions about reducing emissions of carbon dioxide from the energy system, decisions related to adapting to the impacts of climate change, issues that arise as a result of interactions between reducing emissions and adapting to change, and dealing with unexpectedly rapid or large changes or impacts.

University of Chicago

Title: Center for Robust Decision Making on Climate and Energy Policy

This interdisciplinary collaborative group will develop and distribute tools to help individuals and organizations make more informed decisions relating both to short-term economic disruptions caused by climate policies and long-term consequences of climate change. The group primarily will produce a key group of components that can be used to model decision outcomes and help answer questions across a wide range of policy issues.

For more information about the Decision Making Under Uncertainty program contact: Cheryl Eavey at ceavey@nsf.gov.

NSF Awards 14 New Grants in Multi-Directorate Dynamics of Coupled Natural and Human Systems Program

The National Science Foundation (NSF) has announced the awarding of 14 grants in its Dynamics of Coupled Natural and Human Systems (CNH) Program that will provide a better understanding of natural processes and cycles and human behavior and decisions and will examine how and where these systems intersect. The CNH program is supported by NSF's Directorates for Biological Sciences, Geosciences, and Social, Behavioral and Economic Sciences.

Among the grants are:

Geographer Darla Munroe of Ohio State University will focus on the human and ecological links that give rise to specific forest forms and functions by examining the extent to which those links and forests lead to irreversible changes in socio-ecological systems, focusing attention on Appalachian Ohio, a region where forests have returned.

Sociologist Thomas Rudel of Rutgers University and colleagues will investigate changes in the biodiversity of the pastures that cover most agricultural lands in the neotropics of Central and South America. The researchers will examine how seed rain, soil fertility, tree species, and foraging influence the spread of trees in pastures, as well as how biodiversity, carbon storage, and biogeochemical cycling change with more trees in pastures.

Geographer Christopher Scott of the University of Arizona and colleagues will study how changes in social and natural processes affect the resilience of riparian systems, which occur along rivers and streams that periodically crest their channel confines causing flooding, and the ecosystem services these systems provide. Scott and colleagues will focus on two adjacent river systems: the Upper San Pedro River, which flows from the state of Sonora in Mexico into Arizona in the U.S., and the Upper Sonora River, which flows south within Sonora. They will develop a model to explore interactions among environmental conditions, societal rules, and human practices in these corridors.

Economist Catherine Kling of Iowa State University and colleagues will examine the interactions among human and natural systems in the Mississippi River watershed and the annual formation of an oxygen-depleted (hypoxia) zone in the northern Gulf of Mexico. The researchers will develop a comprehensive modeling system that relates agricultural land-use decisions made at the field scale in the Upper Mississippi, Ohio, and Tennessee river basins; system-wide environmental and hydrologic

components; and downstream water-quality effects, including the hypoxic zone in the Gulf of Mexico.

Geographer Christopher Lant of Southern Illinois University and colleagues will investigate the effects of anticipated climate change on the agricultural heartland of the central United States, and how adaptations to climate change will generate new landscape patterns. The researchers will link greenhouse gas emissions scenarios with models of farmer behavior, projections of land-use change, and estimates of stream flow, sediment, and nutrient loads related to those changes.

For social, behavioral and economic scientists interested in learning more about the Coupled Natural and Human Systems program, contact: Thomas Baerwald at tbaerwal@nsf.gov.

Committee on Measures of Student Success Holds First Meeting

The Committee on Measures of Student Success held its first meeting on October 20. The Committee was established to advise the Secretary of Education in assisting two year institutions in meeting the completion or graduation rate disclosure requirements outlined in the Higher Education Opportunity Act. The 15 member Committee appointed by the Secretary of Education is responsible for developing recommendations regarding the accurate calculation and reporting of completion or graduation rates. The Committee can also recommend alternative measures of student success that are comparable to graduation rates.

Thomas Bailey, professor of economics and education at Teachers College at Columbia University, has been appointed to serve as the Committee's Chair. The 14 other members come from a diverse background in education and include, presidents of two year institutions, researchers, a student and former chancellor of a city school system.

Tom Weko, Associate Commissioner of the National Center for Education Statistics, stated during the meeting that "two year institutions are the backbone of our postsecondary system," with 45 percent of college students attending these two year institutions.

Eduardo Ochoa, Assistant Secretary for the Office for Postsecondary Education, said the 2020 goal to have the most educated workforce in the world is a guiding principle in the Department of Education. Community colleges will play an important role in attaining this goal, he asserted. Therefore, he maintained, it is important to have metrics that can accurately gauge how these systems are meeting their objectives. We need to learn how to measure what it is we are trying to accomplish, he concluded.

For more information on the Committee on Measures of Student Success first committee meeting and its members please go to <http://www2.ed.gov/about/bdscomm/list/acmss.html>

Early Childhood Education Research Looks at Effectiveness of Head Start

The Center on Children and Families (CCF) and the National Institute for Early Education Research (NIEER) recently released a collection of papers on early childhood education, *Investing in Young Children: New Directions in Federal Preschool and Early Childhood Policy*. On October 13, the editors' of the publication, Brookings Senior Fellow Ron Haskins and W. Steven Barnett of Rutgers University, took part in a panel to discuss these new directions.

Head Start serves approximately 900,000 children, with an annual budget in excess of \$7 billion (proposed FY 2011 budget). However, there is debate as to whether the program is actually

effective. The 1998 Reauthorization of Head Start mandated that the U.S. Department of Health and Human Services fund a study to determine whether Head Start actually benefits the children it serves. The resulting National Head Start Impact Study began in the fall of 2002 and continued through 2006. In early 2010 the U.S. Department of Health and Human Services released the final report on the study. The report's findings can be found at the Administration for Children and Families website at: www.acf.hhs.gov/programs/opre/hs/impact_study/reports/impact_study/hs_impact_study_final.pdf

Based on these report findings NIEER and the CCF have made several recommendations for improving Head Start. The recommendations include the termination of weaker programs through opening up their reauthorization to competition. They also recommend that Head Start programs need to put a greater emphasis on learning outcomes and teacher quality, by developing both student and teacher assessments.

Roberto Rodriguez, Education Adviser for President Obama's Domestic Policy Council, stated that the Administration acknowledges that Head Start has clear benefits for low social economic families, but, they also realize that Head Start can do and must do a better job of preparing children for elementary school.

Rodriguez said that it is critical to raise the quality of Head Start. To that end on September 23, 2010 the Administration proposed new rules that would require the bottom 25 percent of Head Start organizations to re-apply for their grants and compete against other local organizations that previously have been effectively shut out of the process.

However, reforming early childhood education is not the entire answer to solving the achievement gap. Russ Whitehurst, Director of the Brookings Institution's Brown Center on Education Policy and former director of the Institute of Education Sciences, stated "Head Start is not a vaccine", declaring that even if we fix the system and have "super-duper head start" it will not negate the effect of a poor K-12 public school system.

Rodriguez acknowledged that we also need to continue with K-12 reform efforts, and that public schools need to work together on early childhood education programs to help better prepare students. We cannot look at the early childhood education system in a vacuum, concluded Rodriguez.

To read *Investing in Young Children: New Directions in Federal Preschool and Early Childhood Policy* go to: http://nieer.org/pdf/Investing_in_Young_Children.pdf.

Medical Sociologists' Contributions to Health Highlighted in "What Do We Know? Key Findings from 50 Years of Medical Sociology"

The American Sociological Association (ASA) has issued an extra issue of its *Journal of Health and Social Behavior*: "What Do We Know? Key Findings from 50 Years of Medical Sociology." The extra issue addresses the need for "credible empirical research that is widely available to both the public and policy experts so that it can help frame the complex issues involved in policy discussions." The issue synthesizes many of the contributions of medical sociologists for more than half a century.

In the Journal's introductory essay, Katherine J. Rosich (Washington, DC) and Janet R. Hankin (Wayne State University) point to the "major shifts" that have taken place in "health, health care, and health care delivery" over the past 50 years. They provide examples that "reveal the landscape of health care in the U.S. at the beginning of the 21st Century", including:

- Estimates by the Council of Economic Advisors indicate 2009 spending in the U.S. health

sector exceeded \$2.5 trillion or about 18 percent of our Gross Domestic Product (GDP). Health care spending is projected to reach 34 percent of GDP by 2040, absent significant cost containment.

- Skyrocketing costs have made health care unaffordable for an increasing number of Americans.
- Individuals access and utilize health care differently than in the past. Patients are more actively involved in their own care, have more access to health-related information through the internet and direct-to-consumer advertising, and are more knowledgeable about managing illness.

Rosich and Hankin also emphasize that "social and behavioral scientists have contributed in fundamental ways to our understanding of health issues. Social statistics and health economics data and analyses, for example, are widely used by policy makers, scientists, and health officials to guide debate and decision making." Less recognized are the "contributions of sociological research in advancing our understanding of fundamental issues on health and well-being. Sociological research and analysis focuses on the broad contextual factors and conditions in society that affect health, illness, and health care." Rosich and Hankin also highlight that an extensive body of sociological research demonstrates the wide disparities in health caused by racial, ethnic, and class attitudes and the persistent inequities in access and treatment for the most vulnerable individuals and communities in our society. Major areas of sociological study include the social dimensions of health and disease, and the social aspects of health care functions and processes, including the operations of health care organizations and providers, and patterns of health care providers and patient/provider relationships.

The 11 articles in the issue highlight "significant research findings in major areas of medical sociology" that have contributed to the understanding of health and health care in the U.S. Editors Hankin and Erick Wright (Indiana University-Purdue University Indianapolis) emphasize that the articles "summarize where we have been." The critical question for the field, they assert, is "Where do we go from here?" Hankin and Wright stress that medical sociologists can not only "offer insights about how to implement reform," but they can also "examine the intended and unintended consequences of transforming the health care system and the extent to which these structural changes actually improve population health."

The 11 broad areas within medical sociology that are described in the issue are: (1) racial ethnic disparities in health care, (2) fundamental causes of health inequalities, (3) stress and health, (4) social relationships and health, (5) the social construction of illness, (6) patient-provider relationships and help-seeking behaviors, (7) the social transformation of the medical profession, (8) health services research, (9) technology, (10) bioethics, and (11) health reform.

The policy implications of research in medical sociology include contributing an understanding of social factors impacting health and health care delivery, as well as of the processes of social change that are central to meaningful health policy debate.

Free access to this extra issue of the *Journal of Health and Social Behavior* is available at: http://hsb.sagepub.com/content/51/1_suppl.

Special Journal Issue on a Decade of Research on Health Maintenance Behavior

The American *Journal of Health Behavior* has issued a "Special Issue on Health Maintenance Behavior." The volume reflects the work of the Health Maintenance Consortium (HMC) and is funded by the National Institutes of Health (NIH).

The "distinguished collection of articles" describes a decade of research on long-term behavior change and maintenance. NIH-supported research in this area has shown that well-designed behavioral interventions can result in meaningful behavior. Several National Academies reports, *New*

Horizons in Health: An Integrative Approach, and *Health and Behavior: The Interplay of Biological, Behavioral, and Societal Influences* have observed the need for studies of longer duration and concurrent interventions at multiple levels that influence behavior in individuals, families, social networks, organizations, communities and society.

In the Journal's introductory paper, authors Wendy Nilsen (NIH Office of Behavioral and Social Sciences Research), Lynne Haverkos (Eunice Kennedy Shriver National Institute of Child Health and Human Development), Linda Nebling (National Cancer Institute) and Martina Vogel Taylor (NIH Office of Disease Prevention) describe the creation of the Health Maintenance Consortium (HMC) which is composed of NIH program staff and investigators who received awards from 2003 to 2009 that targeted such research areas as HIV prevention, smoking cessation, suicide prevention, drug and alcohol abstinence, health screening behaviors, nutrition and exercise. They note that collaborative nature of the HMC also led to the study of related areas that the HMC had defined as the most pressing in long-term behavior research: "defining the spread use of behavior change programs; using technology to generate portable, reliable and cost-effective interventions; and developing ways in which successful programs could be disseminated and sustained in the community." The multisite nature of HMC provides a "unique opportunity to move beyond the typical single-study focus to address the practice- and policy-relevant questions of "what works" to maintain health behaviors across different populations and settings."

The papers included in the special issue "illustrate the remarkable success" that has been achieved over the past decade by "what has been learned not only about how to initiate change in people's behavior but also about how to maintain positive change over time." Nilsen et. al. emphasize that the topics addressed by the researchers in the HMC "will have a substantial impact on progress toward achieving the NIH goal of improving health across our country and the world." Paper topics include:

- **Maintenance of Long-term Behavior Change** - Investments in behavior change and maintenance have yielded important information that can be used to guide the development of future programs to improve health.
- **The Science of Sustaining Health Behavior Change: The Health Maintenance Consortium** - Future directions for furthering the science of maintain behavior change and reducing the gaps between research and practice are recommended.
- **A Lexicon for Measuring Maintenance of Behavior Change** - This survey found similarities and differences in measurement across behaviors that have important implications for advancing the quality of transbehavioral research.
- **Standard Definitions of Adherence for Infrequent yet Repeated Health Behaviors** - The proposed framework has cross-cutting implications for research and practice. Standardizing adherence metrics may facilitate comparisons across studies of health behaviors practiced at infrequent yet repeated intervals.
- **Seven-Year Follow-up of a Multiple-Health-Behavior Diabetes Intervention** - A moderate-intensity group-based intervention produced health behavior changes that tended to plateau or return to baseline levels one to five years after treatment.
- **Long-term Effects of a Worksite Health Promotion Program for Firefighters** - Although one-year programmatic effects did not remain over time, the long-term pattern of behaviors suggested these worksites as a whole were healthier more than three years following the intervention.
- **Long-term Fruit and Vegetable Change in Worksites: Seattle 5 A Day Follow-up** -

Although effects were not large, this low-intensity intervention approach could provide an important public health model.

- **Long-term Outcomes for Promoting CARE Suicide Prevention Program** - Early intervention is successful in promoting and maintaining lower-risk status from adolescence to young adulthood, with the caveat that some high-risk behaviors may indicate a need for additional intervention to establish earlier effects.
- **Does Screening Classification Predict Long-term Outcomes of DWI Offenders?** - Group differences suggest that screening data could be used more effectively to triage and treat DWI offenders.
- **Fit and Strong! Bolstering Maintenance of Physical Activity Among Older Adults with Lower-extremity Osteoarthritis** - The negotiated follow-up contract that Fit and Strong uses, bolstered by telephone reinforcement is associated with enhanced long-term physical activity maintenance and health outcomes.
- **The Long and Winding Road to Physical Activity Maintenance** - Successful long-term physical activity maintenance appears to be influenced by multiple small interrelated mediational pathways. Future research evaluating maintenance models should specify recursive relationships among mediators and outcomes.
- **Extended Voucher-based Reinforcement Therapy for Long-term Drug Abstinence** - Longer duration voucher-based reinforcement therapy (VBRT) can increase abstinence during VBRT, but may not maintain it afterwards. However, longer during treatment abstinence begets later abstinence suggesting that further research regarding this relationship is needed.
- **Moderators of Response to Telephone Continuing Care for Alcoholism** - Telephone monitoring and counseling improves drinking outcomes when added to standard care, regardless of alcohol use history, early response to treatment, or other risk factors for relapse. Telephone monitoring is recommended for women and less motivated patients.
- **Using Treatment Process Data to Predict Maintained Smoking Abstinence** - The findings from this study may enable researchers to target underlying factors that may interact to promote maintenance of long-term smoking behavior change.
- **Intervention Taxonomy (ITAX): Describing Essential Features of Interventions** - Applying this taxonomy will advance intervention science by (a) improving intervention designs, (b) enhancing replication and follow-up of intervention studies, (c) facilitating systematic exploration of the efficacy and effectiveness of intervention components through cross-study analysis, and (d) informing decisions about the feasibility of implementation in broader community settings.
- **A Qualitative Case Study Examining Intervention Tailoring for Minorities** - Future research should examine the extent to which culturally tailoring long-term maintenance interventions for ethnic minorities is efficacious and should be pursued as an effective methodology to reduce health disparities.
- **HMC Research Translation: Speculations about Making It Real and Going to Scale** - Dissemination strategies can be used to enhance the chances that results will be translated into policy and practice.

Free access to the papers in this special issue of the Journal is available at: <http://www.atypon-link.com/PNG/toc/ajhb/34/6>.

NSF and Census Bureau Seek Proposals on Methodological Questions

The National Science Foundation (NSF) and the U.S. Census Bureau invite teams of researchers to submit proposals for the conduct of long-term interdisciplinary research and educational activities on methodological questions of interest and significance to the broader research community and the Federal Statistical System, particularly the U.S. Census Bureau. The activities should advance both fundamental and applied knowledge, and contribute to the training of the next generation of researchers in research skills of relevance to the measurement of economic units, households, and persons. **The full proposals are due on February 11, 2011.**

The two agencies will use the awards to create a Network of Nodes (NoN) with complementary research foci. NSF and the Bureau will define the research program to include the major measurement challenges of the social, behavioral, and economic sciences relevant to the U.S. Census Bureau. When appropriate, research may be conducted in collaboration with scientists at the U.S. Census Bureau or other federal statistical agencies. Nodes may conduct independent research activities and/or partner with existing Census Research Data Centers (RDCs).

Initially, two types of research nodes will be supported as a result of the FY 2011 competition:

- **Small Nodes.** Awards will require efforts up to a level roughly comparable to: two months support for two or three investigators with complementary expertise; a post-doctoral researcher; two or three graduate students; and their collective research needs (e.g. materials, supplies, travel, small data collection activities) for three to five years. The integrative contributions of the node should exceed the sum of the contributions of each individual member of the team. The maximum available for a Small Node is \$1.2 million in total costs over the length of the award.
- **Medium Nodes.** Awards for Medium Nodes will require efforts up to a level roughly comparable to: 2-months support for three or more investigators with complementary expertise; three or more graduate students; relevant senior personnel (including post-doctoral researchers and staff); and their collective research needs (e.g. materials, supplies, travel, small data collection activities) for five years. The integrative contributions of the node should clearly be greater than the sum of the contributions of each individual member of the team. The maximum available for a Medium Node is \$3 million in total costs over the length of the award.

In future years, the agencies hope to add:

Large Nodes. Awards for Large Nodes will require the engagement of larger (than Medium Nodes) multidisciplinary teams, roughly comparable to multiple senior investigators with complementary expertise, multiple graduate students, several senior personnel, and their collective research needs (e.g. materials, supplies, travel) for up to five years. As for Medium Node awards, the integrative contributions of the Large Node clearly should be greater than the sum of the contributions of each individual member of the team.

In FY 2011 NSF expects to make 8 to 12 awards with anticipated spending of \$18.5 million subject to the availability of funds. In FY 2014, research nodes may request renewal awards for up to an additional five years of support from FY 2016 to FY 2020. Supplements may be available for additional work within the scope of the project as defined by the proposal.

For the full solicitation go to: <http://www.nsf.gov/pubs/2010/nsf10621/nsf10621.htm>.

For more information contact: Cheryl Eavey at ceavey@nsf.gov or 703-292-7269.

NIH Director's Early Independence Award Program

The National Institutes of Health (NIH) is seeking applicants for the NIH Director's Early Independence Award Program ([RFA-RM-10-19](#)), a new funding opportunity, via the Common Fund, for 2011. This funding opportunity is for exceptional, early career scientists who are U.S. citizens or permanent residents to omit traditional post-doctoral training and move into independent academic positions at U.S. institutions directly upon completion of their graduate degrees (Ph.D., M.D., or equivalent). Applications are due by January 21, 2011. Letters of Intent are due December 21, 2010.

The Early Independence Awards are targeted to exceptional junior investigators with the intellect, scientific creativity, drive, and maturity to flourish independently without the need for traditional post-doctoral training. These projects will receive up to \$250,000 in direct costs each year for up to five years.

The award allows junior scientists to identify a host institution and contact them directly to negotiate a position. Alternatively, institutions may actively recruit exceptional junior scientists to apply for these positions. In either case, the institution must be willing to nurture the investigator as an independent researcher including the provision of independent lab space. An institution may elect to host an applicant for this program with the commitment to a position being contingent upon receipt of the award. These awards will be very selective, and each institution may only submit two applications.

Economic History Association Joins COSSA

The Economic History Association, celebrating its 70th year, and whose purpose is to encourage and promote teaching, research, and publication on every phase of economic history, broadly defined, and to encourage and assist in the preservation and administration of the materials for research in economic history, has joined COSSA.

Consortium of Social Science Associations Members

GOVERNING MEMBERS

American Association for Public Opinion Research
American Economic Association
American Educational Research Association
American Historical Association
American Political Science Association
American Psychological Association
American Society of Criminology
American Sociological Association
American Statistical Association
Association of American Geographers
Association of American Law Schools
Law and Society Association
Linguistic Society of America
Midwest Political Science Association
National Communication Association
Population Association of America
Rural Sociological Society
Society for Research in Child Development

COLLEGES AND UNIVERSITIES

Arizona State University
Boston University
Brown University
University of California, Berkeley
University of California, Irvine
University of California, Los Angeles
University of California, San Diego
University of California, Santa Barbara
Carnegie-Mellon University
University of Connecticut
University of Chicago
Clark University
Columbia University
Cornell University
Duke University
Georgetown University
George Mason University
George Washington University
Harvard University
Howard University
University of Illinois

MEMBERSHIP ORGANIZATIONS

Academy of Criminal Justice Sciences
American Association for Agricultural Education
Association for Asian Studies
Association for Public Policy Analysis and Management
Association of Academic Survey Research Organizations
Association of Research Libraries
American Psychosomatic Society
Council on Social Work Education
Eastern Sociological Society
Economic History Association
International Communication Association
Justice Research and Statistics Association
Midwest Sociological Society
National Association of Social Workers
North American Regional Science Council
North Central Sociological Association
Social Science History Association
Society for Behavioral Medicine
Society for Research on Adolescence
Society for Social Work and Research
Society for the Psychological Study of Social Issues
Southern Political Science Association
Southern Sociological Society
Southwestern Social Science Association

CENTERS AND INSTITUTES

American Academy of Political and Social Sciences
American Council of Learned Societies
American Institutes for Research
Brookings Institution
Center for Advanced Study in the Behavioral Sciences
Cornell Institute for Social and Economic Research
Institute for Social Research, University of Michigan
Institute for Women's Policy Research
National Bureau of Economic Research
National Opinion Research Center
Population Reference Bureau
Social Science Research Council

Indiana University
University of Iowa
Iowa State University
Johns Hopkins University
John Jay College of Criminal Justice, CUNY
Kansas State University
University of Maryland
Massachusetts Institute of Technology
Maxwell School of Citizenship and Public Affairs, Syracuse
University of Michigan
Michigan State University
University of Missouri, St. Louis
University of Minnesota
Mississippi State University
University of Nebraska, Lincoln
New York University
University of North Carolina, Chapel Hill
Northwestern University
Ohio State University
University of Oklahoma
University of Pennsylvania
Pennsylvania State University
Princeton University
Rutgers, The State University of New Jersey
University of South Carolina
Stanford University
State University of New York, Stony Brook
University of Texas, Austin
University of Texas, Brownsville
Texas A & M University
Tulane University
Vanderbilt University
University of Virginia
University of Washington
Washington University in St. Louis
University of Wisconsin, Madison
University of Wisconsin, Milwaukee
Yale University

COSSA

Executive Director: Howard J. Silver
Deputy Director for Health Policy: Angela L. Sharpe
Associate Director for Public Affairs: Pamela L. Pressley
Assistant Director for Government Affairs: La Tosha C. Plavnik
President: Aletha C. Huston

The Consortium of Social Science Associations (COSSA) is an advocacy organization promoting attention to and federal support for the social and behavioral sciences.

UPDATE is published 22 times per year. ISSN 0749-4394.

Address all inquiries to COSSA at newsletters@cozza.org

Email Marketing by

