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CONGRESS COMPLETES FY 2004 APPROPRIATIONS PROCESS JUST IN TIME TO BEGIN AGAIN

On January 22, nearly five months into fiscal year 2004, Congress completed its work on the appropriations process to fund many government agencies. The Senate finally passed the Omnibus Appropriations Act for programs usually found in seven separate seven spending measures. The current Continuing Resolution keeping the government open expires on January 31, but the President is expected to sign the Omnibus bill before then.

On January 20, the first day of the second session, Democrats prevented enactment of the bill by succeeding in denying the closure of debate. Threatened with a full year Continuing Resolution, which would have funded the agencies in the bill at FY 2003 levels, the Democrats succumbed. They were unhappy that the White House and the GOP leadership had ignored them in the final deliberations over the bill and overlooked Senate votes on provisions dealing with media ownership, overtime rules, and vouchers for D.C. public schools.

The Omnibus bill includes funding for: the National Science Foundation (\$5.578 billion); the National Institutes of Health (\$27.8 billion); the Centers for Disease Control and Prevention (\$4.51 billion); the Institute for Education Sciences (\$165.5 million); the National Institute of Justice (\$47.7 million); and the Department of Agriculture's National Research Initiative (\$164 million). For further details about these figures see *Update*, December 8, 2003.

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HOUSE, SENATE MEMBERS PROTEST CHANGES TO SCIENTIFIC REPORT ON HEALTH DISPARITIES

On January 13, eight members of Congress, led by Rep. Henry Waxman (D-CA), Ranking Minority Member on the House Committee on Government Reform, and the Chairs and Co-Chairs of the Congressional Black, Hispanic, Asian Pacific American, and Native American Caucuses sent a letter to Health and Human Services (HHS) Secretary Tommy Thompson protesting the changes made by political appointees to the executive summary of the National Healthcare Disparities Report, released by HHS on December 23.

The Report responds to the Healthcare Research and Quality Act of 1999 (Public Law 106-129) that directs the Agency for Healthcare Quality and Research (AHRQ) to develop

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APPROPRIATIONS, (Continued from Page 1)

Now that the FY 2004 appropriations process is finally complete, the FY 2005 funding game looms right-around-the-corner. The President's budget will be released on February 2. Although Congress will seek to move swiftly in this election year, the prospect of continued acrimony lingering from the FY 2004 process and the considerable restraints the Bush Administration will put on spending, particularly domestic discretionary funds, could lead to another extended process.

HEALTH DISPARITIES, (Continued from Page 1)

two annual reports: a National Healthcare Quality Report and the National Healthcare Disparity Report (NHDR). (See *Update*, January 12, 2004). The NHDR is the "first annual report on healthcare disparities and is intended to provide a balanced summary of the state of disparities in the United States."

The Members' protest of the Report comes after an inquiry by the Special Investigations Division of the minority staff of the Government Reform panel at the request of Reps. Waxman, Elijah Cummings (D-MD; Chair, Cong. Black Caucus), Ciro Rodriguez (D-TX; Chair, Cong. Hispanic Caucus), Michael Honda (D-CA; Chair, Cong. Asian Pacific American Caucus), Donna Christensen (D-VI; Chair, Cong. Black Caucus Health Braintrust), Hilda L. Sodis (D-CA; Chair, Health Task Force, Cong. Hispanic Caucus), Danny Davis (D-IL; Secretary, Cong. Black Caucus), and Dale Kildee (D-MI; Democratic Co-Chair, Cong. Native American Caucus).

The Special Investigations Division compared two versions of the healthcare disparities report: "(1) the final version that was released by HHS on December 23 after review by political appointees in the Department; and (2) the draft executive summary that was prepared by HHS scientists and widely circulated in the Department."

According to the staff report, the December 2003 version of the executive summary omits many of the findings cited by the HHS scientists, which were consistent with those of the Institute of Medicine's (IOM) report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Care* (i.e., disparities are "national problems," are "pervasive in our health care system," and carry a significant "personal and societal price").

On January 15, Senators Jeff Bingaman (D-NM), Tom Daschle (D-SD), Hillary R. Clinton (D-NY), Daniel Akaka (D-AK), Jon S. Corzine (D-NJ), Edward Kennedy

(D-MA), Debbie A. Stabenow (D-MI), Christopher Dodd (D-CT), and Charles Schumer (D-NY), citing the minority staff report, sent a letter to Thompson expressing their "great surprise" that the "final version of this report differs significantly from the one drafted by HHS scientists."

'Manipulation of Science'

In their letter, the House members expressed their disdain that the "(staff) investigation finds that HHS substantially altered the conclusion of its scientists on healthcare disparities."

"This is yet another example of the Administration's manipulation of science to fit its political goals," said Waxman. "Rather than dedicate the resources necessary to eliminate the serious healthcare disparities in this country, HHS is pretending that they don't exist."

"Just like a tumor cannot be healed by covering it with a bandage, healthcare disparities cannot be eliminated with misrepresented facts," related Cummings. He urged the Administration to stand by its commitment to eliminating racially-defined healthcare disparities by 2010. Citing the IOM's report, Cummings emphasized that "healthcare disparities can only be addressed by increasing access to healthcare, training healthcare workers to deal with a diverse group of patients, recruiting more minorities to work in health, and other action-oriented initiatives. Disparities do not disappear by concealing information."

Rodriguez stressed that "It's vital to receive accurate information in order to correct our current system and to guarantee a better one for our children. Removing the word does not remove the issue."

"Instead of leading the fight against healthcare disparities, HHS is downplaying the serious inequities faced by racial and ethnic minorities," added Honda.

Manipulating the report will only exacerbate the problem for millions of minorities by prolonging and perpetuating the inequalities that already exist under our current health care system," Kildee stressed.

Key Findings

Key findings of the Special Investigations Division report include:

- **The final version of the National Healthcare Disparities Report deletes most uses of the**

word “disparity.” In the original draft, “disparity” is defined as the condition or fact of being unequal, as in age, rank, or degree” and included the term over 30 times in the “key findings” section of the executive summary. Conversely, the final version leaves “disparity” undefined and includes it in the “key findings” section just twice.

- **The final version eliminates the conclusion that healthcare disparities are “national problems.”** The scientists’ draft found that “racial, ethnic, and socioeconomic disparities are national problems that affect health care at all points in the process, at all sites of care, and for all medical conditions – in fact, disparities are pervasive in our health care system.” The final version states only that “some socioeconomic, racial, ethnic, and geographic differences exist.”
- **The final version drops the findings on the social costs of disparities and replaces them with a discussion of “successes.”** The scientists draft concluded that disparities come at a person and societal price,” including lost productivity, needless disability, and early death. The final version drops this conclusion and replaces it with the finding that “some ‘priority populations’ do well or better than the general population in some aspects of health care.” Citing that “American Indians/Alaska Natives have a lower death rate from all cancers,” the executive summary neglects to mention “that overall life expectancies for American Indians and Alaska Natives are significantly shorter than for other Americans or that their infant mortality rates are substantially higher.”
- **The final version omits key examples of healthcare disparities.** The final version drops the conclusion by the scientists that “racial and ethnic minorities are more likely to be diagnosed with late-stage cancer, die of HIV, be subjected to physical restraints in nursing homes, and received suboptimal cardiac care for heart attacks.”

So that they may continue to investigate the issue, members requested from Thompson:

1. All internal HHS drafts, comments, e-mail exchanges, memos, and other materials related to the *National Healthcare Disparities Report*.

2. Dates of all meetings to discuss changes to the *National Healthcare Disparities Report*, including list of attendees.
3. Comments from outside groups and individuals, including consultants related to *National Healthcare Disparities Report*, as well as any information, e-mail, or correspondence exchanged with these groups.

The Members further requested a “detailed plan, including proposed funding, outlining how the Department intends to address health care disparities.”

“For HHS to have credibility on the issue of healthcare disparities, you simply cannot tolerate political manipulation of the underlying science,” the Members admonish Thompson.

PANEL REPORTS ON TRIUMPHS AND TROUBLES IN 2000 CENSUS

A committee of the National Research Council (NRC) of the National Academies has released its report: *The 2000 Census: Counting Under Adversity*. Established in 1998 by the NRC’s Committee on National Statistics, *The Panel to Review the 2000 Census* was chaired by Janet Norwood, former U.S. Commissioner of Labor Statistics and former COSSA President. The full report is available at www.nap.edu/catalog/10907.html.

The overall conclusion of the report “is that the 2000 census experienced both major successes and significant problems.” “Despite problems with the census address list,” the panel declared the “completeness of population coverage and the quality of the basic demographic data were at least as good as and possibly better than in previous censuses.”

The 2000 Census was “generally well executed,” with the “dedication of the Census Bureau staff” making possible the success of several operational innovations, according to the report. The decline in mail response rates noted in the 1980 and 1990 censuses was halted. This was due, the panel noted, to a redesigned questionnaire and mailing strategy, and an expanded advertising and outreach program. The improved mail response rate also helped reduce the cost and time of follow-up activities. In addition, contracting for selected data operations, using improved technology to capture the data, aggressively recruiting enumerators, and implementing non-response follow-up – all innovations in 2000 – added to getting the census done in a timely

manner.

The report noted that the two major operational problems were the “error-plagued development of the Master Address File (MAF) and the poorly managed enumeration of residents of group quarters.” Since the MAF is and will be used for other Census bureau surveys, the new American Community Survey, the 2008 dress rehearsal, and the 2010 Census, the committee recommended that the Bureau develop new procedures for obtaining accurate information to identify housing units within multiunit structures and to thoroughly evaluate and completely redesign the processes for obtaining information from respondents in group quarters.

With regard to population coverage in 2000, the report concludes that “there is sufficient evidence to conclude that net undercount rates for population groups were reduced in 2000 from 1990, and even more important, that differences in net undercount rates between historically less-well-counted groups (minorities, children, renters) and other groups were reduced as well.” This good news was accompanied by large numbers of duplicate census enumerations and large numbers of wholly imputed census records. The report also suggests that “there is also an estimate that for the first time in history the 2000 census may have actually *overcounted* (emphasis in the report) the total population.”

Another problem the panel related was that missing data rates for the 2000 census long-form items were moderate to very high (10 to 20 percent or more) for over one-half of the items. The panel suggests that this may have occurred due to the increased use of imputation procedures. The report also reviews the Bureau’s decisions not to adjust the census numbers.

A separate NRC *Panel on Research on Future Census Methods* is charged with assessing the Census Bureau’s plans for 2010. Its report is expected in March.

ACADEMY PANEL TO ADDRESS ASSESSING BEHAVIORAL/SOCIAL RESEARCH ON AGING

The Committee Assessing Behavioral and Social Science Research on Aging held its first meeting on January 19-20. The panel was convened by the National Academies Division of Behavioral and Social Sciences and Education (DBASSE) and chaired by Irwin Feller, professor emeritus at Penn State and

senior visiting fellow at the American Association for the Advancement of Science. Feller also chairs the National Science Foundation’s Social, Behavioral and Economic Sciences Directorate’s Advisory Committee.

Spurred on by three forces of change: the movement toward greater accountability in government; the requirement for research to have broader impacts beyond a particular scientific advancement; and the increase in competitiveness for research funds, the Director of the Behavioral and Social Research program of the National Institute on Aging, Richard Suzman, has asked the panel to help him figure out how to assess the research areas under his jurisdiction. This has become important in the aging arena, he noted, because of the continued growth of the elderly population and the demands it is and will make on the political system.

Suzman would like the panel to help him develop useful assessment tools to monitor the contributions of various scientific fields, to identify promising leads in developing areas, and to determine where progress in other fields can be leveraged. The underlying question is how you compare quality of science across fields and how to shift priorities and funding to fields that are promising from those which are losing their vitality.

The panel discussed the recent use of bibliometrics – citation indices made popular by the Institute for Scientific Information – and suggested that albeit somewhat helpful, this is not a sufficient tool for assessment. Alternative tools such as expert judgments – peer reviews, outside committee of visitors (used by NSF to review its programs) – are also useful, but sometimes self-perpetuate the field. A reputational approach, used by the National Research Council in its assessment of graduate doctorate programs, also can be useful, but has been criticized for the lag time problem in the building of reputations. Another possible approach is conducting “roots studies” or “hindsight projects,” retrospectively tracing societal advances to scientific discoveries. The committee asked for some intellectual histories for its next meeting.

The 26-month study has just begun. Paul Stern of the National Research Council is the study director. A list of the committee members and more information about the project can be found at www.nas.edu (click on current projects keyword aging).

NIH CREATES DIRECTOR'S PIONEER AWARD TO STIMULATE HIGH-RISK, HIGH-IMPACT MEDICAL RESEARCH

In an effort to stimulate high-risk, high-impact medical research and as part of the NIH Roadmap for Medical Research, the National Institutes of Health is establishing the NIH Director's Pioneer Award Program (NDPA). The program is being created "to identify and fund investigators of exceptionally creative abilities and diligence, for a five-year term to allow them to develop and test far-ranging ideas."

The program will provide up to \$500,000 per year for five years "to a highly select group of individuals who have the potential to make extraordinary contributions to medical research."

"The face of biomedical research is changing," says NIH Director Elias Zerhouni. "To keep pace, we must cross the traditional disciplinary boundaries of science and medicine to bring forward new conceptual frameworks and methodologies that will speed discovery and improve health."

The NDPA is designed to encourage investigators in the "biomedical, behavioral and social sciences, physical and chemical sciences, computer sciences, mathematics and engineering" to take on creative, unexplored avenues of research related to the improvement of human health.

It is emphasized that the program is not designed to support ongoing research projects or expand the funding of investigators who are already well supported.

Applicants for the NDPA can expect to undergo a "rigorous selection process to establish the potential high-impact benefits of their ideas to medical research and their likely abilities to pursue their concepts."

In the first phase of the application process, the NIH is seeking the nomination of biomedical, behavioral, social, physical, chemical, and computer scientists; engineers; and mathematicians who provide evidence of interest in exploring topics of relevance to the mission of the NIH. Individuals at all stages of their career are eligible to participate. Nominations will be accepted from March 1, 2004 through midnight April 1, 2004, Eastern Standard Time.

NIH staff and outside experts will evaluate the nominations to identify promising candidates who will then be invited to formally apply. The second phase of the process begins mid June and candidates will be asked to provide an essay of 3 - 5 pages describing their views on the major challenges in biomedical and behavioral research. A detailed scientific plan will not be required. A panel of outside experts will interview a subset of the applicants in August/September 2004. Additional input will be provided by the Advisory Committee to the Director and final selections will be completed and announced by the end of September 2004.

For further information or to submit a nomination, see www.nihroadmap.nih.gov/highrisk/initiatives/pioneer.

SOURCES OF RESEARCH SUPPORT

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

AERA Dissertation Grants Program

The American Education Research Association (AERA) invites education policy- and practice-related dissertation proposals using National Center for Education Statistics (NCES), National Science Foundation (NSF), and other national data bases. Dissertation grants are available for advanced graduate students and are intended to support the student while writing the dissertation. Applicants for dissertation grants may be U.S. citizens, U.S. permanent residents, or non-U.S. citizens. Awards for Dissertation Grants are up to \$15,000 for 1-year projects.

The goals of the program are: (1) to stimulate research on U.S. education policy- and practice-related issues using NCES and NSF data sets; (2) to improve the educational research community's firsthand knowledge of the range of data available at the two agencies and how to use them; and (3) to increase the number of educational researchers using the data sets. Minority researchers are strongly encouraged to apply.

Dissertation topics may cover a wide range of policy- or practice-related issues that include but are not limited to: school persistence and career entry; teachers and teaching, including supply, quality, and demand; policies and practices related to student achievement and assessment; policies and practices that influence student and parental attitudes; contextual factors (individual, curricular, and school related) in education; education in

middle schools; educational participation and persistence (kindergarten through graduate school); at-risk students; early childhood education; U.S. education in an international context; school finance; materials (curriculum) development, research and informal science education; undergraduate science, engineering, and mathematics education; the supply (pipeline) of students taking mathematics and science courses from K-12; research career development; the quality of educational institutions; and methodological studies. Researchers must include the analysis of data from at least one NSF or NCES data set in the dissertation. Additional large-scale nationally representative data sets may be used in conjunction with the obligatory NSF or NCES data set. If international data sets are used, the study must include U.S. education.

Proposals for dissertation grants will be reviewed three times a year, in Fall, Winter, and Spring, with funding decisions made within a month of the review date. Deadlines for proposals remaining in 2004 are: **March 10, 2004** to be reviewed in April and **September 3, 2004** (tentative date) to be reviewed in October.

For more information, please contact Jeanie Murdock at (805) 964-5264 or jmurdock@aera.net or see http://www.aera.net/grantsprogram/res_training/diss_grants/DGFly.html.

DHS Undergraduate Scholarships and Graduate Fellowships

Applications for the Department of Homeland Security (DHS) undergraduate scholarships and graduate fellowships for Fall 2004 are now available. Applications as well as all other relevant information about the two programs are available on the DHS website at <http://www.orau.gov/dhsed>.

These awards are intended for students interested in pursuing the basic science and technology innovations that can be applied to the DHS mission. DHS realizes that the country's strong science and technology community provides a critical advantage in the development and implementation of counter-terrorist measures. This education program is intended to ensure a diverse and highly talented science and technology community to achieve the DHS mission and objectives. Areas of study include: physical, biological, social and behavioral sciences including science policy, engineering, mathematics, and computer science.

Applications for both Undergraduate Scholarships and Graduate Fellowships must be postmarked by February 19. Follow-up materials, which are different

for each program, are due by March 4. The two programs offered a total of 100 scholarships and fellowships for academic year 2003.

ELSI Regular and Small Grant Research Programs

The National Human Genome Research Institute (NHGRI) and eight other Institutes at the National Institutes of Health are soliciting research projects that anticipate, analyze and address the ethical, legal, and social implications (ELSI) of the discovery and use of new information and technologies resulting from human genetic and genomic research.

Of particular interest are studies that examine issues and, where appropriate, develop policy options in the following areas: 1) intellectual property issues surrounding access to and use of genetic information; 2) the ethical, legal and social factors that influence the translation of genetic information to improved human health; 3) the issues surrounding the conduct of genetic and genomic research; 4) the use of genetic and genomic information and technologies in non health care settings; 5) the impact of genetics and genomics on concepts of race, ethnicity, kinship and individual and group identity; 6) the implications, for both individuals and society, of uncovering genetic and genomic contributions to not only disease, but also 'normal' human traits and behaviors; and 7) how different individuals, cultures and religious traditions view the ethical boundaries for the uses of genetics and genomics.

The small grant PA, which is limited to applications requesting up to \$50,000 in direct costs per year for no more than two years, makes use of a streamlined application process and is designed to encourage the development of small, focused research projects by legal, historical, ethics and social sciences scholars whose analytical style of inquiry often has not been adequately encouraged or supported by the more traditional NIH R01 application process. It is also designed to support smaller exploratory studies that may provide preliminary findings or pilot data for larger research proposals in all research areas of interest.

The programs expire in January 2007, unless reissued. For more information, please contact Joy Boyer of NHGRI at (301) 402-4997 or jb40m@nih.gov or see <http://grants.nih.gov/grants/guide/pa-files/PA-04-050.html> (for the regular program) or <http://grants.nih.gov/grants/guide/pa-files/PA-04-051.html> (for the small grant program).

HIV/AIDS, Drug Use, and Highly Vulnerable Youth

The National Institute on Drug Abuse (NIDA) and the National Institute of Mental Health (NIMH) invite innovative applications to address critical gaps in research on HIV/AIDS prevention, treatment, and related health issues among highly vulnerable youth.

For the purpose of this RFA, highly vulnerable youth are those children, adolescents, and young adults aged 10-24 years who are using or are at high-risk for using drugs (both injection and non-injection drug use) and who are (a) at high risk for HIV and other infectious diseases (e.g., hepatitis B virus (HBV), hepatitis C virus (HCV)), (b) living with HIV/AIDS, and/or (c) affected by HIV/AIDS (e.g., youth with family living with HIV, especially youth from drug-using households; youth bereaved by HIV, including youth orphaned by HIV/AIDS).

This initiative is focused on highly vulnerable youth in the United States who are particularly vulnerable to HIV/AIDS and its medical and psychosocial consequences: (a) youth in risky social environments who are exposed to multiple factors associated with drug abuse and HIV, but who have limited exposure to factors that are protective, (b) youth who live outside of the protective influences of traditional family, school, or work venues (e.g., on the street, homeless and runaway youth, youth in foster care, incarcerated youth, youth in gangs, migrant youth), (c) youth who represent the current or emerging face of the HIV epidemic in the U.S. (e.g., young minority females, young men who have sex with men, youth from rural or suburban areas), and (d) youth in families and/or communities already vulnerable as a result of poverty, HIV/AIDS, drug abuse, mental illness, stigma, discrimination, and violence.

The overall objective of this RFA is to facilitate the development and implementation of interventions that reduce HIV infections and mitigate the medical and psychosocial consequences of the virus in order to improve the health and quality of life of youth at risk for, living with, or affected by HIV/AIDS. This RFA encourages innovative, culturally relevant, and gender sensitive research in the following areas: (a) epidemiology of current and emerging trends related to HIV/AIDS and drug use patterns, physical and mental health comorbidities, and social environments among highly vulnerable youth; (b) development, implementation, evaluation, and dissemination of innovative

approaches to prevent the transmission of HIV infection; (c) access to, receipt of, and adherence to health and drug abuse treatment services, including research on barriers to treatment such as stigma, and on optimizing HIV/AIDS risk reduction through drug abuse treatment; (d) integration of services (e.g., HIV/AIDS prevention and treatment services, HIV/AIDS medical services with drug abuse prevention and/or treatment, HIV/AIDS and HBV/HCV prevention).

A letter of intent is due **February 17, 2004** and applications must be received by **March 17, 2004**. For more information, please contact Nicolette Borek of NIDA at (301) 402-0866 or nborek@nida.nih.gov or see <http://grants.nih.gov/grants/guide/rfa-files/RFA-DA-04-012.html>.

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