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DIRECTOR ABRAMS DISCUSSES THE FUTURE OF THE BEHAVIORAL/SOCIAL SCIENCES AT NIH

David Abrams, Director of the Office of Behavioral and Social Science Research (OBSSR) at the National Institutes of Health (see *UPDATE*, December 13, 2004), took the time to answer a series of questions that COSSA posed about the future of the behavioral and social sciences at NIH since his recent appointment to the leadership post. The questions and responses are as follows:

Q: National Institutes of Health Director Elias Zerhouni has acknowledged and recognized that “health-related behavioral and social sciences research is an integral part of the NIH mission.” Have you given any thoughts as to what the Office of Behavioral and Social Sciences Research can do to contribute to this increasing recognition and acknowledgement of the value of social and behavioral science to health? How can OBSSR get the larger scientific community to recognize these contributions? How can OBSSR accomplish these goals?

The OBSSR was established less than a decade ago, not a long time in the history of the NIH. At that time a congressional mandate established OBSSR in a culture that lacked a full appreciation of exactly what behavioral and social science (BSS) is and how critical our basic and applied disciplines are to improving the nation’s health. As Dr. Zerhouni stated, we have come a long way. The NIH culture is changing, BSS now have a place in the sun, are respected and are viewed less and less as “soft science” nowadays.

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NRC MAKES RECOMMENDATIONS FOR EDUCATION RESEARCH

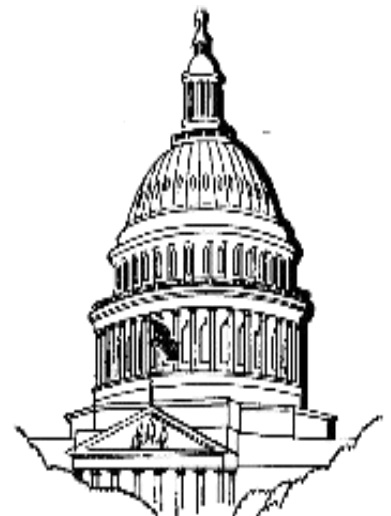
Building upon their 2002 report, *Scientific Research in Education*, which articulates the elements of quality scientific research in education, the National Research Council (NRC) of the National Academies has just released their final report on *Advancing Scientific Research in Education*. The report recommends ways to promote high-quality education research to policymakers and practitioners in the field.

In 2002, the NRC convened the Committee on Research in Education to organize a five-part workshop series with scholars, policymakers, and educators to discuss ways

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Having a place in the sun neither automatically entitles one to all the resources one desires, nor removes all impediments. Despite the recent doubling of the NIH budget, the current and future NIH budget is likely to be relatively flat. A flat budget requires expectations to be adjusted to this new fiscal reality and suggests different strategies of leadership. The constraints require NIH leadership to make tough choices, setting priorities, and managing efficiently. Each constituency may be tempted to defend what it has and be conservative about new opportunities. This climate calls for a two-tiered approach, strong leadership and realistic expectations: First, to ensure BSS does not lose ground and also to make sure everything we are doing is driven by the most compelling and rigorous science, we must point clearly to the extraordinary opportunities that will make the biggest difference in improving the nation's health. Second, to pose a bold vision of the potential that BSS has to make contributions to the NIH mission, to justify in a positive manner the need for investment of finite resources, and to encourage more collaboration to leverage existing resources in efficient new ways. Partnerships across the NIH Institutes and Centers (I/C's) become even more critical if no single Institute or Center (I/C) has sufficient resources to address a pressing issue alone. Students and new scientists submitting their first R01's [investigator-initiated grant proposals] need to be most strongly protected and supported. The continued importance and value of the ongoing work of more experienced researchers will also need to be supported. For ongoing programmatic work the future relevance and potential of the work to incrementally move the field forward must be critically examined and made very explicit to justify continued renewal.

There is much work to be done to ensure BSS is fully understood, visible, credible and that its rigorous science, theories, models, measures, methods and results are supported and employed to advance the knowledge base in basic and applied science. In this climate of fiscal constraint behavioral and social scientists must be willing to propose the most compelling reasons why a specific initiative will advance the mission of NIH. They must proactively reach out across disciplines and boundaries within their own fields and forge alliances with biomedical and public health communities. Collaborative new partnerships also need to be developed between basic and applied scientists. Dr. Zerhouni's Roadmap with an emphasis on interdisciplinary and transdisciplinary science provides one promising strategy.

Winning the hearts and minds of the NIH community, the broader scientific community, the public and the legislature will be one of the biggest challenges to maintaining and obtaining future support and resources for BSS. This is especially critical when so many exciting discoveries are being made in other arenas and there is increasing competition for a finite amount of resources. The best of BSS science and the best ideas must be made explicit and compelling and communicated to all. Social and behavioral sciences are at the crossroads connecting biology to society. One can't get around them, under them, or over them; one cannot bypass them. Indeed, neither biomedicine nor BSS can operate without fuller appreciation for each other and without closer collaboration and reciprocal respect and support.

This reality means that more than ever the BSS community and OBSSR must work together to focus and make the strongest possible scientific case for the extraordinary opportunities BSS has identified as its priorities and in making these opportunities explicit, visible and credible to key stakeholders and decision makers. OBSSR needs to be in the forefront of showcasing the very best of BSS and in demonstrating clearly and convincingly the contributions BSS can make to improving our nation's health.

Q: What are your goals and/or priorities for OBSSR? Are there particular areas in which you hope that social and behavioral scientists will take an interest?

It is time to develop a new strategic plan for OBSSR. The landscape has changed dramatically since OBSSR was founded. During the last decade, there has been progress in science and technology, a dramatically changing world, and demands for accountability and for maximizing a return on the societal investment made in science. The OBSSR is in need of review to ascertain what has been accomplished, to celebrate progress made, to identify lessons learned and to develop a new plan. While I have some ideas about priorities, I want us at OBSSR to work closely with the larger scientific community, the NIH Institutes and Center representatives, the Office of the Director, the legislature and others to critically review OBSSR accomplishments to date, reexamine its vision, mission, scope and boundaries.

In the next 18 to 24 months, we will conduct a comprehensive review of OBSSR to develop a new strategic plan with recommendations for priorities, goals and objectives for the next decade. We have an extraordinary opportunity now to build on the solid foundation that has been laid by the previous directors and dedicated staff of OBSSR and by our partners in the IC's and in the BSS community. I believe the time is right to create a bold new vision and a strategic plan for the coming decade, where OBSSR can build on its foundation and lead the way in showing how BSS connects biology to society and contributes significantly and in a value-added fashion to the mission of the NIH.

Q: The NIH Working Group on Basic Behavioral and Social Sciences Research of the Advisory Committee to the Director recently noted that “the current support structure for basic behavioral and social science research at NIH is fragile, pointing to the need for a secure and stable home” for this research. Such a home at NIH would greatly facilitate the translation of the research to health and disease applications as well as dramatically enhance the integration of basic and applied research in these sciences at the NIH, the Working Group advised. You have been quoted as saying, “We’re better off not having it in one place.” Can you elaborate on what appears to be a disagreement with the Working Group?

The Working Group identified two areas of basic BSS that require support to continue to make progress in the NIH's mission to improve health. First, there is the basic research that can be relatively easily tied to the mission of one or more institutes with a disease or organ system focus. This research should continue to be supported within the relevant IC. There is a second type of research that is more basic in that it focuses on underlying processes that may ultimately be relevant to several aspects of health and many diseases. To the extent that this research is ready to begin to be applied to a disease or condition, we should encourage researchers to take that next step to translate those results to use in health research. However, there still remains important fundamental BSS research that needs to occur that cannot readily be tied to a specific health outcome. It is critical that there be support for this research at NIH so that it can be integrated into the more health-focused programs when it is ready to make that next step. The most important issue is to ensure that it receives adequate support whether it is in one place or possibly across some Institutes. Basic BSS is critical in itself and yet it must also help us address more directly the gaps in our knowledge about effective applications. Basic BSS is key to develop the knowledge-base, advance the theory, identify mechanisms, and develop better tools, measures and methods for the next generation of more effective and efficient translational, dissemination and policy research. As I adjust to my new position I will be working closely with NIH leadership to determine how best to accomplish the goal of ensuring support for relevant basic BSS.

Q: From your outside perspective, how effective has OBSSR been? In what areas do you believe it has made contributions? How can the Office improve?

The OBSSR has put BSS on the map at NIH and elsewhere and has become a voice and a “go to place” for many diverse BSS groups. It has been effective in raising the visibility of the value of BSS at NIH and beyond, in creating a forum where common issues facing scientist who work in different diseases, with different populations, across the lifespan, across the wellness-disease continuum, and across different levels of analysis, from neurons to nations, can come together. OBSSR has been a place where the loci of diseases and indeed the causes and correlates of disease and of health promotion have been broadened and deepened, so that the “causes of the causes” can be seen as much in the macro-socioeconomic environment as they are seen in the molecules and genes.

Contributions of OBSSR are many and include: integrative conceptual models such as those published by OBSSR's founding director Dr. Norman Anderson, and broad trans-NIH initiatives that cover issues relevant to many IC's – e.g. methods and measures development, common principles of behavior change and maintenance of change, training and curriculum development, commonalities and differences across multiple lifestyle risk factors (like obesity, tobacco, physical inactivity, stress, and co-morbidity with mental health and substance abuse problems), issues related to the clustering of health variables (as in levels of social influence in proximal and distal contexts from family and friends to neighborhood, community and macroeconomic forces), as well as in factors influencing health disparities and populations at disproportionate risk – one of the areas of expertise of the previous director, Dr. Raynard Kington.

The Office can improve by doing more to promote and communicate the value and knowledge base of BSS, engage more of the IC's and ensure that BSS expertise is at the table with the leaders, stakeholders and decision makers in health and health care both inside and outside of government. Other recommendations for OBSSR will surely emerge from the program progress review and strategic planning process that I mentioned earlier that we plan to undertake in the next 18 months to 2 years.

Q: Historically, the behavioral sciences have been better represented than the social sciences at NIH, although steps have been taken in recent years to enhance the social sciences contributions to health research. What steps do you feel can be taken to ensure that the necessary infrastructure (data resources, computing power, methodologies for design collection, statistical analysis of research data, and increasingly in some areas, laboratories) needed to support the social sciences and their potential contributions to health are available to the social science community?

In the past few years, OBSSR has increased its efforts to ensure that the needs of the social science community are being addressed. Several research programs, either initiated by OBSSR or in which the Office collaborated with the ICs, have been developed. These include RFAs on 1) the mechanisms and pathways linking education and health, 2) obesity and the built environment; PAs on 1) the social and cultural factors associated with health, 2) methods and measurement, and 3) racial and ethnic discrimination in health care. We have also cosponsored major survey data collection efforts that either are or will become public use data sets available to many social science researchers. To just identify a few, OBSSR has provided support for Add Health [The National Longitudinal Study of Adolescent Health], the LA Families and Neighborhoods Survey, the National Survey on Black Americans, the National Latino and Asian American Study, and the New Immigrant Survey. Future plans include support to the Early Childhood Longitudinal Survey – Birth Cohort. In addition, we will continue to raise the visibility of the contributions that social science makes to understanding and intervening in health by organizing and sponsoring a major NIH conference looking at the impact of behavioral and social factors on health disparities.

I and the other staff members of the OBSSR welcome additional suggestions. I look forward to

working collaboratively with you all to better represent the best of basic and applied BSS in general as well as the social sciences in particular.

NRC (Continued from Page 1)

in which scientific research in education could be improved and better promoted. Over the course of the workshop series, cross-cutting themes and ideas emerged from the discussions, several of which the committee selected as the most promising for promoting targeted improvements in education research, and included them in the final report.

The report was released in pre-publication form in October 2004, and the final copy was released to the public just this month. Lisa Towne, Lauress L. Wise, and Tina M. Winters, all Committee staff members, served as editors of the final report.

The report calls upon the three major types of institutions — federal funding agencies, schools of education and universities, and professional associations — to strengthen scientific education in order to promote high-quality education research, develop a knowledge base, and enhance the professional development of researchers.

The report's select recommendations include:

- 1) Federal agencies that support education research should clearly delineate the criteria by which peer reviewers rate proposals and should train reviewers in the use of these scales. They should also ensure that as a group, each peer review panel has research experience and expertise to determine the theoretical and technical merits of the proposals it reviews, as well as compose peer review panels in a way that minimizes conflicts of interest, balances biases, and promotes the participation of people from a range of scholarly perspectives and traditionally underrepresented groups.
- 2) Federal agencies should ensure that appropriate resources are available for education researchers conducting large-scale investigations in educational settings to build partnerships with practitioners and policymakers.
- 3) Schools of education that train doctoral students for careers in research should: articulate the competencies graduates should know and be able to do; design their programs to develop deep, substantive, and methodological knowledge and skill in a specialized area; and conduct research over the course of study that facilitates the

development of research skills and provides opportunities to publish research findings in peer-reviewed journals.

- 4) Funding agencies, professional associations, and education research journals should collaborate to create a technological infrastructure that facilitates data-sharing and knowledge accumulation.
- 5) Professional associations involved in education research should develop explicit ethical standards for data-sharing.
- 6) Education research journals should develop policies which require authors to submit structured abstracts for their manuscripts and make relevant data available to other researchers.
- 7) Publishers of peer-reviewed journals should implement an editorial and manuscript review system that promotes the professional development of education researchers who participate in the process.

The full report is available at: <http://books.nap.edu/catalog/11112.html>.

ONE SURVEY CANCELLED; ANOTHER TO ELIMINATE GENDER CATEGORY

On January 14, the Department of Labor ordered the halting of data collection on the National Agricultural Worker Survey (NAWS).

NAWS is the only national information source on the demographics, working and living conditions of U.S. farmworkers. Since NAWS began surveying these workers in 1988, it has collected information from over 25,000 workers. The survey samples all crop farmworkers in three cycles each year in order to capture the seasonality of the work. NAWS locates and samples workers at their work sites, avoiding the well-publicized undercount of this difficult-to-find population. During the initial contact, arrangements are made to interview the respondent at home or at another convenient location.

NAWS data includes household and family composition and additional demographic information on the farmworker himself including language ability, contacts in non-agricultural jobs, and parental involvement in agriculture. In addition, NAWS

compiles a full year of information on the employment and geographic movement of the worker. This history covers the occupation, including task and crop if employed in agriculture, type of non-agricultural work if employed off the farm, periods of unemployment and periods abroad, and the worker's location for every week of the year preceding the interview.

Furthermore, the survey examines wages, benefits and working conditions, health, safety and housing information, and income and assets, social services usage and immigration status of America's farmworkers.

The survey, funded through the Assistant Secretary for Policy at the U.S. Department of Labor, has sought financial help from other agencies across the government that use NAWS data, but has been unsuccessful in convincing them to contribute. Thus, it has been halted.

Current Employment Statistics Survey Seeks to Eliminate Gender Category.

In a recent *Federal Register* notice, the Bureau of Labor Statistic (BLS) proposed to revise how it collects data in the Current Employment Statistics Survey (CES). This survey produces monthly estimates of employment, hours, and earnings based on U.S. non-agricultural establishment payrolls. There is a 60-day comment period for people to respond.

The proposal seeks to eliminate the collection of these data by gender and to expand the collection to include all workers, not just the production workers in the current CES. BLS justifies its decision to eliminate a separate women workers data item for several reasons: 1) the new information requested will increase respondent burden; 2) BLS concluded that there is not a high relative number of users of the CES; and 3) similar data are available from other sources such as the Current Population Survey (CPS).

A number of groups, including the Congressional Caucus on Women's Issues, co-chaired by Representatives Louise Slaughter (D-NY) and Shelly Moore Capito (R-WV) have challenged BLS' rationale. They are particularly concerned that the CPS is not a sufficient substitute since the CES is based on administrative payroll information and has a larger sample, while the CPS is based on worker's responses to an interviewer. They also suggest that the "burden" problem is overstated.

The notice is in the *Federal Register*, December 22, 2004 at pp. 76793-94. http://www.access.gpo.gov/su_docs/fedreg/a041222c.htm

1 Responses are due by February 22, 2005 to Amy A. Hobby, BLS Clearance Officer, Division of Management Systems, Bureau of Labor Statistics, Room 4080, 2 Massachusetts Ave., NE; Washington, DC 20212.

SOCIAL AND CULTURAL DIMENSIONS OF HEALTH

The Office of Behavioral and Social Sciences Research (OBSSR) along with 15 institutes of the National Institutes of Health (NIH) have reissued the program announcement, Social and Cultural Dimensions of Health (PA-05-029), that seeks to encourage the development of health research integrating knowledge from the biomedical and social sciences. The announcement is based upon recommendations submitted to the NIH in conjunction with the *Toward Higher Levels of Analysis: Progress and Promise in Research on Social and Cultural Dimensions of Health* conference held June 27-28, 2000 on the NIH campus (see *UPDATE*, July 10, 2000 and July 24, 2000).

The program announcement invites applications for research on the social and cultural dimensions of health in five areas:

1) Basic Social and Cultural Constructs and Processes Used in Health Research. These areas include:

- Social stratification and inequalities,
- Social integration, and culture.

2) Etymology of Health and Illness. Research on topics and questions include:

- Examining the overarching issues (research to improve the understanding of how societal factors, such as social policies, structures, and cultural norms, are linked to individual factors, such as a person's behaviors, and ultimately to health);
- Interpersonal, social and cultural factors, and social contexts (family and households, religious institutions, work places, schools, health-care organizations and systems, neighborhoods, communities, geographic location, residential segregation, legal and administrative policies, communication environments).

3) Consequences of Poor Health for Individuals and Social Groups. Topics of interest include:

- Self care or self regulation (considering the influence of social, cultural, and economic factors on the adoption and consequences of this strategy);
- Coping strategies, social stigma (stigma across physical and mental health conditions, including addictions);
- Care settings, outcomes and groups, including research on the social and cultural origins of the stigmatization of illnesses; and
- Impact of health on society (how the health of individuals impacts upon macro-level processes and systems).

4) Linking Science to Practice to Improve Prevention, Treatment, Health Services, and Dissemination. Research areas include:

- Prevention;
- Treatment and management of disease (research on cultural competence at multiple levels, including health systems, agencies and providers, with an emphasis on primary care and mental health settings);
- Services (development, dissemination, and accessibility of new therapies, technological services such as retrovirals and anti-psychotics); and
- Dissemination and adoption (processes through which social and behavioral interventions are incorporated into general practice).

5) Ethical Issues in Social and Cultural Research. Research is encouraged in the following areas:

- Ethical issues arising from research that links the individual to groups, organizations, neighborhoods, or communities.
- Threats to confidentiality of data collected in multi-level studies by advancing statistical methods for masking or altering individual data and studying how such procedures impinge upon the ability to conduct valid analyses.
- Unintended consequences of research aimed at understanding variation among individuals and groups. Also, how to avoid overemphasizing individual and group differences, thereby reinforcing existing patterns of stratification in health care and other areas.

- Community consultation in research projects involving identified population groups. How can individual informed consent best be accomplished in this setting?

For more information see: <http://grants.nih.gov/grants/guide/pa-05-029.html>

NIH DIRECTOR'S PIONEER AWARD

The National Institutes of Health (NIH) is seeking applicants for the second annual NIH Director's Pioneer Award (NDPA) Program, first announced in 2004. The program has been designed to complement the traditional, investigator-initiated grant programs by supporting individual scientists of "excellent creativity who propose pioneering approaches to major contemporary challenges to biomedical research."

In 2004, nine awards were given. In September 2005, NIH is expected to make five to ten new awards of \$500,000 in direct costs per year for five years. The program, however, is not intended to support research projects or simply expand the funding of persons already well-supported for a particular project.

NDPA is open to scientists at all career levels who are currently engaged in any field of research, interested in exploring biomedically-relevant topics, and willing to commit the major portion of their effort to Pioneer Award research. The scientific community has expressed concern regarding the make up of the 2004 award recipients. Accordingly, women, members of groups that are underrepresented in biomedical research, and individuals in the early to middle stages of their careers are especially encouraged to nominate themselves. Applicants must be U.S. citizens, non-citizen nationals, or permanent residents.

A change from last year's nomination process is that individuals must now nominate themselves. Nominations will not be accepted from colleagues, mentors, or institutions.

Nominees are expected to note the general category or categories of research they will address. One or more of the following categories should be selected: Behavioral and Social Science; Clinical Research; Instrumentation and Engineering; Molecular and Cellular Biology; Pathogenesis and Epidemiology; Physiological and Integrative Systems; or Quantitative and Mathematical Biology. If none of the categories is appropriate, the nominee can select "Other" and specify a category.

Nominees are required to submit a three-to-five page essay addressing their innovative vision for, and the significance of, the biomedical problem to be addressed, and their qualifications to engage in groundbreaking research. The essay should describe the nominee's view of the major challenges in biomedical research to which they can make seminal contributions. No detailed scientific plan should be provided, since the research plan is expected to evolve during the tenure of the grant.

Nominations can be submitted via the online nomination form from March 1, 2005 through 5 p.m. Eastern Standard Time, April 1, 2005.

For more information and additional requirements, see: <http://nihroadmap.nih.gov/pioneer/>.

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The Consortium of Social Science Associations (COSSA), an advocacy organization for Federal support for the social and behavioral sciences, was founded in 1981 and stands alone in Washington in representing the full range of social and behavioral sciences.

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