

**PRESIDENT RELEASES 'BARE BONES' BUDGET; DETAILS LATER** *HS*

Meeting the statutory requirement, the White House released a 20 page version of its Fiscal Year 1997 budget request on February 5. This version provides the outlines of the reductions the President proposes to achieve a balanced budget by 2002.

The budget reflects the President's most recent offering in the budget negotiations with the bipartisan congressional leadership. It uses the economic assumptions of the Congressional Budget Office, as demanded by the Republicans, to project a \$40 billion surplus by 2002.

To reach that figure, the budget saves \$596 billion over seven years by reforming federal entitlement programs, cutting deeply in discretionary spending, and limiting corporate subsidies. It saves \$124 billion in Medicare and \$59 billion in Medicaid (well below the Republican proposals), \$40 billion in welfare programs, \$56 billion in other mandatory programs, \$297 billion in discretionary programs, and \$59 billion in corporate subsidies and other revenue provisions. It includes a \$99 billion tax cut, significantly below the Republican version. Most of the savings in discretionary spending (\$221 billion) and entitlements (\$201 billion) are in the last three years from 2000 to 2002.

**Maintains Investments in Science and Education**

The President asserts that this budget maintains his investments in education and training, science and technology, environmental protection, law enforcement, and other key priorities. In science and technology, the budget adds funds for NIH, NSF, NASA basic research, including Mission to Planet Earth. The President seeks continued funding for the Advanced Technology and Technology Reinvestment programs, both targeted for elimination by the Republican budget plan for FY 1996.

Other specific programs protected in the proposal include: Safe and Drug Free Schools, Goals 2000, Americorps, Head Start, Student Loans, Pell Grants, and Skill Grants for dislocated workers and low-income adults. The first three programs have been on the Republican elimination list. Also protected by this budget are: EPA operating programs, national parks, community-oriented-policing, expanded border patrols, and Community Development Financial Institutions.

**Funds to Launch New Initiatives**

The budget includes funds to launch initiatives noted in the President's State of the Union speech. These include: educational technology to connect every classroom to the Internet, merit scholarships, charter schools, a war on juvenile crime and gangs, and tax incentives for business to clean up toxic areas.

As always, the telling is in the details. March 18 is the current scheduled date for release of the program and agency budgets. This is three days after the current FY 1996 continuing resolution runs out. The President hopes that he will at least know agency funding levels for FY 1996, before releasing the FY 1997 figures.

**INSIDE UPDATE...**

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## AGENCIES FUNDED UNTIL MARCH 15; 1996 BUDGET STILL UNRESOLVED *HS*

For most of the agencies and programs represented in the six still-unfinished appropriations bills, a compromise between the White House and the Republican congress will keep them funded until March 15. The Republican leadership seems to have backed off trying to get an agreement on a balanced budget before the November elections. President Clinton now appears most committed to a deal, at least publicly, and he has sought out congressional moderates in both parties to see if he can put one together.

In passing the ninth continuing resolution since late September, Congress funds those programs in the VA, HUD, Independent Agencies appropriations bill, including the **National Science Foundation**, at the House-Senate conference agreement level. For NSF that is a \$3.18 billion total, slightly less than FY 1995, and \$2.274 billion for research, slightly more than last fiscal year. Those programs slated for elimination, such as the **Corporation for National Service**, are allowed to spend at the 75 percent of FY 1995 funding.

The conference report level also holds for the programs in the Commerce, Justice, State and the Judiciary appropriations bill, including the **Census Bureau** (\$150 million for periodic censuses, \$43

million below the requested amount), the **National Institute of Justice** (\$30 million), **Bureau of Justice Statistics**, (\$21.4 million) and the Educational and Cultural Exchange Programs of the **United States Information Agency** (\$200 million, \$38 million below FY 1995). For the Interior and Related Agencies bill, spending is at the lower of FY 1995, the House or Senate-passed level. This leaves the **National Endowment for the Humanities** at \$99.5 million.

Since the Labor, Health and Human Services, and Education appropriations bill still has not passed the Senate, the agencies in this bill are funded at the lower of the FY 1995 level or the House passed level. The **National Institutes of Health** and the **Centers for Disease Control** are excluded from this, as they received full year appropriations in special legislation passed at the end of December (see *Update*, January 22). A number of small programs in this bill for which the President, the House, and the Senate Appropriations Committee provided no FY 1996 funding, mostly in the **Education Department** will be eliminated. Programs that survived in one version will receive funding at the 75 percent level, except that no new contracts or grants can be awarded. This affects Javits Fellowships for social scientists, where only enough funds are available to continue existing awards.

In the meantime, negotiations over a bill to raise the debt ceiling continue. Treasury Secretary Robert Rubin has suggested that the gimmicks he has used to keep the U.S. from defaulting these past few months are coming to an end. The White House is pressing for a bill raising the debt ceiling without any amendments. The Republicans now seem more interested in attaching tax cuts to this bill, then balanced budget language.

With the President doing well because of a favorably received State of the Union address and the Republicans focusing on a suddenly contested fight for their presidential nomination, we seem to be in a respite from the fiery budget rhetoric of 1995. The Republicans now appear interested in making a record of passing legislation (e.g., telecommunications reform) and the President has turned to the nation's governors to help provide solutions. Besides, the fight on Fiscal 1997's budget will begin soon.

### CONSORTIUM OF SOCIAL SCIENCE ASSOCIATIONS

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Public Affairs:	Michael Buckley
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President: Charles Schultze

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 representing the full range of social and behavioral scientists in Washington, D.C. *Update* is published 22 times per year. Individual subscriptions are available from COSSA for \$65; institutional subscriptions, \$130, overseas mail, \$130. ISSN 0749-4394. Address all inquiries to COSSA, 1522 K Street, NW, Suite 836, Washington, D.C. 20005. Phone: (202) 842-3525, Fax: (202) 842-2788.

## **NSF SEEKS NEW LEADER FOR SOCIAL SCIENCE DIRECTORATE** MB

The National Science Foundation is beginning a national search for a new Assistant Director for Social, Behavioral, and Economic Sciences (SBE). Cora Marrett, the SBE's first director, will be returning to the University of Wisconsin this summer after having served in this position since 1992.

Neal Smelser, Director of the Center for Advanced Study in the Behavioral Sciences, will chair a screening committee. The committee is seeking recommendations for candidates who possess: outstanding leadership qualifications; a grasp of the issues facing the social, behavioral, and economic sciences in education and research; and the ability to serve effectively as a key member of the NSF management team.

Recommendations are due by February 29. Please send them to: AD/SBE Screening Committee, National Science Foundation, Office of the Director, Suite 1205, 4201 Wilson Boulevard, Arlington VA 22230.

## **MUNNELL CONFIRMED TO ECONOMIC COUNCIL** HT

The Council of Economic Advisers, which in 1995 survived an attempt by a House subcommittee to abolish it, has its full complement of members once again. The Senate on January 25 confirmed Alicia Munnell, who joins Chairman Joseph Stiglitz and Martin Neil Baily, as inside-the-administration advisers on macroeconomic policy.

Munnell, who was nominated in June 1995, was serving as Assistant Secretary of the Treasury for Economic Policy, where she advised Secretary Robert Rubin on tax and budgetary policy, developed the department's economic projections, and worked closely with CEA, OMB and other administration agencies concerned with economic forecasting.

Before joining Treasury, she served as Senior Vice President and Director of Research at the Federal Reserve Bank of Boston. She has conducted extensive research in the areas of tax policy, Social Security

pensions, public capital spending and the extent of racial discrimination in home mortgage lending. She earned her B.A. from Wellesley (1964), M.A. from Boston University (1966), and Ph.D. in economics from Harvard University (1973).

CEA was saved in 1995 after an extensive letter-writing and advocacy effort that included bipartisan actions from former CEA heads, such as current Federal Reserve Bank Chairman Alan Greenspan, and current COSSA President Charles Schultze.

## **COUNCIL LOOKS AT HEALTH CARE POLICY RESEARCH AND EVALUATION** AS

At a recent meeting of the agency's advisory council, Clifton Gaus, the Agency for Health Care Policy and Research (AHCPR)'s Administrator, outlined the agency's accomplishments and reported on the progress of his 10 "generic goals" for the agency.

AHCPR, created to support research designed to improve the quality of medical care and lower costs by investigating what works and what does not work in the health care system, is currently funded at a prorated level of \$120-125 million for Fiscal Year 1996 under the continuing resolution that expires on March 15th. While an attempt by House Republicans to eliminate ACHPR failed, its budget was cut by 20 percent (see *Update*, August 14, 1995).

When asked by Council members what effect the current funding level had on the Agency, Gaus said it will allow AHCPR to meet continued costs for existing grants. However, the amount of the grants were reduced by 25 percent late last year in anticipation of a reduction in the appropriation to the agency, he added. He explained that there are sufficient funds to continue the work that has been started and to maintain the salaries and operational expenses, but a very small amount is available to initiate new projects. Gaus cautioned Council members that if the uncertainty of a budget continues, the pool of funding could continue to shrink and would have serious consequences on prior commitments.

It is ironic that the agency is "left hanging," said Gaus, "when its work is more important than it has

ever been," adding that a market-based health system needs good scientific research. "Further," he asserted, "a level-playing field is needed in that market and AHCPR has a role to play...The creators of AHCPR saw potential for an agency that would be the scientific basis for where health care is headed."

### Administrator's Goals

Gaus also gave Council members an update on the progress the Agency had made toward the ten generic goals that he had set.

Gaus indicated that progress had been made toward defining AHCPR's mission in this area and that the agency has developed a strategic plan with defined goals as well as a budget. Included in the strategic plan is a systematic outreach to all of AHCPR's customers -- practicing physicians and other clinicians, consumers and purchasers, health plans and policymakers.

AHCPR has also diversified its Advisory Council appointments and moved away from having the Council duplicate the role of study sections. It has also built partnerships with other parts of the government, private co-funders, and the research community. For example, Gaus cited the co-funding of test bed sites for electronic records with the National Library of Medicine.

Further, Gaus indicated progress on: building a quality measurement and improvement program; streamlining and improving the National Medical Expenditures Survey; determining the rate-of-return on AHCPR's Programs (for every \$1 invested in health care research \$7-10 is returned); building a wider constituency; reforming the grantmaking process; and improving efficiency inside the Agency.

### 1995 Accomplishments

Despite the AHCPR's intense fight to stay alive, the agency made a number of significant accomplishments, which included:

- Conducting a research impact study that performed an in-depth review and analysis of the potential for cost savings and quality improvement from the Agency's work. "The study... projected national cost savings for more

than 40 high cost, high frequency conditions. In just one case, the estimated savings are \$175 million annually even if the findings of the research were applied to only one in five patients."

- Funding three cooperative agreements under the Consumer Assessments of Health Plans Study. Harvard, RAND and Research Triangle Institute received \$2 million in funding for the first year of the study to "test a family of prototype consumer satisfaction measures and use the data to develop tools for helping consumers select a health care plan."
- Providing \$1.4 million in funding for 10 grants for "research on market forces in changing the health care system."
- Producing a "landmark report cataloging more than 1,200 clinical performance measures in use by both public and private sector organizations."
- Releasing the first data from the Nationwide Inpatient Sample (NIS) and State Inpatient Database (SID) -- the third phase of the Hospital Cost and Utilization Project.
- Releasing interim findings from a five-year study on preventing strokes in high-risk populations.
- Preparing educational materials "designed to help pregnant women with HIV decide whether to take an antiretroviral drug to reduce the change of transmission to their babies."
- Issuing a "clinical practice guideline to help stroke patients and their families find and arrange for post-stroke rehabilitation services."
- Releasing a clinical practice guideline that "urged patients to participate in comprehensive rehabilitation services, including exercise training, counseling and behavioral interventions, nutrition and smoking cessation."
- Funding a study published in the *Journal of the American Medical Association* that indicated that "one-third of medication mistakes in hospitals are the result of human error."
- Sponsoring a conference to "address the lack of consensus on a definition of medically necessary care, a standard used by both public and private payers to determine coverage of health care services."
- Responding to the high turnover in state government in the 1994 elections, the User Liaison Program held workshops that "provided one-to-one educational sessions on major national and regional issues."

## THE GREAT DISCONNECT: DRUG ABUSE RESEARCH AND PUBLIC PERCEPTION *AS*

The National Institute on Drug Abuse (NIDA) convened a two-day constituent conference in January for 43 organizations concerned with basic and applied research. In his opening remarks, NIDA Director Alan Leshner said the purpose of the conference is to "bring together disparate groups who are a part of what NIDA does and what it needs to do." The conference is designed, said Leshner, "to provide a forum at which the diverse advocacy and scientific communities can talk to each other" about how to bridge what he characterized as "the great disconnect" -- between the scientific facts and the public perception of drug abuse and addiction research. Leshner depicted the great disconnect as two trains going in opposite directions.

The conference was the second of its kind by NIDA. A "Report Card" produced by NIDA represented the progress it had made in responding to the various recommendations from the first conference, held last year. Leshner said one of the goal's from this year's meeting would be to refine NIDA's research and dissemination efforts and better facilitate the use of research.

According to Leshner, NIDA provides 85 percent of the world's support for research on the health aspects of drug abuse and addiction. He cited the recent Centers for Disease Control and Prevention declaration that drug abuse is the single largest vector for HIV/AIDS, and said that in 1996 it will be impossible to speak of HIV/AIDS without talking about drug abuse and addiction. He spoke of the need to mobilize the scientific community to participate in the managed care debate, saying "If we don't use the scientific data, we will lose the battle."

A number of the participants expressed the need for a change of perception; individuals on which this research is being conducted have value, and until the stigma associated with drug abuse and addiction is changed the science has limited use in applicability. Leshner contended that this misunderstanding is not limited to the general public but is actually worse in the health care professions. In order to make progress, "we need to overcome the great disconnect."

A number of actions were taken by NIDA in response to the recommendations made by constituent organizations at last year's meeting:

- Establishing "a new branch within the Division of Basic Research, the Behavioral Science Research Branch, whose mission is to advance basic behavioral research. This coincides with the establishment and staffing of the Office of Behavioral and Social Sciences Research at NIH."
- Convening a workshop of eminent behavioral scientists representing a diverse spectrum of research disciplines to identify new directions for behavioral science research in drug abuse. Recommendations for areas of study include stress and psychopathology, basic social and cognitive processes, resiliency and vulnerability, and applications of research in other addictions to drug abuse.
- Issuing a Request for Applications in August 1995 expanding Behavioral Science Research to broaden basic behavioral research on drug abuse to establish a foundation for later prevention and treatment applications.
- Appointing a full-time director to NIDA's Office on AIDS and increasing the staff to three.
- Attempting, through liaison with other NIH institutes including, NIAID, NICHD and the Office of AIDS Research, to raise the awareness among AIDS researchers of the importance of including drug use profiles in the clinical studies.
- Soliciting research applications on: Women's HIV Risk and Protective Behaviors, Determinants, and Consequences; Prevention of Relapse to High-Risk Behaviors; HIV Disease Progression in Drug Dealers; Drug Abuse Health Service Research and AIDS; AIDS, Drug Abuse, and Neurobiology; and Including AIDS Research in Behavioral Therapies Development Programs.
- Continuing support of research on the intergenerational effects of drug use in families.
- Funding research to examine family-related antecedents to marijuana use.

For more information, contact NIDA at (301) 443-6071.

## AMERICANS ARE NOT HAVING MORE BABIES; THEY ARE HAVING FEWER MARRIAGES AS

According to *The Report to Congress on Out-of-Wedlock Childbearing*, three of every 10 births in the U.S. were to unwed mothers in 1993, an almost eight-fold increase since 1940. The report, mandated by the Violent Crime Control and Law Enforcement Act of 1994, challenges some current stereotypes about who bears children outside of marriage, and why nonmarital births have risen so dramatically. Included in the report's findings:

- The majority of unwed mothers are not teenagers, nor are they minorities, even though nonmarital childbearing rates are disproportionately high among these populations.
- Teenagers account for 30 percent of all births outside of marriage. Yet, nonmarital childbearing is disproportionately high for teenagers with 72 percent of births to teens occurring outside of marriage. The report found that while several Western nations have nonmarital birth rates as high or higher than the U.S. rate, Americans have an unusually high rate of teenage childbearing.
- While the rates of nonmarital childbirth were higher among black women, the majority (60 percent) of out-of-wedlock births are to white women. Rates of nonmarital births are also rising faster among white women.
- Poorly educated and less affluent men and women are less likely to marry, but not necessarily less likely to have children.
- Unmarried couples experiencing a pregnancy today are much less likely to get married than they were 25 years ago.
- The population at risk for nonmarital pregnancy has expanded substantially over the past several decades as Americans marry later, are more likely to divorce, and are more likely to engage in nonmarital sex.
- Unmarried women who are sexually active are less likely than married women to use contraceptives.
- Welfare is not an important contributor to recent increases in out of wedlock births.

An extensive presentation of the latest data on nonmarital childbearing used data collected by the Department of Health and Human Services, primarily Vital Statistics and AFDC data as well as some

additional survey data, "to summarize the current status and trends in nonmarital childbearing" are included in the report. In order to capture the complexity of issues surrounding out-of-wedlock childbearing, the volume contains a series of supplemental papers by experts from various social science disciplines. Each author produced a paper that summarizes the major literature related to nonmarital fertility in their field. The experts critically analyzed research findings, identifying areas of consensus, disparity and gaps in knowledge.

### Research and Data Needs

According to the report, "considerable research has been conducted on adolescent parenthood, but far less is known about fertility and marital behavior among adults, especially adult males. Furthermore, little research has been conducted that incorporates the full array of influences on nonmarital childbearing." The report outlines areas where more research is needed:

- Descriptive studies that chart the varied patterns of marital and fertility events over time;
- Contemporary studies which examine marriage, fertility, and economic factors in tandem;
- The differential implications of being never-married as opposed to being separated, widowed, or divorced, and the effects of cohabitation versus legal marriage;
- Work is needed to understand the effects of media and the sources of recent changes in attitude and values about marriage and childbearing, particularly of males and adults;
- Surveys that support the tracking of changes in marital and fertility behavior;
- Research that examines the effect of natural and/or planned experiments not just on labor market outcomes, but on marriage and fertility behavior as well; and
- Interventions designed to ameliorate the negative consequences associated with nonmarital childbearing need to be evaluated.

The report is the product of the National Institute of Child Health and Human Development, the National Center for Health Statistics, the Office of the Assistant Secretary for Planning and Evaluation, and Child Trends, Inc. To obtain a copy, contact (202) 512-0132.

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**SOURCES OF RESEARCH SUPPORT: PUBLIC HEALTH SERVICE**KC

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

**Centers for Disease Control and Prevention  
Violence-Related Injury Prevention Research Grants**

The Centers for Disease Control and Prevention (CDC) announces applications for Violence-Related Injury Prevention Research Grants for FY 1996. The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a PHS-led national activity to reduce morbidity and mortality and improve the quality of life.

**The purposes of this program are:**

- Build the scientific base for the prevention of injuries and deaths due to violence in the following three priority areas: suicidal behavior, assaultive behavior among youth, and intimate partner violence.
- Identify effective strategies to prevent violence-related injuries.
- Expand the development and evaluation of current and new intervention methods and strategies for the primary prevention of violence-related injuries.
- Encourage professionals from a wide spectrum of disciplines such as medicine, health care, public health, criminal justice, and behavioral and social sciences, to undertake research to prevent and control injuries from assaultive youth behavior, family and intimate violence, and suicidal behavior.
- Encourage the training of predoctoral minority investigators to work in the area of violence research.

Applicants are encouraged to propose research that enhances our understanding of social, economic, and environmental factors that may affect the frequency and severity of suicidal and assaultive behavior among youth; addresses and defines the needs of mothers and children in families where intimate partner violence occurs, and utilizes population-based research that focuses on the occurrence of injury and disability among women as a result of intimate partner violence.

**Budget:** Approximately \$1.2 million is expected to be available for this research project. It is expected that the awards will begin on or about September 1, 1996 and will be made for a 12-month period. For projects targeted at areas of suicidal behavior and assaultive behavior among youth; and for projects targeting family and intimate violence approximately \$500,000 is available to fund 2-3 grants. In addition, \$200,000 is available for one research project for population-based research to define the occurrence of injury and disability among women as a result of violence by their intimate partner.

**Deadlines:** The original and five copies on or before **March 14, 1996**, to: Lisa G. Tamaroff, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, 255 East Paces Ferry Road, NE, Room 321, Atlanta, GA 30305.

**Contact:** To receive additional written information call (404) 332-4561, refer to Announcement 611. For business management technical assistance contact Lisa Tamaroff, (404) 842-6796. Programmatic technical assistance may be obtained from Ted Jones, Project Officer, Extramural Research Grants Branch, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), Mailstop K-58, 4770 Buford Highway, NE, Atlanta, GA 30341-3724, phone (404) 488-4824.

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Society for the Scientific Study of Religion  
Society for the Scientific Study of Sexuality  
Sociologists for Women in Society  
Southern Sociological Society  
Southwestern Social Science Association  
Speech Communication Association

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## CONTRIBUTORS

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American Council of Learned Societies  
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