

NIH recognizes the importance of social science...

In bringing to a close last month's Socioeconomic Status and Health meeting at the National Institutes of Health (NIH), Norman Anderson, director of the Office of Behavioral and Social Sciences Research (OBSSR) called for a multi-level approach to biomedical research that includes the complete integration of behavioral and social studies. "The causes of illness do not arrange themselves according to university departments," Anderson told conferees.

The meeting, organized by the New York Academy of Sciences, examined the effect of social conditions, such as education, occupation, wealth, race and gender on health inequalities. It marks the increased prominence of social and behavioral science within the NIH—America's bastion of hard-core biomedical research.

Anderson, appointed as OBSSR's first director in 1995 following its congressionally mandated creation in 1993, told *Nature Medicine* that a review of behavioral and social research funded by NIH reveals that the organization spends around \$1 billion of its \$15 billion budget on such studies. "When you consider that these conditions are the largest killers, then this funding is far from sufficient," he says.

He is referring to the idea that many cancers, cardiovascular disease and some

other fatal conditions have strong behavioral and social components that, if understood more fully, may provide the key to their prevention. Many attending the conference were physicians and/or researchers from mainstream biomedical research institutes, and all agreed that this concept is behind the increased standing of social research within NIH.

Their message is that while enormous sums of money have been devoted to determining the molecular and cellular basis of many diseases in recent years, this has had relatively little effect on disease incidence and prevalence. Thus, health specialists are looking for additional means of understanding and treating disease. They want all NIH institutes to absorb social science as an integral part of their studies—something that has hitherto been attempted only by the National Heart, Lung, and Blood Institute.

NIH director Harold Varmus has made health inequalities one of his eight "areas of emphasis" for research, and immediately following the conference, Anderson met with a specially appointed National Academy of Sciences committee to begin the process of priority setting for behavioral and social science research. The committee is expected to report its findings in January 2000.

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NINDS focuses on minority neuroscience

The National Institute of Neurological Disorders and Stroke (NINDS) has created the Office of Special Programs in Neuroscience (OSPN) in an effort to recruit more minorities into neuroscience research and health care careers, and to better serve the communities that rely on minority health institutions.

The office, headed by Alfred Gordon, will be jointly funded by NINDS, the Office of Research on Minority Health, and the National Center for Research Resources. "The NINDS has been supporting a number of programs to improve health among minorities for a long time," says Gordon, "but it needed a focal point—an office to target well-designed programs in minority health issues." The office considers Native Americans, Asians, Alaskan Natives, Pacific Islanders, Hispanics, and African Americans as minorities.

According to Gordon, providing support for minority-sponsored neuroscience research will help reduce the disease dis-

parities in underserved communities. "Minority populations are at an increased risk for stroke, epilepsy, diabetes-associated neuropathies, and developmental

neurological disorders. If we develop scientists at minority graduate schools, then we should be able to recruit more minorities into clinical trials," he told *Nature Medicine*.

Medical centers at Morehouse University, Atlanta; Howard University, Washington DC; La Universidad de Puerto Rico; and the University of Hawaii are examples of institutions that may receive funding from the OSPN, as they serve large minority communities and employ large numbers of minority researchers and health care workers.

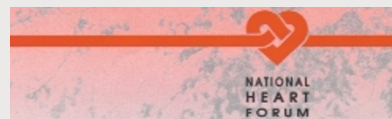
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Alfred Gordon

...and UK is warned to heed socioeconomics

Britain will continue to lag behind the US and Australia in cutting the death toll from coronary heart disease (CHD) unless it tackles social and economic inequalities, says an independent report sponsored by the Department of Health. The report, *Looking to the future: Making Coronary Heart Disease an Epidemic of the Past*, from the National Heart Forum (NHF), an alliance of researchers, criticizes Britain's existing emphasis on advising individuals to adopt healthier lifestyles and calls for ambitious changes in policies that will benefit the poorest in society—for example in food pricing, transport, education and employment.



The report comes as an international study coordinated by the World Health Organization shows that CHD rates fell throughout the 1980s and early 1990s in more than 20 industrialized nations, but by widely varying amounts (*Lancet* 353, 1547; 1999).

In the past 20 years, CHD rates have halved among British men in the highest socioeconomic group, but in the lowest socioeconomic group they have scarcely changed. In the 1970s, the poorest were only 25 percent more likely than the richest to die of CHD; today, their risk is three-fold greater. Richer and more highly educated people have been quicker than the poor to abandon smoking and, although the evidence is circumstantial, their diet has probably been quicker to improve too, says Klim McPherson, a specialist in public health at the London School of Hygiene and Tropical Medicine and vice-chairman of the Forum.

The NHF calls for the creation of a new Public Policy and Health Agency to propose initiatives for disease prevention at national and local level. This will require public funding to work, says the report. McPherson fears that the proposals will be seen as a threat by some within Britain's medical establishment: "This means moving some of the Treasury's money from the hard-pressed acute health services to preventive services," says McPherson. A copy of the report is available at www.national-publishing.co.uk

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