Welcome to Fall at NSF Anthropology

Deborah Winslow
NSF, Cultural Anthropology Program Director

It is September, and the NSF anthropology programs have closed the books on Fiscal Year 2007. In July and August, we received proposals for the fall review cycle, the first cycle of Fiscal Year 2008. Now we are all busily engaged in checking the proposals for compliance with NSF requirements and then sending the proposals out to appropriate specialist reviewers, as well as to members of our advisory panels, which will meet in late fall.

This will be the first round of proposal review, incidentally, where we do not actually have to take a ruler to each proposal and measure characters and lines per inch. Happily, NSF’s brand new Grant Proposal Guide (GPG) now specifies particular fonts, a program officer-friendly development! (The new GPG came out in June. You can access it by putting GPG into the search box on the home page of www.nsf.gov. The GPG tells you most of what you need to know about submitting an NSF proposal.)

New Program Officers

And speaking of program officers, the NSF anthropology programs have two new ones. Joanna E Lambert, a primatologist from the University of Wisconsin, will be the new program director for the Physical Anthropology Program, replacing Richard Kay, who returns to his family and Duke University. (As of this writing, we expect Lambert’s email address to be jlambert@nsf.gov.) In addition, because John Yellen is on sabbatical until January 2008 (to continue his long-term research in Kenya), zooarchaeologist Donald K Grayson (U Washington), is directing the NSF Archaeology Program for the fall (dgrayson@nsf.gov).

Upcoming Target Dates and Deadlines

In early November (check website for date), the Dynamics of Coupled Natural and Human Systems Program will have its first competition as a standing program (Thomas Baerwald, tbaerwal@nsf.gov, or check CNH website at www.nsf.gov for more information). The Ecology of Infectious Disease’s annual deadline is December 12, 2007 (Deborah Winslow, or the EID website at nsf.gov for more information).

Upcoming target dates for the anthropology and related programs: Archaeometry—Oct 31; Archaeology—Dec 1 for senior proposals and dissertation proposals accepted at any time; Cultural Anthropology—Jan 15 for senior and dissertation proposals; Linguistics—Jan 15 for senior and dissertation proposals; Physical Anthropology—Dec 3 for senior proposals and Feb 9 for dissertation proposals.

Profiles in Practice

On the recommendation of the Practicing Anthropology Work Group, in March 2007 AN launched a series of Practitioner Profiles to illustrate the work that practicing anthropologists currently do. This is the first of several "Institutional Profiles," descriptions of organizations where a critical mass of anthropologists work outside academia. The Centers for Disease Control and Prevention (CDC), a branch of the federal Department of Health and Human Services, is the first to be profiled.

Anthropologists and the Public Health Agenda

Shirley Fiske
Profiles in Practice Contributing Editor

With the help of the Practicing Anthropology Work Group, I identified Jim Carey as a contact point and central node in the anthropology networks at the Centre for Disease Control and Prevention. Last June I interviewed Jim in Atlanta, Georgia, by phone, for this first Institutional Profile.

Jim is a "dual degree anthropologist" with a PhD in anthropology and a masters in public health (MPH) with a specialty in epidemiology. He has been with CDC since 1992—almost 15 years—primarily in the Division of HIV/AIDS Prevention (DHAP). He currently supervises 12 staff on the Operational Research Team, which is one of four teams in the DHAP Prevention Research Branch. Overall, Jim’s multidisciplinary branch conducts behavioral and operational research to develop, test, synthesize and package sustainable interventions to prevent HIV transmission.

What is the mission of CDC?

Simply put, Jim sees the primary mission of the CDC, which became a separate federal agency in 1946, as being “to promote the health of the populace of the US.” The CDC’s focus grew from insect-borne diseases, such as malaria, during World War II to include other infectious diseases, and later to address chronic, non-infectious conditions. Most recently, CDC has taken on environmental health issues, as well as injuries, violence, developmental and adult disabilities.

How many anthropologists work at CDC, and what do they do?

About 45–55 anthropologists work for CDC, in-
Do anthropologists collect field data from people-at-risk?

It depends on the level of seniority and specific projects in any given project. For example, if the projects are multi-site endeavors, the role of the CDC person might be to coordinate work across multiple sites. CDC staff sometimes have more hands-on roles in data collection.

Jim reports, “In my particular case, I commonly serve as the ‘CDC project officer.’ Being a project officer means that I coordinate or help design large scale multi-site projects administer the projects, and work with my counterparts outside of CDC, such as the PIs in different locations around the US. Local site PIs coordinate their frontline data collection staff. I typically am more involved in the overall research design aspects, the instrumentation, data analysis, data cleaning and other activities that are involved in running a large-scale multi-site project.”

Common training backgrounds

Approximately 25%-35% of CDC anthropologists have dual training in public health, such as a masters in public health. Others have training in anthropology-nursing combinations. Among the FTE employees, most are in the behavioral scientist category.

Trends

The number of anthropologists employed by CDC is steadily increasing, starting with 12-15 in the early 1990s and now at 45-55. Anthropologists’ roles are also expanding beyond their historical roots within HIV/AIDS, other STDs, and reproductive health into a broader array of disease areas.

In terms of the level of positions filled by anthropologists, there is a commensurate increase in seniority.

In the early 1990s, CDC anthropologists typically occupied fairly low, entry-level positions– GS-11 or GS-12, or perhaps junior level GS-13. Over the last two decades, more anthropologists have reached supervisory or administrative positions higher in the organization, including branch chief, division administrative offices and sometimes in center level positions above the divisions.

Confidentiality and human subjects

CDC takes human subjects issues extremely seriously. “We have a very rigorous human subjects research review process. IRB protocols go through multiple review layers, starting with the team level, the branch, the division and the center, even before it gets to the agency IRB. It’s pretty thorough…. I would say that our IRB process is a lot more rigorous than that found at many universities. In many of our multi-site projects, the activity is not only reviewed by our CDC IRB, but also by local IRBs. So if we were partnered with local health departments and universities in four or five different cities, we would have IRB coverage in each of those local entities,” as well as at the federal level for the specific research project.

“We also take confidentiality of peoples’ data extremely seriously. We have a lot of layers of protection to try to make sure that peoples’ information and what they tell us remains secure and confidential, in accord with the laws in the jurisdictions where we are working.”

If they are using drugs, are people protected from being turned in?

“The CDC people are not out there snitching on folks. However, there is one caveat: there are laws in some states and local jurisdictions that if we find out that someone is engaged in child abuse—that’s the big one—or other kinds of activity where someone is harmed or is going to be harmed—for example, planning a murder—the local researchers are required to report that.” These types of legally-required reporting circumstances are described as part of the informed consent process with potential research-study participants.

Are there political or other types of oversight constraints on what you can write about in your work?

For a typical research manuscript, the priority is that it should be well-documented, and that it is scientifically sound. For most journal manuscripts, there are typically “three layers of scientific review before that manuscript goes out the door.” The general focus in the clearance process is on the scientific quality, clarity of writing and public health value, rather than political agendas. “[W]e want [our writing to be] backed up by rigorous science” and sound public health practice.

Notable Challenges?

Both the manuscript internal scientific review and the IRB processes can be slow. Other bureaucratic processes sometimes may be frustrating.

Notable Successes?

Although it is hard to tease out the unique contribution of anthropology from other behavioral or social scientists at CDC, Jim offered, “the initial skepticism towards all of behavioral and social sciences has greatly reduced over the years.” Importantly, the behavioral and social sciences generally have had a notable impact on the public health agenda and programs in the US.

For example in HIV prevention, anthropologists and researchers from other disciplines have developed an array of effective behavioral interventions to reduce HIV transmission. Rather than relying exclusively on biological and medical approaches, addition of effective behavioral interventions “is what’s helping to keep HIV in check in the US” compared with many other places in the world, although more progress is clearly needed. Many opportunities exist for anthropologists and others to help further contribute to HIV prevention and other areas of public health.

The Centers for Disease Control and Prevention (CDC)

Salary range:

$ Students, post-Masters or post-docs not in civil service—approximately $40,000
$ Entry level at the GS-13 Step 1—approximately $78,000
$ Mid-career and senior anthropologists most often are at GS-14 levels—salaries capped at approximately $119,000

The number of anthropologists employed by CDC is steadily increasing, starting with 12-15 in the early 1990s and now at 45-55. Anthropologists’ roles are also expanding beyond their historical roots within HIV/AIDS, other STDs, and reproductive health into a broader array of disease areas.

In terms of the level of positions filled by anthropologists, there is a commensurate increase in seniority.

In the early 1990s, CDC anthropologists typically occupied fairly low, entry-level positions– GS-11 or GS-12, or perhaps junior level GS-13. Over the last two decades, more anthropologists have reached supervisory or administrative positions higher in the organization, including branch chief, division administrative offices and sometimes in center level positions above the divisions.

Confidentiality and human subjects

CDC takes human subjects issues extremely seriously. “We have a very rigorous human subjects research review process. IRB protocols go through multiple review layers, starting with the team level, the branch, the division and the center, even before it gets to the agency IRB. It’s pretty thorough…. I would say that our IRB process is a lot more rigorous than that found at many universities. In many of our multi-site projects, the activity is not only reviewed by our CDC IRB, but also by local IRBs. So if we were partnered with local health departments and universities in four or five different cities, we would have IRB coverage in each of those local entities,” as well as at the federal level for the specific research project.

“We also take confidentiality of peoples’ data extremely seriously. We have a lot of layers of protection to try to make sure that peoples’ information and what they tell us remains secure and confidential, in accord with the laws in the jurisdictions where we are working.”

If they are using drugs, are people protected from being turned in?

“The CDC people are not out there snitching on folks. However, there is one caveat: there are laws in some states and local jurisdictions that if we find out that someone is engaged in child abuse—that’s the big one—or other kinds of activity where someone is harmed or is going to be harmed—for example, planning a murder—the local researchers are required to report that.” These types of legally-required reporting circumstances are described as part of the informed consent process with potential research-study participants.

Are there political or other types of oversight constraints on what you can write about in your work?

For a typical research manuscript, the priority is that it should be well-documented, and that it is scientifically sound. For most journal manuscripts, there are typically “three layers of scientific review before that manuscript goes out the door.” The general focus in the clearance process is on the scientific quality, clarity of writing and public health value, rather than political agendas. “[W]e want [our writing to be] backed up by rigorous science” and sound public health practice.

Notable Challenges?

Both the manuscript internal scientific review and the IRB processes can be slow. Other bureaucratic processes sometimes may be frustrating.

Notable Successes?

Although it is hard to tease out the unique contribution of anthropology from other behavioral or social scientists at CDC, Jim offered, “the initial skepticism towards all of behavioral and social sciences has greatly reduced over the years.” Importantly, the behavioral and social sciences generally have had a notable impact on the public health agenda and programs in the US.

For example in HIV prevention, anthropologists and researchers from other disciplines have developed an array of effective behavioral interventions to reduce HIV transmission. Rather than relying exclusively on biological and medical approaches, addition of effective behavioral interventions “is what’s helping to keep HIV in check in the US” compared with many other places in the world, although more progress is clearly needed. Many opportunities exist for anthropologists and others to help further contribute to HIV prevention and other areas of public health.

The Centers for Disease Control and Prevention (CDC)

Salary range:

$ Students, post-Masters or post-docs not in civil service—approximately $40,000
$ Entry level at the GS-13 Step 1—approximately $78,000
$ Mid-career and senior anthropologists most often are at GS-14 levels—salaries capped at approximately $119,000

The number of anthropologists employed by CDC is steadily increasing, starting with 12-15 in the early 1990s and now at 45-55. Anthropologists’ roles are also expanding beyond their historical roots within HIV/AIDS, other STDs, and reproductive health into a broader array of disease areas.

In terms of the level of positions filled by anthropologists, there is a commensurate increase in seniority.

In the early 1990s, CDC anthropologists typically occupied fairly low, entry-level positions– GS-11 or GS-12, or perhaps junior level GS-13. Over the last two decades, more anthropologists have reached supervisory or administrative positions higher in the organization, including branch chief, division administrative offices and sometimes in center level positions above the divisions.

Confidentiality and human subjects

CDC takes human subjects issues extremely seriously. “We have a very rigorous human subjects research review process. IRB protocols go through multiple review layers, starting with the team level, the branch, the division and the center, even before it gets to the agency IRB. It’s pretty thorough…. I would say that our IRB process is a lot more rigorous than that found at many universities. In many of our multi-site projects, the activity is not only reviewed by our CDC IRB, but also by local IRBs. So if we were partnered with local health departments and universities in four or five different cities, we would have IRB coverage in each of those local entities,” as well as at the federal level for the specific research project.

“We also take confidentiality of peoples’ data extremely seriously. We have a lot of layers of protection to try to make sure that peoples’ information and what they tell us remains secure and confidential, in accord with the laws in the jurisdictions where we are working.”

If they are using drugs, are people protected from being turned in?

“The CDC people are not out there snitching on folks. However, there is one caveat: there are laws in some states and local jurisdictions that if we find out that someone is engaged in child abuse—that’s the big one—or other kinds of activity where someone is harmed or is going to be harmed—for example, planning a murder—the local researchers are required to report that.” These types of legally-required reporting circumstances are described as part of the informed consent process with potential research-study participants.

Are there political or other types of oversight constraints on what you can write about in your work?

For a typical research manuscript, the priority is that it should be well-documented, and that it is scientifically sound. For most journal manuscripts, there are typically “three layers of scientific review before that manuscript goes out the door.” The general focus in the clearance process is on the scientific quality, clarity of writing and public health value, rather than political agendas. “[W]e want [our writing to be] backed up by rigorous science” and sound public health practice.

Notable Challenges?

Both the manuscript internal scientific review and the IRB processes can be slow. Other bureaucratic processes sometimes may be frustrating.

Notable Successes?

Although it is hard to tease out the unique contribution of anthropology from other behavioral or social scientists at CDC, Jim offered, “the initial skepticism towards all of behavioral and social sciences has greatly reduced over the years.” Importantly, the behavioral and social sciences generally have had a notable impact on the public health agenda and programs in the US.

For example in HIV prevention, anthropologists and researchers from other disciplines have developed an array of effective behavioral interventions to reduce HIV transmission. Rather than relying exclusively on biological and medical approaches, addition of effective behavioral interventions “is what’s helping to keep HIV in check in the US” compared with many other places in the world, although more progress is clearly needed. Many opportunities exist for anthropologists and others to help further contribute to HIV prevention and other areas of public health.