Testimony on behalf of the

Population Association of America/Association of Population Centers
Regarding the Fiscal Year 2010 Appropriation for the
National Institutes of Health, National Center for Health Statistics and
Bureau of Labor Statistics
Submitted to the
Senate Committee on Appropriations
Subcommittee on Labor, Health and Human Services and Education
The Honorable Tom Harkin, Chair
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Introduction
Thank you, Mr. Chairman Harkin, Mr. Ranking Member Cochran, and other
distinguished members of the Subcommittee, for this opportunity to express support for the
National Institutes of Health (NIH), the National Center for Health Statistics (NCHS), and

Background on the PAA/APC and Demographic Research
The Population Association of America (PAA) is a scientific organization comprised of
over 3,000 population research professionals, including demographers, sociologists, statisticians,
and economists. The Association of Population Centers (APC) is a similar organization
comprised of 40 universities and research groups that foster collaborative demographic research
and data sharing, translate basic population research for policy makers, and provide educational
and training opportunities in population studies. Population research centers are located at public
and private research institutions, including, for example, the University of Wisconsin-Madison,
RAND Corporation, State University New York Albany, Brown University, Ohio State
University, University of North Carolina-Chapel Hill, and Pennsylvania State University.

Demography is the study of populations and how or why they change. Demographers, as
well as other population researchers, collect and analyze data on trends in births, deaths, and
disabilities as well as racial, ethnic, and socioeconomic changes in populations. Major policy
issues population researchers are studying include the demographic causes and consequences of
population aging, trends in fertility, marriage, and divorce and their effects on the health and well
being of children, and immigration and migration and how changes in these patterns affect the
ethnic and cultural diversity of our population and the nation’s health and environment.
The NIH mission is to support research that will improve the health of our population. The health of our population is fundamentally intertwined with the demography of our population. Recognizing the connection between health and demography, the NIH supports extramural population research programs primarily through the National Institute on Aging (NIA) and the National Institute of Child Health and Human Development (NICHD).

**National Institute on Aging**

According to the Census Bureau, by 2029, all of the baby boomers (those born between 1946 and 1964) will be age 65 years and over. As a result, the population age 65–74 years will increase from 6% to 10% of the total population between 2005 and 2030. This substantial growth in the older population is driving policymakers to consider dramatic changes in federal entitlement programs, such as Medicare and Social Security, and other budgetary changes that could affect programs serving the elderly. To inform this debate, policymakers need objective, reliable data about the antecedents and impact of changing social, demographic, economic, and health characteristics of the older population. The NIA Division of Behavioral and Social Research (BSR) is the primary source of federal support for research on these topics.

In addition to supporting an impressive research portfolio, that includes the prestigious Centers of Demography of Aging and Roybal Centers for Applied Gerontology Programs, the NIA BSR program also supports several large, accessible data surveys. One of these surveys, the Health and Retirement Study (HRS), has become one of the seminal sources of information to assess the health and socioeconomic status of older people in the U.S. Since 1992, the HRS has tracked 27,000 people, providing data on a number of issues, including the role families play in the provision of resources to needy elderly and the economic and health consequences of a spouse’s death. HRS is particularly valuable because its longitudinal design allows researchers: 1) the ability to immediately study the impact of important policy changes such as Medicare Part D; and 2) the opportunity to gain insight into future health-related policy issues that may be on the horizon, such as HRS data indicating an increase in pre-retirees self-reported rates of disability. In 2009 and 2010, HRS is seeking to increase its minority sample size and collect unique, enhanced data on the effects of the current economic downturn on older people.

With additional support in FY 2010, the NIA BSR program could fully fund its existing centers programs and support its ongoing surveys without resorting to cost cutting measures, such as cutting sample size. Currently, the Demography of Aging and Roybal Centers programs are re-competing their five-year awards. Additional funding may give the Institute resources it needs to award more center grants. NIA could also use additional resources to improve its funding payline and sustain training and research opportunities for new investigators.

**Eunice Kennedy Shriver National Institute on Child Health and Human Development**

Since its establishment in 1968, the Eunice Kennedy Shriver NICHD Center for Population Research has supported research on population processes and change. Today, this research is housed in the Center’s Demographic and Behavioral Sciences Branch (DBSB). The Branch encompasses research in four broad areas: family and fertility, mortality and health, migration and population distribution, and population composition. In addition to funding research projects in these areas, DBSB also supports a highly regarded population research infrastructure program and a number of large database studies, including the Fragile Families and
NIH-funded demographic research has consistently provided critical scientific knowledge on issues of greatest consequence for American families: work-family conflicts, marriage and childbearing, childcare, and family and household behavior. However, in the realm of public health, demographic research is having an even larger impact, particularly on issues regarding adolescent and minority health. Understanding the role of marriage and stable families in the health and development of children is another major focus of the NICHD DBSB. Consistently, research has shown children raised in stable family environments have positive health and development outcomes. Policymakers and community programs can use these findings to support unstable families and improve the health and well being of children.

One of the most important programs the NICHD DBSB supports is the Population Research Infrastructure Program (PRIP). Through PRIP, research is conducted at private and public research institutions nationwide. The primary goal of PRIP is “to facilitate interdisciplinary collaboration and innovation in population research, while providing essential and cost-effective resources in support of the development, conduct, and translation of population research.” Population research centers supported by PRIP are focal points for the demographic research field where innovative research and training activities occur and resources, including large-scale databases, are developed and maintained for widespread use.

With additional support in FY 2010, NICHD could restore full funding to its large-scale surveys, which serve as a resource for researchers nationwide. Furthermore, the Institute could apply additional resources toward improving its funding payline, which has been as low as the 10th percentile prior to the recent infusion of ARRA funds. Additional support could be used to support and stabilize essential training and career development programs necessary to prepare the next generation of researchers and to support and expand proven programs, such as PRIP.

National Center for Health Statistics

Located within the Centers for Disease Control (CDC), the National Center for Health Statistics (NCHS) is the nation’s principal health statistics agency, providing data on the health of the U.S. population and backing essential data collection activities. Most notably, NCHS funds and manages the National Vital Statistics System, which contracts with the states to collect birth and death certificate information. NCHS also funds a number of complex large surveys to help policy makers, public health officials, and researchers understand the population’s health, influences on health, and health outcomes. These surveys include the National Health and Nutrition Examination Survey (NHANES), National Health Interview Survey (HIS), and National Survey of Family Growth. Together, NCHS programs provide credible data necessary to answer basic questions about the state of our nation’s health.

Despite a funding increase last year, NCHS continues to feel the effects of long-term funding shortfalls, compelling the agency to undermine, eliminate, or further postpone the collection of vital health data. For example, in 2009, sample sizes in HIS and NHANES have been cut, while other surveys, most notably the National Hospital Discharge Survey, are not being fielded. In addition, in 2009, NCHS has proposed purchasing only “core items” of vital
birth and death statistics from the states (starting in 2010), effectively eliminating three-fourths of data routinely used to monitor maternal and infant health and contributing causes of death.

The Administration recommends NCHS receive $138 million in FY 2010. PAA and APC, as members of The Friends of NCHS, support the Administration’s request, but also hope Congress will give the agency an additional $15 million in FY 2010. The additional $15 million should be designated specifically for supporting the states so they can modernize their vital statistics systems and make all collections electronic according to the 2003 birth and death certificates. If NCHS receives this funding, they can abandon their proposal to collect core vs. enhanced vital statistics data as well and focus on improving the current system. The underlying FY 2010 budget request should be targeted at precluding further cuts in key surveys and collecting the full panel of vital statistics data.

If Congress fails to, at a minimum, provide the Administration’s FY 2010 request, NCHS will be forced to eliminate over-sampling of minority populations in NHANES, which will compromise our understanding of health disparities at a time when our society is becoming increasingly diverse. Further, we will lose insurance coverage information on who’s covered and who’s not (particularly within minority populations), how people are covered and why they’re not—at a time when Congress and the Administration are debating health care reform. Finally, we will lose vital statistics, adversely affecting the amount of data researchers and health practitioners alike need to be effective in identifying trends and developing interventions.

Bureau of Labor Statistics

During these turbulent economic times, data produced by the Bureau of Labor Statistics (BLS) are particularly relevant and valued. PAA and APC members have relied historically on objective, accurate data from the BLS. In recent years, our organizations have become increasingly concerned about the state of the agency’s funding.

We are pleased the Administration has requested BLS receive a total of $611,623,000 in FY 2010, an increase of $14,441,000 over the 2009 enacted level. According to the agency, this funding level would enable BLS to meet its highest priority goals and objectives in 2010. Ideally, the agency will receive enough funding not only in 2010, but also in future years to invest in research and assure continuous improvement of its measures, including the Consumer Price Index. We also hope BLS receives sufficient funds to maintain, or increase, the sample sizes of key surveys, such as the Current Population Survey. It is imperative sample sizes be increased to ensure surveys are accurate and providing adequate detail. We also hope FY 2010 marks the beginning of a steady, predictable growth trend in the BLS budget.

Summary of Fiscal Year 2010 Recommendations

Despite the generous, short-term funding the NIH received from the American Recovery and Reinvestment Act (ARRA), the agency faces “falling off the cliff” in 2011 when ARRA funds expire. Thus, PAA and APC, as members of the Ad Hoc Group for Medical Research Funding, are asking Congress to provide NIH with an appropriation of $32.4 billion in FY 2010, an increase of 7% over the FY 2009 appropriation. This funding level would put NIH on a stable course, ensuring the agency receives an inflationary increase plus enough money to support the best research projects, including new and innovative projects, and stabilize research training programs in FY 2010.
As part of the NIH request, we also urge the Subcommittee to appropriate $194.4 million for the National Children’s Study (NCS) in FY 2010 through the NIH Office of the Director, as proposed by the President’s Budget. This funding will allow for the completion of the pilot phase of the NCS.

PAA and APC, as members of the Friends of NCHS, ask that NCHS receive $138 million in FY 2010, with an additional $15 million set aside for vital statistics infrastructure development. This funding is needed to maintain and improve the nation’s vital statistics system and to sustain and update the agency’s major health survey operations.

Finally, we ask you to support the Administration’s request, $611.6 million, for the Bureau of Labor Statistics, in FY 2010.

Thank you for considering our requests and for supporting federal programs that benefit the field of demographic research.