Testimony on behalf of the
Population Association of America/Association of Population Centers
Regarding the Fiscal Year 2008 Appropriation for the
National Institutes of Health and National Center for Health Statistics
Submitted to the
House Committee on Appropriations
Subcommittee on Labor, Health and Human Services and Education
The Honorable David Obey, Chair
Submitted by
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Introduction

Thank you, Mr. Chairman Obey, Mr. Ranking Member Walsh, and other distinguished
customers of the Subcommittee, for this opportunity to express support for the National Institutes
of Health (NIH) and the National Center for Health Statistics (NCHS)—two agencies important
to our organizations.

Background on the PAA/APC and Demographic Research

The PAA is a scientific organization comprised of over 3,000 population research
professionals, including demographers, sociologists, statisticians, and economists. The APC is a
similar organization comprised of over 30 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. Over 30
population research centers are located nationwide, including the University of Wisconsin-
Madison, State University New York Albany, Brown University, Ohio State University,
University of California at Los Angeles, 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 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. Further, the macroeconomic and global impact of population aging on competitiveness in the world economy is becoming a bigger issue—as illustrated during the recent Global Summit on Aging sponsored by NIA and the State Department. 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 Behavioral and Social Research (BSR) program 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 Program, the NIA BSR program also supports several large, accessible data surveys. Two such surveys, the National Long-Term Care Survey (NLTCS) and the Health and Retirement Study (HRS) have become seminal sources of information to assess the health and socioeconomic status of older people in the U.S.

By using NLTCS data, investigators identified the declining rate of disability in older Americans first observed in the mid-1990s. In 2006, an analysis of the latest data found the prevalence of chronic disability among people 65 and older fell from 26.5 percent in 1982 to 19 percent in 2004/2005. The findings suggest that older Americans’ health and function continue to improve at a critical time in the aging of the population. If it continues, this trend could have momentous impact on reducing the need for costly long-term care.

In 2006, NIA announced its intention to renew the HRS over the next six years. The HRS, now entering its 15th year, has tracked 27,000 people, and has provided 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. The Social Security Administration recognizes and funds the HRS as one of its “Research Partners” and posts the study on its home page to improve its availability to the public and policymakers. 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 recent HRS data indicating an increase in pre-retirees self-reported rates of disability.
With additional support in FY 2008, the NIA BSR program could fully fund its existing centers and support its ongoing surveys. Additional support would allow NIA to expand the centers’ role in understanding the domestic macroeconomic as well as the global competitiveness impact of population aging. NIA could also use additional resources to support individual investigator awards by precluding an 18% cut in competing awards, improving its funding payline, and sustaining training and research opportunities for new investigators.

National Institute on Child Health and Human Development

Since its establishment in 1968, the 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 Child Well Being Study and National Longitudinal Study of Adolescent Health.

NICHD-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. For example, in 2006, researchers with the National Longitudinal Study of Adolescent Health, reported findings illustrating that by the time they reach early adulthood (age 19-24), a large proportion of American youth have begun the poor practices contributing to three leading causes of preventable death in the United States: smoking, poor diet and physical inactivity, and alcohol abuse. This study is striking in that it found the health situation of young people – in terms of behavior, health conditions, and access to and use of care – deteriorates markedly between the teen and young adult years. The study reinforces the importance of educating young people about adopting healthy lifestyles after they leave high school and the parental home.

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. Therefore, NICHD supports research to elucidate factors that contribute to family formation and strong partnerships. Recent findings have identified factors that can destabilize relationships between new parents. These factors include serious health or developmental problems of the parents’ child, lower earnings, less education, and a father who has other children with different mothers. A new study published in 2006 produced the first measures of multi-partnered fertility (having children by more than one partner) in U.S. urban areas. The study found that in 59% of unmarried couples with a new baby, at least one parent had a child from another relationship. Previous research demonstrates multi-partnered fertility has potentially serious implications for both child well-being and marriage promotion efforts because of the demands of existing commitments and relationships. Policymakers and community programs can use these findings to support unstable families and improve the health and well being of children.
With additional support in FY 2008, 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 gone from the 20th percentile range in 2003 to the 15th percentile in January 2007. Additional support could be used to preclude cuts of 17% to 22% in applications approved for funding and to support and stabilize essential training and career development programs necessary to prepare the next generation of researchers.

**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, National Health Interview Survey, 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.

The President’s FY 2008 budget requests $109.9 million in program funds for National Center for Health Statistics. This recommendation represents an increase of $900,000 over the FY 2007. Despite this modest increase, if enacted, the President’s request would only allow NCHS to purchase 10 months of vital statistics data. Recently, PAA and APC joined 150 other organizations in sending a letter ([http://www.chsr.org/nchsletterhouse031507.pdf](http://www.chsr.org/nchsletterhouse031507.pdf)) to the House and Senate Appropriations Committees expressing concern about this matter and asking that NCHS receive $117 million in FY 2008, an $8 million dollar increase over its FY 07 level. Without at least $3 million in additional funding, the United States will become the first industrialized nation unable to continuously collect birth, death, and other vital information. The full $8 million increase is necessary to not only restore integrity and stability to the vital statistics program, but also to restore other important data collection and analysis initiatives and to modernize systems NCHS uses to manage and protect its data.

**Recommendations**

PAA and APC appreciate the subcommittee’s support of the NIH in the final FY 2007 Joint Funding Resolution. Because of your efforts, the agency received a much deserved $620 million increase over its FY 2006 level. Members of the subcommittee were also instrumental in creating separate appropriations lines for the NIH Common Fund and the National Children’s Study—two steps that helped boost funding for individual Institutes and Centers. Despite these actions, NIH is facing the prospect of another decrease in FY 2008 and another year of funding below the level of inflation. The President’s budget request would fund NIH 1% below the agency’s final FY 2007 level, effectively cutting the agency’s budget by $511 million in FY 2008 and
reducing it to its FY 2005 funding level. The Administration has, once again, stated its intention to terminate the National Children’s Study in FY 2008.

PAA and APC join the Ad Hoc Group for Medical Research in supporting an FY 2008 appropriation of $30.8 billion, a 6.7% increase over the FY 2007 appropriation, for the NIH. For population research, this increased support is necessary to ensure the best research projects, including new and innovative projects, are being awarded, surveys and databases are supported, and training programs are stabilized. In addition, we urge the Subcommittee to include language in the FY 2008 bill allowing the National Children’s Study to continue and to appropriate $111 million for NCS in FY 2008 through the NIH Office of the Director.

PAA and APC, as members of the Friends of NCHS, support a FY 2007 appropriation of $117 million, a 7% increase over the FY 2007 appropriation, for the NCHS. This funding is needed to maintain the nation’s vital statistics system and to sustain and update the agency’s major survey operations.

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