

Testimony on behalf of the
Population Association of America/Association of Population Centers
Regarding the Fiscal Year 2013 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

Introduction

Thank you, Mr. Chairman Harkin, Mr. Ranking Member Shelby, 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 Bureau of Labor Statistics (BLS).

Background on the PAA/APC and Demographic Research

The Population Association of America (PAA) (www.populationassociation.org) is a scientific organization comprised of over 3,000 population research professionals, including demographers, sociologists, statisticians, and economists. The Association of Population Centers (APC) (www.popcenters.org) is a similar organization comprised of over 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 nationwide.

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 biomedical, social, and behavioral 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 U.S. Census Bureau, the number of people age 65 and older will more than double between 2010 and 2050 to 88.5 million or 20 percent of the population; and those 85 and older will increase three-fold, to 19 million. The 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, health and well being characteristics of the older population. The NIA Division of Behavioral and Social Research (BSR) is the primary source of federal support for basic research on these topics.

In addition to supporting an impressive research portfolio, that includes the prestigious Centers of Demography of Aging, the Roybal Centers for Translational Research on Aging, and the Research Centers for Minority Aging, the NIA BSR program also supports several large, accessible data surveys. These surveys include a new study, the National Health and Aging Trends Study (NHATS) will soon start providing detailed and nationally representative information on older people (and their informal caregivers) with disabilities. Another survey, 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 to study immediately the impact of important policy changes such as Medicare Part D and the opportunity to gain insight into emerging health-related policy issues, such as HRS data indicating an increase in pre-retirees self-reported rates of disability. It is so respected that the study is being replicated in 30 other countries, providing important data on how the U.S. compares with other countries whose populations are aging more rapidly. In March 2012, HRS took an important step forward by announcing that genetic data from approximately 13,000 individuals were posted to dbGAP, the NIH's online genetics database. The data are comprised of approximately 2.5 million genetic markers from each person and are now available for analysis by qualified researchers. These data will enhance the ability of researchers to track the onset and progression of diseases and conditions affecting the elderly.

Despite its ability to support important research projects and programs, the NIA faces unique funding challenges. While the current dollars appropriated to NIA seem to have risen significantly since FY 2003, when adjusted for inflation, they have decreased almost 18 percent in the last nine years. Further, according to the NIH Almanac, out of each dollar appropriated to NIH, only 3.6 cents goes toward supporting the work of the NIA-compared to 16.5 cents to the National Cancer Institute, 14.6 cents to the National Institute of Allergy and Infectious Diseases, 10 cents to the National Heart, Lung and Blood Institute, and 6.3 cents to the National Institute of Diabetes and Digestive and Kidney Diseases. Finally, despite enacting cost cutting measures, such as differing paylines for projects costing above and below \$500,000 and a decrease in non-competing commitments, NIA's success rates remained below the NIH average in 2011.

As research costs increase, NIA faces the prospect of funding fewer grants to sustain larger ones in its commitment base. With additional support in FY 2013, the NIA BSR program could fully fund its large-scale projects, including the existing centers programs and ongoing surveys, without resorting to cost cutting measures, such as cutting sample size, while continuing to support smaller investigator initiated projects. PAA and APC support providing a funding level recommended by the Friends of the National Institute on Aging and the Leadership Conference

on Aging coalitions to provide NIA with a \$300 million increase in FY 2013, bringing NIA to \$1.4 billion.

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). DBSB supports research in three broad areas: demography, HIV/AIDs, other sexually transmitted diseases, and other reproductive health; and population health, with focus on early life influences and policy.

DBSB is the major supporter of the national studies that track the health and well-being of children and their families from childhood through adulthood. These studies include Fragile Families and Child Well Being, the first scientific study to track the health and development of children born to unmarried parents; the National Longitudinal Study of Youth, a multigenerational of health and development; and the National Longitudinal Study of Adolescent Health (Add Health), tracing the effects of childhood and adolescent exposures on later health. DBSB supports the prompt and widespread release of demographic data collected with NIH and other Federal government funding through the Demographic Data Sharing and Archiving project.

One of the most important programs the NICHD DBSB supports is the Research Infrastructure for Demographic and Behavioral Population Science (DBPop). This program promotes innovation, supports interdisciplinary research, translates scientific findings into practice, and develops the next generation of population scientists, while at the same time providing incentives to reduce the costs and increase the efficiency of research by streamlining and consolidating research infrastructure within and across research institutions. DBPop supports research at 24 private and public research institutions nationwide, the focal points for the demographic research field for innovative research and training and the development and dissemination of widely used large-scale databases.

NIH-funded demographic research provides critical scientific knowledge on issues of greatest consequence for American families: marriage and childbearing, childcare, work-family conflicts, and family and household behavior. Demographic research is having a large impact in public health, particularly on issues such as infant and child health and development, and adolescent and young adult health, and health disparities. Research supported by DBSB has revealed the critical role of marriage and stable families in ensuring that children grow up healthy, achieving developmental and educational milestones. DBSB supported projects provides policymakers and communities with evidence-based knowledge on the critical intervention points and effective interventions to promote health. An example is a new finding from DBSB supported research on low birth weight, a condition associated with higher risk of a number of serious medical complications and learning disabilities for children. Based on an analysis of more than 5 million medical records, researchers found that pregnant women assaulted by an intimate partner are at increased risk of giving birth to infants at lower birth weights. This finding was adopted by the American College of Obstetricians and Gynecologists to develop physician training materials for screening patients for intimate partner violence.

With additional support in FY 2013, NICHD could sustain 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 is one of the lowest of the NIH Institutes and Centers. 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 DBPop. For these reasons, PAA and APC endorse the funding level recommended by the Friends of the NICHD to fund the Institute at \$1.37 billion in FY 2013.

National Children's Study

The PAA and APC are concerned about language included in the President's FY 2013 proposed budget regarding the National Children's Study (NCS). Specifically, our organizations are troubled that in its budget, NIH suggested abandoning its previous commitment to a national probability sample because the study's recruitment goals have fallen short and because cost containment remains a priority. Our organizations have written to the NIH, urging them to work with experts in probability sampling and to conduct research to evaluate the feasibility and scientific value of any new sampling strategy—particularly as it potentially affects the inclusion of vulnerable, hard-to-reach populations, such as the children of legal and illegal immigrants. We also encourage the agency to contract with an independent scientific agency, such as the National Academy of Sciences, to assess any new proposed study designs. Given the magnitude of the study's scope, cost, and potential value to the scientific research community in particular, PAA and APC believe the agency should proceed cautiously before dramatic changes are made to this consequential, national study.

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 recent steady funding increases, 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 were cut, while other surveys, most notably the National Hospital Discharge Survey, were not fielded. In 2009, NCHS 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. Fortunately, Congress and the new Administration worked together to give NCHS adequate resources and avert implementation of these draconian measures. Also, funding from the Prevention and Public Health Fund has been an invaluable source of support for the agency in FY 2011 and FY 2012, providing much needed funding to, for example, add components to NHANES and the National Hospital Ambulatory Medical Care Survey to assess physical activity in children and gather information on patients with heart

disease and stroke, respectively. Despite the recent infusion of vital funding, the agency's long-term fiscal stability remains unstable.

PAA and APC, as members of The Friends of NCHS, support the administration's request for FY 2013, \$162 million, a \$23 million (17 percent) increase over the agency's FY 2012 appropriation. This funding increase will fully support NCHS's ongoing seminal surveys, enable the purchase of vital statistics data for 12 months within the calendar year, and allow the agency to proceed with the goal of fully implementing electronic death records in all states for more timely and accurate vital statistics collection.

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 support the administration's request for BLS, which would provide the agency with a total of \$647 million in FY 2013. We are, however, opposed to the Administration's proposed \$6 million cut to the National Longitudinal Surveys (NLS) program within BLS in FY 2013. A cut of this magnitude would force triennial fielding, which will create serious respondent recall problems and degrade data quality.

NLS data are essential to understanding how labor market experiences evolve over the life-cycle, and how labor market outcomes differ for Hispanics and non-Hispanics. The NLS data have been collected for 47 years and are essential to understanding how labor market experiences and outcomes evolve and differ. The proposed BLS budget cuts will be devastating to the social science research community and to policy makers who rely on the survey's findings. We are pleased that the BLS restored funding to the NLS that it had initially proposed to cut in FY 2012. We hope that Congress will reject this proposed cut in FY 2013.

Summary of Fiscal Year 2013 Recommendations

In sum, the PAA and APC asks the Subcommittee to consider our requests for FY 2013:

- provide the NIH with \$32 billion
- provide the NIA with \$1.4 billion
- provide the NICHD with \$1.37 billion.
- Support the Administration's request for the NCHS, \$162 million
- Reject the Administration's proposed \$6 million cut to the National Longitudinal Studies program at the Bureau of Labor Statistics

Thank you for considering our requests and for supporting federal programs that benefit the population sciences.

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