Introduction

Thank you, Mr. Chairman Obey, Mr. Ranking Member Walsh, 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) 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 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 extramural population research programs primarily through the National Institute on Aging (NIA) and the Eunice Kennedy Shriver 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 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. 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 United States. The HRS, now entering its 16th 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. Next year, the HRS will begin collecting DNA, enhancing the value of this survey as an important source of biosocial data.

With additional support in FY 2008, the NIA BSR program could fully fund its existing centers and support its ongoing surveys without enacting draconian cost cutting measures, such as cutting sample size. 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.

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.

In 2007, the DBSB issued a revised five-year strategic plan, *Future Directions for the DBSB*. With the help of its expert panel and with input from others inside and outside of the agency, the Branch identified three important research areas—family formation; causes and consequences for population health; and the effects of migration— for focus during the 2007 through 2011 period. In addition to these areas of emphasis, the Branch will continue to develop and support other areas within its portfolio, including research on HIV/AIDS; unintended pregnancy and infertility; race and ethnicity; and population and environment. Although the field is enthusiastic about the opportunities the revised strategic research plan presents, we recognize the Institute needs consistent, sufficient funding to realize its potential.

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. 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 2009 budget requests $125 million in program funds for NCHS. This recommendation represents an increase of $11 million over FY 2008. Although it may sound generous, this increase is absolutely essential for stabilizing the agency and its key operations. Before Congress increased the agency’s budget last year by approximately $4 million, NCHS had lost $13 million in purchasing power since FY 2005 due to years of flat funding and inflation. These shortfalls forced the elimination of some data collection and quality control efforts, threatened the collection of vital statistics, stymied the adoption of electronic systems, and limited the agency’s ability to modernize surveys to reflect changes in demography, geography, and changes in health delivery.

If Congress fails to, at a minimum, provide the Administration’s FY 2009 request, NCHS will be forced to eliminate over-sampling of minority populations in its National Health and Nutrition Examination Survey, which will compromise our understanding of health disparities at a time when our society is becoming increasingly diverse. The agency also needs this funding increase to collect vital statistics from states for the remainder of the calendar year. Without an additional $3 million, which is included in the President’s request, the United States is at risk of becoming the first industrialized nation unable to continuously collect birth, death, and other vital health information.

Bureau of Labor Statistics

The Bureau of Labor Statistics (BLS) produces and disseminates valuable economic data used by our members to analyze trends in areas such as unemployment, income, health insurance coverage, and spending. In its Fiscal Year 2009 submission, the Administration proposed the elimination of an important survey BLS began in 2003, the American Time Use Survey (ATUS).

The ATUS provides the only available information on how Americans use their time. ATUS provides essential information on time use activities, including time spent caring for children, cleaning the house, working for pay, and caring for sick adults. Understanding how the population spends its time, outside of traditional work, is necessary for anyone who wants to understand the changing lives of American families, to monitor the well-being of the American population, to measure national output, productivity and other outcomes that are essential to forming sound economic policies and to making informed social policy decisions.

Although the ATUS is a relatively new survey, it has already proven to be an invaluable component of the statistical infrastructure, giving us unique insights into American society. Moreover, the power of the ATUS has grown as more years of data have accumulated. Every other advanced nation in the world collects time use data. If the ATUS is eliminated, American businesses, families, policymakers and researchers will lose out on critical information that can improve the quality of our lives.

The BLS needs an additional $6 million in Fiscal Year 2009 budget to collect ATUS data from the full sample originally planned for the survey and to preserve its other ongoing survey operations with a full sample—most notably, the Current Population Survey.
Summary of Fiscal Year 2009 Recommendations

NIH is facing the prospect of another decrease in FY 2009 and another year of funding below the level of inflation. PAA and APC join the Ad Hoc Group for Medical Research in supporting an FY 2009 appropriation of $31.1 billion, an increase of 6.6% over the FY 2008 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 2009 bill allowing NIH to continue the National Children’s Study (NCS) and to appropriate $192 million for NCS in FY 2009 through the NIH Office of the Director.

PAA and APC, as members of the Friends of NCHS, support a FY 2009 appropriation of $125 million, an $11 million increase over the FY 2008 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 health survey operations.

We also respectively ask the Subcommittee to restore funding for the American Time Use Survey by allocating an additional $6 million for the Bureau of Labor Statistics and by reversing the Administration’s proposal to end this essential data collection effort.

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