

Testimony on behalf of the
Population Association of America/Association of Population Centers

Regarding the Fiscal Year 2006 Appropriation for the

National Institutes of Health and National Center for Health Statistics

Submitted to the

Committee on Appropriations

Subcommittee on Labor, Health and Human Services and Education

The Honorable Ralph Regula, Chair

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Introduction

Thank you, Mr. Chairman Regula, Mr. Ranking Member Obey, and other distinguished members of the Subcommittee, for giving the Population Association of America/Association of Population Centers (PAA and APC) an opportunity to express our support for programs under the Subcommittee's jurisdiction.

Once again, this year, we realize the Subcommittee must find scarce dollars to fund a number of deserving programs under its jurisdiction. Nonetheless, we are hopeful the Subcommittee will support increased funding for our organizations' highest priority agencies: the National Institutes of Health (NIH), in particular the National Institute on Aging (NIA) and National Institute of Child Health and Human Development (NICHD), and the National Center for Health Statistics (NCHS) at the Centers of Disease Control and Prevention (CDC). Our testimony discusses the important work these agencies have conducted to sustain the field of demographic research and the contributions demography has made toward improving and interpreting the status of the public's health and well being—contributions that would not be possible without congressional support of the NIH and NCHS.

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, economists, and public health professionals, whose diverse array of population research interests includes retirement, fertility, minority health, childcare, adolescent health, immigration, family formation and dissolution, and population forecasting. 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. These centers are located throughout the country, including two in Ohio at Bowling Green State University and Ohio State University. In addition, other population centers are located at the University of Wisconsin-Madison, University of Chicago, University of Maryland, Brown University, Pennsylvania State University, University of California at Los Angeles, University of Texas-Austin and other academic and independent 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 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 NIA and NICHD.

National Institute on Aging

By 2040, almost 30 percent of the U.S. population will be 60 years or older. 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 array of individual research projects, the NIA also funds the Centers on the Demography of Aging program—a program that the Institute renewed and expanded in 2004. Currently, 13 Centers nationwide are studying topics that include the age structure of populations; changes in the levels of disease and disability; economic costs of disability; cost effectiveness of interventions; decision-making about retirement; pensions and savings; the relationship between health and economic status; and health disparities by gender and race. Also in 2004, the NIA expanded its Edward R. Roybal Centers for Research on Applied Gerontology program to include six new centers, some of which contain economic and demographic research components.

Since their inception ten years ago, the Centers on the Demography of Aging have established numerous collaborative, multi-disciplinary research projects both here and abroad (in over 30 countries), generated an impressive number of scientific advances, and initiated 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—a trend that continues to accelerate. The HRS, which was launched in 1992 and has tracked 27,000 people, 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 HRS was unique in its analysis of expected retirement age and actual age. Given its findings, particularly on decisions older people make in response to policy, the Social Security Administration recognizes 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. Obviously, as Congress undertakes potential reform of the Social Security program, the value of the HRS cannot be underestimated.

With additional support in FY 2006, the NIA BSR program could fully fund its existing Centers and provide ongoing support to surveys, including the HRS and NLTCs. In addition, BSR could fund and expand collaborations between the Demography and Roybal Centers to help translate findings into practical interventions that will improve the quality of life for elderly citizens. Further, BSR could fund applications it is soliciting through a recent program announcement on retirement economics. The Institute could also encourage more research in emerging areas of behavioral and social science, such as neuroeconomics, which integrates psychology and economics, and fund research to improve the measurement of well being in the elderly. Finally, NIA could also use additional resources to support individual investigator awards by precluding an 18% cut in its existing grants, improving its funding pipeline, which is

now in the 15th percentile, and sustaining training and research opportunities for new investigators entering the field.

National Institute on Child Health and Human Development

Since its establishment in 1968, the NICHD Center on 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, Three Cities Study of Welfare, 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 2004, researchers with the Fragile Families and Child Well Being Study (a study comprised of approximately 5,000 children, most of whom live with a single parent and are predominately from minority families and low income) found that 35% of children at age three are obese or at risk of becoming obese—with Hispanic children twice as likely as other children to be overweight or obese at age 3. The study also found that rates of asthma diagnosis (13%) and asthma related emergencies (10%) are extremely high for young children living in large U.S. cities and even higher for African American and Hispanic children and those living with a single mother.

Understanding the role of marriage and stable families in the health and development of children is another major focus of the NICHD. 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, and less education and a father who has other children with different mothers. In another study, scientists concluded that women who experienced abuse in childhood, especially sexual abuse, are less likely to be in stable marriages or committed relationships. Policymakers and community programs can use findings like these to support unstable families, prevent abuse, and improve the health and well being of children.

With additional support in FY 2006, NICHD could restore full funding to its large-scale surveys, which serve as a resource for researchers all over the country. It could also increase its funding for research that integrates social and behavioral influences in order to gain a better understanding of health disparities. The Institute could also fund applications as part of its new initiative to improve child and family health through innovative work/life programs. Furthermore, the Institute could apply additional resources toward improve its funding payline, which has gone from the 20th percentile range in 2003 to the 14th percentile in January 2005. Additional support could be used to preclude cuts of 25 to 35% in applications approved for

funding—a step NICHD is taking to maintain the 14-percentile payline this year. The appreciable drop in the Institute's payline reduces substantially the number of high-quality research projects it can support and adversely affects its ability to fully fund research-training programs.

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, researchers, and others understand the population's health, influences on health, and health outcomes. These surveys include the National Health and Nutrition Examination Survey (NHANES), which generates data on diseases, health risk factors, genetics and health, diet and nutritional health status, oral health, environmental exposures, and obesity and physical fitness. NCHS also supports the National Health Interview Survey (NHIS), which is the nation's largest household health survey. The survey reveals important information that is used to analyze broad health trends, compare health status and risk factors across diverse populations, determine barriers to care, evaluate health care usage, and characterize people with health problems. The NCHS-funded National Survey of Family Growth, a smaller survey conducted every six years in a partnership with NICHD, collects data on issues such as pregnancy, childcare, and marriage. Together, NCHS programs provide public officials, especially public health officials and researchers, with essential, reliable, and credible data necessary to answer basic questions about the state of our nation's health.

The PAA and APC are very grateful to the Subcommittee for providing the agency with an additional \$19 million for NCHS programs in Fiscal Year 2005. These funds were desperately needed to maintain the integrity of agency's surveys and to retain its core functions. As a result of this increased support, NCHS restored its surveys to previous levels of data collection and updated the technology used to collect and maintain birth and death data. To build on the momentum of last year's necessary funding increase and to ensure the long-term viability of the agency's basic functions, NCHS needs an additional \$8.75 million in Fiscal Year 2006. This additional funding would be used to cover cost increases in its survey operations and in contracts to purchase data from states. The President's FY 2006 budget recommends funding NCHS at last year's level--\$109 million. We sincerely hope the Subcommittee, recognizing the significance of NCHS and its vital mission, will provide the agency with this very modest, but essential, additional support. Otherwise, the long-term ability of this agency to survive and function could be threatened once again.

Recommendations

Past congressional support for the NIH rejuvenated interest in biomedical and behavioral research and led to a number of scientific activities and advances that are making a difference in the lives of our citizens. Nonetheless, more research opportunities exist and should be pursued if we want to make more meaningful progress towards a healthier nation.

Under the President's proposed FY 2006 budget, NIH is slated to receive its lowest increase in 23 years. For the third year in a row, NIH could receive an increase that is less than the rate of biomedical research inflation. PAA and APC join other organizations in expressing our concern about the precarious NIH funding trajectory and the potential loss of gains made during the recent doubling era. For population research, increased support is needed to realize the benefit of the investment that has been made in data and research infrastructure. Increased support is also critical if we want to retain a new generation of young investigators recently attracted to careers in biomedical and behavioral research as well as bring new scholars into the field through the NIH research training and loan repayment programs. With respect to NCHS, it has endured years of declining budgets and cutbacks. Relatively small increases in funding are needed to sustain and stabilize its major operations and to prevent Congress from having to salvage it in the future.

To ensure that progress is sustained, the PAA and APC joins the Ad Hoc Group for Medical Research in supporting an FY 2006 appropriation of \$30 billion, a 6% increase over the FY 2005 appropriation, for the NIH. In addition, the PAA and APC, as members of the Friends of NCHS, support a FY 2006 appropriation of \$118 million, an 8% increase over the FY 2005 appropriation, for the NCHS.

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