

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

Regarding the Fiscal Year 2007 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 Ralph Regula, Chair

Submitted by

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Introduction

Thank you, Mr. Chairman Regula, Mr. Ranking Member Obey, and other distinguished members 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, 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 throughout the country, including two in Ohio (Bowling Green State University and Ohio State University) and two in Pennsylvania (Pennsylvania State University and the University of Pennsylvania).

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

Over the next 25 years, the number of individuals age 65 and older will likely double, reaching 70.3 million and comprising a larger proportion of the entire population, rising from 13% today to 20% in 2030.¹ 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. 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 (NLTC) 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 NLTC data, investigators identified the declining rate of disability in older Americans first observed in the mid-1990s—a trend that continued and even accelerated. This trend, if continued, could have momentous impact on reducing the need for costly long-term care. 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 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. In 2005, the Center for Medicare and Medicaid Services (CMS) funded a supplemental survey using the HRS to provide CMS with timely

¹ Federal Interagency Forum on Aging Related Statistics. *Older Americans 2000: Key Indicators of Well-Being*. 2000.

information on who is likely to enroll in the new Medicare Part D prescription drug program and how those decisions are related to knowledge of the program, drug costs, and use.

With additional support in FY 2007, 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 its existing grants, improving its funding payline, which is now in the 10th percentile, and sustaining training and research opportunities for new investigators, which are being heavily cut back.

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. 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 2007, 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 10th percentile in January 2006. 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 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.

In FY 2006, Congress provided NCHS with the same level of funding as in FY 2005, and the Administration has recommended NCHS receive the same level in FY 2007. For FY 2007, the Friends of NCHS recommends the agency receive \$139 million, a \$30 million increase over the FY 2006 level. This funding is needed to, among other things, cover cost increases in basic survey operations, improve data timeliness and access to data, and expand and improve data collection to capture much needed information on issues such as health disparities, assisted living, and community health centers.

Recommendations

At a time when our nation is poised to reap the promise of the past investment made in the NIH, the agency is facing the prospect receiving flat funding in FY 2007. When inflation is factored in, the NIH could actually be facing being funded for the fourth year in a row below the rate of biomedical research inflation. PAA and APC join other organizations in expressing our concern about the precarious NIH funding trajectory. Already, NIH has seen a 15% reduction in new grants between FY 2003 and FY 2006. For population research, increased support is needed to ensure the best research projects, including new and innovative projects, are being awarded, surveys and databases are supported, and training programs are stabilized. With respect to NCHS, funding is needed to sustain and update its major operations.

The PAA and APC join the Ad Hoc Group for Medical Research in supporting an FY 2007 appropriation of \$29.75 billion, a 5% increase over the FY 2006 appropriation, for the NIH. In addition, the Friends of NCHS, support a FY 2007 appropriation of \$139 million, a 30% increase over the FY 2006 appropriation, for the NCHS. Finally, PAA and APC urge the Subcommittee to include language in the FY 2007 bill allowing continuation of the National Children's Study at the NICHD.

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