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**Statement of the Consortium of Social Science Associations  
on FY 2015 Funding for the  
National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC) and the  
Agency for Healthcare Research and Quality (AHRQ)  
submitted for the record to the  
Subcommittee on Labor, Health and Human Services, Education and Related Agencies,  
Committee on Appropriations, U.S. Senate  
The Honorable Tom Harkin, Chair, May 23, 2014**

**Mr. Chairman and Members of the Subcommittee**, the Consortium of Social Science Associations (COSSA) appreciates and welcomes the opportunity to comment on the Fiscal Year (FY) 2015 appropriations for the **National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC) and the Agency for Healthcare Research and Quality (AHRQ)**. *COSSA joins the Ad Hoc Group for Medical Research in recommending that NIH receive at least \$32 billion in FY 2015 as the next step toward a multi-year increase in our nation's investment in medical research. As a member of the CDC Coalition, COSSA requests \$7.8 billion in funding for the CDC in FY 2015. We join the Friends of AHRQ in requesting a funding level of \$375 million for AHRQ in FY 2015.*

COSSA is an advocacy group for the social and behavioral sciences supported by more than 100 professional associations, scientific societies, universities and research centers. It serves as a bridge between the academic research and Washington policy-making community. Our organizations are appreciative of the Subcommittee's and the Congress' continued support of NIH, CDC, and AHRQ. Strong, sustained funding for these agencies is essential to the national priorities of better health and economic revitalization.

### **NIH Behavioral and Social Sciences Research**

As this Committee knows, the NIH mission is to support **scientifically rigorous, peer/merit-reviewed, investigator-initiated research**, including basic and applied behavioral and social science research in fulfilling its mission: "Science in pursuit of **fundamental knowledge** about the **nature and behavior** of living systems and the **application** of that knowledge to enhance health, lengthen life and reduce illness and disability."

The fundamental understanding of how disease works, including the impact of social environment on these disease processes, underpins our ability to conquer devastating illnesses. Perhaps the grandest challenge we face is to understand the brain, behavior, and society— from responding to short-term pleasures to self-destructive behavior, such as addiction, to lifestyle factors that determine the quality of life, infant mortality rate and longevity. And while Americans have achieved very high levels of health over the past century and are healthier than people in many other nations, according to the 2013 National Academies' (NAS) report, *U.S. Health in International Perspective: Shorter Lives, Poorer Health*, "a growing body of research suggests that the health of the U.S. population is not keeping pace with the health of people in other economically advanced, high-income countries."

Nearly 125 million Americans are living with one or more chronic conditions, including heart disease, cancer, diabetes, kidney disease, arthritis, asthma, mental illness and Alzheimer's disease. At the same time, health care spending in the United States is being driven up by the aging of the U.S.

population and the rapid rise in chronic diseases, many of which are caused or exacerbated by behavioral factors—including, obesity, caused by sedentary behavior and poor diet, and addictions resulting from health problems caused by tobacco and other drug use. As the NAS report notes, "the United States is losing ground in the control of diseases, injuries, and other sources of morbidity."

The behavioral and social sciences regularly make important contributions to the well-being of this nation. Due in large part to the behavioral and social science research sponsored by the NIH, we are now aware of the enormous role behavior plays in our health. At a time when genetic control over disease is tantalizingly close but not yet possible, knowledge of the behavioral influences on health is a crucial component in the nation's battles against the leading causes of morbidity and mortality: obesity, heart disease, cancer, AIDS, diabetes, age-related illnesses, accidents, substance abuse, and mental illness.

As a result of the strong Congressional commitment to the NIH in years past, our knowledge of the social and behavioral factors surrounding chronic disease health outcomes is steadily increasing. The NIH's behavioral and social science portfolio has emphasized the development of effective and sustainable interventions and prevention programs targeting those very illnesses that are the greatest threats to our health, but the work is just beginning. This includes NIH's support of economic research, specifically, research on the linkages between socioeconomic status and health outcomes in the elderly and achievement and health outcomes in children. **This research has been an integral part of the interdisciplinary science NIH has historically supported.** Accordingly, the agency's investment has yielded key data, methodologies and substantive insights on some of the most important and pressing issues facing the U.S. For example, NIH-funded surveys such as the Health and Retirement Survey, the Panel Study of Income Dynamics (PSID), parts of the National Longitudinal Survey of Labor Market Experiences, and surveys on international aging and retirement provide data necessary to monitor and detect changes in important socioeconomic trends in health. This in turn allows NIH to support research that will provide the greatest return on its investment when it comes to the health of our citizens.

### **CDC Behavioral and Social Science Research**

As the country's leading health protection and surveillance agency, the Centers for Disease Control and Prevention (CDC) works with state, local, and international partners to protect Americans from infectious diseases; prevent the leading causes of disease, disability, and death; protect Americans from natural and bioterrorism threats; monitor health and ensure laboratory excellence; keep Americans safe from environmental and work-related hazard; and ensure global disease protection.

Social and behavioral science research plays a crucial role in helping the CDC carry out its mission. Scientists in fields ranging from psychology, sociology, anthropology, and geography to health communications, social work, and demography work in every CDC Center to design, analyze, and evaluate behavioral surveillance systems, public health interventions, and health promotion and communication programs using a variety of both quantitative and qualitative methods. These scientists play a key role in the CDC's **surveillance and monitoring** efforts, which collect and analyze data to better target public health prevention efforts. Another vital contribution of the social and behavioral sciences to CDC activities is in identifying and **understanding health disparities**. Finally, the social and behavioral sciences play an important role in the evaluation of CDC programs, helping policymakers make **informed, evidence-based decisions** on how to prioritize in a resource-scarce environment.

The CDC is also the home of the nation's principal health statistics agency, the **National Center for Health Statistics** (NCHS). NCHS collects data on chronic disease prevalence, health care disparities, emergency room use, teen pregnancy, infant mortality, causes of death and rates of insurance, to name a few. It provides **critical data on all aspects of our health care system** through data cooperatives and surveys that serve as the gold standard for data collection around the world. Data from NCHS surveys like the National Health Interview Survey (NHIS), the National Health and Nutrition Examination Survey (NHANES) and the National Vital Statistics System (NVSS) are used by agencies across the federal government, state and local governments, public health officials, federal policymakers, and demographers, epidemiologists, health services researchers, and other scientists.

### **AHRQ Health Services Research**

AHRQ's sole purpose is to improve health care in America. Just as biomedical research helps us find cures for disease, the health services research AHRQ supports helps find ways to cure our health care system—improving its quality, safety, and efficiency for the benefit of patients. AHRQ's research identifies what works and what doesn't in health care to improve patient care and provide policymakers and other health care leaders with the information needed to make critical health care decisions.

AHRQ helps providers help patients. AHRQ's research generates valuable evidence to help providers help patients make the right health care decisions for themselves and their loved ones. The science funded by AHRQ ensures patients receive high quality, appropriate care every time they walk through the hospital, clinic, and medical office doors. AHRQ's research provides the basis for protocols that prevent medical errors and reduce healthcare-associated infections (HAIs), and improve patient experiences and outcomes. AHRQ helps health care providers—from private practice physicians to large hospital systems—understand how to deliver the best care most efficiently. The breadth of evidence available from AHRQ empowers health care providers to understand not just how they compare to their peers, but also how to improve their performance to be more competitive.

COSSA expects this testimony to be only the beginning of an ongoing conversation between the Subcommittee and stakeholders on the FY 2015 funding needs of these agencies.

We would be pleased to provide any additional information.