



CONSORTIUM *of* SOCIAL SCIENCE ASSOCIATIONS

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**Testimony in Support of Fiscal Year 2016 Funding for the
National Institutes of Health (NIH), Centers for Disease Control and Prevention
(CDC), National Center for Health Statistics (NCHS), Agency for Healthcare
Research and Quality (AHRQ), and the Institute of Education Sciences (IES)**

**Prepared for the Subcommittee on Labor, Health and Human Services, Education
and Related Agencies, Committee on Appropriations, United States Senate**

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Consortium of Social Science Associations

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The Consortium of Social Science Associations (COSSA) appreciates the opportunity to comment on the fiscal year (FY) 2016 appropriations for the agencies under the Subcommittee's jurisdiction. **COSSA recommends that the National Institutes of Health (NIH) receive at least \$32 billion in FY 2016 as the next step toward a multi-year increase in our nation's investment in medical research, and urges the Subcommittee to appropriate \$7.8 billion for the Centers for Disease Control and Prevention (CDC), \$172 million for the National Center for Health Statistics (NCHS), \$375 million for the Agency for Healthcare Research and Quality (AHRQ), and \$703.6 million for the Institute of Education Sciences (IES).**

COSSA serves as a united voice for a broad, diverse network of organizations, institutions, communities, and stakeholders who care about a successful and vibrant social science research enterprise. It represents the collective interests of all fields of social and behavioral science research, including but not limited to sociology, anthropology, political science, psychology, economics, statistics, language and linguistics, population studies, law, communications, educational research, criminology and criminal justice research, geography, history, and child development. We are appreciative of the Subcommittee's and the Congress' continued support of NIH, CDC, NCHS, AHRQ, and IES. Strong, sustained funding for these agencies is essential to the national priorities of better health and economic revitalization.

National Institutes of Health (at least \$32 billion), U.S. Department of Health and Human Services

Since 2003, NIH funding has declined by 23 percent after adjusting for biomedical inflation, despite recent budget increases provided by the Congress the past two fiscal years. The agency's budget remains lower than it was in FY 2012 in actual dollars. The President's FY 2016 budget request represents a much-needed next step by increasing NIH funding above biomedical inflation; however, there are ongoing and emerging health challenges confronting the United States and the world. To that end, **COSSA believes that to address these challenges the NIH requires a funding level of at least \$32 billion in FY 2016.**

As the 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

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disability.” COSSA, however, remains concerned about the recent criticism of the NIH’s funding decisions and the accompanying mischaracterization of NIH-supported research. The ongoing targeting of specific grants produces a chilling effect across the scientific community.

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.

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. Congress’ continued support of the BRAIN (Brain Research through Advancing Innovative Neurotechnologies) initiative is an important first step to begin to address these challenges.

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’ 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, according to the CDC. At the same time, health care spending in the United States is impacted 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, including prescription drug abuse by women. As the NAS report notes, “the United States is losing ground in the control of diseases, injuries, and other sources of morbidity.”

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.

Among the important contributions stemming from NIH’s support of behavioral and social science are:

- Economic research, specifically, research on the linkages between socioeconomic status and health outcomes in the elderly and achievement and health outcomes in children;
- Economic matching theory to develop a system that dramatically improves the ability of doctors to find compatible kidneys for patients on transplant lists;
- The translation of basic research to lifesaving interventions such infant massage, that enhance premature infants’ weight gain and save lives;
- Resources for enhancing Alzheimer’s caregiver health (REACH) program, which aims to help maintain the health of informal caregivers for the millions of American Alzheimer’s patients who live at home;
- Research that led to understanding and improving ways that people communicate about health-related issues; and
- Research that increased our understanding adolescence peer pressure and smoking.

Finally, COSSA applauds the Administration’s proposed Precision Medicine Initiative (PMI) and the NIH’s involvement of its Office of Behavioral and Social Sciences Research (OBSSR) in the initial planning phase of this million-person cohort, including its commitment to including behavioral, physiological, and environmental measures. To this end, the recent advances in mobile and wireless sensor technologies, also known as mHealth, to assess these behavioral, physiological, and environmental parameters are an integral aspect of this initiative. This technology has great potential to transform medical research. OBSSR has led the NIH’s efforts in using, understanding, and training scientists in the use of mHealth, which allows for more rapid and accurate assessment in modifying behavior, biological states, and

contextual variables. Its support of the NIH mHealth Training Institutes is designed to attend to scientific silos by bringing together scientists from diverse fields to enhance the quality of mHealth research.

Centers for Disease Control and Prevention (\$7.8 billion) and National Center for Health Care Statistics (\$172 million), U.S. Department of Health and Human Services

COSSA urges the Subcommittee to appropriate \$7.8 billion for the Centers for Disease Control and Prevention (CDC), including \$172 million for the CDC's National Center for Health Statistics. As the country's leading health protection and surveillance agency, the 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 plays a crucial role in helping the CDC carry out its mission. Scientists from 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. For example, the Behavioral Risk Factor Surveillance System, which collects data about Americans' health-related risk behaviors and events, chronic health conditions, and use of preventive services, is used to establish and track state and local health objectives, plan health programs, implement disease prevention and health promotion activities, and monitor trends.

Another vital contribution of the social and behavioral sciences to CDC activities is in identifying and understanding health disparities. Although the overall health of Americans has improved over the last decades, differences in health based on race, ethnicity, gender, income, geographical location, education level, disability status, and sexual orientation persist. Rigorous, cross-disciplinary efforts are needed to develop effective interventions to reduce these entrenched disparities and inequities.

The social and behavioral sciences play an important role in the evaluation of CDC programs. When programs conduct strong, practical evaluations on a routine basis, the findings are better positioned to inform their management and improve program effectiveness.

COSSA requests \$172 million—\$160 million in budget authority and \$12 million from the Prevention and Public Health Fund—for the National Center for Health Statistics (NCHS), the nation's principal health statistics agency. 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.

The requested increase for NCHS' budget authority would be used to continue expansion of the electronic death registration system (EDRS) to facilitate monitoring of data on deaths of public health importance, including prescription drug overdose deaths. The additional funding from the Prevention and Public Health Fund would enable NCHS to continue with planned expansion to NHIS questions and sample size and to the sample size of the National Ambulatory Medical Care Survey. Without this appropriation, these expansions will be discontinued.

Agency for Healthcare Research and Quality (\$375 million), U.S. Department of Health and Human Services

COSSA urges the Subcommittee to appropriate \$375 million for the Agency for Healthcare Research and Quality (AHRQ). AHRQ funds the science that tells us how we can make health care safer, higher quality, more accessible, equitable, and affordable. It is the only federal agency whose sole purpose is to produce the evidence to improve America's health care system and make sure that knowledge is understood and used by health care providers, patients, hospitals, and public and private payers.

The research AHRQ supports is based on the understanding that developing new treatments is only part of the battle; we need to know how to get those treatments to the people who need them, efficiently and effectively. AHRQ findings arm health care providers with the knowledge they need to provide the best care for their patients. The science it supports can help us improve the safety of all health care settings and provide better care more efficiently through improved access to health care services and better understanding of the cost and quality of care.

The important health services research AHRQ supports includes:

- Research on preventing healthcare-associated infections (HAIs): AHRQ's evidence-based protocol for reducing HAIs, the Comprehensive Unit-based Safety Program to Prevent Healthcare-Associated Infections (CUSP), saved more than 1,500 lives and nearly \$200 million in health care costs—just in its first 18 months. Since its implementation in 2003, it has been expanded to hospitals in all 50 states, the District of Columbia, and Puerto Rico.
- Learning how to improve care for patients suffering from multiple chronic conditions: An estimated 66 percent of the nation's health care costs go to treating people with more than one chronic condition, a number which will only grow as the population ages. AHRQ funds the Multiple Chronic Conditions Research Network, which aims to conduct the foundational research that will tell us how to best meet the needs of this population.
- The National Quality Measurement Clearinghouse: A repository of detailed information on measures that are proven to be associated with better or worse care, giving physicians and other health care providers, health plans, delivery systems, and others easy access to evidence-based information to inform their health care decisions.
- The congressionally-mandated *National Healthcare Quality Report* and *National Healthcare Disparities Report*: The only comprehensive sources of information on health care quality and health care disparities among racial and ethnic minorities, women, children, and low-income populations.
- The Medical Expenditure Panel Survey (MEPS): The nation's only national source of comprehensive annual data on the how Americans use and pay for medical care. MEPS collects data on the specific health services that Americans use, how frequently they use them, the cost of these services, and how they are paid for, as well as data on the cost, scope, and breadth of health insurance held by and available to U.S. workers. This data provides vital information on the impact of health care on the U.S. economy.

COSSA urges the Subcommittee to ensure robust support for AHRQ's critical health services research.

Institute of Education Sciences (\$703.6 million), U.S. Department of Education

The Institute of Education Sciences is the research arm of the Department of Education. **COSSA recommends a funding level of \$703.6 million for IES, which would restore the cuts it has faced since 2009.** As this Committee knows, IES supports research and produces statistics and data to improve our understanding of education at many levels — early childhood, elementary and secondary education, and higher education. Research examining special education, rural education, teacher effectiveness, education technology, student achievement, reading and math interventions, and many other areas is also supported by IES. There is an increasing call for using evidence-based practices in education. Adequate funding for IES would support studies that not only increase knowledge of the factors that influence teaching and learning, but also apply those findings to improve educational outcomes. The COSSA-recommended funding level will allow IES to build upon existing findings and to conduct much-needed new research.

Thank you for the opportunity to present this testimony on behalf of the social and behavioral science research community. Please do not hesitate to contact me should you require additional information.