

**Statement**

**by**

**Consortium of Social Science Associations**

submitted for the record on the

**FY 2002 Appropriations**

for the

**Centers for Disease Control and Prevention**

**Office of Educational Research and Improvement**

and

**National Center for Education Statistics**

prepared for

**Labor, Health and Human Services, Education  
and Related Agencies Subcommittee**

**Committee on Appropriations**

**U.S. House of Representatives**

**The Honorable Ralph Regula, Chairman**

**March 29, 2001**

**M**r. 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) 2002 appropriations for the Centers for Disease Control and Prevention (CDC), Office of Educational Research and Improvement (OERI), and the National Center for Education Statistics (NCES). Supported by more than 105 professional associations, scientific societies, universities, and research institutions, COSSA stands alone in representing the full range of the social and behavioral sciences. COSSA serves as a bridge between the academic community and Washington policy makers. A list of COSSA's Members, Affiliates, and Contributors is attached.

First, Mr. Chairman, COSSA welcomes you to your new position overseeing the funding for the Department of Health and Human Services and the Department of Education. We look forward to working with you and to your leadership. It is imperative that Congress, with the guidance of this Subcommittee, continue to invest in the promise of health-related research and education research that transcends political and regional boundaries. COSSA looks forward to assisting you in any way that we can.

### **Centers for Disease Control and Prevention**

**T**he Centers for Disease Control and Prevention is the lead federal agency for the promotion of good health, a mission it accomplishes through the prevention of disease and injuries. For more than half a century, the CDC has carried out essential disease prevention and control programs. The agency has made significant contributions to many of our nation's major public health achievements, including safer and healthier foods, healthier mothers and babies, increased vaccination rates, fluoridation of drinking water, and the recognition of tobacco use as a health hazard, to name a few. **As a member of the Centers for Disease Control and Prevention Coalition, COSSA supports the Coalition's recommendation of at least \$5 billion in funding for the CDC in FY 2002.**

Mr. Chairman, CDC is the nation's primary prevention agency. Yet, the agency has been consistently underfunded. CDC (public health) contributes substantially to American's ability to lead longer and healthier lives. A child born today in the United States has 30 more years of life expectancy than in 1900. CDC (public health) is responsible for 25 of those 30 years. But more important, the next century holds even greater potential for the agency's ability to prevent disease. As a result of the small investment made in the CDC, far more is known about how to prevent disease and promote health than was known five, even ten years ago. Furthermore, early diagnosis of chronic diseases saves money as well as lives. But much more remains to be done. Prevention requires sustained efforts; reaping the potential of prevention requires an adequate investment in the CDC.

Levels of preventable illnesses, disability, and death in the U.S. are still unacceptably high. Too many individuals have not benefitted from progress made in health promotion and disease prevention during the last half century. According to a 1993 Journal of American Medical Association (JAMA) article, ten percent of all early deaths in the U.S. can be prevented by medical treatment. More important, the JAMA article also emphasized that public health interventions have the potential to prevent up to 70 percent of early deaths through measures that target the underlying risk factors (e.g., drug use, diet, sedentary lifestyles, environmental hazards, and tobacco) associated with chronic diseases.

COSSA strongly believes that social and behavioral science research is critical to America's quest to promote health, prevent disease and provide quality treatment. This research provides knowledge about the social, cultural, and economic environments that influence human health and behavior and the means by which these environments exert their influence. As you are undoubtedly aware, over the past decade significant advances have been made in uncovering the biological and genetic bases for specific diseases and conditions. Also, despite the impressive scientific gains, it is becoming increasingly apparent that knowledge about biological and genetic markers are important, but limited, in predicting who gets sick, who seeks treatment for their health problems, and who recovers from illness. Social and behavioral science contributes to filling these gaps in our

understanding of health.

Applied social and behavioral science research is among the primary tools used by the CDC to understand the causes of poor health, identify the populations at risk, and develop interventions for health promotion and disease prevention. With the necessary resources, the CDC can carry out its commitment to research that bridge the gap between research and public health practice.

**Chronic Diseases.** Since 1946, the year the CDC was created, chronic diseases — heart disease, cancer, diabetes, HIV/AIDS — have been the leading causes of death, causing more than 70 percent of the deaths in the United States (U.S.). More than 1.7 million (seven of every ten) people die of chronic diseases each year. This is a dramatic shift from the beginning of the 20<sup>th</sup> century when infectious diseases were the cause of premature deaths. The prolonged course of illness experienced by these individuals results in extended pain and suffering as well as decreased quality of life. Furthermore, the medical care costs for individuals suffering from chronic diseases account for more than 60 percent of the nation's total medical care costs. Much of this chronic disease burden is preventable, Mr. Chairman. Social and behavioral science research documents that healthy behavioral choices (e.g., diet, and exercise) can significantly reduce the incidence of many chronic diseases. Effective prevention interventions exist, but additional research and evaluation to improve existing programs are needed.

Mr. Chairman, prevention works! We, as a Nation, should be extremely concerned about the unrealized potential from mediating the effects of well-known risk factors. We know that just providing information to individuals is not enough for them to sustain behavior change. Accordingly, the **CDC Center for Chronic Disease Prevention and Health Promotion** supports a wide variety of state and local chronic disease prevention programs. The **Center's Prevention Research Centers (PRC)** network, a consortium of 24 academic research centers make up CDC's largest investment in extramural prevention research. The research supported by the CDC at the PRCs have improved the lives of uninsured children and adults, marginalized young people, older adults, and some of the most economically disadvantaged people in Appalachia and the Ozarks as well as urban areas of some of the largest U.S. cities.

Congress established CDC's PRC program in 1985 to provide grants to academic institutions to fund applied research designed to develop new and innovative strategies in health promotion and disease prevention. For CDC's disease prevention and health promotion efforts to be successful, the agency has to conduct prevention research on a wide scale as well as fully investigate diverse methods. Each of the 24 PRCs have a specific research focus, based on its faculty expertise and geographic location. Unfortunately, the funding level for the program has never reached the level Congress intended when authorizing the program. **COSSA requests that the Congress increase funding for the PRCs from the current year level of \$25 million to \$40 million.** This sum would allow an increase in the core funding of centers, allowing the average award to increase to \$1 million (as intended by the Congress). Such an increase would also allow: CDC the flexibility to provide additional funding to centers that have undertaken a more aggressive program; sufficient resources to permit not more than 6 new, competitively-selected centers; and the necessary resources for administration of an expanded PRC Program.

An important, and growing part of the PRC Program is its translation of research findings into public health practice. Research translation is carried out in a number of ways by the PRCs, including collaborations with health departments. The PRC Program is unique in its ability to forge multiple partnerships between academic research centers and local communities, and agencies, associations, and coalitions interested in health, education, and related social services. This allows the PRC network to attain health improvements they could not achieve alone. The PRCs use scientific principles to design, test, implement, and evaluate strategies.

Additionally, the PRC program allows the network to share practices, programs and curricula that show the most promise in resolving health issues. The expertise of university research centers is made available to health agencies, community-based organizations and national nonprofit organizations. Such collaborations assist in turning research results into practical, cost-effective, and innovative programs. Increased resources for the

PRCs will ensure that research in progress remains uninterrupted and that the well-developed research network remains intact. More importantly, increased resources would allow for the replication and dissemination of prevention projects, enhanced and diversified prevention training for health professionals, and acceleration of achieving national health objectives.

**Prevention Research Initiative.** In addition to the PRCs, CDC also funds more than 50 investigator-initiated, community-oriented prevention research projects to determine “what works” and to support the translation of research findings into action through its **Prevention Research Initiative (PRI)**. The goals of PRI are to (1) determine the effectiveness of prevention strategies to benefit community health (especially those communities suffering the disproportionate burden of disease and disability); (2) translate research findings into action through programs; and (3) develop a cadre of prevention researchers.

Current PRI research themes include: identification of effective prevention practices and technologies, identification of effective partnerships for intervention, including improved interactions between public health and medicine, and identification of effective policies that impact community risk (particularly with respect to behavior and environmental hazards). **So that CDC can bring the benefits of prevention to millions of Americans at risk for unnecessary early death, COSSA respectfully requests that the CDC’s prevention research initiative be increased to \$25 million.**

**Aging.** The leading causes of illness and death among individuals age 65 and older are heart disease, cancer, and stroke. These are chronic diseases that not only result in premature death, but in many cases reduce the quality of life. Approximately 80 percent of all seniors have at least one chronic condition, and 50 percent have at least two. While the risk of disease and disability increases with age, chronic diseases are not an inevitable consequence of aging. In a significant number of cases, chronic diseases are grounded in health-damaging behaviors that are practiced by many people every day. Research shows that principles of disease prevention and health promotion have not been aggressively applied to the problems of older adults. Much of the focus for older Americans is managing their illness rather than reducing their behavioral and socioenvironmental risks for these illness and resulting disability. Part of the problem has been the tremendous need to fill the data gaps related to aging. Further, there is also a need to change the widespread expectations that illness, disability, and dementia will accompany growing older. This area will require aggressive outreach and application of known effective health promotion strategies to meet the needs of the growing senior population.

**Injury Prevention.** Injury is the leading cause of death for Americans 1 - 44 years of age and the fourth leading cause in the total population. Each year nearly 150,000 Americans die from injuries, costing the nation more than \$200 billion annually in direct medical care and rehabilitation as well as in lost wages and productivity — an increase of 42 percent over the last ten years. Most injuries are attributable to preventable behavioral and environmental factors. CDC’s **National Center for Injury Prevention and Control (NCIPC)** provides leadership in preventing and controlling injuries outside the workplace through research, surveillance, program implementation, and communication.

NCIPC’s areas of research include: unintentional injury prevention (e.g., motor vehicle crashes, fire-related injuries, fall-related injuries, injuries involving children, dog bites, pedestrian injuries, drownings), violence prevention (e.g., causes and consequences of, and risk and protective factors for, suicide, homicide, youth violence, family and intimate partner violence, sexual assault, dating violence, and firearm-related injuries), acute care and rehabilitation of injured persons, disabilities prevention, data to support injury control programs, assistance in injury research and interventions and leadership and coordination of national injury control efforts. Recipients of grants from the CDC in this area have made significant progress in translating their research findings into community-based interventions such as seat belts, the introduction of child safety seats, bicycle and motorcycle helmets, and a concerted attack on drunk driving.

Mr. Chairman, the recent outbreaks of violence over the last year have clearly revealed the need for additional

research to understand the etiology of violence and its consequences. Research is also needed to determine how to prevent violence-related injuries among the different segments of the population and how to best reduce the severity of emotional and physical consequences of violence. In the areas of interpersonal youth violence, child abuse, suicide, intimate partner violence, and sexual assault, we know little about the independent, additive, interactive and sequential effects of psychologic, socioeconomic, and environmental risk and protective factors. There is also a need for research that provides a better understanding of how these different types of violence are related.

**Health Statistics.** The increasing number of health-related research advances, the devolution of programs to the States, and market reforms in health care are creating greater needs for accurate and timely health information. To face the many health challenges ahead it is essential that adequate resources are made available to CDC's **National Center for Health Statistics (NCHS)**. NCHS surveys and data systems provide fundamental public health and health policy statistics that meet the needs of a wide range of users. **Adequate funding of NCHS would allow the agency to build the statistical infrastructure that can serve the nation's needs.**

Sufficient resources for NCHS would allow the CDC to begin systematically rebuilding its statistical and health information structure to meet future high priority data needs. These needs include: (1) targeted data collection to address emerging health and health policy topics; (2) new studies on specific racial and ethnic populations (the beginning of a systematic effort to fill significant gaps in the understanding of health disparities); (3) new research on solutions to methodology, technology, confidentiality, and data linkages problems to advance the underlying science of health information; (4) collecting information on health status, insurances, access, and utilization for all 50 states to provide answers to key policy questions related to health and welfare reforms; and (5) improving the timeliness of data by at least 20 percent through improved technology to reduce the turnaround time from collection to release.

**Sexually Transmitted Disease Prevention and Control.** Combating the spread of sexually-transmitted diseases (STDs) is one of the most critical health challenges facing the U.S. STDs and their complications cost the U.S. \$8.4 billion annually. High rates of STDs in adolescents and young adults have severe consequences for women and infants, and play a deadly role in the spread of AIDS. In addition, today there is an opportunity to eliminate syphilis (which is extremely concentrated geographically) in the U.S. and in the process eliminate one of the most glaring health disparities while reducing health care costs by almost \$1 billion yearly.

**Adolescents.** Until recently, the CDC did not recognize the unique needs of adolescents. Adolescents disproportionately engage in risky health behaviors (e.g., drug use and abuse, binge drinking, and smoking). Accordingly, by doing so they place themselves at risk of immediate and long-term health consequences. Consequences of risky behavior by adolescents appear in adulthood. The CDC, along with the other public health agencies, recognize that adolescents need specific and specialized attention. Challenges include: weight (1 out of every 10 adolescents is overweight, a serious health consequence); eating disorders (anorexia and bulimia); violence (in 1999 14.1 percent of black female students and 7.4 percent of white female students reported being a victim of dating violence); suicide (third leading cause of death for adolescents); sexually transmitted diseases and HIV (adolescents are at a greater risk for the transmission of STDs and HIV because of risky behaviors such as having multiple partners or engaging in unprotected sex).

Mr. Chairman, COSSA would like to emphasize that prevention research is a long-term endeavor. We are in an era when Americans' health is increasingly damaged by preventable chronic diseases. Modifying behaviors and our social environments hold the key to major health benefits. At the same time, assessing needs, changing complex behaviors, and evaluating the outcomes of interventions all take years. That is why COSSA requests a budget of at least \$5 billion for the CDC. The potential contributions of the CDC to the lives of countless Americans is limited only by the resources available for carrying out its vital mission.

**M**r. Chairman, improving the education of our children may be the most widely shared priority in the United States today. Support for other issues may wax and wane, but recognition of the importance of education and the government's opportunity to improve the state of education in our Nation seems only to grow.

Indeed, the President has made education his top priority. Members from both sides of the aisle have offered legislation to reform and improve the educational system. Yet after the legislation passes, **what will guide the policies that underlie the education our children receive?**

Most people would agree that what should guide education policy is not the direction of political winds, but *what works best*. **Finding what works best can only be achieved through impartial, scientific research** that evaluates the efficacy of programs in an objective, systematic way and subjects findings to public scrutiny and scientific peer review.

The agency responsible for conducting research and collecting statistics in education is the **Office of Educational Research and Improvement (OERI)**. It is clear that, in the past, OERI and its predecessors have not lived up to expectations. This is due to a variety of factors, one of which is certainly meager funding. Any enterprise, whether commercial or social, needs to invest a portion of its expenditures in research or "R&D" to become more efficient and effective through the years. In FY 2001, however, less than one half of one percent of Department of Education funds were invested in research. This percentage is far below that of other agencies. **No organization can function effectively when denied the resources to improve.**

There are problems with the current structure of OERI, and funding increases should always be made with caution. However, there is agreement in Congress that OERI needs an overhaul; this will likely be achieved in its reauthorization this year. With the right reforms, we can invest in the advancement and improvement of education research with confidence.

COSSA appreciates the President's proposal to once again increase investment in education. However, the state of education in America will not advance without a bold investment in scientific research, which is the foundation of any successful education initiative. That is why **COSSA supports a significant increase in the FY 2002 appropriations for education research**. Investing even five percent of our education dollars in research would give a significant boost to the prospects for improving education in the United States, not just in the next fiscal year but in the years and decades to come.

The **Interagency Education Research Initiative (IERI)** is one example of a sound educational research program with a promising design. The partnership includes OERI, the National Science Foundation, and the National Institute of Child Health and Human Development. The Initiative seeks to improve pre-K-12 student learning and achievement in reading, mathematics, and science by supporting rigorous, interdisciplinary research on large-scale implementations of promising educational practices and technologies. In short, IERI draws from **multiple disciplines** to support **high-quality research** to uncover the most **effective educational programs and technologies**. It is such initiatives, if properly supported, that hold the potential to truly advance educational achievement in our schools.

### **National Center for Education Statistics**

**F**inally, Mr. Chairman, **COSSA supports an increase in FY 2002 appropriations for education statistics. Sound research is based on sound data.** The **National Center for Education Statistics**, the primary federal entity for collecting and analyzing education data, is poised to provide this crucial link in the chain. Investment in education, however, must be met with equally vigorous investment in education statistics, as these data provide some of the first indicators of the success, or failure, of our education policies.

Recent popular NCES reports include: *The Condition of Education, 2000*; *Digest of Education Statistics, 2000*; *NAEP Reading Report Card for the Nation and the States, 1998*; *Dropout Rates in the United States, 1999*; and *Indicators of School Crime and Safety, 2000*.

We thank the Subcommittee for the opportunity to present our views.