

**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 House of Representatives  
Submitted by Angela L. Sharpe, MG, Deputy Director  
Consortium of Social Science Associations  
April 30, 2015**

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 believe a successful and vibrant social science research enterprise is essential to solving some of the most important challenges of our time. 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.

## **NIH (at least \$32 billion), U.S. Dept. 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 works to support scientifically rigorous, peer/merit-reviewed, investigator-initiated research—including basic and applied behavioral and social science research—in order to fulfill 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.” **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.

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.

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. 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.

**CDC (\$7.8 billion) and NCHS (\$172 million), U.S. Dept. 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 (NCHS).** As the country's leading health protection and surveillance agency, the CDC works with state, local, and international partners to keep Americans safe and healthy. Social and behavioral science research plays a crucial role in helping the CDC carry out this mission. Scientists in fields ranging from psychology, sociology, anthropology, and geography to health communications, social work, and demography work across CDC centers 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, and 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.

**COSSA requests \$172 million—\$160 million in budget authority and \$12 million from the Prevention and Public Health Fund—for 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.

**AHRQ (\$375 million), U.S. Dept. 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 funds 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. Among the important resources AHRQ produces are the National Quality Measurement Clearinghouse, which helps inform medical providers' decisions; the *National Healthcare Quality and Disparities Report*, the only comprehensive source of information on health care quality and disparities; and the Medical Expenditure Panel Survey (MEPS), which produces important data on how Americans use and pay for medical care.

**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.