



CONSORTIUM *of* SOCIAL SCIENCE ASSOCIATIONS

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Testimony in Support of Fiscal Year 2017 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), the Institute of Education Sciences (IES), and International Education and Foreign  
Language Programs

Prepared for the Subcommittee on Labor, Health and Human Services, Education and Related  
Agencies, Committee on Appropriations, United States Senate  
Submitted by Angela L. Sharpe, MG, Deputy Director  
Consortium of Social Science Associations  
April 15, 2016

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) 2017 appropriations of the agencies under the Subcommittee's jurisdiction. **COSSA recommends that the National Institutes of Health (NIH) receive at least \$34.6 billion in FY 2017 and urges the Subcommittee to appropriate \$7.8 billion for the Centers for Disease Control and Prevention (CDC), \$170 million for the National Center for Health Statistics (NCHS), \$364 million for the Agency for Healthcare Research and Quality (AHRQ), \$728 million for the Institute of Education Sciences (IES), and \$78.7 million for the Department of Education's International Education and Foreign Language programs.**

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. It is appreciative of the Subcommittee's and the Congress' continued support of NIH, CDC, NCHS, AHRQ, IES, and Title VI and Fulbright-Hays programs. Strong, sustained funding for these agencies is essential to our national priorities of better health and economic revitalization.

**NIH (at least \$34.6 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. COSSA appreciates the Subcommittee's leadership and its long-standing bipartisan support of NIH, as demonstrated by the \$2 billion increase provided in the FY 2016 omnibus spending bill. There are, however, 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 \$34.6 billion in FY 2017, representing 5 percent real growth above the projected rate of biomedical inflation.**

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.” **COSSA, however, remains extremely concerned about continued 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 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.

Thanks to 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.

COSSA continues to applaud the Administration’s *Precision Medicine Initiative* (PMI) and the NIH’s involvement of its Office of Behavioral and Social Sciences Research (OBSSR) in the planning phase of this million-person cohort, including its commitment to including behavioral, physiological, and environmental measures. To this end, 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 break down to scientific silos by bringing together scientists from diverse fields to enhance the quality of mHealth research.

### **CDC (\$7.8 billion) and NCHS (\$170 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 \$170 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 keep Americans safe and healthy. CDC relies on insights from the social and

behavioral sciences to “explore the effects of behavioral, social, and cultural factors on public health problems” and to rigorously evaluate public health interventions, policies, and programs.<sup>1</sup>

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, and in identifying and understanding health disparities. The social and behavioral sciences also 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 \$170 million in budget authority 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 would be used to support NCHS’s major data collection systems—the National Vital Statistics System, the National Health Interview Survey, the National Health and Nutrition Examination Survey, and the National Health Care Surveys. The increase would also allow NCHS to continue its expansion of electronic death reporting, which improves the availability and specificity of data on deaths of public health importance, such as from prescription drug overdoses.

### **AHRQ (\$364 million), U.S. Department of Health and Human Services**

COSSA urges the Subcommittee to appropriate \$364 million for the Agency for Healthcare Research and Quality (AHRQ). AHRQ funds research on improving the quality, safety, efficiency, and effectiveness of America’s health care system. It is the only agency in the federal government with the expertise and explicit mission to fund research on improving health care at the provider level (i.e., in hospitals, medical practices, nursing homes, and other medical facilities). Its work complements—not duplicates—research supported by other HHS agencies.

AHRQ-funded research provides us with the evidence and tools we need to tackle some of the health care system’s greatest challenges. For example, AHRQ-funded research:

- Has been instrumental in reducing healthcare-associated infections (HAIs) by 17 percent in five years, translating to 87,000 lives and nearly \$20 billion in health care costs saved.
- Improves care for people suffering from multiple chronic conditions, a group that accounts for two-thirds of U.S. health care spending.
- Helps doctors make better decisions and improve patients’ health by taking advantage of electronic health records and other IT advances.

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<sup>1</sup> Deborah Holtzman, M. Neumann, E. Sumartojo, and A. Lansky, “Behavioral and Social Sciences and Public Health at CDC,” Morbidity and Mortality Weekly Report, December 22, 2006, <http://www.cdc.gov/mmwr/preview/mmwrhtml/su5502a6.htm>.

AHRQ reports and data give us vital information about the state of the U.S. health care system and identify areas we can improve. The congressionally-mandated *National Healthcare Quality & Disparities Report* is 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. AHRQ's Medical Expenditure Panel Survey (MEPS) collects data on the how Americans use and pay for medical care, providing vital information on the impact of health care on the U.S. economy.

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

### **IES (\$728 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 \$728 million for IES, which would restore funding for the Regional Educational Laboratories and the National Center for Special Education Research to the FY 2010 funding level. 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.

More important, IES-supported research has substantially improved the quality of education research, led to the development of early interventions for improving child outcomes, generated and validated assessment measures for use with children, and led to the establishment of the “What Works Clearinghouse” for education research (highlighting interventions that work and identifying those that do not). There is an increasing demand for 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. Further, adequate funding will allow IES to continue to support this important research, data collection and statistical analysis, and dissemination. The COSSA-recommended funding level will also allow IES to build upon existing findings and to conduct much-needed new research.

### **International Education and Foreign Language Programs (\$78.7 million), U.S. Department of Education**

The Department of Education's International Education and Foreign Language programs play a significant role in developing a steady supply of graduates with deep expertise and high quality research on foreign languages and cultures, international markets, world regions, and global issues. COSSA urges a total appropriation of \$78.7 million (\$70.15 million for Title VI and \$8.56 million for Fulbright-Hays) for these programs. This sum represents a modest increase in funding, which would broaden opportunities for students in international and foreign language studies. It would also allow for the strengthening of the U.S.' human resource capabilities on strategic areas of the world that impact our national security and global economic competitiveness.

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.

Angela L. Sharpe, MG