

ARPA-H Remarks

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August 16, 2021

My remarks today are based on my role as President of the Population Association of America (PAA) and longtime member of the Association of Population Centers (APC). PAA is a professional organization that includes 3000+ demographers, sociologists, economists, geographers, public health professionals, and statisticians who study the causes and consequences of population change, including trends and disparities in population health. The APC is comprised of the 40 NIH-supported population research centers at US universities and private institutions. I'll largely focus today on the population research community's interest in ARPA-H's research opportunities and will close with brief comments on ARPA-H staffing and funding issues.

First, the population sciences community is excited that ARPA-H is being designed to develop breakthrough solutions to some of our nation's most pressing health challenges. We were also excited to read in the Collins et al. paper in Science that such breakthroughs may not only be focused within laboratories and clinics, but also at the macro level. Understanding macro level effects on health – e.g., from families and households, schools, workplaces, neighborhoods, cities and states, and so on – is an area in which population scientists have tremendous expertise. We have long focused on the collection of multi-level population health data and have been at the forefront in modeling the complex social determinants of health that operate at levels far beyond the individual. We were also heartened to read in Collins et al. that equity considerations must be interwoven throughout the ARPA-H mission. The population sciences have long been at the forefront of documenting and explaining health disparities and we will look forward to being at the forefront of such enormously important core issues as ARPA-H develops.

I now offer two examples of major population science research projects that fit the spirit of ARPA-H and could have potentially transformative impacts on our nation's health infrastructure and breakthrough solutions for our society.

First, how can we best understand the facets of structural racism that result in some subgroups of our society living much sicker and shorter lives on average than other subgroups? Measurement of structural racism is not easy and the science of it is in its infancy: it involves serious consideration of history, social and economic contexts at multiple levels, and deeply embedded policy and institutional structures. Understandably, then, the science of understanding how structural racism gets under the skin is also vastly under-developed. We may finally be a point in our history where breakthrough solutions that either help dismantle structural racism or deal with its effects are possible, but major investments on both the research and implementation sides are necessary.

Second, how can the scientific community most effectively collect population representative data that will best inform breakthrough solutions to ameliorate some of our widest health disparities? Indeed, the current availability of population representative data – whether from surveys, administrative records, or health examinations – is sparse, of poor quality, or even nonexistent among many subgroups in our society – e.g., American Indians and Alaskan Natives, undocumented immigrants, the homeless, transgender individuals, the remote rural population, Muslim Americans, etc., even in our best data collection efforts. Developing breakthrough solutions to ameliorate health disparities among all groups in our society will likely involve a much better understanding of the multi-level determinants that affect every group's health.

In terms of staffing, we strongly support ARPA-H hiring staff from the population sciences community who bring deep social and demographic expertise to solicit and manage projects. Over the past several decades, it has become crystal clear that understanding and improving the health of our society cannot rely solely on science, technologies, and medicines developed in laboratories and delivered to individuals. Population scientists have a central role to play in helping understand and develop the solutions to our nation's most perplexing health challenges.

Finally, in terms of funding, the population sciences community expresses desire that ARPA-H supplements rather than supplants NIH funding. Doing so would help preserve one of our nation's crown jewels – the NIH – while substantially

enhancing the health infrastructure of our country at a time when such investment is sorely needed.

Thank you.