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October 27, 2023

The Honorable Bill Cassidy

Ranking Member

Senate Health, Education, Labor, and Pensions Committee

Washington, DC 20510

Sent via email to: NIHModernization@help.senate.gov

Dear Senator Cassidy,

On behalf of the organizations we represent, the [Population Association of America \(PAA\)](#) and [Association of Population Centers \(APC\)](#), we are pleased to submit comments in response to your request for input regarding potential reform of the National Institutes of Health (NIH).

As you may know, PAA and APC are two affiliated organizations that together represent over 3,000 social and behavioral scientists and the over 40 population research centers that receive federal funding and conduct research on the implications of population change. Our members, which include demographers, economists, sociologists, and epidemiologists, conduct scientific and applied research, analyze changing demographic, health, and socio-economic trends, and train undergraduate and graduate students. Their research expertise covers a wide range of issues, including adolescent health and development, aging, health disparities, immigration and migration, work-family balance, marriage and divorce, education, social networks, housing, retirement, and labor.

The health of our population is fundamentally intertwined with the demography of our population. Recognizing the connection between health and demography, NIH supports demographic or population research programs primarily through the National Institute on Aging (NIA) and the National Institute of Child Health and Human Development (NICHD). Overall, NIH is the primary source of competitive, discretionary grant funding that supports the population sciences. Research centers and networks, including the NIA-supported [Centers on Demography and Economics of Aging](#) and the NICHD-supported [Population Dynamics Centers Research Infrastructure program](#), are foundational hubs where the next generation of population scientists are trained, interdisciplinary national research networks are formed and maintained, and large-scale, longitudinal and panel surveys are housed.

Over the last decade, Congress, in particular, the Senate Appropriations Committee, has [consistently recognized](#) the unique contributions of NIH-

supported population research. In addition, the House and Senate Appropriations Committees have praised NIH funded surveys, including the Health and Retirement Study, Baby's First Years Study, Panel Study of Income Dynamics Child Supplement Survey, Future of Families and Child Wellbeing Study, and National Health and Aging Trends Study, for advancing scientific progress and serving as invaluable, accessible, and cost-effective public goods that biomedical, behavioral, and social scientists alike rely on to inform their research. Further, appropriations report language has lauded unique contributions that the population research community has made towards advancing NIH policies affecting data sharing and management.

Given our field's interests in the NIH, we engage with Congress and the Administration on proposals affecting NIH funding, policy, and operations. We commend you and your staff for initiating a constructive dialogue with stakeholders regarding potential NIH reform and are pleased to offer feedback. Our below comments address themes and questions posed in targeted sections of [your recent solicitation](#).

## **Increasing the Pace of Science**

### **Enhanced Integration of Behavioral and Social Science Research**

A major theme of this section addresses overall "balance" in the NIH portfolio "between basic, translational, and clinical research" and steps the agency can take to prioritize research aimed at improving outcomes. To ensure "balance" in the agency's overall research portfolio, our organizations believe it is imperative that NIH Institutes and Centers (ICs) maintain broad authority to encourage high-quality, interdisciplinary research proposals from all areas of science, including the behavioral and social sciences. Understanding social and behavioral influences on health is necessary to identify risk factors and mechanisms underlying the leading causes of morbidity and mortality and to develop and test effective interventions and preventative strategies. In recognition of the essential role of behavioral and social science research (BSR), several NIH ICs are required to support BSR as part of their original statutory authority.

In 1993, Congress created the [NIH Office of Behavioral and Social Science Research](#) (OBSSR) in recognition of the importance of behavioral and social sciences to the broader NIH mission. Since its inception, OBSSR has been instrumental in advancing and coordinating trans-NIH BSR. NIH reform legislation is a potential opportunity to reauthorize OBSSR and clarify its existing statutory language to reflect, for example, proposed changes in the Office's most recent strategic plan. In 2022, PAA and APC [commented on](#) the [Office's latest plan](#) offering recommendations on ways in which OBSSR could clarify and strengthen trans-NIH investment in relevant research, training, and capacity building activities.

In 2022, the NIH Council of Councils approved a working group report on [Integration of Behavioral and Social Sciences Research at the National Institutes of Health \(NIH\)](#). The

report found that while BSR has a role in each NIH IC mission, there are “significant gaps and variation in [behavioral and social sciences research] integration across the NIH.” Further, the working group found that funding and support for OBSSR has not kept pace with the increasing demand. The report recommends NIH:

- Better incorporate and integrate BSR into IC and NIH-wide strategic plans;
- Evaluate and monitor the distribution of BSR staff across the agency;
- Align NIH Advisory Council representation to have two minimum members with BSR or public health expertise;
- Work with OBSSR to identify opportunities to increase BSR applications at ICs with low BSR usage;
- Increase centers, resource grants, and trial networks that include a BSR focus;
- Increase resources allocated to OBSSR for staff and programs; and,
- Engage BSR expertise throughout the development of new research policies and practices.

A [second report from 2021 on Trans-NIH Research Opportunities in the Basic Behavioral and Social Sciences](#) identified several areas of research that “do not appear to be adequately supported by the NIH,” including: how social and behavioral processes influence infectious disease control and mitigation behaviors by individuals and groups; social interactions and influences on health; and maintaining healthy behavior change, to name a few.

These recent reports offer concrete, practical recommendations that should be used to inform discussions regarding NIH reform especially as it pertains to the role of BSR and opportunities to enhance NIH support of these disciplines and achieve greater “balance” in the overall NIH research portfolio.

### **Affirm Principles of Scientific Peer Review**

Another major theme of the solicitation addresses the NIH peer review process. We encourage the Committee to use NIH reform legislation as an opportunity to reaffirm, rather than dramatically alter, the NIH peer review processes. The peer review processes that the NIH employs for selecting the most meritorious research applications are recognized as the “gold standard” for determining the allocation of precious Federal research dollars. The peer review processes NIH uses to rank and award research funding should be identified as “best practices” and held up as a model framework for ensuring that only the very best, innovative science is supported.

Despite our strong endorsement of the agency’s existing peer review process, we recognize the need for continued oversight and implementation of necessary changes to ensure the integrity of the NIH peer review process. In December 2022, NIH announced proposed revisions via its [Simplified Framework for NIH Peer Review Criteria initiative](#). Major overarching goals of this initiative are “to address potential bias in grantmaking and enable a level playing field.” Ideally, the proposed changes, which [will apply to most grant](#)

[mechanisms](#) on or after January 2025, will reduce the administrative burden currently placed on peer reviewers, shifting them to NIH staff, and allow outside experts to focus on the scientific details in applications. Given this proposal was developed with input from the extramural research community, we urge the Committee to engage with the agency and stakeholders about the initiative and assess its effectiveness in the context of NIH reform deliberations.

### **Recruiting and retaining high-quality young investigators**

We highlight two specific areas important for improving recruitment and retention of high-quality young investigators. First, regarding delays in the scientific review life cycle: while as indicated above we strongly affirm the quality of NIH's scientific review practices, the time from grant application to funding award is often lengthy. Delays in funding notification can have pernicious effects on the ability to retain early career investigators, thus we strongly encourage expanded efforts to shorten the review life cycle particularly for fellowship (F series) and career development (K series) awards.

Second, NIH stipend levels and salary restrictions have failed to keep up with labor market wage levels, making it increasingly difficult to recruit and retain high-quality young investigators. For example, the current NRSA predoctoral stipend level of \$27,144 is substantially below the norm in other STEM-related fields (NSF's graduate research fellowship program stipend is 36% higher, at \$37,000). K-series career development award mechanisms also typically cap salaries at levels well-below labor market rates. As part of any NIH reform deliberations, we urge the HELP Committee to examine these stipend levels and salary restrictions in light of competing labor market levels, as part of a comprehensive process to consider more appropriately inflation-adjusting policies that are set in nominal dollar levels.

### **Data Accessibility and Confidentiality**

Population scientists have unique expertise in data collection, dissemination, and archiving strategies. The community has a long-standing tradition of encouraging and promoting data sharing. As a result, our organizations have encouraged NIH to follow our example and require data collected as part of any NIH award be shared regardless of the award's size. We have also supported the use of centralized archives for long-term dissemination and support, as well as the development of archives to handle analysis and dissemination of restricted data, such as the "Data Sharing for Demographic Research" (DSDR) program, which is funded by the NICHD.

PAA and APC submitted comments to NIH throughout the development of its Data Management and Sharing (DMS) Policy ([2018 draft](#) and [2020 revision](#)). We believe the final [DMS Policy](#) reflects much of our input and will ultimately improve data accessibility. Given the final policy was recently enacted on January 25, 2023, we encourage the Committee to engage with NIH and the scientific research community to examine implementation of the

DMS and to consider what, if any, aspects of the policy should be codified as part of a broader NIH reform proposal.

It is worth noting that the onus for collecting and disseminating data should not lie exclusively with NIH grantees. The NIH has an obligation as well to gather and share data with the research community, especially data that will improve the extramural research community's ability to recruit and retain faculty and students and meet equity goals. In 2022, [PAA and APC submitted comments](#) to NIH on its Diversity, Equity, Inclusion, and Accessibility (DEIA) strategic plan. In our comments, PAA and APC expressed how the dearth of demographic data regarding grantees has hindered the ability of the extramural research community to determine the percentage of tenured faculty and graduate students that are underrepresented among NIH grantees. Further, we noted that there is insufficient information about existing programs that support underrepresented scholars in training and retention. These data are crucial to informing the adoption of constructive organizational DEIA workforce practices both within the NIH and academic research institutions. Deliberations regarding NIH reform should serve as an opportunity for Congress to examine the data that NIH collects and shares with the extramural research community to achieve not only DEIA goals, but also to facilitate adoption and implementation of other NIH policies impacting grantees and their research institutions.

### **Administrative Opportunities and Challenges**

Under this section, the solicitation asks, *"Are there any specific initiatives, capabilities, or best practices of a particular IC that you believe should be scaled across NIH? If yes, how would you propose most effectively leveraging them across the agency?"* NIH should be recognized for taking proactive steps to establish trans-agency committees devoted to high-priority areas of research, including BSR. [The NIH BSSR Coordinating Committee](#) is a successful model that provides NIH ICs with a well-organized platform to discuss BSR findings and advance and coordinate trans-agency BSR activities. It also invites the public to participate in its open meetings and invites the scientific research community to participate in many of its activities, including lecture series and workshops. We encourage the Committee to use any future NIH reform proposal as an opportunity to sustain and expand formal and informal committees and other interagency arrangements that facilitate the ability of NIH ICs to share resources, data, and expertise, and to develop and maintain innovative trans-agency research and administrative initiatives.

### **Improving Transparency and Oversight**

As you know, each IC has an advisory council. These advisory councils are responsible for not only guiding and overseeing the ICs research agendas and operations, but also for conducting the second level of peer review for all grant applications approved for funding. Given their significant responsibility, it is crucial that representation on these advisory

councils reflect the diversity of each IC's mission, scientific priorities, and the research and patient communities that they serve. To that end, we would like to see greater transparency regarding the selection of IC advisory council members. Proactively seeking nominations from the public, similar to the process that the National Academies of Sciences, Engineering, and Medicine uses to identify experts to serve on working groups and consensus committees, for example, could be employed to promote vacancies on advisory committees and solicit nominees.

Once again, thank you for providing PAA and APC with the opportunity to communicate our interests in the NIH and raise issues as they may relate to future NIH reform legislation. Please do not hesitate to contact us if we can be of further assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'L Berkman', with a long horizontal stroke extending to the right.

Dr. Lisa Berkman  
2023 PAA President

A handwritten signature in black ink, appearing to read 'J Brand', with a large, stylized 'J' and a long horizontal stroke extending to the right.

Dr. Jennie Brand  
2023-2024 APC President