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**Statement of the Coalition for the Advancement of Health Through Behavioral and Social Science Research (CAHT-BSSR) on FY 2010 Funding for the National Institutes of Health submitted for the record to the Subcommittee on Labor, Health and Human Services, Education and Related Agencies, Committee on Appropriations, U.S. House of Representatives
The Honorable David Obey, Chair, May 1, 2009**

Mr. Chairman and Members of the Subcommittee, the Coalition for the Advancement of Health Through Behavioral and Social Science Research (CAHT-BSSR) appreciates and welcomes the opportunity to comment on the Fiscal Year (FY) 2010 appropriations for the National Institutes of Health (NIH). CAHT-BSSR includes 13 professional organizations, scientific societies, coalitions, and research institutions concerned with the promotion of and funding for research in the social and behavioral sciences. Collectively, we represent more than 120 professional associations, scientific societies, universities, and research institutions.

CAHT-BSSR would like to thank the Subcommittee and the Congress for the unparalleled funding increases provided for the NIH in the American Recovery and Reinvestment Act and the FY 2009 omnibus bill. These resources will allow our nation's proven and highly competitive biomedical, behavioral and social science research enterprise to sustain the progress that has been made towards better prevention strategies and new treatments for costly conditions along with improved diagnostics. The next step is to build upon this unmatched investment. It is incumbent that we build upon and maintain the capacity that the resources provided through ARRA will facilitate.

Providing adequate resources in FY 2010 that allows the NIH to keep up with the rising costs of biomedical, behavioral, and social sciences research will help NIH begin to prepare for the era beyond recovery. It is essential that funding in 2011 and beyond allow the agency to resume steady, sustainable growth and allow for fulfilling the President's vision of doubling our investment in basic research. **Accordingly, CAHT-BSSR joins the Ad Hoc Group for Medical Research in urging the Subcommittee to increase NIH's funding in FY 2010 at least seven (7) percent.** This level of funding will provide adequate resources to begin to regain the momentum set in place by the completed campaign to double the nation's investment in the promising research supported and conducted by the NIH.

The **behavioral and social sciences** regularly make important contributions to the well-being of this nation as recently reflected in a congressional exhibition, *National Institutes of Health: Improving the Nation's Health Through Behavioral and Social Sciences Research* (<http://www.coassa.org/caht-bssr/caht-bssr.shtml>). Due in large part to the **behavioral and social science research** sponsored by the NIH, we are now aware of the enormous contribution behavior makes to our health. At a time when genetic control over diseases 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.

The grandest challenge we face is understanding the brain, behavior, and society -- from global warming to responding to short term pleasures; from self destructive behavior, such as addiction, to life style factors that determine the quality of life, infant mortality rate and longevity. Nearly 125 million Americans are living with one or more chronic conditions, like heart disease, cancer, diabetes, kidney disease, arthritis, asthma, mental illness and Alzheimer's disease. Significant factors driving the increase in health care spending in the United States are the aging of the U.S. population, and the rapid rise in chronic diseases, many caused or exacerbated by behavioral factors: for example, obesity, caused by sedentary behavior and poor diet; addictions and resulting health problems caused by tobacco and other drug use.

Behavioral and social sciences research supported by NIH is increasing our knowledge about the factors that underlie positive and harmful behaviors, and the context in which those behaviors occur. NIH supports behavioral and social science research throughout most of its 27 institutes and centers. Numerous reports by the National Academy of Sciences (e.g. *The Aging Mind*, *New Horizons in Health: An Integrative Approach*, and *Health and Behavior*) have presented cutting edge research agendas and made eloquent cases for the applicability of the social and behavioral scientific disciplines to the myriad, complex problems of prevention, treatment and cure of diseases as well as the enhancement of quality of life.

CAHT-BSSR applauds the NIH's recognition that the "scientific challenges in developing an integrated science of behavior change are daunting." We especially commend the **new basic behavioral and social science research "blueprint-like" initiative, Opportunity Network for Basic Behavioral and Social Sciences Research (OppNet), being undertaken by the NIH** to examine the important scientific opportunities that cut across the structure of NIH and designed to look for strategic opportunities to build areas of research where there are gaps and that have the potential to affect the missions of multiple institutes and centers. Likewise, we commend the designation of the "**Science of Behavior Change**" in the third cohort of the Common Fund. We agree with the goals of this Roadmap Pilot to "establish the groundwork for a unified science of behavior change that capitalizes on both the emerging basic science and the progress already made in the design of behavioral interventions in specific disease areas. By focusing basic research on the initiation, personalization, and maintenance of behavior change, and by integrating work across disciplines, this Roadmap effort and subsequent trans-NIH activity could lead to an improved understanding of the underlying principles of behavior change. This should drive a transformative increase in the efficacy, effectiveness, and (cost) efficiency of many behavioral interventions."

The NIH Office of Behavioral and Social Sciences Research (OBSSR), authorized by Congress in the NIH Revitalization Act of 1993 and established in 1995, serves as a convening and coordinating role among the institutes and centers at NIH. In this capacity, OBSSR develops, coordinates, and facilitates social and behavioral science research agenda at NIH; advises the NIH director and directors of the 27 Institutes and Centers; informs NIH and the scientific and lay publics of social and behavioral science research findings and methods; and trains scientists in the social and behavioral sciences. **For FY 2010, CAHT-BSSR supports a budget of \$28.61 million for OBSSR, an**

increase of \$1.87 million, commensurate with our request for, at a minimum, seven (7) percent increase requested for the NIH.

To achieve its vision of bringing together the biomedical, behavioral, and social sciences research communities to work towards solving the most pressing health challenges faced by society, OBSSR is expanding its efforts to promote and support social and behavioral science research in four areas: 1) problem-based research; 2) basic science; 3) systems-thinking approaches to population health; and 4) interdisciplinary team science. Given the NIH's focus on gene and environment interaction, new leading edge research examining how social and behavioral factors change or alter the actions of genes to influence health and disease is needed. Focus in this area may require the development of new and innovative tools to measure and analyze behavioral and environmental factors.

OBSSR focuses on cross-cutting behavioral and social research issues (e.g. "Long-term Maintenance of Behavior Change") using its modest budget to seed cross-institute research initiatives. OBSSR has spurred cutting edge research in areas such as measures of community health, including new community-based participatory programs supporting intervention research methods to disease prevention and health promotion in medically underserved areas; socioeconomic status; health literacy; and new methodology development.

The Office is also developing a new initiative, **Community Health Labs**, designed to bring the power of cyberinfrastructure to communities addressing specific health community needs. The Labs will allow for better interface between communities and Academic Health Centers (AHC) and would build on and integrate with established infrastructure at the community level. Because they would be tied into national internet-based networks they could allow communities to learn from each other. These networks have the potential to untie local data on: social, economic, institutional and physical environments; population characteristics; behaviors and health; health services, including medical records; and genetic/genomic and other biological data. In addition, AHCs, Population Health Centers and possibly other HHS-supported Centers could partner with communities to collect and integrate locally relevant data on the many factors that contribute to community populations

In March 2009, the Office held its second annual conference on dissemination and implementation research. The conference was in recognition that translational research does not stop at new drugs and vaccines; it also includes delivering interventions to those who need them most. Additionally, "as a way to improve public health in a battered world, understanding poverty counts as much as knowing how proteins fold." Research on dissemination addresses how information on health promotion and care interventions is created, packaged, transmitted and interpreted. Research on implementation explores how such interventions fit within real-world public health and clinical service systems.

As highlighted by former NIH Director Elias Zerhouni on the occasion of OBSSR's 10th anniversary in June 2006: *"the OBSSR has been a tremendous asset to NIH throughout its first ten years . . . we are faced with an enormous and evolving national burden of disease and disability, much of which has roots in personal behavior or socioeconomic influences. The need for behavioral and social research and intervention has never been greater, and its impact has never been clearer. We need but look at recent decreases in rates of cancer, largely due to dramatic decreases in tobacco use. We can point to a remarkable demonstration of the pronounced benefits of diet and exercise –*

more effective than drug therapy – in preventing the onset of type 2 diabetes among high-risk individuals. These are but two among many shining examples of the widespread benefits to public health realized through our investment in basic and applied behavioral and social science research, so critical to our understanding of health and disease.”

The following research cited in the *Achievements of the Social And Behavioral Sciences: Improving Health at Home and Abroad* compiled by the OBSSR further illustrates why behavioral and social sciences research is a critical component in generating scientific knowledge to prevent, treat or cure illnesses or enhance health in a broader context.

Understanding the Links Between Social and Cultural Factors and Health: Social scientists have made significant strides in shedding light on the basic social and cultural structures and processes that influence health. Social and cultural factors influence health by affecting exposure and vulnerability to disease, risk-taking behaviors, the effectiveness of health promotion efforts, and access to, availability of, and quality of health care. Social and cultural factors also play a role in shaping perceptions of and responses to health problems and the impact of poor health on individuals' lives and well-being. In addition, such factors contribute to understanding societal and population processes such as current and changing rates of morbidity, survival, and mortality.

Reducing Tobacco Use -- The biggest public health success story of the 20th century may very well be the reduction in tobacco use and related diseases. Behavioral and social science research has demonstrated successes in preventing youth uptake of smoking as well as in developing powerful behavioral and pharmacological interventions that help smokers quit. As a result, in 2006, overall cancer death rates dropped for the first time in a century, driven largely by the dramatic 50 percent reduction in male smoking from 47 percent in the 1960's to less than 23 percent today. While smoking still kills more women than breast cancer, rates are slowing as women quit and fewer adolescents start. Without this research, 40 million Americans might still be smoking today with about 12 million additional premature deaths and billions of dollars in excess cost.

Improving Mental Health -- Over the past 30 years, our understanding of the bio-behavioral mechanisms and treatment of mental disorders has advanced dramatically. Effective and cost-effective therapies that combine behavioral and pharmacological treatments are now available for treatment of depression, anxiety disorders, and the abuse of nicotine, alcohol and other drugs.

Improving Health Literacy: Health literacy is defined as the “degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.” In order for health care and public health systems to serve individuals and populations more effectively and to reduce health disparities in the population, it is critical to understand the nature of health literacy and its relationship to healthy behaviors, illness prevention and treatment, chronic disease management, health disparities, risk assessment of environmental factors, and health outcomes. Behavioral and social scientists have made great strides in improving knowledge of interventions that can strengthen health literacy and improve the positive health impacts of communications between healthcare and public health professionals.

Reducing the Health Burden of Poverty: Discoveries in the behavioral and social sciences can inform life-saving environmental and policy changes. One example is the PROGRESA study

(Programa Nacional de Educacion, Salud, y Alimentacion), an anti-poverty program begun in 1997 that provides aid to 2.6 million poor Mexican families. This study is comprised of an impressive collaboration across disciplines including biomedical, social/behavioral sciences, economics, epidemiology, and demography. The results have been dramatic, showing that the trajectory of health outcomes associated with poverty may be altered within a generation. The PROGRESA intervention was associated with better growth and lower rates of anemia in low-income, rural infants and children in Mexico. This large-scale, real-world study has demonstrated that antipoverty programs that combine education, health, and nutrition interventions can improve the capacity of families to pull themselves out of poverty and adverse health effects that often ensnare generations.

Slowing the HIV/AIDS Epidemic -- Although still devastating, HIV/AIDS is no longer the epidemic it once was in the U.S. thanks to research breakthroughs in the biological, behavioral, and social sciences. Mother-to-child-transmission of HIV has fallen dramatically due to the widespread use of new antiretroviral drugs during pregnancy and labor. Socio-behavioral studies of risky behavior have improved our ability to prevent risk through improved screening and adherence to treatment. Large scale educational campaigns have been delivered effectively. Lessons learned are being provided to other countries. The impact of these innovations is dramatic. Previously, 1500 to 1800 babies in the United States were born infected with HIV. Today, fewer than 50 HIV-infected babies are born each year. It is estimated that 16,000-20,000 lives have been saved by preventing mother-to-child transmission of HIV in the U.S. Globally, 280,000 cases of HIV infection in children could be averted each year using this effective psychosocial and drug therapy combination.

Preventing Diabetes -- For many years, scientists believed that medication was the only tool to prevent and treat diabetes. The Diabetes Prevention Program demonstrated that lifestyle interventions – modest weight loss and regular physical activity – can reduce the risk of developing type 2 diabetes in high-risk adults by 58 percent, compared to 31 percent reduction with diabetes medication. These findings led to "Small Steps, Big Rewards", the first national diabetes prevention campaign.

Increasing Life Expectancy and Quality of Life -- In the last century, life expectancy has extended by an astounding amount—from 47 years in 1900 to 77.5 years in 2003. While medical advances increasingly contribute to living longer and healthier lives, the vast majority of improvements in the quality of life have come from changes in our social, economic, and physical environments.

CAHT-BSSR would be pleased to provide any additional information on these issues. Below is a list of coalition member societies. Again, we thank the Subcommittee for its generous support of the National Institutes of Health and for the opportunity to present our views.

CAHT-BSSR

American Educational Research Association
American Psychological Association
American Sociological Association
Association of Population Centers
Center for the Advancement of Health
Consortium of Social Science Associations
Council on Social Work Education

Institute for the Advancement of Social
Work Research
National Association of Social Workers
Population Association of America
Society for Behavioral Medicine
Society for Research in Child Development
The Alan Guttmacher Institute (AGI)