

Angela L. Sharpe, Consortium of Social Science Associations, (202) 842-3525 (alsharpe@cossa.org)
Statement of the Coalition for the Advancement of Health Through Behavioral and Social Science Research (CAHT-BSSR) on FY 2012 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. Senate, The Honorable Tom Harkin, Chairman, May 2, 2011

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) 2012 appropriations for the National Institutes of Health (NIH). CAHT-BSSR includes 14 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 their continued support of the NIH. Strong sustained funding is essential to national priorities of better health and economic revitalization. Providing adequate resources in FY 2012 that allow 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. We recognize that these are difficult times for our nation, but at the same time, it is essential that funding in FY 2012 and beyond allow the agency to resume steady, sustainable growth of the foundation of knowledge built through NIH-funded research at more than 3,000 universities, medical schools, teaching hospitals, and research institutions. **CAHT-BSSR supports the NIH FY 2012 request of \$31.7 billion, at a minimum, and joins the Ad Hoc Group for Medical Research in its request for \$35 billion in funding for NIH in FY 2012.**

NIH Behavioral and Social Sciences Research - NIH supports behavioral and social science research throughout most of its 27 institutes and centers. 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 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 use and 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.

From global warming to unlocking the secrets of memory; from self destructive behavior, such as addiction, to lifestyle factors that determine the quality of life, infant mortality rate and longevity; the grandest challenge we face is understanding the brain, behavior, and society. 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 of which can be caused or exacerbated by behavioral factors. Obesity may be the result of sedentary behavior and poor diet; and addictions, resulting in 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.

CAHT-BSSR continues to applaud the Congress' and NIH's recognition that the "scientific challenges in developing an integrated science of behavior change are daunting." The agency's efforts to launch the **basic behavioral and social science research trans-NIH initiative, *Opportunity Network for Basic Behavioral and Social Sciences Research (OppNet)*, likewise, is applauded.** OppNet is designed 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 that have the potential to affect the missions of multiple institutes and centers. Research results could lead to new approaches for reducing risky behaviors and improving health.

Equally, we commend the agency's support of the "**Science of Behavior Change**" **Common Fund Initiative** included in the third cohort of research areas for the Common Fund. We agree with the goals of this Common Fund 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 Common Fund 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."

With the recent passage of health care reform legislation, there has been the accompanying and appropriate attention to the issue of **personalized health care**. CAHT-BSSR believes that personalization needs to reflect genes, behaviors, and environments. And as the agency has acknowledged with its recent support of the Science of Behavior Change initiative, assessing behavior is critical to helping individuals see how they can improve their health. It is also critical to helping health care systems see where to put resources for behavior change. Fortunately, the NIH acknowledges the need to focus less on finding the "magic answer" and, at the same time, recognizes that health care is different from region to region across the country. Full personalization needs to consider the environmental, community, and neighborhood circumstances that govern how individuals' genes and behavior will influence their health. For personalized health care to be realized, we need a sophisticated understanding of the interplay between genetics and the environment, broadly defined.

In FY 2012, NIH priorities include establishment of the **National Center for Advancing Translational Sciences (NCATS)** intended to align and bring together a number of trans-NIH programs that do not have a specific disease focus in one organization. As with development of more effective drugs, surgical techniques and medical devices, the development of more powerful health-related behavioral interventions is dependent on improving the understanding of human behavior, and then translating that knowledge into new and more effective interventions with

enduring effects. It is critical that the NIH support for translational research extends to translation research designed to adapt findings from basic behavioral and/or social science research to develop behavioral interventions directed at improving health-related behaviors such as adequate physical activity and nutrition, learning and learning disabilities, and preventing or reducing health-risking behaviors including tobacco, alcohol, and/or drug abuse, and unprotected sexual activity. CAHT-BSSR strongly believes that the translation of behavioral interventions is a critical part of the NCATS initiative and must be accompanied by sufficient staff expertise and resources to manage research on the translation of behavioral interventions into communities.

CAHT-BSSR applauds the NIH's recognition of a unique and compelling need to promote **diversity in health-related research**. The agency expects these efforts to lead to: the recruitment of the most talented researchers from all groups; an improvement in the quality of the educational and training environment; a balanced perspective in the determination of research priorities; an improved ability to recruit subjects from diverse backgrounds into clinical research; and an improved capacity to address and eliminate health disparities. Numerous studies provide evidence that the biomedical and educational enterprise will directly benefit from broader inclusion.

NIH recognizes that developing a more diverse and academically prepared workforce of individuals in S.T.E.M. (science, technology, engineering, and math) disciplines will benefit all aspects of scientific and medical research and care. CAHT-BSSR applauds the agency's recognition that, to remain competitive in the 21st century global economy, the nation must foster new opportunities, approaches, and technologies in math and science education.

This recognition extends to the need for a coordinated effort to bolster **S.T.E.M.** education nationwide, starting at the earliest stages in education. Unfortunately, the narrow perception of "science" persists, and the social and behavioral sciences are often excluded in discussion of STEM issues and remain outside of the science education curriculum. The considerable activity on STEM education provides the opportunity to improve the recognition of social and behavioral sciences as "science."

In 2010, the NIH commissioned the **Institute of Medicine (IOM) to do a study surrounding LGBT (lesbian, gay, bisexual, and transgender) health issues, research gaps and opportunities**. The recently released study, *The Health of Lesbian, Gay, Bisexual, and Transgender People*, examined the current state of knowledge on LGBT health, including general health concerns and health disparities, identified research gaps and opportunities; and outlined a research agenda which reflects the most pressing areas, specifically demographic research, social influences, health care inequities, intervention research, and transgender-specific health needs.

NIH Office of Behavioral and Social Sciences Research

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 the 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 2012, CAHT-BSSR supports a budget of \$38.2 million for OBSSR. This sum reflects the Administration's request of \$28 million for OBSSR and includes the \$10 million needed to support the NIH-wide commitment to carry out OppNet, an initiative strongly supported by the Subcommittee.** The OppNet initiative has made significant progress since its start. Thus far, OppNet has awarded 35 competitive revisions to add basic science projects to existing research project grants. Eight competitive revisions to Small Business Innovation Research/Small Business Technology and Transfer projects have been awarded. OppNet has also provided the much-needed training in basic social and behavioral sciences research.

In FY 2012, OBSSR intends partner with the NIH institutes and centers and other federal agencies to fund **Mobile Technology Research (mHealth) to Enhance Health**. Recent advances in mobile technologies and the use of these technologies in daily life have created opportunities for research applications that were not previously possible, such as assessing behavioral and psychological states in real time. To make use of this technology as effective as possible there is a need to integrate the behavioral, social sciences, and clinical research fields. The NIH mHealth Summer Institute is designed to address the lack of integration of these fields.

Over the years, OBSSR has sponsored **summer training institutes** for scientists interested in social and behavioral science research areas. The interest in these training sessions have been overwhelming and have exceeded the Office's capacity to provide the opportunity for scientists and researchers to gain critical training in these areas. These institutes include training in: systems science methodology and health; randomized clinical trials involving behavioral interventions; dissemination and implementation research in health; and mobile health. The Dissemination and Implementation Research in Health training institute, for example, features a faculty of leading experts from a variety of behavioral and social science disciplines and is designed to empower scientists to conduct this research. Drawing from these disciplines, dissemination and implementation research uses approaches and methods that in the past have not been taught comprehensively in most graduate degree programs. **Given the demand for the training these institutes provide and the potential this research has for propelling the science forward, CAHT-BSSR believes that greater collaboration with the NIH institutes and centers is needed to meet the demand.**

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 Association of Geographers
American Educational Research Association
American Psychological Association
American Sociological Association
Association of Population Centers
Consortium of Social Science Associations
Council on Social Work Education
Federation of Associations in Behavioral &
Brain Sciences
National Association of Social Workers

National Communication Associations
Population Association of America
Society for Behavioral Medicine
Society for Research in Child Development
The Alan Guttmacher Institute (AGI)