

**Statement of the Coalition for the Advancement of Health Through Behavioral and Social Science Research (CAHT-BSSR) on FY 2006 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 Ralph Regula,**

**Chair, April 15, 2005**

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) 2006 appropriations for the National Institutes of Health (NIH). CAHT-BSSR includes 17 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.

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 National Institutes of Health, 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 budget-doubling plan 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 Centers for Medicare and Medicaid Services (CMS) recently reported that health care spending in the United States rose to \$1.6 trillion in 2002, up from \$1.4 trillion in 2001 and \$1.3 trillion in 2000. Health expenditures per person averaged \$5,440 in 2002, up from \$5,021 in 2001 and \$4,670 in 2000. Significant factors driving this increase 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. 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.

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. CAHT-BSSR, however, remains concerned that some types of behavioral and social sciences research relevant to the NIH mission -- particularly basic research -- has not been well supported. 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 is pleased to provide funding recommendations to the Subcommittee that we feel would lead to enhanced knowledge and enhanced public health. **We join the Ad Hoc Group for Medical Research Funding in supporting an appropriation of \$30 billion in FY06 for NIH, a six percent increase over the FY05 funding level.** This level of funding will provide sufficient resources to sustain the momentum of the recently completed campaign to double the nation's investment in the promising research supported and conducted by the NIH. The President's request does not allow us to fully reap the research opportunities that the doubling campaign have made available.

**The NIH Office of Behavioral and Social Sciences Research (OBSSR)** was authorized by Congress in the NIH Revitalization Act of 1993 and established in 1995. Its purpose is to serve a convening and coordinating role among the institutes and centers at NIH. 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, socioeconomic status, and new methodology development.

The Office has been able to leverage substantive funding initiatives with a small budget. OBSSR's appropriation for FY04 was \$25.9 million. The Administration's budget proposal for FY06 is \$26.2 million, an increase of just 0.4 percent. In FY 2006, OBSSR is planning trans-NIH programs designed to support social and behavioral research on health disparities and understanding how gene/environment interaction affects health. **CAHT-BSSR supports an appropriation of \$27.66 million for OBSSR, an increase of six-percent, commensurate with our support of an overall increase of six-percent for the NIH.**

The following areas of research illustrate 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.

**HIV/AIDS.** The HIV/AIDS epidemic in the United States continues to evolve. Attacking this disease must include a strong Federal commitment to funding HIV/AIDS care and treatment programs that will enable public health agencies to implement the newest medical advances and risk reduction models, and to effectively target their efforts in order to best serve the different communities hit hardest by the AIDS epidemic.

According to the December, 2002 Center for Disease Control and Prevention (CDC) HIV/AIDS Surveillance Report, 886,575 cases of AIDS have been diagnosed in the United States, up from 816,149 in 2001, with a total of 501,669 deaths. The CDC also estimates that between 850,000 — 950,000 people are living with HIV/AIDS in the U.S. with approximately one-quarter of these individuals unaware of their status. The CDC has also recently reported an increase in new incidences of HIV infection from 40,000 in 2000 to 42,000 new infections in 2001. In addition,

the emergence of drug resistant strains of HIV has led to increases in the number of AIDS cases and an increase in the number of AIDS-related deaths.

NIH has been an essential supporter of behavioral and social science research to advance the prevention of risk behaviors that transmit HIV; improve health communications to tailor effective prevention measures, and improve adherence to the difficult drug regimens that have so greatly improved mortality associated with AIDS. The NIH Office of AIDS Research (OAR) provides for annual comprehensive planning and budgeting for all NIH AIDS research. In addition, the OAR periodically evaluates the AIDS activities of each of the Institutes and Centers. Research funded by National Institute Mental Health (NIMH) and the National Institute of Child Health and Human Development (NICHD) in particular have contributed significantly to the 21<sup>st</sup> century view of AIDS as more of a chronic illness to be managed than an immediate death sentence. NIH must not slow its commitment to fund behavioral and social science research that will improve the prevention and treatment of AIDS.

**Sexual Health.** Mr. Chairman, some in Congress have raised concerns about sexual health research funded by NIH. CAHT-BSSR strongly supports NIH's decision to conduct research on the numerous sexual health issues that humans encounter as they develop and age. Difficulties in sexual arousal are connected to infertility, heart disease, diabetes, and depression. High-risk sexual behaviors exacerbate the public health challenges of HIV/AIDS and other sexually transmitted diseases. The 2001 *Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior* recognized that sexual health is a public health issue. The report explicitly calls for additional federal investments in basic research in human sexual development, sexual health, reproductive health, as well as social and behavioral research on risk and protective factors for sexual health. Fortunately, NIH has taken on the task of funding this type of research. It is our hope that through educational efforts such as that undertaken by the Coalition to Protect Research, members of Congress who believe that research on sexual health and functioning is less important or urgent than research on other issues will come to understand its importance and necessity. We encourage the House Appropriations Committee to resist efforts to limit NIH's ability to fund research on such important public health issues as HIV/AIDS, pregnancy and fertility, and adolescent risk taking.

**Obesity.** The continuing epidemic of obesity and overweight remains one of the most challenging public health problems of our time. It is a strong risk factor for depression, type 2 diabetes, heart disease, stroke, liver disease, certain cancers, sleep apnea, osteoarthritis, and urinary incontinence. According to the CDC obesity will soon become the leading cause of preventable death in this country, with mortality rates surpassing the 500,000 deaths now attributable to smoking-related causes. While genetic factors play a considerable role in a predisposition towards obesity, environmental and behavioral factors are also strong influences. Obesity *is* preventable, but more effective methods of encouraging healthy lifestyle choices and reducing the barriers that prevent people from making healthy choices must be discovered. With the creation of its Obesity Task Force, NIH has stepped up to the challenge of reducing the escalating rates of obesity and its concomitant disorders: heart disease, diabetes, stroke, and kidney disease. The agency emphasizes that the obesity epidemic is fueled by "a complex interplay of behavioral, socio-cultural, economic, and environmental factors, acting against a backdrop of genetic, and other biological factors. Accordingly, it will require broad-base

research as well as national action. In order to positively impact the increasing prevalence of obesity, heart disease, stroke, and kidney disease and the physical, emotional, and financial burden of these disorders on individuals and the nation, the NIH requires a strong financial commitment to its obesity research programs. CAHT-BSSR encourages the House Appropriations Committee to continue to support the NIH in efforts to combat the nation's most prevalent chronic diseases.

**Substance Abuse.** Excessive alcohol consumption is the number three cause of preventable death in the U.S., according the CDC. Chemical dependency costs the United States over \$300 billion each year and causes 116,000 fatalities annually. These costs are incurred through virtually every sector of American society. The National Institute of Drug Abuse (NIDA) supports a comprehensive portfolio of research into all aspects of drug abuse and addiction. NIDA-supported research has made tremendous progress in understanding addiction as a chronic, relapsing disease, which affects both brain and behavior. The Institute has also made significant progress in developing effective treatments, both behavioral and pharmacological. Through NIDA-supported research we know that addiction is a developmental disorder that begins in adolescence, and sometimes as early as childhood. We also know through experience and research, that prevention and early intervention are critical to healthy development in our children. Accordingly, CAHT-BSSR believes it is critical that the Institute is provided the necessary resources to allow it to continue to use science to increase our ability to discourage teens from abusing drugs by focusing on cognitive processes (learning, decision-making, judgment) and emotional processes (motivation, stress responses, and social reinforcers).

We know from National Institute of Alcohol Abuse and Alcoholism (NIAAA)-supported research that most cases of alcoholism are established by age 25 and can begin as early as age 18. This research has shown that a combination of factors, both environmental (family and peers) and individual personality and temperament underlie drinking behaviors. Rural youth have higher rates of some alcohol-related risk factors than those in other areas. Recognizing the public-health implications of preventing alcoholism before it becomes established, in FY 2005, NIAAA refocused its research on young people as the most important target for preventing alcohol abuse and alcoholism on a public health scale. The Institute is increasing its focus even more through its support of research designed to on develop strategies to prevent the onset of alcoholism. CAHT-BSSR strongly believes that research supported by NIAAA is critical to understanding the factors that contribute to the high prevalence of alcohol addiction in people less than 25 years of age and using this knowledge to developing more effective prevention and treatment interventions.

**Mental Health.** The burden of mental illness is staggering in terms of both morbidity and mortality. According to recent statistics, mental illnesses represent four of the top six sources of disability in Americans aged 15-44, and suicide perennially accounts for many more deaths than homicides. The economic costs of mental disorders are just as overwhelming, and have recently been estimated at \$150 billion and rising. The National Institute of Mental Health's (NIMH) charter includes a commitment to reducing the social and economic burden of these disorders. Mental disorders, which often strike early in life, during childhood, adolescence or early adulthood, are profoundly destructive to individuals and the well being of families. It is incumbent that the Institute, as it continues to implements its reorganization; maintain its support for a comprehensive research portfolio that includes funding for a broad array of basic social and

behavioral science research. It is equally important that the NIMH also continue to support research on the promotion of mental health and the study of psychological, social, and legal factors that influence behavior. CAHT-BSSR encourages the Subcommittee to provide sufficient funding to support this vital mental health research that will have positive implications for so many Americans.

**Health Disparities.** Among minority populations in the United States, health disparities have remained persistent and have, in some cases, increased. Disparities in health outcomes among Americans are attributable to race, ethnicity, gender, socioeconomic status, and/or lack of access to health care. Expected demographic changes magnify the importance of addressing disparities in health status. Beyond the need to monitor changes in the health status of different racial and ethnic groups, there is a need to understand the causal factors underlying these differences. The National Institutes of Health has a vital role to play in addressing and easing health disparities involving cancer, diabetes, infant mortality, AIDS, cardiovascular illnesses, and many other diseases. The NIH has made health disparities a priority. The National Center for Minority Health and Health Disparities (NCMHD) serves as the focal point for the planning and coordination of minority and health disparities research at the NIH. NCMHD conducts and supports basic, clinical, social, and behavioral research, promotes research infrastructure and training, fosters emerging programs, disseminates information, and reaches out to minority and other health disparity communities. The NIH's Strategic Plan to Reduce Health Disparities underscores the need for ongoing research into the biological, social, and environmental basis for health disparities.

**Human Development.** Increasing scientific understanding of how humans grow and develop is a critical part of the NIH mission, and an important aspect of behavioral and social science research. The National Institute of Child Health and Human Development (NICHD) funds research on topics including factors that strengthen resilience in children, influence of peers on middle childhood development, and adolescence and risk behaviors. The Children's Health Act of 2000 charged NICHD with leading the National Children's Study (NCS), a large longitudinal study of 100,000 children that will provide important information about the social and physical environments of children and adolescents. To fully implement the study in FY 2006, the NCS needs an increase of \$57 million over its FY 2005 funding level.

At the other end of the age spectrum, the National Institute on Aging (NIA) funds research on normal development, including differentiating the effects of normal aging from effects that follow from diseases and pathologies occurring in old age. Many of the problems that can accompany aging, especially chronic disease stem from behaviors and environments that place individuals at risk of negative health outcomes. NIA supports essential research on learning and memory, optimal health services for Alzheimer's patients, effects of care giving, and multi-generational families. It also supports demographic research to understand the health, social, and economic consequences of population aging.

CAHT-BSSR would be pleased to provide any additional information on these issues. We have attached a list of coalition member societies to the end of the testimony. We thank the Subcommittee for its generous support of the National Institutes of Health and for the opportunity to present our views.

**Members of the Coalition for the Advancement of Health  
Through Behavioral and Social Science Research (CAHT-BSSR)**

American Anthropological Association  
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  
Federation of Behavioral, Psychological, and Cognitive Sciences  
Gerontological Society of America  
Institute for the Advancement of Social Work Research  
National Association of Social Workers  
National Council on Family Relations  
National Mental Health Association  
Population Association of America  
Sex Information and Education Council of the United States  
Society for Public Health Information  
Society for Research in Child Development  
The Alan Guttmacher Institute