

CAHT-BSSR

Coalition for the Advancement of Health Through Behavioral and Social Science Research

Statement of the
Coalition for the Advancement of Health Through Behavioral and Social
Science Research (CAHT-BSSR)
on
FY 2005 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 30, 2004

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) 2005 appropriations for the National Institutes of Health. 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. Thanks to the strong Congressional commitment to the NIH budget-doubling plan in years past, our knowledge of behavior's influence on 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 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, though our coalition is concerned that some types of behavioral and social sciences research relevant to the NIH mission --particularly basic research-- have not been well supported. The reasons are not always clear, but in some cases, institute directors have expressed skepticism that this research could advance the mission of the institute. Numerous reports of 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 these scientific disciplines to the myriad, complex problems of prevention, treatment and cure of diseases and the enhancement of quality of life.

The CAHT-BSSR coalition is pleased to provide funding recommendations to the Subcommittee that we feel would lead to enhanced knowledge and enhanced public health. In collaboration with the Ad Hoc Group for Medical Research Funding, our coalition supports an appropriation of \$30.6 billion in FY05 for N.I.H., a 10 percent increase over the FY04 funding level, to 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 to provide \$28.6 billion, or a 2.6 percent increase over FY04, is inadequate 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. Current initiatives include an interdisciplinary training program and (with NICHD) developing a research agenda on how work and family life affect health. OBSSR's appropriation for FY04 was \$25.9 million. The Administration's budget proposal for FY05 is \$26.3 million, an increase of just 1.5 percent. CAHT-BSSR recommends a larger increase for OBSSR, 10 percent, (\$28.8 million) which would allow expanded cross-institute collaborations on physical activity and ways in which education improves health, among other initiatives. A recent cross-institute initiative under the NIH Roadmap to provide grant supplements to develop and test new methodologies in the behavioral and social sciences yielded 105 applications: an extraordinary number. Unfortunately only a fraction of these small grants will be funded under current budget constraints.

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

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. 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.

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.

The National Institutes of Health (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. Research funded by NIMH and NICHD in particular have contributed significantly to the 21st 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-- however, CAHT-BSSR 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 sex is less important or urgent than research on other issues will come to see 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

Earlier this year, the Centers for Disease Control announced that obesity would 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 Task Force's trans-NIH programs acknowledge the importance of non-genetic influence on obesity, including amongst its initiatives an examination of lifestyle influences on weight, such as the impact of the built environment on weight (Obesity and the Built Environment Program), and the prevention and treatment of obesity in children (Prevention and Treatment of Childhood Obesity in Primary Care Settings, Site-Specific Approaches to Prevention and Treatment of Pediatric Obesity).

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. We encourage the House Appropriations Committee to support the NIH in efforts to combat the nation's most prevalent chronic diseases.

Alcoholism and Substance Abuse

Chemical dependency costs the United States over \$300 billion each year and causes 116,000 fatalities annually. The body of science indicates that addiction is a disease of brain and behavior for which we have effective treatments built on the research findings of the National Institute of Drug Abuse (NIDA) and the National Institute of Alcohol Abuse and Alcoholism (NIAAA) within NIH and the Center for Substance Abuse Treatment (CSAT) within SAMHSA.

In any given year, recent national survey data indicates that 22 million people need treatment for alcoholism and/or drugs but only 3 million receive care. More providers are certainly needed, but more effective treatments tailored for various populations are needed also. The Community Clinical Trials Network of NIDA has pioneered the use of community providers, physician and non-physician, to test the effectiveness of research-based behavioral and pharmacological treatments in real-world settings. Research programs to reduce binge drinking on college campuses and underage drinking in rural and small urban areas, are two of NIAAA's planned initiatives for Fiscal Year 2005.

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 charter includes a commitment to reducing the social and economic burden of these disorders. Plans for FY05 include the development of an initiative on depression, the current leading cause of disability and a contributing factor to poor health outcomes for a number of physical diseases. The new initiative will focus on research that will lead to a better understanding of the behavioral processes involved in depression, including motivation, decision-making, adherence to prescribed regimens, emotion, cognition, and interactions between providers of care and consumers. 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

Disparities in health outcomes among Americans are attributable to race, ethnicity, gender, socioeconomic status, and/or lack of access to health care. 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, with the establishment of the National Center for Minority Health and Health Disparities (NCMHD) as a 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. In FY05, the Center plans to begin implementation of its Endowment program, which will help institutions of learning to make significant enhancements in the training and education of minority and other underrepresented individuals.

Disparities in cancer incidence rates will be receiving special attention in FY05. Body weight, physical activity, and diet interact with genetic and environmental factors to influence the cancer process, resulting in wide variations of cancer incidence in world populations and variations in responses to the disease, treatment, and recovery. The National Cancer Institute (NCI), the country's leader in cancer research, has developed new FY05 initiatives to examine disparities in cancer incidence rates, to be carried out through the Centers for Population Health and Health Disparities (CPHHD) and the Minority-Based Community Clinical Oncology Program. These new initiatives will improve the medical communities' abilities to prevent, assess, and treat cancer in diverse population groups.

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 funds research on topics including factors that strengthen resilience in children, influence of peers on middle childhood development, and adolescence and risk behaviors. CAHT-BSSR encourages the Subcommittee to provide sufficient funding at NICHD for the National Children's Study, a large longitudinal study of 100,000 children that will provide important

information about the social and physical environments of children and adolescents. At the other end of the age spectrum, the National Institute on Aging funds research on normal development, including differentiating the effects of normal aging from effects that follow from diseases and pathologies occurring in old age. NIA funds important research on learning and memory, optimal health services for Alzheimer's patients, effects of caregiving, and multi-generational families. CAHT-BSSR urges the Subcommittee to provide funding increases of 10 percent to NICHD and NIA, and to provide sufficient funding for continued planning for the National Children's Study.

The CAHT-BSSR coalition 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 are grateful for the opportunity to submit testimony for the record, and thank the Subcommittee again for its generous support of the National Institutes of Health.

**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