



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

November 20, 2015

William Riley, Director
Office of Behavioral and Social Sciences Research
National Institutes of Health
9000 Rockville Pike
Building 31, Room B1C19
Bethesda, MD 20892

Dear Dr. Riley:

On behalf of the American Psychological Association, a scientific and professional organization of more than 122,500 psychologists and affiliates, I am pleased to offer the following comments in response to NOT-OD-16-018. APA is proud to support the efforts of the NIH Office of Behavioral and Social Sciences Research to develop a new strategic plan. The following comments derive from APA's expert members in several divisions and organizational units.

Please let me know if APA can be of assistance in this important process.

Sincerely,

A handwritten signature in cursive script that reads "Howard A. Kurtzman".

Howard Kurtzman, PhD

Acting Executive Director for Science

Enclosure

American Psychological Association comments in response to NOT-OD-16-018.

CHALLENGES

The following challenges impede the impact of the behavioral and social sciences:

1) Limited opportunities for early career investigators

The major challenge to the behavioral and social sciences continues to be funding, especially for early career investigators. Currently there is a great deal of concern that the next generation of behavioral and social scientists will not advance if funding opportunities are limited. This is particularly a concern for early career investigators who are members of groups historically underrepresented in the sciences. An increase in funding initiatives and training programs for early career behavioral and social scientists, especially those that focus on members of underrepresented groups, should be a priority. Another strategy to address the importance of funding early career investigators could be to advocate for more joint funding announcements with other national funders (e.g., PCORI).

2) Insufficient funds allocated to behavioral and social science research training

While we don't have reliable NIH numbers for behavioral and social science research training, we are aware that T-grants have become scarcer, and institutes like NIGMS appear to be rethinking some of their support for training. Ensuring that behavioral and social scientists, particularly those in underrepresented groups, have access to training opportunities that prepare them for scientific careers in multidisciplinary settings should be a priority.

3) Lack of consistent support for basic research

The coordination and support of basic behavioral and social sciences research is a challenge given the disease focus of many of the NIH institutes and centers. We understand that OBSSR is engaged in an evaluation of the five-year OppNet program that ended in FY15. APA encourages OBSSR to build on the OppNet momentum by convening the relevant institutes and developing a plan for sustained funding of a comprehensive portfolio of basic behavioral and social science research. Such a plan should include R01 and other grant mechanisms, as well as mechanisms for support of early career investigators. Such basic research will provide the foundations for development of novel health interventions and will complement and enrich understanding of biological processes.

4) The methodological limitations of traditional approaches to randomized controlled trials

The majority of the interventions that are considered “evidence-based” have emerged out of findings from randomized controlled trials (RCT). The RCT is an excellent way of confirming the efficacy of an intervention, as a whole (bundled) treatment package is delivered in a specific, highly controlled setting to a defined target population. However, traditional RCT designs are expensive, are hindered by a slow funding and even slower development/translation process, and often time do not lend themselves to evaluation of the specific active components of a treatment program. Advancing the field of health psychology and behavioral medicine will require researchers to use innovative research designs that expand on traditional RCT methodology (e.g., MOST designs, SMART designs). This is an area that has great potential for future investigators to design and test novel health interventions.

5) The lack of dissemination and implementation of evidence

Several APA divisions have noted this obstacle. While much scientific literature has examined the efficacy of behavioral interventions during the last few decades, the translation of the findings from this literature to practice is a challenge. One issue may simply be the timeline required to secure funding and complete the study. It may take several years before an NIH grant is secured, another 3-5 years to complete the project and another 1-2 years before the main findings are published. This slow sequence of funding-research-dissemination means that research findings may take 10 years or longer before they enter public knowledge, where too often they are not -- or, for various reasons, cannot -- be implemented into real world practice. Health services research is needed to evaluate the adoption of novel behavioral treatments, and develop strategies to achieve faster implementation. And specific training in dissemination and implementation science will be integral to enhancing the reach and public health impact of our interventions.

6) Poor understanding of the value of behavioral and social science among other scientists

The presence of OBSSR at NIH has been very important in affirming the utility and importance of the behavioral and social sciences, but this task is not yet fully accomplished. This is in some ways a communications challenge, but one that OBSSR is well placed to meet. It is unfortunately the case that some biomedical scientists, including some in leadership positions, have a limited or inaccurate understanding of the value of the behavioral and social sciences. Communications targeted at scientific audiences in disciplines beyond the behavioral and social sciences may be useful in overcoming some of the challenges listed above and in developing the opportunities listed below.

OPPORTUNITIES

Below are areas of opportunity for OBSSR to advance the science to improve health.

1) Greater focus on impact and policy-related research

While we are aware that this is a delicate subject given current political realities, this is an ideal time for behavioral and social science researchers to have an impact on the implementation of health care reform. Initiatives (training, funding, etc.) that focus on policy development or implementation, studies that integrate or link with big data (e.g., electronic health records) to inform policy, and implementation projects that make delivery of behavioral interventions more feasible should be of high priority.

Community-based participatory research could also shed light on important principles for moving the field forward from a population health perspective. Other core policy areas include building collaborations between OBSSR and the Agency for Healthcare Research and Quality (AHRQ) to advance evaluation of the cost effectiveness of interventions across various diseases (diabetes, cardiovascular, cancer etc.).

2) Greater focus on technology-based strategies for intervention

Use of technology to increase the feasibility and implementation potential of behavioral interventions should be of high priority. Many traditional behavioral interventions are resource intensive and place high burdens on patients and providers, which has slowed implementation in practice and community settings. Technology-based solutions including telehealth, mobile technology, web-based interventions, wearable devices, and online social networks provide more feasible means of delivering behavioral interventions to patients. More research is needed on such technology-based solutions so that their effectiveness can be assessed more precisely and their full potential for improving health can be realized. OBSSR has already taken a leadership role in this effort, but it should be continued.

3) Greater focus on integration of evidence-based behavioral interventions in medical health settings

Several APA divisions emphasized this issue. There should be greater focus placed on designing behavioral interventions that are implementable and sustainable in the “real world” system of care. A focus should be placed on identifying an intervention’s core elements so that it could be adapted as needed to better contextualize the intervention to unique clinical and community sites, without compromising effectiveness. Work is also needed to develop implementation strategies that facilitate successful uptake of evidence-based practices into community and medical health systems.

4) Greater focus on research on integrated care models of health care delivery.

Increasing evidence suggests that behavioral health integration (BHI) is an effective model for the future health care system. However, there remain significant gaps in the research base supporting BHI. The majority of research has evaluated disease management/collaborative care models, without sufficient attention to the primary care environment. Therefore, we recommend that future research funding support testing BHI and related models across a variety of primary care and other settings in order to provide guidance to policymakers and providers on improving the delivery of health care.

5) Greater focus on studies that integrate biological with behavioral factors

Research on behavioral mechanisms and psychosocial interventions is critical for understanding transactions between the environment and the biological determinants of physical and mental health outcomes. Scientific findings suggest an interactive relationship between environmental factors and biological mechanisms (e.g., molecules, genes, cells, and neural circuits). Thus, research using multiple levels of analysis with an appreciation for behavioral phenomena as outcomes, mediating factors, and potential drivers of mental health and disorder is needed to better understand this interaction of biological and environmental factors on mental and physical disorders.

6) Greater focus on prevention science

Greater emphasis on prevention science, and particularly the implementation and assessment of preventive interventions, should be a priority. Preventive research including scale-up and assessment of evidence-based prevention programs could be important routes to target affective, behavioral, and cognitive health, and may leverage relationships across ICs, federal agencies, and other scientific partners. These preventive efforts could include further research into screening and identification of risk factors, potentially through integrated care models. It is also critical to identify barriers to living a healthy lifestyle (e.g. physical and social activity) in a variety of populations, to assess health disparities, and discover strategies to overcome these barriers to prevent advancement of, complications from, and accumulation of disease and disability over time. Related, there could be more opportunities for research on lifecourse health development; it is critical for the adult health community to appreciate the roots of illness in childhood, as well as the importance of capitalizing on areas of strength and building resilience.

7) Greater focus on integrating research on rehabilitation with research on prevention and treatment of chronic illnesses

Rehabilitation research is an underutilized area of interdisciplinary collaboration among the institutes and centers, and may be a good target for an OBSSR focus.

Rehabilitation and intervention could likely benefit from paradigm shift from a reactive service (e.g., post-event, advanced disability) to a proactive discipline (e.g. prevention, healthy lifestyle enhancement). There is also continued importance in exploring

prevention efforts for those with cognitive impairments relative to issues such as substance abuse, depression, and secondary health conditions. Injury prevention is also a particularly important prevention focus for those with and without disabilities. New treatments are creating potential new rehabilitation opportunities in addition to a focus on people with physical disabilities, e.g., individuals living with cancer, HIV/AIDS. Research, including clinical trials, is needed to explore rehabilitation interventions among these cohorts.

8) Research on interventions for distressed couples

The quality and stability of committed, intimate relationships have profound impacts on overall physical health, mental health, economic security, and child health and wellbeing, yet no federal entity currently has the responsibility and authority for funding science to advance either a deeper understanding of intimate relationships or the development of new or improved interventions to strengthen their quality and longevity. In fact, funding for research in this area has eroded within the NIH over the past 15 years: Institutes have either discontinued support for research focused on improving couples' outcomes or have reoriented priorities away from research designed to inform effective interventions for couples unless the outcomes are population- or disease-specific. We recommend that OBSSR work to reinvigorate research in this area.

9 Greater focus on research with non-human primates and other animals

Animal models are still needed to understand the mechanisms by which psychological and social processes can affect health and disease. APA encourages OBSSR to highlight the continuing value of non-human animal research – including work with non-human primates – and to incorporate such research into its initiatives. OBSSR can also play an important role in a broader NIH effort to enhance public understanding of the nature and contributions of ethically conducted animal research.