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OBSSR
National Institutes of Health

To Whom it Concerns:

Thank you for the opportunity to share with you our perspective on the priorities OBSSR should consider as it develops its vision for continuing to advance the field of behavioral and social sciences in the coming years. The Society for Health Psychology (Division 38 of the American Psychological Association) and the Society of Behavioral Medicine have prepared a joint document which is provided in the attachment here. We hope you find our recommendations helpful and we would be happy to talk further on these issues if opportunities arise.

Sincerely,

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CHALLENGES

Below is a summary of challenges that impede the impact of the behavioral and social sciences, specifically in the fields of Health Psychology and Behavioral Medicine:

1) The lack of dissemination and implementation of evidence

While an incredible amount of scientific literature has been produced examining the efficacy of behavioral interventions during the last few decades, the translation of the findings from this literature to practice is a challenge. One challenge may simply be the timeline required to secure funding and complete the study. An NIH grant may take several years before funding is secured, another 3-5 years to complete the project and another 1-2 years before the main findings are published. This slow cycle 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, cannot) be implemented into real world practice. Specific training in dissemination and implementation science will be integral to advancing the fields of health psychology and behavioral medicine and enhancing the reach and public health impact of our interventions.

2) 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 as 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 advance the science and field of health psychology and behavioral medicine.

3) Limited opportunities for early career investigators

The major challenge to 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 underrepresented groups. An increase in funding initiatives and training programs for early career

psychologists and 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).

OPPORTUNITIES

Below is a summary of opportunities that could greatly advance behavioral and social sciences specifically in the fields of Health Psychology and Behavioral Medicine:

1) Greater focus on impact and policy related research

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 make delivery of behavioral interventions more feasible should be of high priority. Community based participatory research could also shed light on important fundamental principles for moving the field forward from a population health perspective. Other core policy areas include building collaborations between OBSSR with AHRQ to advance evaluation of the cost effectiveness of interventions across various diseases (diabetes, cardiovascular, cancer etc.).

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

There should be greater focus placed on designing behavioral interventions for implementation; that is, determining early on what is implementable and sustainable in a 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; and developing implementation strategies that facilitate uptake of evidence-based practices into community and medical health systems. This type of research could lead to successful integration of evidence-based behavioral interventions into medical and community settings.

3) Greater focus on behavioral scientists/clinicians role in team science and care models

Primary care behavioral health integration (BHI) has increasingly been shown to be a key factor in population based health and future health care. However, there remain significant gaps in the research base supporting BHI with the majority of research evaluating disease management/collaborative care models.

Although the collaborative care model addresses a high incident condition, the primary care environment is diverse, requiring treatment models that work across the variety of behavioral health conditions that present there. The Primary Care Behavioral Health (PCBH) model addresses a variety of behavioral health conditions common in primary care. This care model has increasingly been implemented in large-scale systems (i.e. VA and Department of Defense) yet supporting research evidence remains somewhat limited. More complementary research methodologies such as quasi-experimental, qualitative, mixed method, and observational designs may be instrumental in this area of research.

Therefore, we recommend that future research funding support testing the effectiveness of the PCBH model and team science approaches to improving the delivery of health care.

4) Greater focus on technology-based strategies for intervention

Use of technology to increase the feasibility and dissemination potential of behavioral interventions should be of high priority. Many traditional behavioral interventions are resource intensive and place high burden on patient 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 means of delivering behavioral strategies to patients that may not suffer the same impediments. Scientific evidence is needed for such technology-based solutions so that greater dissemination of effective health behavior interventions is possible.