

April 4, 2016

NICHD Director Search Committee
National Institute of Child Health and Human Development
31 Center Drive
Building 31, Room 2A32
Bethesda, MD 20892-2425

Dear Members of the Search Committee:

As you undertake this important mission of selecting the next director of the National Institute of Child Health and Human Development (NICHD), we know you will be considering a variety of criteria as you evaluate the candidates. We strongly encourage you to include among those criteria, the need for a director who recognizes the central role of psychosocial, cultural, and behavioral research in addressing the health needs of our nation. Further, the continuation and expansion of support for investigator-initiated development and intervention studies is critical for achieving the goals of NICHD.

NICHD has an ambitious and broad mission that includes defining mechanisms of disease and healthy development, to strive for prevention and cures, and to strengthen the public health. We believe that achieving this mission requires a leader who recognizes the necessity of examining the complex interplay of multiple influences including the critical role of psychosocial, cultural, and behavioral determinants of health and health promotion. This kind of leadership will help ensure progress in multiple arenas such as research on environmentally-caused illness, the development, refinement, and dissemination of the most valid and reliable diagnostic tools, and effective educational, preventive, and treatment interventions. Additionally the institute must do so across diverse populations and the lifespan. NICHD has been at the forefront of integrating biological and psychosocial influences on health and development and remains one of the few institutes supporting work at these multiple levels.

The leading preventable causes of death are strongly determined by behavior. Accordingly, the morbidity and mortality prevalence rates are most likely to be affected by behavior changes, whether it is cigarette smoking, poor diet, inactivity, alcohol, or motor vehicle incidents. NICHD funding will continue to be critical to providing sound evidence about what can substantially decrease many threats. Even problems of prenatal development and early childhood injuries can be traced to behaviors that can be changed through psychosocial interventions. We have much to learn about how to improve efficacy of health promotion, preventive interventions and treatment for the learning problems, reproductive health, child development, and chronic diseases that are the focus

of NICHD. Moreover, given increased national diversity, we still have a limited understanding of the interplay of biological, societal/cultural, familial, and interpersonal factors affecting health over the lifespan. Therefore, we need more understanding about how these factors cause and prevent major illnesses, and how they affect prevalence rates and patterns of major chronic diseases and health threats.

We greatly value the importance of the biological level of analysis in advancing knowledge about etiology, treatment, and prevention. Concurrently, we are concerned that this dominant approach in research funding and institutes' priorities is hindering the completeness and the efficiency of scientific progress. It is crucial for the next director not to privilege one explanatory component and level of analysis over another (whether it be the biochemical, systems neuroscience, motivational, or sociocultural level). We urge expanded encouragement of vigorous scientific inquiry at all explanatory levels. Determinants of health, and processes of risk, protection, positive development and pathology are far too complex to be understood from focusing on only one or two levels. One of the key tasks of the next director will be to encourage research that respects—and when relevant—bridges multiple levels. To be sure, some levels of analysis will ultimately prove to be more central and fruitful than others for certain health and development issues and disorders. But decisions about which levels to prioritize must be guided by data and not presumption of the causal primacy of a single level. Nor should it emanate from equating explanatory contribution to singular utility in intervention.

In addition, it is vital that the new director of NICHD maintains and advances appreciation of the value of investigator-initiated research programs, vetted by peer review, as a crucial engine of scientific progress. This role of NICHD is a critical element in promoting innovation, rapid refinement of approaches to study, and fruitful results from the leading scientists across the country. It is also what attracts and enables the most talented new investigators. This includes a) critical longitudinal studies that permit essential tracking of developmental patterns, b) normative studies for tracking maternal and child health across our country, and c) randomized control trials to experimentally determine what can cause change in health patterns and disease occurrence. It is essential that NICHD continue to provide a home for developing and testing interventions that can be highly efficacious even though their underlying mechanisms may not yet be specified. Without renewed support for investigator-initiated RCTs, we believe that the great strides needed in understanding and promoting health, the prevention of diseases, and effective treatments of disorders will not be realized.

We understand that you have a challenging task ahead of you and appreciate your consideration of our views. We would be pleased to provide additional information and assistance to you during your deliberations.

Originating Signatories (in alphabetical order)

Society for Prevention Research

Society for Research on Adolescence

Endorsing Organizations (in alphabetical order)

Academy of Psychological Clinical Science

American Psychological Association (APA)

Association for Applied Psychophysiology and Biofeedback

APA Division 7--Developmental Psychology

APA Division 12--Society of Clinical Psychology

APA Division 12 Section II--Society of Clinical Geropsychology

APA Division 37--Society for Child and Family Policy and Practice

APA Division 38--Society for Health Psychology

APA Division 43--Society for Couple and Family Psychology

APA Division 53--Society of Clinical Child and Adolescent Psychology

Association for Psychological Science

Behavioral Genetics Association

Cognitive Science Society

Consortium of Social Science Associations

Federation of Associations in Behavioral and Brain Sciences

International Society for Developmental Psychobiology

International Society for Interpersonal Psychotherapy

International Society for Research on Internet Interventions

Psychonomic Society

Society for Behavioral Neuroendocrinology

Society for the Exploration of Psychotherapy Integration

Society for Judgment and Decision Making

Society for the Psychological Study of Social Issues

Society for Psychophysiological Research

Society for Psychotherapy Research

Society for Research in Child Development

Society for Research in Psychopathology

Society for a Science of Clinical Psychology