



**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**
SERVICES, INC.

October 27, 2023

The Honorable William Cassidy, MD
Ranking Member
Committee on Health, Education, Labor, and Pensions
United States Senate
Washington, DC 20510

Request for Information: National Institutes of Health Modernization

Submitted Electronically

Dear Senator Cassidy:

The American Psychological Association Services, Inc. (APA Services) appreciates the opportunity to comment on your request for information regarding the National Institutes of Health (NIH). APA Services is the companion advocacy organization of the American Psychological Association, which is the nation's largest scientific and professional nonprofit organization representing the discipline and profession of psychology, as well as over 146,000 members and affiliates who are clinicians, researchers, educators, consultants, and students in psychological science.

The NIH is one of the largest funders of psychological, behavioral, social, and population science. These sciences are critical to achieving the mission of the NIH to "seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability."

With strong bipartisan Congressional support, the agency funds research to improve health, revolutionize science, and serve society. Accordingly, the NIH has contributed to many breakthroughs in medicine and health and positively impacted the economy, productivity, and innovation. Most NIH Institutes, Centers, and Offices support behavioral and social science research in service to their health missions. A recent report, ["Integration of Behavioral and Social Sciences Research at the National Institutes of Health,"](#)¹ provides more information about which Institutes support this work.

Unfortunately, the NIH's budget has not kept pace with biomedical research's rising costs and demands. Over the years, the agency's purchasing power has declined, limiting its ability to fund new and existing research projects and respond to emerging health threats and challenges. This erosion of funding threatens to undermine the NIH's mission and jeopardize the future of biomedical research in the US.^{2 3}

¹ https://dpcpsi.nih.gov/sites/default/files/2022_BSSR_IntegrationWorkingGroupReport_508.pdf

² [https://officeofbudget.od.nih.gov/pdfs/FY23/gbi/BRDPI%20Proj%20Memo%20-%20February%202023%20\(Final\).pdf](https://officeofbudget.od.nih.gov/pdfs/FY23/gbi/BRDPI%20Proj%20Memo%20-%20February%202023%20(Final).pdf)

³ <https://crsreports.congress.gov/product/pdf/R/R43341/45>

APA.ORG

APASERVICES.ORG

Advocating for APA members and psychology

750 First Street, NE

Washington, DC 20002-4242

202.336.5800

202.336.6123 TDD

It is imperative that Congress provides sustained and predictable funding increases for the NIH, commensurate with the scientific opportunities and public health needs. Investing in the NIH is a wise use of taxpayer dollars and a strategic investment in the nation's health, security, and prosperity. By supporting the NIH, Congress can ensure that the US remains a global leader in biomedical research and innovation and that the American people benefit from the scientific breakthroughs and medical advances that result from this research.

Overarching Questions

1. How has the conduct and dissemination of science changed in recent years, particularly due to COVID-19? What role can NIH play in speeding up the pace of science and quickly disseminating high-quality research findings?

Dissemination of scientific results has become more immediate as pre-print articles are available and open-access journals hurry to get results into the marketplace. New NIH policies on public access to research data are predicated on the desire for quick dissemination and easy access. However, the speed comes at a cost. By eliminating the former one-year optional embargo on publication of federally funded research results, NIH has made it difficult for scientific publishers, especially scientific society publishers, to protect copyrighted information and recoup the costs of bringing scientific results into the marketplace. This is an area in which NIH needs to commit sufficient resources in order not to disrupt and capsize the current scientific publishing enterprise. NIH will need to bear more of those costs via grant funding that are now borne through subscription or database fees. If NIH neglects to provide more publication funding through its grants, many scholarly publishing outlets will fail, and new investigators at smaller labs or universities or members of minority or other disadvantaged groups will be disproportionately affected.

Consider that speed can be risky as well as valuable. While just-published COVID-related studies quickly influenced public health policies, some findings were later found to have flaws or mistakes. For example, we saw distressing [evidence](#) of what can happen when effective peer review and a careful publishing process are lacking.⁴ U.S. policymakers based their decision to reject WHO COVID-19 testing kits on a flawed research article that had already been retracted but that was sitting, freely available, in PubMed. If journal publishers are weakened, stories of this kind will become more commonplace. Good science depends on scientific review and replication, and there is a risk of rushing to accept novel findings before the results have been reviewed in the scientific community. It is often a mistake to prioritize speed of dissemination over care of dissemination. NIH also prioritizes sharing data from quickly published studies, which is critical in allowing results to be thoroughly evaluated.

Over the past several years, the NIH has upgraded its guidance around data sharing, requiring researchers to establish plans for sharing raw data upon completing the research. APA Services applauds the agency's emphasis on data sharing and dissemination. The association strongly believes that sharing research data promotes scientific progress, openness, and accountability in research. Data sharing allows greater transparency of the work and findings from NIH-funded research, facilitating replication and speeding up dissemination and real-world implementation. Further, data sharing expands the pool of researchers. For researchers who are geographically dispersed or have limited resources, openly and freely accessible data help foster scientific discovery.

⁴ <https://www.wired.com/story/the-science-of-this-pandemic-is-moving-at-dangerous-speeds/#:~:text=Much%20of%20the%20research%20that,OK%20if%20we%20remember%20that>.

However, NIH grant size limits can make it difficult for grantees to devote sufficient human and technological resources to data sharing. The task is more complex for some types of research than others, and data privacy must be protected. NIH should make possible more funding to defray the costs of sharing data. The COVID pandemic taught us that public perception is an essential component of motivating health-related behaviors. It is critical to communicate NIH-funded research findings in a manner that is accessible to the public. Misleading sources can shape the national conversation and spread misinformation or manufactured controversy at scale.

NIH could take a greater role in disseminating research findings and informing the public while debunking disinformation campaigns. The NIH supports scientists who are experts in health communication and could fund efforts via grants in dissemination that are more public-facing.

2. What specific policies or systems would better expedite open sharing of NIH-funded data and analyses?

As noted in Question 1 above, additional resources would make it easier to share data. It would be helpful to grantees if additional funds, not just within the standard \$500K grant budget but on top of it, were offered to put staffing and technologies in place to facilitate this data sharing.

3. In your view, what would be the appropriate balance between basic, translational, and clinical research at NIH? How can NIH continue to prioritize truly fundamental research while improving outcomes for translational and clinical projects?

One idea we heard is having program officers conduct a portfolio analysis summarizing what is known in specific research areas in terms of basic, translational, and clinical research, including the gaps in the science to inform which of these areas need additional research. The agency should publish this information when soliciting research proposals. NIH Institutes are sometimes guided by more in-depth analyses conducted by the National Academies.

Basic science must remain foundational to NIH. Translational and clinical outcomes are only possible with a fundamental understanding of bio-behavioral systems. Discoveries made in basic research create avenues for further research into potential therapeutics for the treatment of disease while also providing key insights into measures that prevent disease. Basic research must remain central in the funding priorities of NIH.

4. How can NIH improve collaboration between the academic research community and the private sector? What barriers or challenges make this difficult to achieve?

The agency is already addressing the issue of collaboration between the academic research community and the private sector through the Small Business Innovation Research (SBIR) grants. While several R-series research grants involve academic and industry partnerships, the provision of training on how to build and successfully sustain these partnerships is valuable.

6. What lessons can be learned from individual NIH Institutes and Centers (ICs) related to the conduct of clinical research? How can clinical trials be conducted more efficiently and effectively? What types of trials should NIH conduct, and what types are more appropriate for industry to undertake?

The **NIH Pragmatic Trials Collaboratory** is a rich resource for conducting trials in the real world and speeding up the implementation of findings. Pragmatic trials are used to understand how interventions can impact health outcomes. The program, the NIH Health Care Systems Research Collaboratory, began as part of the NIH Common Fund. Having graduated out of the Common Fund, the program was renamed the NIH Pragmatic Trials Collaboratory and is being led by the National Center for Complementary and Integrative Health (NCCIH) and the National Institute on Aging, with the support of the other NIH Institutes and Centers.⁵ The program's mission is to "Strengthen the national capacity to implement cost-effective, large-scale research studies that engage health care delivery organizations as research partners."⁶

Another model is the National Heart, Lung, and Blood Institute's (NHLBI) **Center for Translation Research and Implementation Science (CTRIS)**, which "plans, fosters, and supports research to identify the best strategies for ensuring successful integration of evidence-based interventions within clinical and public health settings, such as health centers, worksites, communities, and schools in the U.S. and abroad."⁷

Industry can be involved in different types of trials. That is not the issue. The budget for such trials is the limiting factor.

Extramural Research Program

- 1. How do the R01 and other common NIH funding mechanisms support or discourage transformational science? How could these funding mechanisms be improved to prioritize transformational science?**

One solution would be to increase the funding available for UH2/UG3 grants, particularly the amount available for direct costs available to conduct transformational research. The UG3/UH3 mechanisms are a two-phased cooperative agreement to fund exploratory and developmental research. This would allow for formative studies and development followed by pragmatic trials – which usually take seven years to complete and additional funds.

- 2. How do academic institutions typically fund the salaries of extramural investigators? What benefits and challenges come with this approach? How could this practice be reformed to better support the biomedical research workforce and ensure that NIH dollars, on a per-project basis, accurately reflect the time commitments of each investigator and staff member?**

Different universities and research centers construct compensation in different ways. Some salaries are paid in whole or in part by the university; other positions are expected to cover all their compensation with research grants. Investigators are funded based on the amount of FTE (full-time effort) budgeted in the grant. To fully cover a salary with grant funding, an investigator must win multiple grants, which is a more stressful and uncertain position.

- 4. Do you see opportunities to improve the current process for structuring peer review committees? What attributes does NIH tend to prioritize when selecting both chartered and ad hoc reviewers?**

⁵ <https://rethinkingclinicaltrials.org/about-nih-collaboratory/>

⁶ <https://rethinkingclinicaltrials.org/about-nih-collaboratory/>

⁷ <https://www.nhlbi.nih.gov/about/divisions/center-translation-research-and-implementation-science>

Recognizing that the peer review process can be improved, APA Services applauds the NIH Center for Scientific Review's (CSR) Evaluating Panel Quality in Review (ENQUIRE) program to evaluate study sections.⁸ According to CSR, the program will assess each study section every five years. APA Services also commends CSR's look at simplifying the NIH research project grant application review.

APA Services also supports CSR's increased training on bias and conducting fair reviews. Likewise, APA Services applauds the agency's recent announcement that it is simplifying the process of assessing the scientific merit of grant applications and mitigating elements that have the potential to introduce bias. The changes are designed to focus on the potential of the research proposal.⁹

CSR's Early Career Review program has been successful, but unfortunately, it cannot accommodate the interest. The program is designed to help early career scientists become more competitive grant applicants while increasing and diversifying the pool of trained reviewers. Volunteer service as a peer reviewer is a significant time commitment, so expanding the pool of reviewers is an important goal.

7. What specific factors cause individuals to leave the biomedical research workforce? How could common NIH funding mechanisms be revised to better recruit and retain high-quality investigators, including young investigators?

There are several reasons individuals leave the biomedical research workforce: lack of grant funding, intense competition, minoritized status, harassment from opponents of animal research, difficulty in conducting research due to heavy service requirements, and the lack of support for researchers who are primary caregivers, etc. NIH review panels still do not consider the minoritized status of the applicant, even if minority status is explicitly stated in the application and likely to underlie, at least in part, barriers to productivity.¹⁰

APA Services acknowledges and supports NIH's increased efforts to diversify the scientific workforce. Additional efforts are needed, as are incentives for the retention of investigators. As noted above, the agency's Early Career Program has been very successful. The ability to increase the capacity of the program would be beneficial.

NIH should (1) provide more grants that target specific populations (women and other marginalized groups in science), (2) explicitly provide EQUITY training to reviewers and recruit more reviewers from marginalized groups in science, (3) provide incentives for retention, greater funding lines for renewal or career grants, and (4) make sure panel is qualified for review of specific grants (e.g., Non-Human Primate expertise, reviewers from a minority group etc.) NIH is making solid efforts to address these shortcomings but additional encouragement from Congress would be helpful.

8. Which specific aspects of the extramural grant life cycle place the most burden on institutions and investigators? Are there ways to streamline these aspects without negatively impacting project outcomes or undermining the goals of relevant federal requirements?

⁸ <https://public.csr.nih.gov/StudySections/CSREnquire>

⁹ <https://grants.nih.gov/policy/peer/simplifying-review/framework.htm>

¹⁰ American Psychological Association, APA Task Force on Inequities in Academic Tenure and Promotion. (2023) APA Task Force Report on Promotion, Tenure and Retention of Faculty of Color in Psychology. Retrieved from <https://www.apa.org/pubs/reports/inequitiesacademic-tenure-promotion.pdf>.

The time from application to funding is too long. The timeline associated with grant approval, including the reception of critiques from peer reviewers versus grant deadlines, makes it difficult for researchers to turn an unfunded application around quickly. An allowance for investigators to make immediate corrections to reviewer comments and concerns without waiting for another complete review cycle would speed up the review process. Additionally, budget constraints can create hardship for investigators.

9. What role do institutions not affiliated with major research universities, such as other types of academic medical centers or community hospitals, currently play in the NIH ecosystem? How could these types of facilities be more effectively leveraged as research partners?

Fortunately, this is already happening. APA Services applauds the creation of funding mechanisms that encourage partnership with Historically Black Colleges and Universities (HBCUs) and funding (R15) mechanisms that support non-R1 institutions. Less than 1% of NIH's contract awards are obligated to HBCUs. Maintaining and increasing the funding provided by such mechanisms is essential to diversifying the biomedical workforce.

Organizing NIH for Success

Statutory Structure and Functions

1. Does NIH's current organ- and disease-based structure effectively facilitate the conduct of research? If yes, how? If no, what alternative structure would be more effective in your view? What barriers prevent Congress or the administration from implementing this structure, aside from NIH's statutory authorization and appropriations?

Although the current structure evolved over many years due to scientific opportunity and congressional interest, NIH has made it work well. Offices like the NIH Office of Behavioral and Social Sciences Research provide programs and research opportunities that cut across the silos. Internal NIH committees facilitate Institutes and Centers working together. There have been suggestions in the past to cut the number of Institutes and consolidate programs. APA Services has not supported those efforts so far. Disrupting an agency whose work is very successful must be thoroughly weighed against any efforts to make the organizational chart look better.

3. In your view, could NIH research dollars be better allocated within the agency's portfolio? Are there certain areas of research that are over-funded or under-funded? What strategy should Congress and NIH take in allocating resources to specific areas?

Before Dr. Francis Collins left NIH, he said he should have better supported the behavioral and social sciences. While the behavioral and social sciences have been well supported in some NIH Institutes and Centers, there was little support within the National Institute for Allergy and Infectious Disease (NIAID) (important research on HIV and behavior was placed in the National Institute of Mental Health in the 1980s and remains there today) and as a consequence, there was little expertise among the institute leadership, and little experience of collaborating with behavioral and social scientists when the COVID-19 pandemic hit.

There is a great deal of psychological science about communicating the risks and benefits of treatment, increasing participants' adherence to medical regimens, and encouraging behavior change that improves health. While the shortcoming of NIAID is noted, many other Institutes could advance their missions with more investment in the behavioral and social sciences.

8. How, if at all, should NIH's high-risk, high-reward research portfolio be adjusted now that the Advanced Research Projects Agency for Health (ARPA-H) has launched? What high-risk research should be retained at NIH, and what types of projects are a better fit for ARPA-H?

It is important to note that the processes for competing for ARPA funding (ARPA-H/DARPA) are very different from NIH processes, and many scientists struggle with the changes. It is not duplicative to maintain an NIH portfolio of high-risk/high-reward research, and investigators who are successful with those mechanisms may boost their chances of competing in an ARPA environment.

Administrative Opportunities and Challenges

2. What role could novel technologies, such as artificial intelligence and machine learning, play in protecting the privacy of research participants' data or inadvertently making this data more vulnerable? What models or capabilities exist to strengthen privacy protections, while improving the timely dissemination of research findings and underlying data?

AI systems collect a wide range of participant data, including personal information, responses to sensitive questions, and behavioral data. If not properly protected, AI methods can lead to privacy violations, data breaches, re-identification of participants from insufficiently de-identified data, and misuse by third parties. AI can make inferences and predictions about individuals based on their data, potentially revealing private and sensitive information beyond that identified in consent documents. Data storage, transfer, and processing using AI systems can introduce security vulnerabilities. AI can analyze and aggregate data from multiple sources, potentially leading to identifying individuals or revealing sensitive patterns even if individual data is anonymized.

Data collected for scientific research may find unintended uses, such as targeted advertising or other purposes, if not properly regulated and protected. AI is a valuable tool in research, and as it continues to develop, it will likely provide the means to solve a variety of inferential, ethical, and practical problems that slow the timely dissemination of research findings. The recommendation is not to stop using AI but to create safeguards and regulatory standards instead. AI itself can also be used to minimize risk to human participants.

AI privacy-preserving techniques like federated learning, homomorphic encryption, and secure multi-party protect the privacy of research subjects. AI tools can more fully anonymize and de-identify data, making it more challenging to re-identify research subjects. In time, AI algorithms could be programmed to adhere to ethical guidelines and predefined rules for data handling, thus preventing the extraction of sensitive information and assisting researchers in maintaining compliance with privacy regulations. Working through the Office for Human Research Protections, NIH could also create more robust compliance with regulatory requirements by using AI to track and manage compliance, including review procedures (including systematic biases for individuals from underrepresented groups), use of informed consent, and unexpected subject loss.

Per APA Services' response to the White House request for information on National Priorities for Artificial Intelligence (88 FR 34191), helping ensure that technology shapes the future for the better requires understanding the psychology of human-technology interaction. As new technological tools emerge, the psychological science of human interaction with new products and services is also developing. A burgeoning area of psychological science involves artificial intelligence's development, use, and impact.¹¹

¹¹ <https://votervoice.s3.amazonaws.com/groups/apaadvocacy/attachments/Response%20to%20OSTP%20RFI%20on%20AI%2007.07.23.pdf>

APA Services strongly supports the development of evidence-based guidelines and regulations regarding the use of AI technology, particularly in behavioral health care. AI technology must undergo rigorous design and development quality control processes to mitigate the biases to which it is susceptible. Ongoing research is needed to determine the efficacy of the varied AI-based tools that currently are and will become available.

Research points out that the deployment of AI is not a one-size-fits-all solution and is perceived differently by different groups of people. Accordingly, APA Services strongly supports the White House's efforts to create an AI Bill of Rights framework.

APA Services also strongly supports the need for additional investments in research related to artificial intelligence. From the current technological and research standpoint, predicting the long-term impact of AI-informed technologies is almost impossible. It is imperative that as technologies grow in their capabilities and prevalence, research surrounding their impact also increases. Future research funding should ensure that psychological and behavioral science is adequately represented. The impact of AI on mental and behavioral health must continue to be examined to ensure we mitigate any harmful impacts caused by new systems.

3. What are the biggest ethical challenges facing the biomedical research community today? How is, or is not, NIH currently working to address these issues? What more could NIH do to lead in this space?

As a recognized leader in global health and research, the NIH has a critical role in promoting and upholding universal ethical principles in biomedical research, ensuring that advances in medicine and public health benefit all of humanity while respecting individual rights and values. Some of the most significant ethical challenges facing the biomedical research community today, which the NIH should address through policy development, setting of regulatory standards, education and training, and outreach to the public, include equity and access for both patients and researchers, ensuring scientific integrity (including conflicts of interest), data security, and emerging and continuing specific social/ethical controversies. The NIH should take steps to:

- Ensure equitable access to (a) healthcare, vaccines, and therapies for patients and (b) funding for researchers from all populations, including those traditionally marginalized or underserved.
- Increase transparency (including data-sharing) and prevent conflicts of interest in biomedical research to ensure the integrity of research findings.
- Establish and enforce rigorous data privacy and security standards to protect participants' personal health information.
- Deal proactively with both emerging and continuing ethical issues, including using animals in research, protecting vulnerable populations, gene editing and manipulation, and so on.

The NIH has a proven record of success in navigating various ethical challenges as it strives to identify health threats and propose solutions, so its capacity to respond efficaciously should be supported.

A significant ethical challenge facing the research community is conducting responsible research with animals while meeting public misperception fueled by disinformation campaigns from organizations opposed to animal research, aggressive harassment campaigns from opponents of animal research, and difficulty counteracting these well-funded, multi-prong campaigns (isolation, lack of funds, lack of platform). NIH has neglected to refute attacks against its grantees by opponents of animal research, creating the misimpression that NIH does not support their work (even though these investigators have successfully won

funding for their research in a very competitive environment and are generating knowledge and findings that NIH is glad to publicize). NIH should lead by (1) informing the public about the crucial importance to the health of responsible animal research, (2) requiring grantee Institutions to defend NIH-funded research under attack (making it a requirement of funding), and (3) providing technical assistance and support to NIH researchers for lawsuits against harassers.

The financial costs and heavy regulation associated with maintaining high standards for conducting animal research need to be appreciated. Unfortunately, the burden has shifted to individual investigators, including their time for training and record keeping and increasing costs associated with welfare (e.g., per diem rates). *Other Issues*

What other policies or issues should Congress consider, aside from those mentioned above?

Prevention/Population Health

NIH funds community-based prevention research programs inconsistently: some Institutes support projects (e.g., National Institute of Mental Health, National Institute of Minority Health and Health Disparities), and some do not. Significant data suggests that if we invest in making the population healthier via programs in schools and neighborhoods, there will be less pressure on emergency rooms, the costly health care system, and the overburdened mental health care system. ***This framework is called population health.*** NIH should plan how each Institute might contribute to this change in perspective. Developing an evidence base for community programs is as important as doing so for programs in a hospital, but different skills are needed. Medical professionals may not deliver community-based prevention programs, so consistency of approach and training is necessary.

For example, a population-based approach to youth mental health care necessitates establishing community-based infrastructure to ensure access to prevention and intervention strategies in the settings where youth naturally spend their time. Community-based infrastructure can extend the reach of formal health and mental health services to reduce barriers to care and coordinate mental health care with other necessary services and resources.

Across conceptual models (Burgemeister et al., 2021;¹² Jacobson, 2016;¹³ Moore & Fry, 2011¹⁴), there is consensus that a population health approach to children's mental health requires a focus on multi-level strategies, meaning they address multiple levels of a child's context and experiences, including the individual, family, and community levels; multi-sector, meaning they bring together a range of organizations and key partners focused on child and family well-being; integrated across service systems, meaning that services are coordinated and work in conjunction with each other rather than in isolation; and integrated across prevention and intervention areas, meaning they strive to address multiple outcomes relevant to children's well-being, rather than one issue or concern.

While there is no shortage of instruments that can be used to measure primary mental health, little data is systematically collected at a population level. Current exceptions to this include the National Survey on Drug Use

¹²Burgemeister, F. C., Crawford, S. B., Hackworth, N. J., Hokke, S., & Nicholson, J. M. (2021). Place-based approaches to improve health and development outcomes in young children: A scoping review. *PloS one*, 16(12), e0261643.

¹³ Jacobson, R. (2016). *Community schools: A place-based approach to education and neighborhood change*. Economic Studies. Washington, DC: Brookings Institution.

¹⁴ Moore, T. G., & Fry, R. (2011). *Place-based approaches to child and family services: A literature review*. Parkville, Victoria: Murdoch Children Research Institute and The Royal Children's Hospital Centre for Community Child Health.

and Health (which only collects data on depression and drug use), the State of Mental Health in America survey (Reinert et al., 2021¹⁵), and the National Survey on LGBTQ Youth Mental Health (The Trevor Project, 2022¹⁶). Whether by providing further support to these initiatives or by creating new surveys, NIH should support efforts to collect—and make publicly available—individual-level mental health outcomes at a large scale.

Mental health preventive interventions have a strong research history (Barrera & Sandler, 2006¹⁷), particularly in children's mental health (Rishel, 2007¹⁸). Given that half of mental health disorders originate before the age of 14 (Colizzi et al., 2020;¹⁹ Kessler et al., 2005²⁰), intervening during childhood can have a significant impact on the individual and reduce societal burdens associated with untreated mental health needs (Kieling et al., 2011;²¹ Otto et al., 2021²²).

Prioritization of Psychological, Behavioral, Social, and Population Science Research via the Office of Behavioral and Social Sciences Research

APA Services appreciates NIH's recognition of the role that behavioral and social science research (BSSR) has in helping it to achieve its mission to "seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability." Accordingly, the association strongly believes that the most critical activity the NIH can do to speed up the pace of science and quickly disseminate high-quality research is to prioritize the agency's support and funding for behavioral and social science research.

As noted above, for Dr. Collins, the COVID-19 pandemic revealed the need for increased prioritization of BSSR by the NIH. The pandemic uncovered a blind spot for the agency—that BSSR is critical to informing a public health response.²³ Rapidly developing an effective and safe vaccine was an unprecedented scientific achievement. However, the success of both vaccine uptake and the mitigation measures of mask-wearing, social distancing, and hand washing that dominated the pandemic response depended on understanding behavioral and social factors. The pandemic required large-scale behavior change. Insights from BSSR were necessary to align human

¹⁵ Reinert, M., Fritze, D., & Nguyen, T. (2021). The state of mental health in America 2022. <https://archive.hshsl.umaryland.edu/handle/10713/17070>

¹⁶ The Trevor Project. (2022). National survey on LGBTQ youth mental health.

¹⁷ Barrera, M., Jr., & Sandler, I. N. (2006). Prevention: A Report of Progress and Momentum into the Future. *Clinical Psychology: Science and Practice*, 13(3), 221–226. <https://doi.org/10.1111/j.1468-2850.2006.00028.x>

¹⁸ Rishel, C. W. (2007). Evidence-based prevention practice in mental health: What is it and how do we get there? *American Journal of Orthopsychiatry*, 77(1), 153–164. <https://doi.org/10.1037/0002-9432.77.1.153>

¹⁹ Colizzi, M., Lasalvia, A., & Ruggeri, M. (2020). Prevention and early intervention in youth mental health: is it time for a multidisciplinary and trans-diagnostic model for care?. *International journal of mental health systems*, 14, 23. <https://doi.org/10.1186/s13033-020-00356-9>

²⁰ Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of general psychiatry*, 62(6), 593–602. <https://doi.org/10.1001/archpsyc.62.6.593>

²¹ Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O. et al. (2011). Child and Adolescent Mental Health Worldwide: Evidence for Action. *The Lancet*, 378, 1515–1525. [https://doi.org/10.1016/S0140-6736\(11\)60827-1](https://doi.org/10.1016/S0140-6736(11)60827-1)

²² Otto AK, Jary JM, Sturza J, Miller CA, Prohaska N, Bravender T, Van Huysse J. Medical Admissions Among Adolescents With Eating Disorders During the COVID-19 Pandemic. *Pediatrics*. 2021 Oct;148(4):e2021052201. doi: 10.1542/peds.2021-052201. Epub 2021 Jul 8. Erratum in: *Pediatrics*. 2022 Jan 1;149(1): PMID: 34244452.

²³ Riley, W. T., Borja, S. E., Hooper, M. W., Lei, M., Spotts, E. L., Phillips, J. W. R., . . . Perez-Stable, E. (2020). National Institutes of Health social and behavioral research in response to the SARS-CoV-2 Pandemic. *Translational Behavioral Medicine*, 10(4), 857–861. <https://doi.org/10.1093/tbm/ibaa075>

behavior and attitudes with the recommendations of scientists, healthcare providers, and other public health experts.

Beyond COVID-19, the value of BSSR is well established for enhancing lifestyle behaviors and preventing disease across the lifespan, managing acute and chronic diseases and conditions, and informing the conduct of science. BSSR is also crucial in improving health equity and eliminating health disparities.²⁴ Again, to this end, APA Services supports the recommendations included in the congressional-mandated report, [“Integration of Behavioral and Social Sciences Research at the National Institutes of Health,”](#)²⁵ by the NIH Council of Councils Working Group.

The working group was charged with “assessing the status of BSSR in NIH-supported research and training, identifying existing NIH processes that should continue or be enhanced, and identifying opportunities for new processes to improve the coordination and integration across the Institutes, Centers, and Offices within the Office of the Director. It was further also directed to make recommendations to the NIH director on ways to encourage greater BSSR integration and relevance across the NIH, including, but not limited to, the functions of the Office of Behavioral and Social Sciences Research (OBSSR).”

The Working Group found “significant gaps and variation in BSSR integration across the NIH.” It also found support for the NIH [Office of Behavioral and Social Sciences Research](#) (OBSSR) created to integrate BSSR “has not kept pace with BSSR growth and support across the NIH.”²⁶

The OBSSR Integration report made several recommendations for the NIH leadership and identified crosscutting improvements to support BSSR integration. The report also provides recommendations that will allow “the NIH to more fully integrate BSSR across the NIH to accelerate the potential of BSSR to address some of the most complex and pressing public health issues of our time.” APA Services supports the Working Group’s recommendations.

Digital Healthcare Research

The NIH recognizes that the healthcare landscape has shifted dramatically with digital health technologies. The COVID-19 pandemic underscored the need for digital healthcare interventions. Accordingly, digital healthcare intervention research is needed to determine the role and impact of digital health interventions (e.g., mobile health, telemedicine and telehealth, health information technology, wearable devices, and personalized medicine). These tools can potentially improve and expedite our understanding of health status, track the course of illness and recovery, and provide and enhance healthcare.²⁷ However, research is needed to ensure that they are robustly effective and can bridge the digital divide across the lifespan and economic status to reduce, not make worse, existing healthcare disparities.

Again, APA Services appreciates the opportunity to join this critical conversation. If this association can serve as a resource to the Committee, please do not hesitate to contact Pat Kobor, Deputy Chief for Scientific Affairs Advocacy (pkobor@apa.org), or Angela Sharpe, Senior Director, Congressional & Federal Relations (asharpe@apa.org), at any time.

²⁴ https://dpcpsi.nih.gov/sites/default/files/2022_BSSR_IntegrationWorkingGroupReport_508.pdf

²⁵ https://dpcpsi.nih.gov/sites/default/files/2022_BSSR_IntegrationWorkingGroupReport_508.pdf

²⁶ <https://obssr.od.nih.gov/about/mission-and-history>

²⁷ Digital Healthcare Interventions to Address the Secondary Health Effects Related to Social, Behavioral, and Economic Impact of COVID-19 (R01 - Clinical Trial Optional) <https://grants.nih.gov/grants/guide/pa-files/PA-20-243.html>

Sincerely,

A handwritten signature in black ink, appearing to read 'Kath B McGuire', with a long horizontal flourish extending to the right.

Katherine B. McGuire
Chief Advocacy Officer
American Psychological Association Services, Inc.

cc: The Honorable Bernie Sanders
Chair
Committee on Health, Education, Labor, and Pensions