



National Institutes of Health

*Office of Behavioral and Social Sciences Research*

# Office of Behavioral and Social Sciences Research Strategic Plan 1997

by

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U.S. Department of Health and Human Services  
National Institutes of Health  
Office of Behavioral and Social Sciences Research

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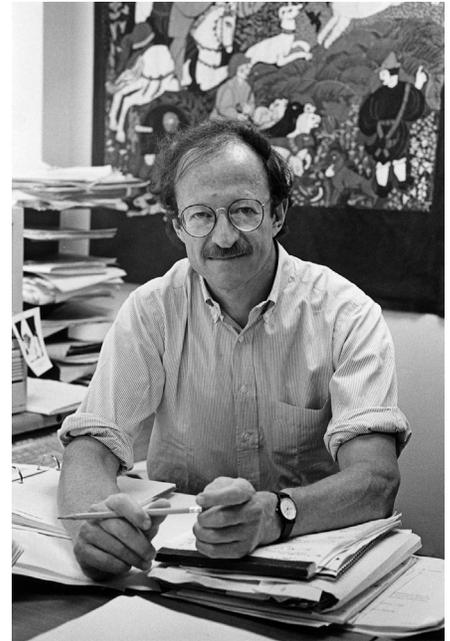
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## Forward

In 1993, the United States Congress established the Office of Behavioral and Social Sciences Research (OBSSR) at the National Institutes of Health (NIH). The NIH has a long history of funding health-related behavioral and social sciences research, and the results of this work have contributed significantly to our understanding, treatment, and prevention of disease. Indeed, much of our recognition of the health risks associated with smoking, physical inactivity, alcohol and drug abuse, poverty, and unhealthy diets is the result of NIH-funded research. The establishment of the OBSSR furthers the ability of the NIH to capitalize on the scientific opportunities that exist in behavioral and social sciences research, thereby increasing the effectiveness of the NIH as a whole. In addition, the office provides a focal point for the coordination of trans-NIH activities on health and behavior.



The OBSSR officially opened on July 1, 1995, following my appointment of Dr. Norman Anderson as its first director. In its two years of operation, the office has effectively highlighted the intellectual excitement and scientific opportunities that exist in behavioral and social sciences research and has emphasized its potential to advance public health. Because the office is relatively new to the NIH, it is important for it to have a blueprint for accomplishing its goals. The strategic plan outlined in this document provides such a blueprint, and should help to ensure the continued success of the office.

I would like to express my sincere thanks to the OBSSR, and to the scientists and administrators who worked to develop this plan.

[Harold E. Varmus, M.D.](#)

Former Director, 1993-1999  
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## Preface

As the first Director of the Office of Behavioral and Social Sciences Research (OBSSR) at the National Institutes of Health (NIH), it is my pleasure to present the first OBSSR Strategic Plan. This plan is designed to guide the office's activities for the next three to five years. The development of this plan was a multifaceted process, initiated by two meetings in February and March of 1996 with over 70 scientists and administrators. These meetings generated hundreds of recommendations that were reviewed and consolidated by the OBSSR staff, from which a draft plan was developed. This draft was then sent for comment to the governing boards of over 20 scientific societies, and to the NIH Behavioral and Social Sciences Coordinating Committee. Finally, the plan was then revised based on the comments of these groups.



I would like to express my appreciation to the many scientists and administrators who participated in our strategic planning meetings, and whose work is reflected in this document (see list of participants at the appendix). I would also like to thank the OBSSR staff for its diligence throughout this process, and our consultants, John Bryson and Charles Finn, whose expertise in strategic planning was critical to the success of this initiative.

[Norman B. Anderson, Ph.D](#)

Founding Director, 1995-2000

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August 1997



## Section One: Introduction

Norman B. Anderson, Ph.D.

Director, Office of Behavioral and Social Sciences Research  
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### **The Need for Behavioral and Social Sciences Research at the National Institutes of Health**

The mission of the National Institutes of Health (NIH) is to fund and conduct research that will improve the health of the public. Congress established the Office of Behavioral and Social Sciences Research (OBSSR) at the NIH to facilitate the growth and development of these important fields. The creation of the OBSSR was in part a recognition that behavioral and social factors are not only significant contributors to health and illness, but frequently interact with biological factors to influence health outcomes. In addition, it was recognized that behavioral and social factors represent important avenues for treatment and prevention.

To further the mission of the NIH, four areas of behavioral and social sciences research must be expanded.

1. We need to identify new behavioral and social risk factors.

1. We need to identify new behavioral and social risk factors for disease. Behavioral and social sciences research funded by the NIH has contributed to the discovery of such well-known risk factors as cigarette smoking, high-fat diets, physical inactivity, substance abuse, low socioeconomic status and many others. Yet, there are unquestionably other behavioral and social potential risk factors for illness that await discovery.



**2.** We need more research on biological, behavioral, and social interactions. We need more research on biological, behavioral, and social interactions.

**3.** We must develop new behavioral and social treatment and prevention approaches.

**4.** We need more basic behavioral and social sciences research.

2. We need more research on biological, behavioral, and social interactions as they affect health. It has already been discovered, for example, that psychological stress can impair brain development, elevate blood pressure, suppress immune system functioning, and contribute to coronary occlusion. The hallmark of research on biopsychosocial interactions has been interdisciplinary collaboration, and these efforts must be expanded.

3. We must develop new behavioral and social treatment and prevention approaches. Directing more attention to such approaches will allow us to continue on the remarkable progress that has already occurred in the treatment and prevention of an array of disorders such as depression, heart disease, chronic pain, infant mortality, and AIDS.

4. We need more basic behavioral and social sciences research to accelerate advances in such areas as learning and memory, emotion, motivation, perception, cognition, social class, social relations, family processes, and cultural practices. Such research is the foundation for all other behavioral and social sciences research.



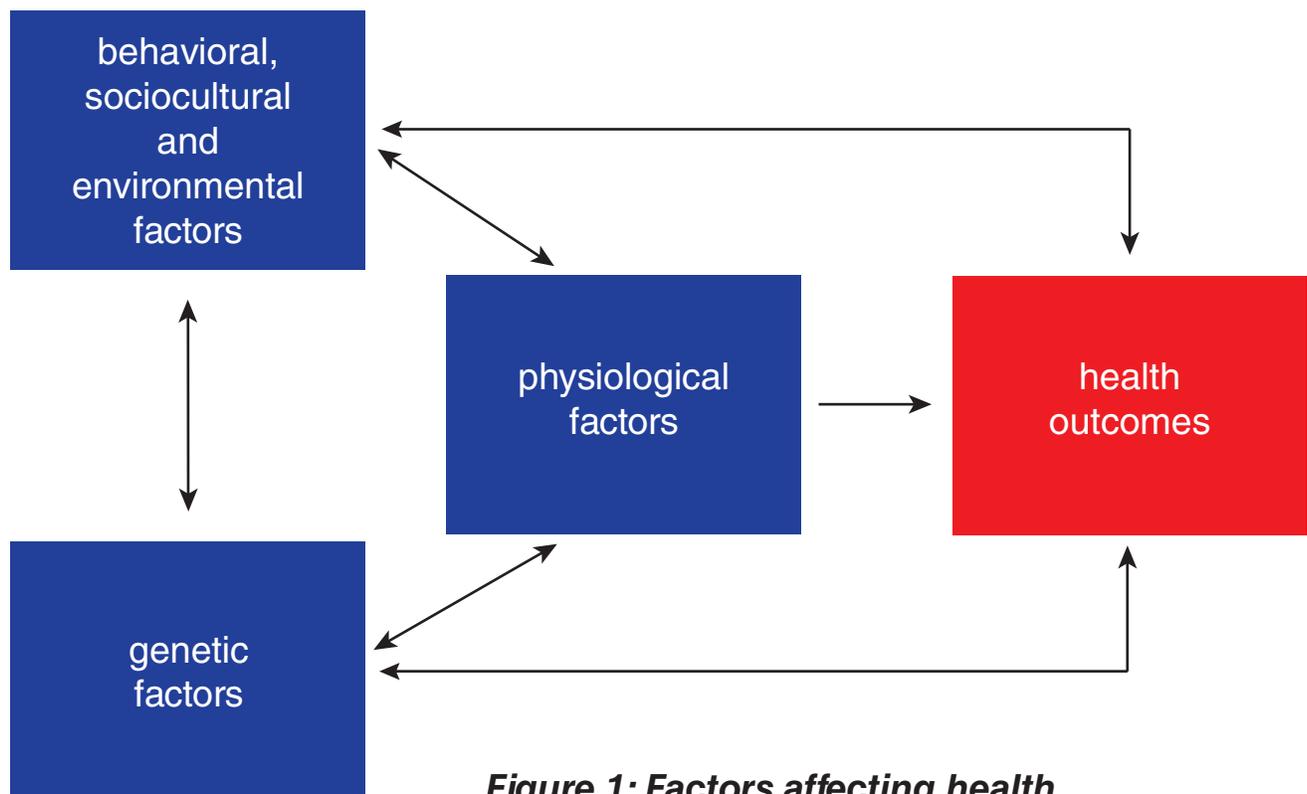
## **Mandates and Responsibilities of OBSSR**

The OBSSR officially opened on July 1, 1995. The major responsibilities of the office and its director, as mandated by Congress, may be summarized as follows:

- to provide leadership and direction in the development, refinement, and implementation of a trans-NIH plan to increase the scope of and support for behavioral and social sciences research;
- to inform and advise the director of NIH and other key officials of trends and developments having significant bearing on the missions of the NIH, Department of Health and Human Services, and other Federal agencies;
- to serve as the principal NIH spokesperson regarding research on the importance of behavioral, social, and lifestyle factors in the initiation, treatment, and prevention of disease; and to advise and consult on these topics with NIH scientists and others within and outside the Federal Government;
- to develop a standard definition of “behavioral and social sciences research,” assess the current levels of NIH support for this research, and develop an overall strategy for the uniform expansion and integration of these disciplines across NIH institutes and centers;
- to promote cross-cutting, interdisciplinary research, and to integrate a biobehavioral perspective into research on the promotion of good health, and the prevention, treatment, and cure of diseases;
- to develop initiatives designed to stimulate research in the behavioral and social sciences;
- to ensure that findings from behavioral and social sciences research are disseminated to the public;
- to sponsor seminars, symposia, workshops, and conferences at the NIH and at national and international scientific meetings on state-of-the-art behavioral and social sciences research.

## The Philosophy of, and a Vision for the OBSSR

The guiding philosophy of OBSSR is that scientific advances in the understanding, treatment, and prevention of disease will be accelerated by greater attention to behavioral and social factors and their interaction with biomedical variables. Figure 1 illustrates the various factors that determine health outcomes, which involve behavioral/sociocultural/environmental, physiological, and genetic factors, and the interactions among these categories. Although the contribution of each category may vary from disease to disease, there is now ample evidence supporting this integrated perspective of causation for most health problems. For example, this conceptualization may be applied to an array of disorders including heart disease, cancer, diabetes, AIDS, depression, substance abuse, stroke, asthma, injuries, anxiety disorders, chronic pain, infant mortality, and dental problems. Furthermore, the categories outlined in figure 1 represent not only risk factors for disease, but identify targets for intervention. Although most of our treatment research efforts have been aimed at the physiological category and associated drug interventions, research clearly demonstrates the efficacy of behavioral and social interventions for a large number of disorders. Therefore, a vision for the OBSSR is that through its work, this broader conceptualization of health will be used to guide the scientific mission of the NIH.

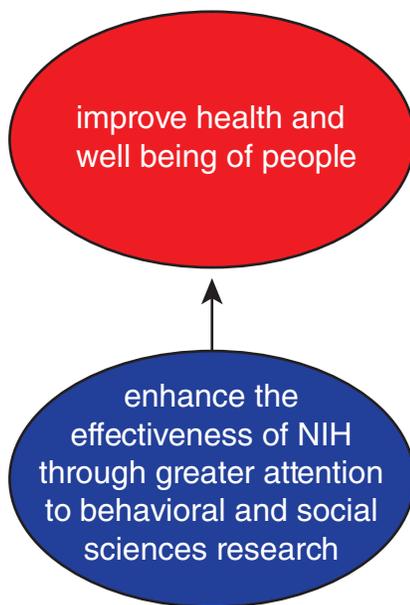


**Figure 1: Factors affecting health**

## The Strategic Planning Process

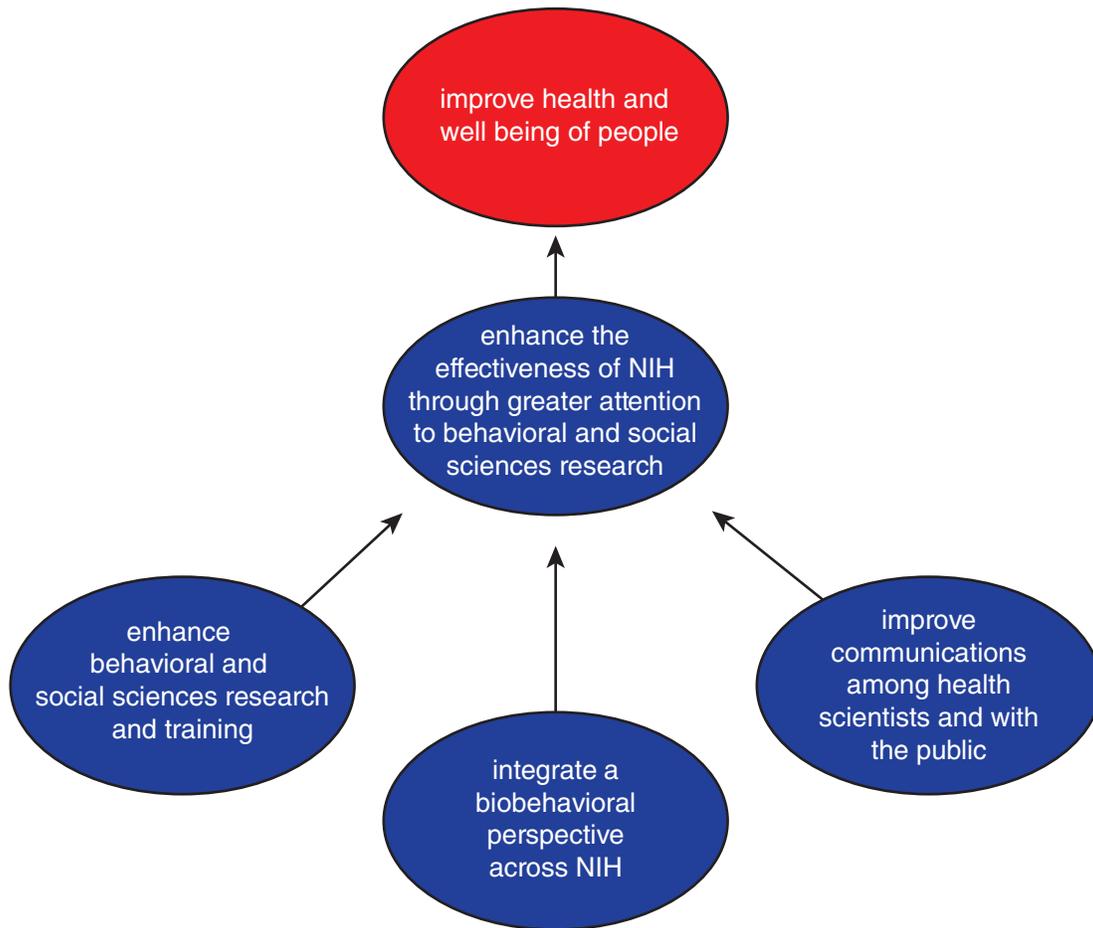
In order to fulfill this vision, OBSSR, during its first year, initiated a strategic planning process. The goal of the strategic planning process was to bring together the relevant scientific communities to assist OBSSR in charting its future direction and in establishing its priorities. Two strategic planning meetings were held in February and March of 1996 involving over 70 scientists, science administrators, and representatives of science organizations. These individuals worked to outline the specific goals, strategies, and actions that are summarized in this strategic plan, which will constitute the core activities for OBSSR over the next 3 to 5 years.

## Overview of the Strategic Plan



As shown in figure 2, the ultimate objective for the NIH is to improve health through the support of scientific research. To achieve this objective, OBSSR will work to enhance the effectiveness of the NIH through greater attention to behavioral and social sciences research (figure 2). The OBSSR strategic plan is organized around goals, strategies, and actions. Three goals were identified for OBSSR and are shown in figure 3. These goals form the core of the OBSSR strategic plan and are described on the following pages.

**Figure 2: The ultimate objectives of the OBSSR**



**Figure 2: The goals of the OBSSR**

**Goal 1**

**Enhance behavioral and social sciences research and training**

A major part of the Congressional mandate for OBSSR was for it to work to increase support for behavioral and social sciences research and training at NIH, both in the extramural and intramural programs. To accomplish this, OBSSR must assist NIH in identifying and capitalizing on the numerous scientific opportunities that exist in the behavioral and social sciences. In addition to biobehavioral research (see Goal 2 below), these opportunities exist in such areas as the identification of new risk factors; the development of new treatment and prevention approaches; and research on basic behavioral and social processes relevant to health. The office must also work to increase the pool of scientists who are trained to make discoveries in these areas for the ultimate benefit of the public.



**Goal 2**

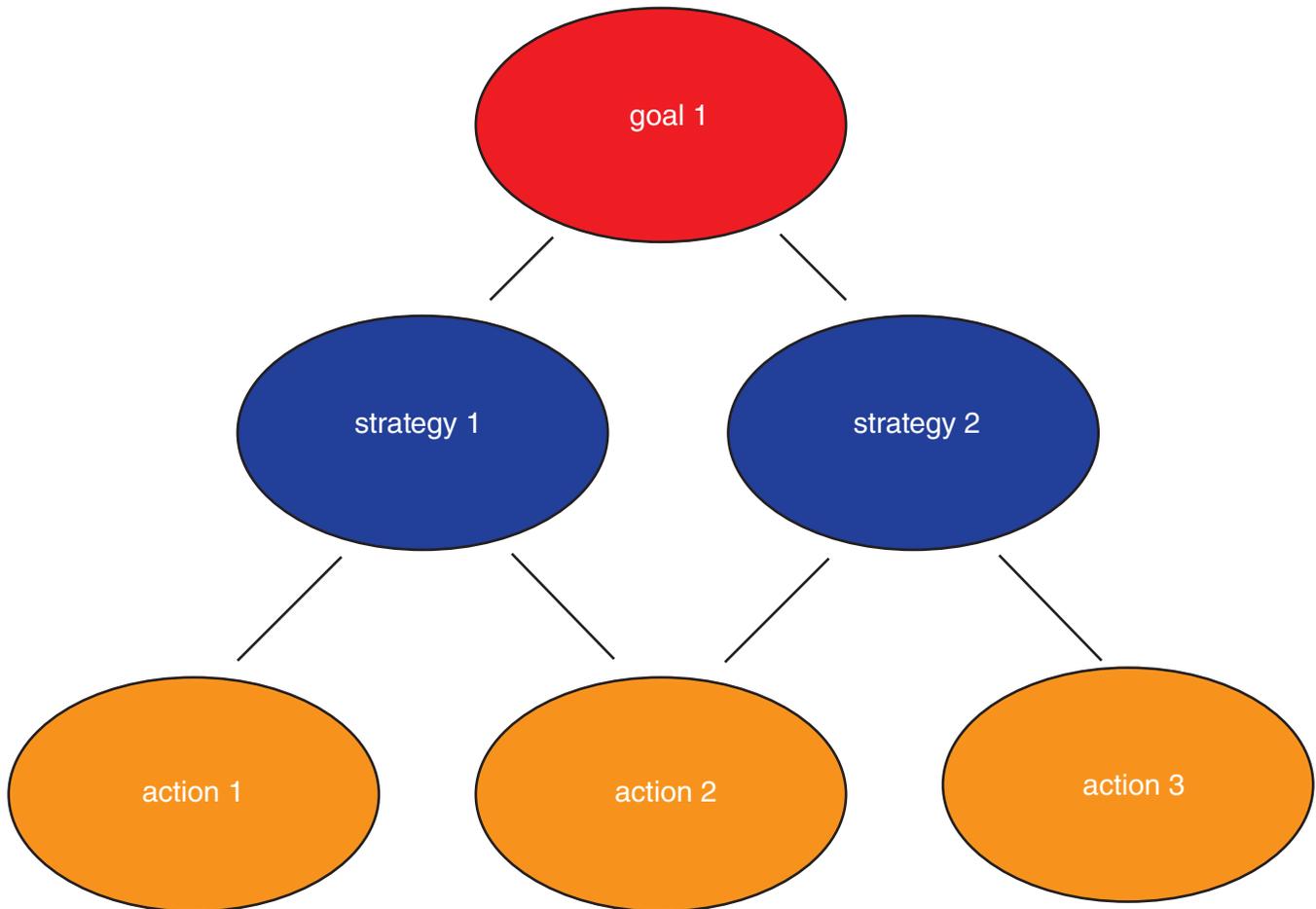
**Integrate a biobehavioral, interdisciplinary perspective across NIH**

Congress mandated that specific attention be devoted to integrating a biobehavioral perspective into research at NIH. Biobehavioral research, also known as biosocial and biopsychosocial research, combines knowledge and approaches from biomedical, behavioral, and social science disciplines to gain a better understanding of the complex, multifaceted interactions that determine healthy and pathological human functioning. As such, biobehavioral research represents an exciting new frontier for the health sciences and for NIH. Examples of biobehavioral research include such areas as behavioral cardiology, cognitive and behavioral neuroscience, psychoneuro-immunology, and behavioral genetics.

**Goal 3**

**Improve communication among health scientists and with the public**

Improved communication among health scientists, and between scientists and the public, is crucial to advancing behavioral and social sciences research and improving health. It was recommended that OBSSR develop a comprehensive communications plan that would involve activities aimed at 1) improving communication and information exchange among behavioral and social scientists; 2) improving communication between sociobehavioral and biomedical scientists; 3) increasing the dissemination of behavioral and social science findings to the public and to health care providers; 4) improving media coverage of behavioral and social sciences research; and 5) ensuring that policymakers are kept abreast of developments in these fields.



**Figure 4: The relationship between goals, strategies and actions**

To achieve the three preceding goals, specific strategies and actions were recommended. Figure 4 shows the relationship between goals, strategies, and actions. The strategies represent answers to the “what” question. That is, given the goals of OBSSR, what, in a broad sense, can the office do to achieve them? Once broad strategies are outlined, specific actions must be delineated. These actions represent answers to the “how” question. That is, how do we best carry out these strategies? Thus, actions describe the various activities that will address each strategy. In fact, one short-term measure of the success of OBSSR, or what is often called a performance indicator, is the number of recommended actions that were actually taken.



## Section Two: The OBSSR Strategic Plan

### Section One: The OBSSR Strategic Plan

This section unites the OBSSR goals and strategies with specific actions. Each goal is connected to several strategies and an even larger number of actions. The strategies and actions associated with each goal are provided below. In cases where particular actions address more than one strategy or goal, cross-referencing is used.

#### Goal 1

#### Enhance behavioral and social sciences research and training Actions:

##### Strategy 1.1

Capitalize on scientific opportunities in behavioral and social research across NIH areas.

- 1.1a Develop trans-NIH requests for applications and program announcements.
- 1.1b Explore partnerships between NIH institutes & centers and the private sector (e.g. managed care companies, foundations, etc.) for the funding of behavioral and social sciences research.
- 1.1c Use OBSSR funds to support peer-reviewed, highly rated, but unfunded behavioral and social science proposals.
- 1.1d Supplement biomedical Center Grants to add behavioral and social components ([also relates to strategy 2.3](#)).
- 1.1e Supplement behavioral and psychosocial treatment-related grants to support the dissemination and implementation of findings ([also relates to strategy 3.2](#)).
- 1.1f Explore ways to expand small grant mechanisms for newer investigators.
- 1.1g Support conferences designed to increase interest of behavioral and social scientists in relatively unexplored health
- 1.1h Provide assistance when warranted to ensure the appropriate review of social and behavioral research grant proposals.



**Strategy 1.2**

Enhance behavioral and social research in the NIH Intra-mural Research Program

**Actions**

1.2a Meet with intramural research program science directors to discuss inclusion of behavioral and social research.

1.2b Develop a postdoctoral training program for behavioral and social scientists in the intramural research program ([also relates to strategy 2.2](#)).

1.2c Develop interagency personnel agreements for senior behavioral and social scientists to work in the intramural research program ([also relates to strategies 2.2](#)).

1.2d Send the OBSSR definition of behavioral and social sciences research to all institute & center directors and to the NIH director explaining the process of development of the definition and recommending that it be adopted as the official NIH definition.

**Strategy 1.3**

Increase training opportunities in behavioral and social sciences research

**Actions**

Develop postdoctoral training programs for behavioral and social scientists in the NIH intramural research program (also relates to strategy 1.2).

Explore ways of expanding National Research Service Award support for behavioral and social scientists.

Support short-term summer training workshops for interdisciplinary research for social, behavioral, and biomedical scientists ([also relates to strategies 2.1 and 2.2](#)).

Create social and behavioral science training programs for middle and high school teachers ([also relates to strategy 3.2](#)).

Develop partnerships with foundations for funding of behavioral and social science training.



**Strategy 1.4**

Highlight the contributions of behavioral and social sciences research to the improvement of health

**Actions**

1.4a Commission literature reviews for biomedical journals on selected topics related to behavioral and social science contributions to public health and health science.

1.4b Develop and distribute fact sheets to relevant parties on behavioral and social contributors to the etiology, prevention, and treatment of disease.

1.4c Develop and distribute fact sheets to relevant parties on reductions in costs and health-care utilization resulting from behavioral and social interventions.

1.4d Identify institute & center scientific problems and provide solutions based on behavioral and social sciences research.

1.4e Provide forums for behavioral treatment researchers to meet with service providers ([also relates to strategy 3.2](#)).

1.4f Establish intergovernmental personnel agreements program for behavioral and social science researchers to work in institute & center administrative offices.

**Strategy 1.5**

Increase the visibility of behavioral and social sciences within the NIH community

**Actions**

1.5a Sponsor an ongoing scientific seminar series in conjunction with the Behavioral and Social Sciences Research Coordinating Committee (BSSR-CC).

1.5b Organize regular informal briefing sessions on behavioral and social research for the NIH director and for institute & center directors.



1.5c Facilitate behavioral and social sciences research interest groups within the NIH community.

1.5d Organize regular conferences at NIH on cross-cutting behavioral and social science topics.

1.5e Send the OBSSR definition of behavioral and social sciences research to all institute & center directors and to the NIH director explaining the process of development of the definition and recommending that it be adopted as the official NIH definition.

## Goal 2

### Integrate a biobehavioral interdisciplinary perspective into all NIH research areas Actions

#### Strategy 2.1

Increase communication and cooperation between sociobehavioral and biomedical researchers

2.1a Sponsor workshops, speakers, and symposia at NIH and at professional meetings on interdisciplinary research for behavioral and biomedical investigators.

2.1b Commission literature reviews for biomedical publications that integrate and highlight biobehavioral interactions ([also relates to strategy 1.4](#)).

2.1c Develop cross-disciplinary funding initiatives ([also relates to strategy 2.3](#)).

2.1d Create an internet-based discussion group for cross-disciplinary exchanges.

2.1e Establish a working group to promote cross-disciplinary research.

2.1f Convene a consensus conference on a common nomenclature for “phases” of behavioral treatment research, analogous to that used for clinical trials in medical studies, to facilitate communication and understanding across biomedical and behavioral treatment areas.

2.1g Establish intergovernmental personnel agreements program for extramural behavioral and social scientists to work at NIH ([also relates to strategies 1.2 and 1.4](#)).



**Strategy 2.2**

Increase inter-disciplinary training opportunities

**Actions**

2.2a. Support short-term training workshops for biomedical and behavioral scientists to become familiar with each others' methods and procedures ([also relates to strategy 1.3](#)).

2.2b. Conduct behavioral and social science research methodology workshops at biomedical meetings ([also relates to strategy 1.3](#)).

2.2c. Develop post-doctoral fellowship program in the NIH intramural research program (also relates to [strategies 1.2, 1.3, 2.4](#)).

2.2d. Enlist the assistance of the Institute of Medicine of the National Academy of Sciences in examining training requirements for interdisciplinary research ([also relates to strategy 1.3](#)).

**Strategy 2.3**

Create inter-disciplinary funding initiatives

**Actions**

2.3a. Supplement biomedical research centers with funds for interdisciplinary pilot research ([also relates to strategy 1.1](#)).

2.3b. Develop trans-NIH requests for applications and program announcements that require interdisciplinary collaborations ([also relates to strategy 1.1](#)).

2.3c. Supplement biomedical requests for applications and program announcements to support biobehavioral research ([also relates to strategy 1.1](#)).



**Strategy 2.4**

([see strategy 1.5 for specific actions](#))

Increase the visibility of behavioral and social sciences within the NIH community

**Goal 3**

**Improve communication among scientists and with the public Actions:**

**Strategy 3.2**

Disseminate behavioral and social science research findings to the public and to practitioners

**Actions**

3.2a. Improve media coverage of behavioral research ([also relates to strategy 3.3](#)).

3.2b. Create a website for lay audiences summarizing new findings.

3.2c. Provide forums for clinical researchers to meet with service providers ([also relates to strategy 1.4](#)).

3.2d. Assist in the development of clinical guidelines for the use of behavioral treatment approaches.

3.2e. Develop funding initiatives on dissemination of behavioral and social science research findings ([also relates to strategy 1.1](#)).

3.2f. Hold periodic briefings for Congressional members and staffers on important findings in the behavioral and social sciences.

3.2g. Write Opinion/Editorial articles on findings relevant to current issues in public health ([also relates to strategy 3.3](#)).

3.2h. Work with health care providers and managed care companies to incorporate scientifically validated behavioral treatment approaches into medical care.



**Strategy 3.3**

Improve media coverage

3.2i. Conduct lectures for patient advocacy groups.

3.2j. Create social and behavioral science training programs for middle and high school teachers ([also relates to strategy 1.3](#)).

3.2k. Create programs that encourage researchers to guest lecture in local community.

3.2l. Meet regularly with representatives from behavioral and social science organizations and their boards of directors.

3.2m. Organize workshops on how behavioral and social scientists can involve and get the support of local communities for research.

**Actions**

3.3a. Assess the current status of behavioral and social science research coverage in the print media.

3.3b. Organize a series of seminars for medical and science writers on important new findings.

3.3c. Invite media representatives to visit active sociobehavioral laboratories and field sites.

3.3d. Provide information on new findings in the behavioral and social sciences to NIH public affairs and communications offices.

3.3e. Co-sponsor science writer fellowships in conjunction with science organizations.

3.3f. Write Opinion/Editorial pieces on social and behavioral research relevant to current public health issues ([also relates to strategy 3.2](#)).

3.3g. Develop and distribute one-page fact sheets to media representatives on the relevance of behavioral and social factors to the etiology, prevention, and treatment of disease ([also relates to strategy 1.4](#)).



**Strategy 3.4**

[\(see strategy 2.1 for specific actions\)](#)

Increase communications and cooperation between sociobehavioral and biomedical researchers

**Strategy 3.5**

[\(see strategy 1.5 for specific actions\)](#)

Increase visibility of behavioral and social sciences within the NIH community



## Section Three: Appendices

### **Appendix A:**

### **OBSSR STRATEGIC PLANNING MEETING ORGANIZING COMMITTEE**

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