

Basic Behavioral and Social Sciences Research Working Group Update

January 2021

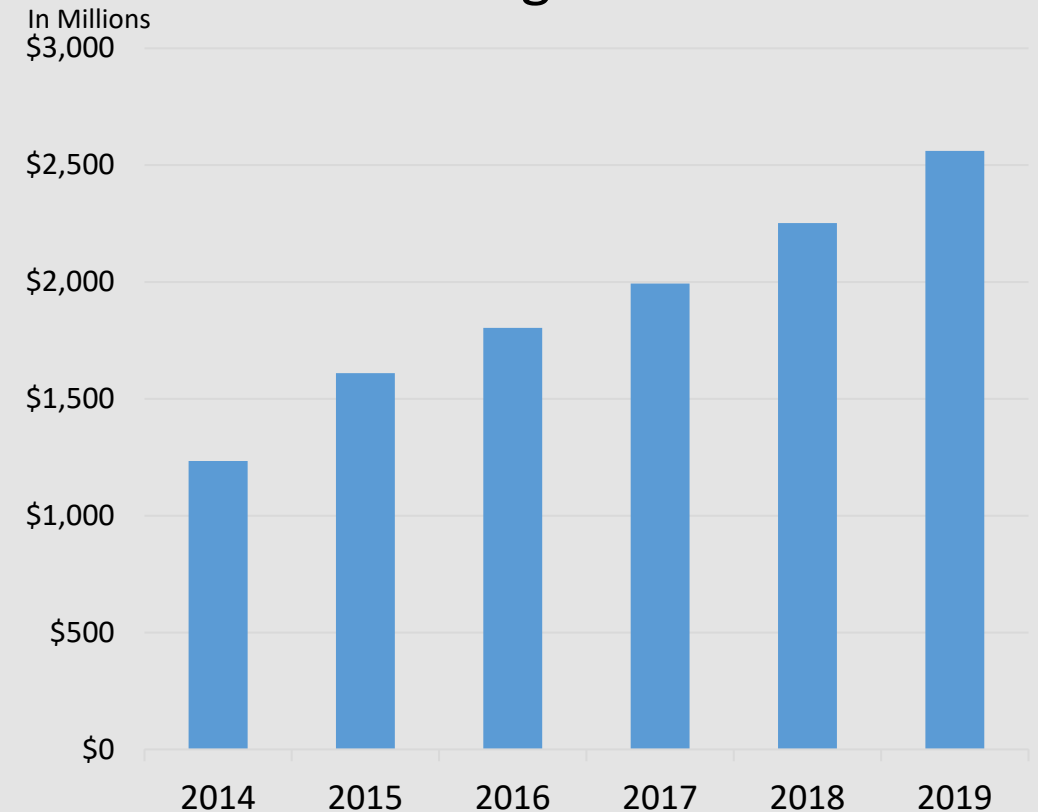
Overview

Charge of the Working Group
Working Group Members
The Group's Progress
Next Steps

Basic Behavioral and Social Sciences Research at NIH

- Basic research – whether biomedical or behavioral/social – generates fundamental knowledge about the nature and behavior of living systems
- In 2004 an NIH ACD Working Group on Research Opportunities in Basic Behavioral and Social Sciences produced a report:
 - Pre-RCDC so the report was predominantly an overview of broad areas of basic behavioral and social sciences research (bBSSR) that various ICs supported at the time
 - More on WHY fund bBSSR than WHAT to fund in bBSSR
 - Report was partly in response to NIMH de-prioritizing some bBSSR
 - Report recommended a “stable home” for trans-NIH bBSSR, either at NIGMS or by transforming OBSSR to more of an OAR model– which resulted in OppNet

bBSSR Funding FY14 to FY19



The Working Group's Charge

- Has NIH funding for bBSSR kept pace with the science?
- Can NIH improve return on investment by identifying better the promising and emerging areas of bBSSR relevant to the NIH mission?
- Which of these emerging areas of research are not adequately supported by the current NIH bBSSR portfolio which NIH can encourage and accelerate?
- Can these inadequately addressed emerging areas of research be addressed by individual IC efforts, or do some require a trans-NIH effort to address?

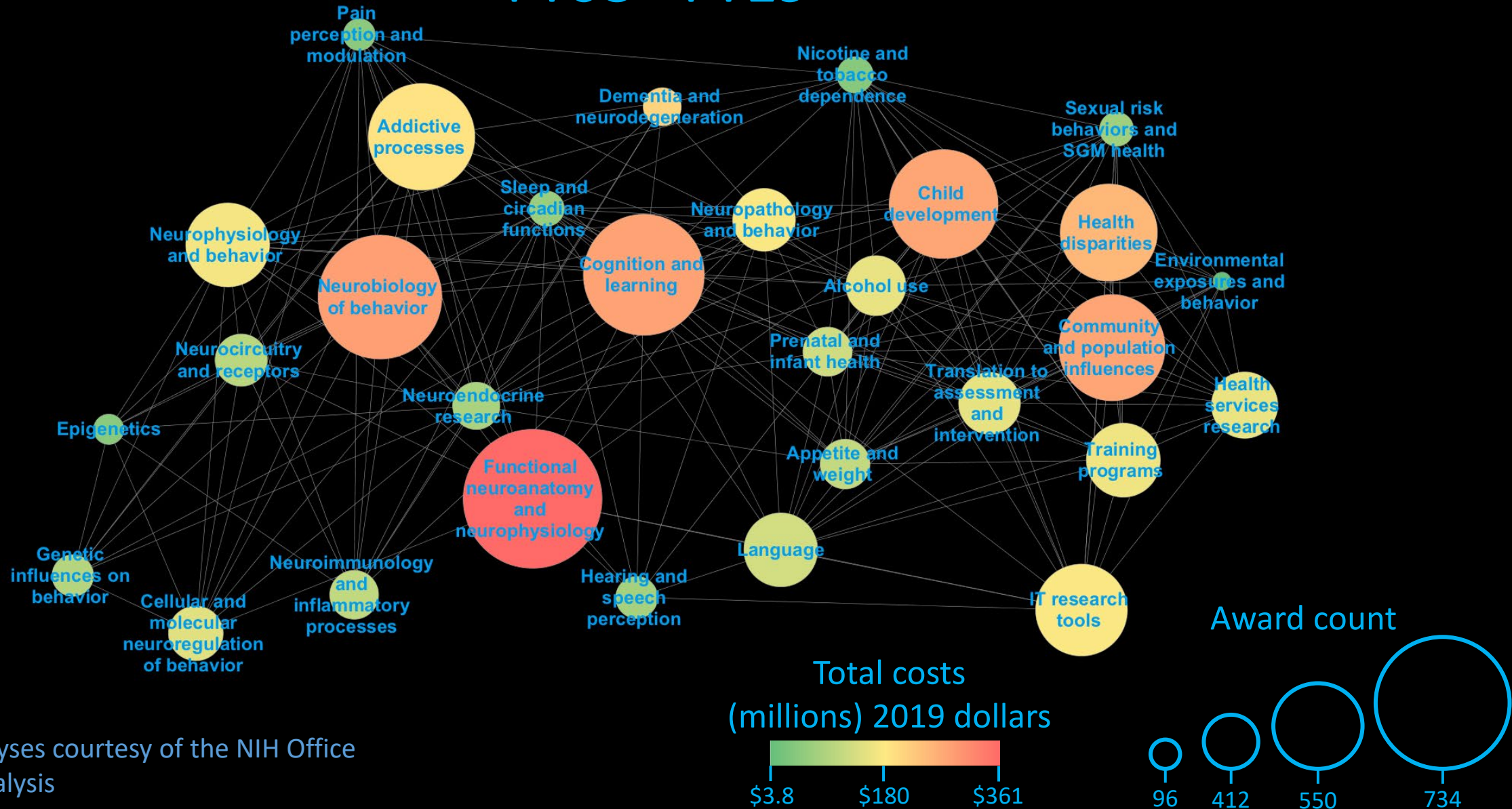
Working Group Membership

| | | |
|---------------------------------------|--|---------------------------------------|
| William Riley, Ph.D., Co-Chair | National Institutes of Health | OBSSR |
| Graham A. Colditz, MD, DrPH, Co-Chair | Washington University, St. Louis | Public Health Sciences |
| Dolores Albarracín Ph.D. | University of Illinois at Urbana-Champaign | Psychology, Business, and Medicine |
| Patricia Bauer, Ph.D. | Emory University | Psychology |
| Jordan A. Booker, Ph.D. | University of Missouri | Psychology |
| Steve Cole, Ph.D. | University of California, Los Angeles | Medicine; Psychiatry; Biobehavioral |
| M. Lynne Cooper, Ph.D. | University of Missouri | Psychology |
| Dustin T. Duncan, Sc.D. | New York University School of Medicine | Epidemiology |
| Paul J. Kenny, Ph.D. | Ichan School of Medicine at Mount Sinai | Neuroscience; Drug Discovery |
| Florencia Torche, Ph.D. | Stanford University | Sociology |
| Jenny Tung, Ph.D. | Duke University | Evolutionary Anthropology; Biology |
| Jeff Zacks, Ph.D. | Washington University, St. Louis | Psychology; Brain Sciences; Radiology |
| William Elwood, Ph.D. | National Institutes of Health | OBSSR |
| Kathryn Morris, MPH, DFO | National Institutes of Health | OBSSR |

The Working Group's Progress

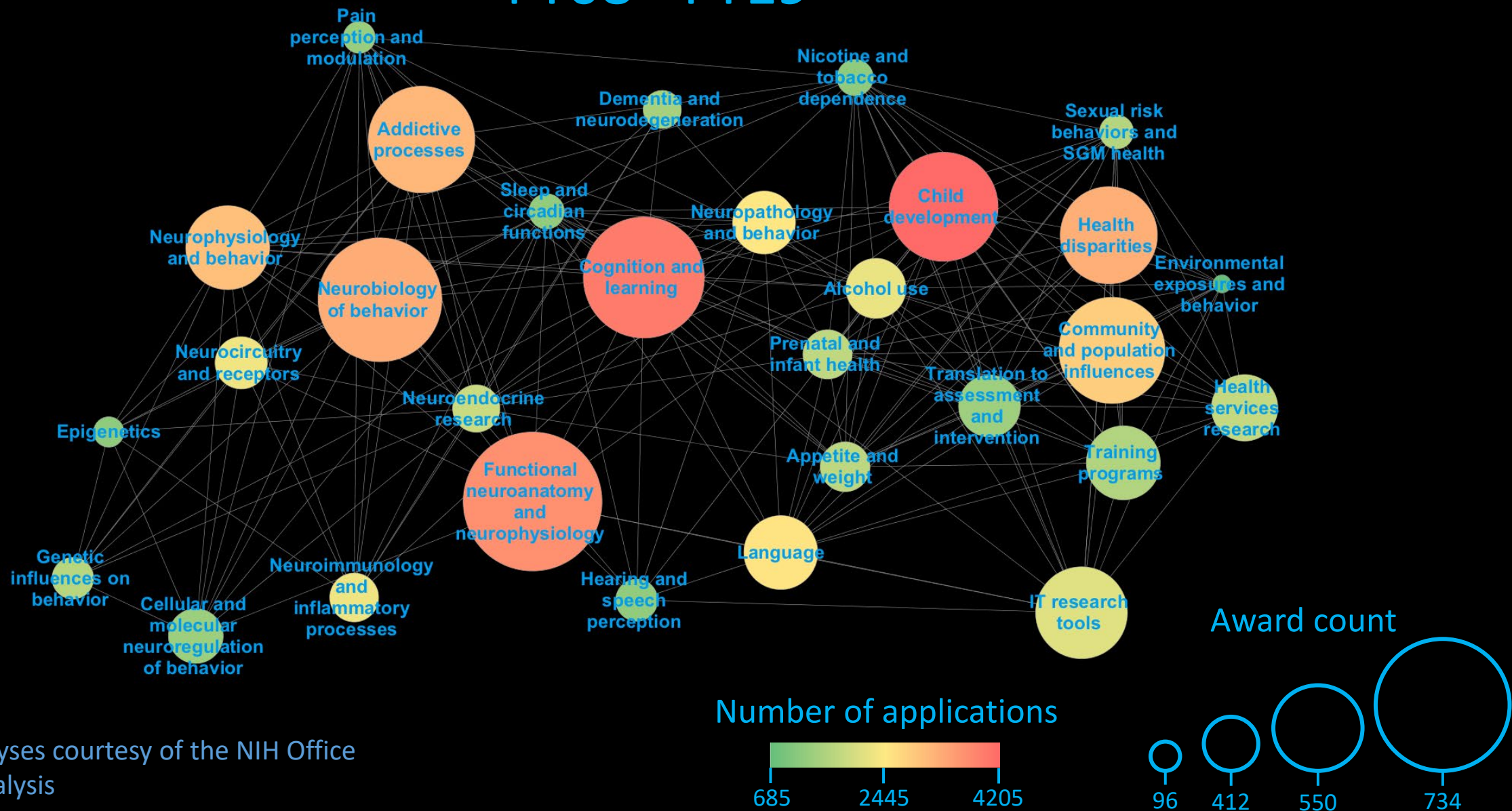
- WG approved in May 2020, first convened September 2020
- The Office of Portfolio Analysis assisted with understanding the current bBSSR portfolio and the relationship with neuroscience vs. other topic areas within the portfolio
 - Influence (via Relative Citation Ratio)
 - Clinical Impact
 - Translational Potential
- Discussions of the WG Members' editorial research experience with the OPA analysis as context

NIH b-BSSR Awards FY08 - FY19



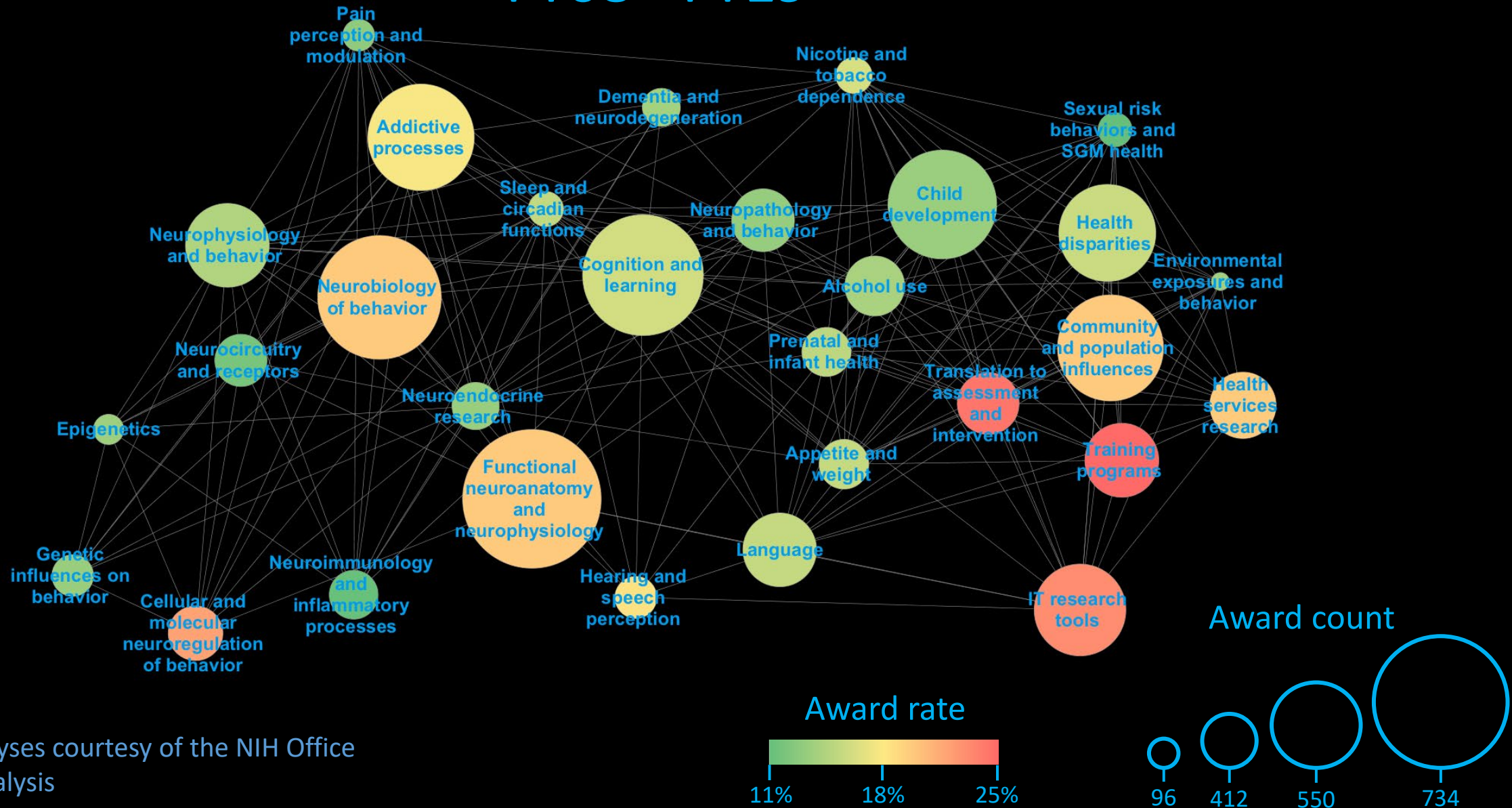
Slides and analyses courtesy of the NIH Office of Portfolio Analysis

NIH b-BSSR Number of applications FY08 - FY19



Slides and analyses courtesy of the NIH Office of Portfolio Analysis

NIH b-BSSR Award rate FY08 - FY19



Slides and analyses courtesy of the NIH Office of Portfolio Analysis

NIH bBSSR Award Rates by AI/ML Topic Cluster

| Cluster ID | Cluster Label | Award rate |
|------------|--|------------|
| 0 | Cellular and molecular neuroregulation of behavior | 22.1% |
| 1 | Epigenetics | 13.9% |
| 2 | Genetic influences on behavior | 13.6% |
| 3 | Pain perception and modulation | 13.2% |
| 4 | Neurophysiology and behavior | 14.7% |
| 5 | Addictive processes | 17.9% |
| 6 | Neurobiology of behavior | 20.0% |
| 7 | Neurocircuitry and receptors | 12.1% |
| 8 | Neuroimmunology and inflammatory processes | 11.4% |
| 9 | Neuroendocrine research | 13.6% |
| 10 | Appetite and weight | 15.6% |
| 11 | Nicotine and tobacco dependence | 16.5% |
| 12 | Environmental exposures and behavior | 14.0% |
| 13 | Prenatal and infant health | 15.3% |
| 14 | Alcohol use | 14.4% |
| 15 | Child development | 13.7% |
| 16 | IT research tools | 23.3% |
| 17 | Training programs | 25.2% |
| 18 | Translation to assessment and intervention | 24.5% |
| 19 | Health services research | 19.9% |
| 20 | Sexual risk behaviors and SGM health | 11.3% |
| 21 | Community and population influences | 19.9% |
| 22 | Health disparities | 15.8% |
| 23 | Dementia and neurodegeneration | 14.1% |
| 24 | Sleep and circadian functions | 15.6% |
| 25 | Cognition and learning | 16.2% |
| 26 | Neuropathology and behavior | 13.5% |
| 27 | Functional neuroanatomy and neurophysiology | 19.9% |
| 28 | Language | 15.6% |
| 29 | Hearing and speech perception | 18.6% |

Working Group Progress

- Input of the working group on areas of bBSSR to prioritize, and those with a pathway for eventual translation
- Consideration of NIH program staff research priorities (surveys and town halls).
- Consideration of workforce diversity issues and the role topic choice on bBSSR research priorities as PI diversity

Working Group Progress – Examples of Priorities Identified

- Maintain the study of learning as core basic BSSR research area
- Greater balance of negative vs. positive processes
- Increased integration of neuroscience (but neuroscience not a requirement)
- Increased integration of how social environment affects the brain and the periphery
- Greater emphasis on the dynamics and consequences of social interactions
- Increased multi-level research
- Increased focus on epidemiology and population health
- Basic BSSR relevant to infectious diseases, especially in light of the pandemic
- Basic research relevant to sustaining vs. initiating behavior change
- Focus on meaningful behavioral outcomes
- Building capacity (resources and talent) for data harmonization and data integration
- Increased workforce diversity

Next Steps

- Comparing the priorities identified by WG with those identified by NIH program staff
- Working on report drafts
- Final report to Council of Councils in May, 2021

Questions or Comments?