

# Commemorating 25 Years of the OBSSR: *A History in Milestones*



**Healthier Lives Through Behavior and Social Sciences**

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## Milestones

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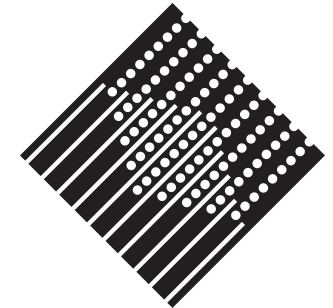
### June 1993 Congress Establishes the OBSSR

On June 10, Congress creates the OBSSR to identify, coordinate, and promote behavioral and social science research projects at the NIH and beyond. Its founding demonstrates growing public acceptance that behavioral and social science factors greatly impact public health.



### July 1995 The OBSSR Opens its Doors

The OBSSR officially opens its doors within the Office of the NIH Director. The Behavioral and Social Sciences Research Coordinating Committee (BSSR-CC) forms the same year to advise the Director of the OBSSR and foster communication and coordination with NIH staff and external partners in the field of behavioral and social sciences research.



**OBSSR**

1993

1995

### July 1995

#### Dr. Norman B. Anderson Appointed Director of the OBSSR (1995–2000)

*“Ask not what NIH can do for behavioral and social sciences. Ask what behavioral and social sciences research can do for NIH.” - Dr. Norman B. Anderson*



Norman B. Anderson becomes OBSSR's first director. Previously a professor in the Department of Psychiatry at Duke University Medical Center, Dr. Anderson specializes in intersections between health and behavior, with a particular focus on racial, ethnic, and socioeconomic health disparities.

Under his leadership, the OBSSR articulates its priorities. As the OBSSR's first leader, Dr. Anderson champions the integration of behavioral and social sciences research across the NIH. The OBSSR hosts its first conference and releases its first strategic plan (in 1997) to address the critical behavioral and social science factors affecting public health. The OBSSR defines behavioral and social science research with input from a diversity of fields, laying the foundation for its role as the backbone of the behavioral and social sciences at the NIH.



## January 1997

### Educational Workshops in Interdisciplinary Research

The OBSSR issues a FOA in 1997, and again in 1998, for the development of short-term educational workshops for social, behavioral, and biomedical researchers in the early stages of their careers. Promoting interdisciplinary approaches, these workshops aim to help participants develop cross-disciplinary collaborations.

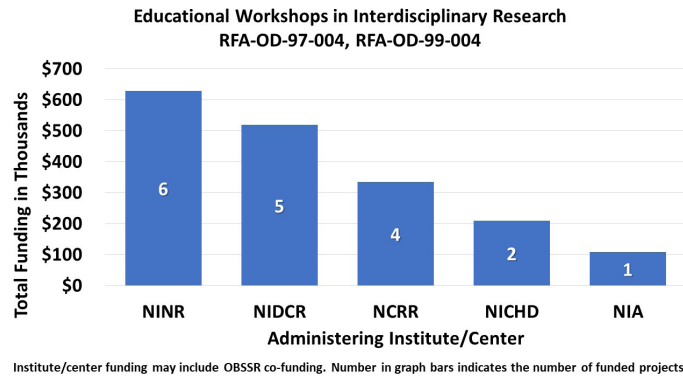


Figure 1, Educational Workshops in Interdisciplinary Research ([Fig 1. description](#))

## October 1997

### Disease Prevention Through Behavior Change

The OBSSR issues FOAs in 1998 and 2003 to test whether theoretical models and practical interventions are effective for creating positive, long-term behavioral changes. In particular, researchers study poor diet and exercise, alcohol abuse, and tobacco use, the leading causes of poor health and premature death.

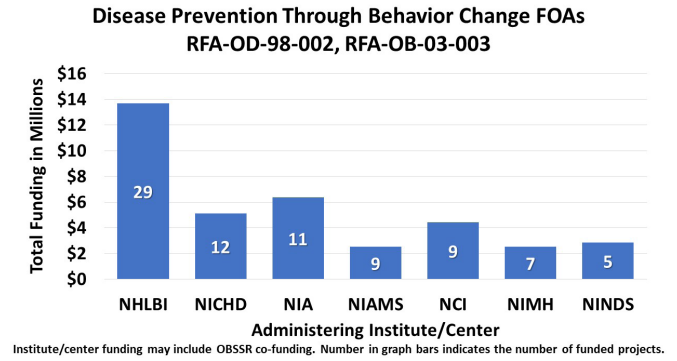


Figure 3, Disease Prevention Through Behavior Change FOAs ([Fig. 3 description](#))

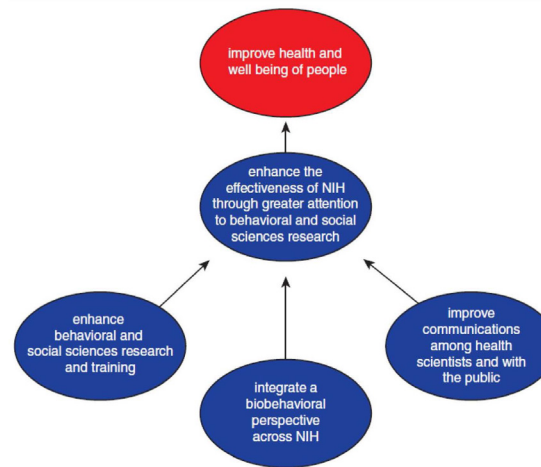
# 1997

## August 1997

### First Strategic Plan Revealed

The OBSSR releases its first strategic plan, which identifies three main priorities: (1) improve research and training in the behavioral and social sciences; (2) cultivate interdisciplinary research by integrating biobehavioral perspectives in all areas of NIH research; and (3) enhance communication within the field and with the public.

### The Goals of the OBSSR



From: "Office of Behavioral and Social Sciences Research Strategic Plan 1997," page 11

Figure 2, The Goals of the OBSSR ([Fig. 2 description](#))

## February 1998 Methodology and Measurement

The OBSSR issues a FOA focused on developing and enhancing the quality and power of data in health-related behavioral and social sciences. Researchers are asked to explore how to improve methodologies in research design, measurement, and data synthesis. This FOA is reissued in 2002, 2005, 2006, 2008, 2016, and 2017.

### Methodology and Measurement in the Behavioral and Social Sciences

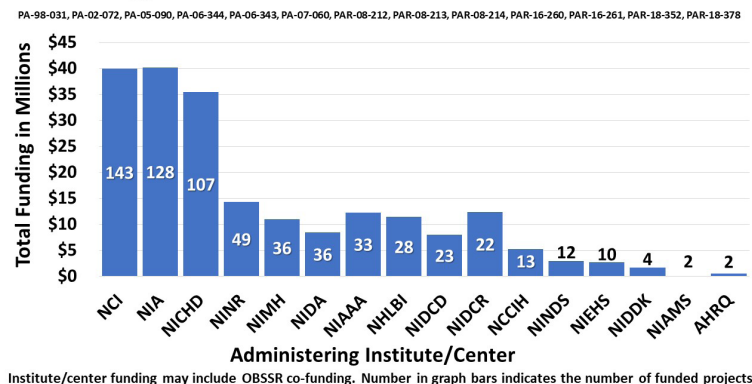


Figure 4, Methodology and Measurement in the Behavioral and Social Sciences ([Fig. 4 description](#))

# 1998

# 1999

## January 1999 Focus on Mind/Body Interactions and Health

The OBSSR leads a FOA to establish the Centers for Mind/Body Interactions and Health to encourage and advance interdisciplinary projects—each designed to focus on relationships between the mind and body in disease and health. Subsequent FOAs in this field are released in 2003, 2005, 2006, and 2007.

### Mind-Body Interactions and Health FOAs

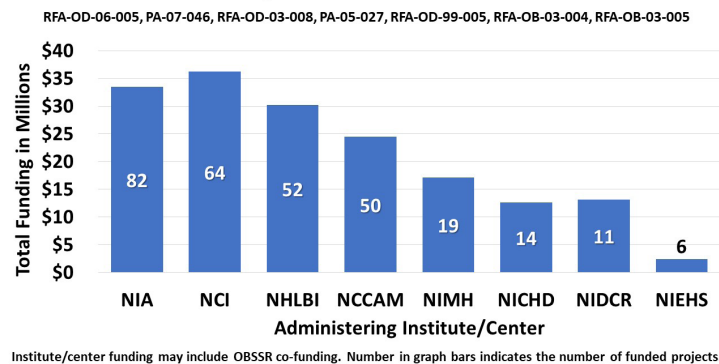
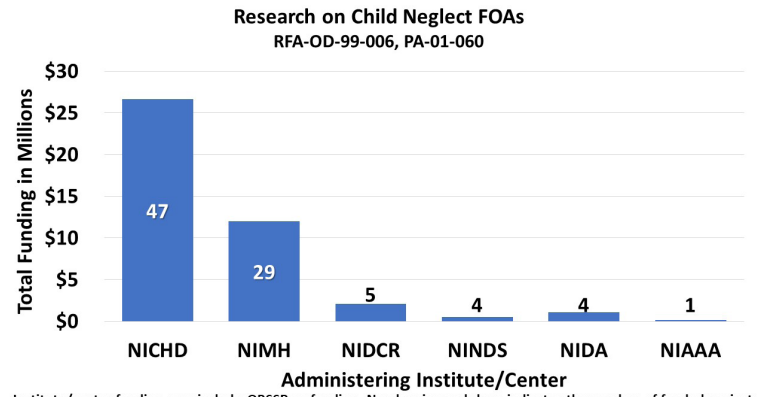


Figure 5, Mind-Body Interactions and Health FOAs ([Fig. 5 description](#))

## March 1999 Research on Child Neglect

Child neglect can have long-term health and behavioral consequences. Seeking to promote the development of research programs into child neglect, the OBSSR issues a FOA in 1999 and again in 2001. The FOA aims to build partnerships between researchers studying child health, education, and juvenile justice and those working with child neglect and abuse research.

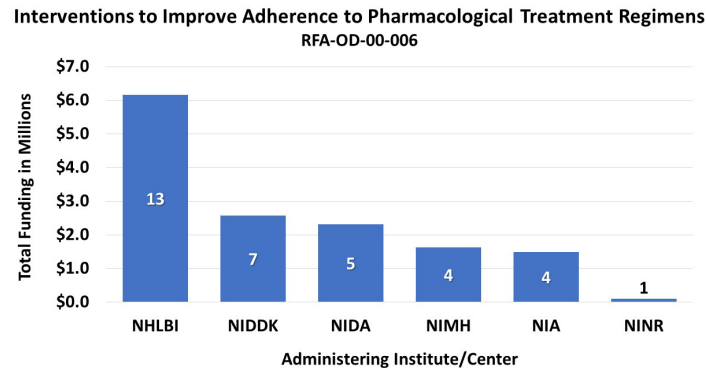


Institute/center funding may include OBSSR co-funding. Number in graph bars indicates the number of funded projects.

Figure 6, Research on Child Neglect FOAs  
([Fig. 6 description](#))



## January 2000 Interventions to Improve Adherence to Pharmacological Treatment Regimens



Institute/center funding may include OBSSR co-funding. Number in graph bars indicates the number of funded projects.

Figure 7, Interventions to Improve Adherence to  
Pharmacological Treatment Regimens ([Fig. 7 description](#))

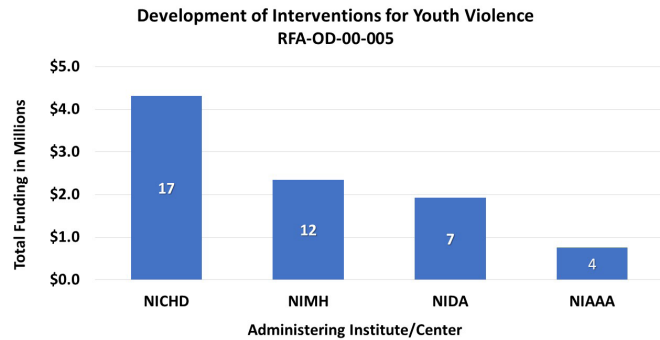
A focus of the OBSSR and NIH is to support intervention research to improve human health. With this view in mind, the OBSSR issues a FOA soliciting behavioral intervention research focused on ways to improve adherence to long-term medicine regimens.



## January 2000

### Development of Interventions for Youth Violence

The OBSSR and NIH advance intervention research to improve human health. The OBSSR issues a FOA soliciting behavioral intervention research focused on youth violence prevention.



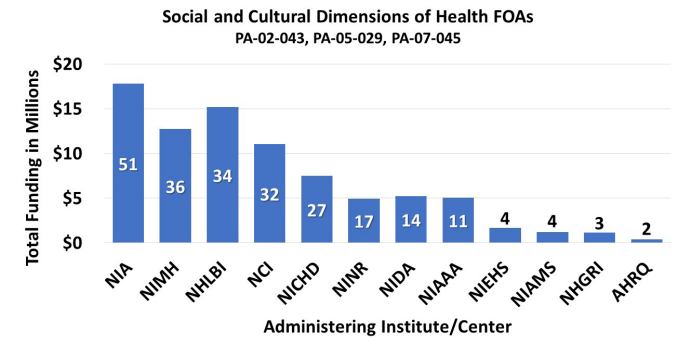
Institute/center funding may include OBSSR co-funding. Number in graph bars indicates the number of funded projects.

Figure 8, Development of Interventions for Youth Violence  
([Fig. 8 description](#))

## June 2000

### Social and Cultural Dimensions of Health

The NIH holds the “Toward Higher Levels of Analysis: Progress and Promise in Research on Social and Cultural Dimensions of Health” conference, sponsored by the OBSSR. The conference focuses on building and employing social science research to improve the population’s health. The OBSSR leads related FOAs in 2001, 2004, and 2006.



Institute/center funding may include OBSSR co-funding. Number in graph bars indicates the number of funded projects.

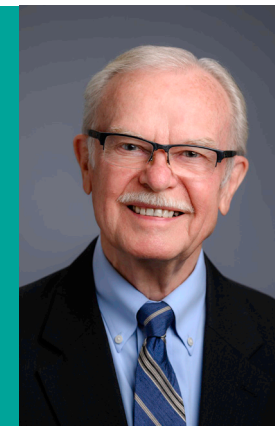
Figure 9, Social and Cultural Dimensions of Health FOAs  
([Fig. 9 description](#))

## April 2000

### Dr. Peter Kaufmann Appointed Acting Director of the OBSSR (2000)

Peter Kaufmann becomes Acting Director of the OBSSR after a decade as the Chief of NHLBI’s Behavioral Medicine Branch. Dr. Kaufmann encourages OBSSR staff to use their diverse subject backgrounds and abilities, enabling the team to concentrate on and strengthen aspects of behavioral and social sciences research at NIH. Dr. Kaufmann is currently a Professor and Associate Dean for Research and Innovation at Villanova University.

*“OBSSR has been the backbone of behavioral and social sciences research at NIH.” - Dr. Peter Kaufmann*



## July 2000

### The OBSSR Holds Inaugural Summer Institute

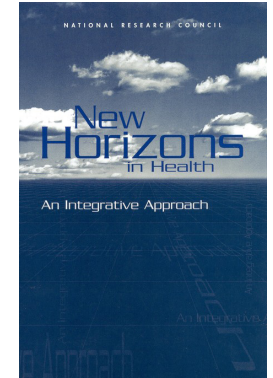
In collaboration with the NHLBI, the OBSSR holds its first annual Summer Institute on Randomized Behavioral Clinical Trials. The institute trains researchers and health professionals on how to conduct studies that divide participants into groups by chance, allowing researchers to review different treatments or interventions fairly.



## February 2001

### New Horizons in Health

The NRC, in collaboration with the OBSSR, publishes “New Horizons in Health: An Integrative Approach.” This consensus report details ways in which the NIH can use behavioral and social sciences research to address contemporary health needs and outcomes on national and global scales.



# 2001

## October 2000

### Dr. Raynard S. Kington Appointed Director of the OBSSR (2000–2003)

Raynard S. Kington becomes OBSSR’s director after serving as the Director of the Division of Health Examination Statistics at the CDC’s National Center for Health Statistics. As director, Dr. Kington examines the links between health and education. This work ranges from micro to macro levels of analysis: from how education shapes neural pathways in the brain to how it affects an individual’s economic status and overall health.

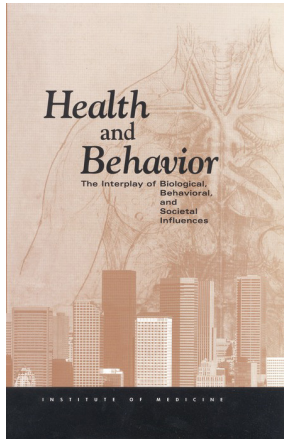
Dr. Kington also prioritizes studies on implicit racial bias and its impact on patient care at individual and structural levels. These studies and the conversations surrounding them reflect OBSSR’s larger mission: to demonstrate the critical role of behavioral and social science in clarifying complex health-related questions.



*OBSSR is constantly “identifying opportunities ... for those areas of behavioral and social science knowledge where a nudge of some sort could promote the scientific advance in a way that ultimately gets us to treatments and cures and prevention faster.”*  
- Dr. Raynard S. Kington

## May 2001 Health and Behavior

The IOM, in collaboration with the OBSSR, publishes “Health and Behavior: The Interplay of Biological, Behavioral, and Societal Influences.” This consensus report presents findings on links between health and behavior, how social environments impact these behaviors, and how to enhance health through adjusting behavior and improving personal relationships.



## January 2003 Pathways Linking Education to Health

The OBSSR encourages investigation of formal schooling’s impact on overall health. In 2014, the OBSSR holds a related meeting called “Education and Health: New Frontiers.” The meeting minutes are included in the 2015 NAS report “Exploring Opportunities for Collaboration Between Health and Education to Improve Population Health: Workshop Summary.” The OBSSR issues related FOAs “Education and Health: New Frontiers” in 2016 and 2018.

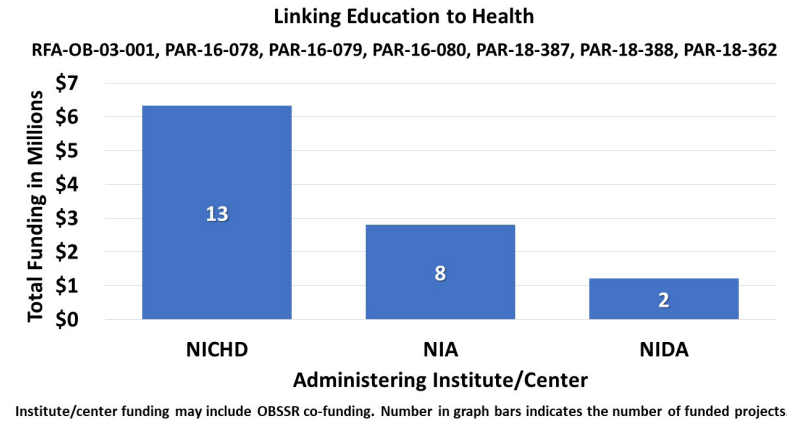


Figure 10, Linking Education to Health ([Fig. 10 description](#))

# 2003

## February 2003 Dr. Virginia S. Cain Appointed Acting Director of the OBSSR (2003–2005)

A veteran researcher at the OBSSR and ORWH, Virginia S. Cain becomes the OBSSR’s acting director. Dr. Cain ensures that behavioral and social sciences research is prioritized in the NIH Roadmap for Medical Research, which helps define NIH’s strategic plan. She also protects NIH funding for behavioral and social science grants, including those for AIDS treatment and prevention.

*“Keeping the behavioral and social sciences on the radar of NIH and the leadership, ... and the impact of behavioral and social science and the contribution that it can make to understanding health and healthcare,” are major contributions of the OBSSR.*  
-Dr. Virginia S. Cain





## June 2004

### Strengthening Behavioral and Social Science in Medical School Education

In collaboration with the OBSSR, the NAS publishes "Improving Medical Education: Enhancing the Behavioral and Social Science Content of Medical School Curricula." In October 2004, the OBSSR issues FOAs aimed at bolstering behavioral and social sciences research in medical education. The OBSSR releases related FOAs in 2010 and 2011.

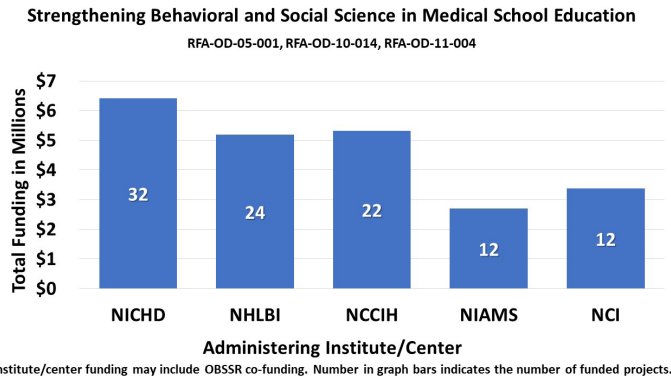


Figure 11, Strengthening Behavioral and Social Science in Medical School Education ([Fig. 11 description](#))

## December 2004

### Community Participation in Research

Community-based participatory research allows people with great stakes in a community's health to work alongside scientific researchers to improve health and address related disparities. The OBSSR issues a FOA in 2004, and again in 2008, to stimulate joint involvement of researchers and communities in conducting health research.

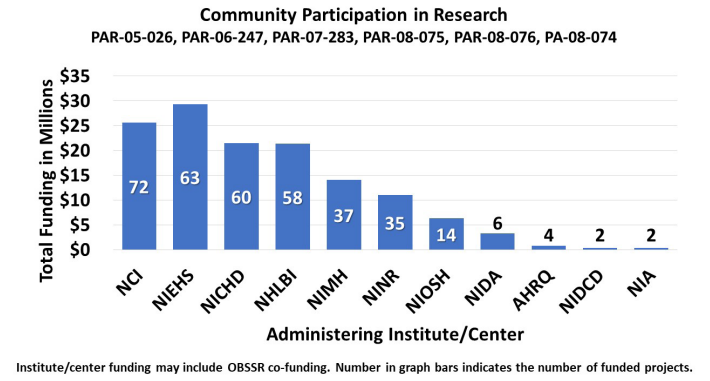


Figure 13, Community Participation in Research ([Fig. 13 description](#))

# 2004

## June 2004

### Understanding and Promoting Health Literacy

The OBSSR releases FOAs to stimulate research in health literacy—the capacity of individuals to understand and act on information to improve or sustain their health. These FOAs examine how health literacy connects to health disparities and how technology can bridge the knowledge gap. These FOAs are reissued in 2006, 2010, and 2013 and inform a 2011 IOM report.

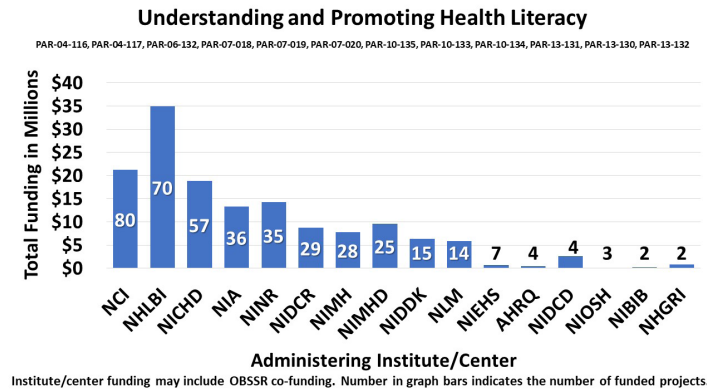


Figure 12, Understanding and Promoting Health Literacy ([Fig. 12 description](#))

## January 2005

### Dr. David Abrams Appointed Director of the OBSSR (2005–2008)

David Abrams becomes the OBSSR's director after a long tenure as a professor of Community Health, Psychiatry, and Human Behavior at Brown University Medical School. Under his leadership, the OBSSR publishes a strategic prospectus. Dr. Abrams prioritizes systems science—studying the world as a series of systems interacting with one another—and transdisciplinary team science. His efforts involve focusing on major chronic diseases that are not easily categorized into biomedical or psychosocial realms but rather result from interactions between them.

Dr. Abrams also encourages community-building efforts and provides spaces for staff to generate ideas about how to enhance the mission of the behavioral and social sciences within the NIH community. He establishes a “kitchen cabinet,” holding weekly meetings with behavioral and social sciences programming staff across the NIH to garner advice. The group builds a sense of camaraderie, discussing challenges the OBSSR faces and ways to work together more effectively.

*“We get a lot of applause for all the breakthroughs in biomedical research ..., we get some applause for the breakthroughs in psychosocial, epidemiology, and public health research .... If the one takes place without the other, it's the sound of one hand clapping ... Imagine how much more applause we would get if both hands were clapping, on the one side the biomedical sciences, and on the other side collaborating with the behavioral and social sciences.” - Dr. David Abrams*



# 2005

## December 2005

### Social Work Practice and Concepts in Health

The OBSSR releases FOAs in 2005, 2006, and 2007 that promote the development of research on observed intersections between social work and positive health impacts on people with medical conditions and behavioral disorders. They aim to analyze and enhance the effectiveness of social work services.

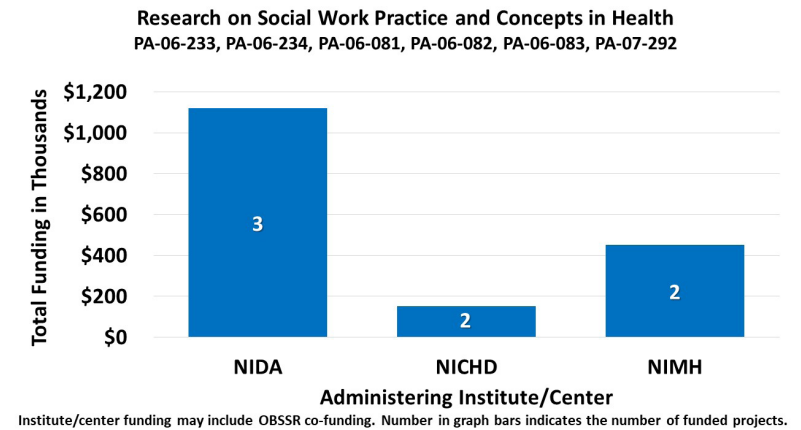


Figure 14, Research on Social Work Practice and Concepts in Health ([Fig. 14 description](#))

## May 2006

### The OBSSR Holds First Matilda White Riley Lecture

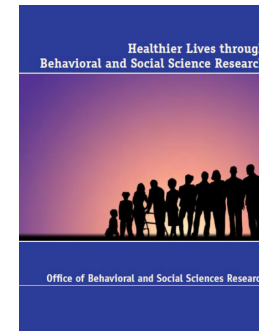
The OBSSR creates an annual distinguished scholar lecture to honor Dr. Matilda White Riley, who pioneered the integration of behavioral and social sciences research into biomedicine. An academic sociologist, Dr. Riley also developed and directed grant programs on behavioral and social sciences research at the NIA. The event expands in 2016 to highlight early-career scientists with the Early Stage Investigator Paper Awards.



## June 2006

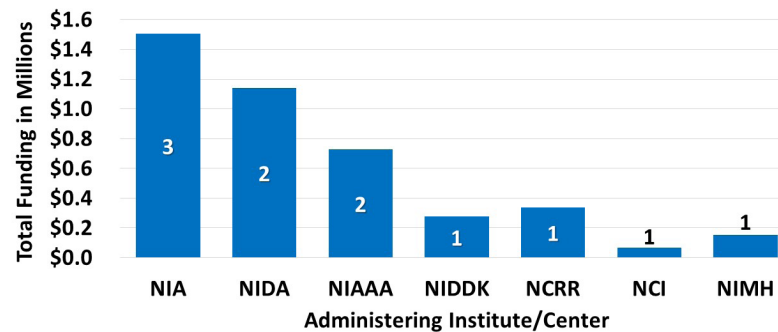
### The OBSSR Hosts 10th Anniversary Event

The OBSSR celebrates its first decade, hosting an event which showcases its history, accomplishments, and goals, as well as its major contributions to behavioral and social sciences research across areas of disease reduction and health promotion.



# 2006

Interactions Among Social, Behavioral, and Genetic Factors in Health  
PAR-08-065, PAR-08-066, PAR-08-067



Institute/center funding may include OBSSR co-funding. Number in graph bars indicates the number of funded projects.

Figure 15, Interactions Among Social, Behavioral, and Genetic Factors in Health ([Fig. 15 description](#))

## November 2006

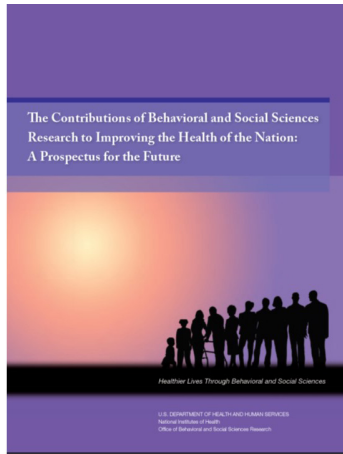
### Moving Beyond the Nature-Nurture Debate

In collaboration with the OBSSR, the IOM publishes "Genes, Behavior, and the Social Environment: Moving Beyond the Nature-Nurture Debate." This report reviews work related to interactions between genes and environment, encouraging the examination of multiple public health factors at once. In 2008, the OBSSR issues FOAs aimed at understanding the combined effect of biological and social factors on health.



## March 2007 A Prospectus for the Future

The OBSSR releases its strategic prospectus (second strategic plan), which provides recommendations within the field and for public health progress as a whole. The prospectus contains four priorities: (1) “next-generation” basic, or life, science; (2) research between and across different fields; (3) systems science, or science understanding life as a series of related systems; and (4) problem-focused research for population impact.

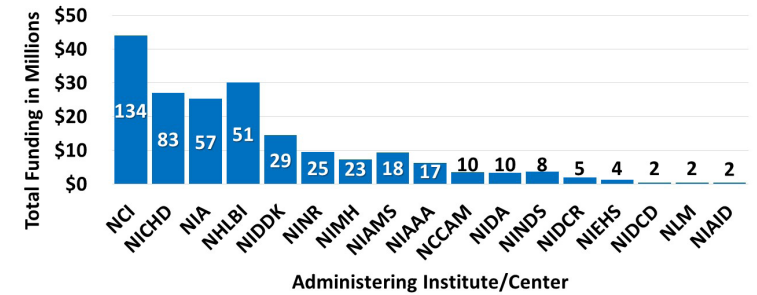


## June 2007 Understanding and Reducing Health Disparities

Rural, low-income, and certain racial and ethnic populations generally experience poorer health than the overall U.S. population. To stimulate research on the causes of and solutions to health and disability disparities in the United States, the OBSSR issues a FOA focused on this topic. This FOA is reissued in 2010 and 2013.

### Behavioral and Social Science Research on Understanding and Reducing Health Disparities

PAR-07-379, PAR-07-380, PAR-10-136, PAR-10-137, PA-13-288, PA-13-292



Institute/center funding may include OBSSR co-funding. Number in graph bars indicates the number of funded projects. Figure 17, Behavioral and Social Science Research on Understanding and Reducing Health Disparities ([Fig. 17 description](#))

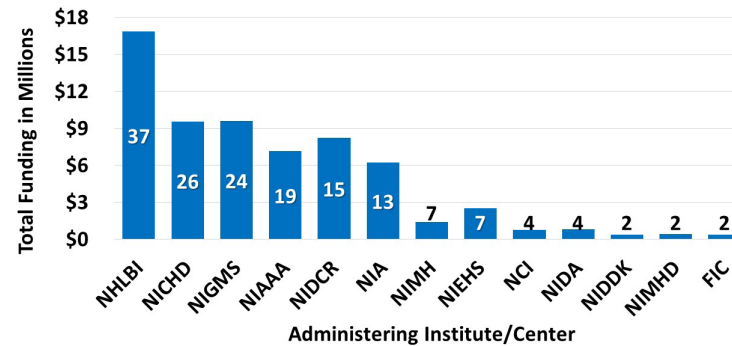
# 2007

## March 2007 Symposia Series on Systems Science and Health

In collaboration with the CDC and other NIH agencies, the OBSSR produces a four-part “Symposia Series on Systems Science and Health.” This lecture series—along with FOAs released in 2008, 2011, and 2014—encourages the use of simulation methods and dynamic modeling in public health research and practice.

### Systems Science and Health in the Behavioral and Social Sciences

PAR-08-224, PAR-11-314, PAR-11-315, PAR-15-047, PAR-15-048



Institute/center funding may include OBSSR co-funding. Number in graph bars indicates the number of funded projects.

Figure 16, Research on Social Work Practice and Concepts in Health ([Fig. 16 description](#))



## May 2009

### Institute on Systems Science and Health

In collaboration with the CDC, the OBSSR organizes its first annual institute on systems science and health. The institute's purpose is to provide students with an overview of systems science methods and training. Students represent a variety of disciplines and education levels—from predoctoral to full professor.



## January 2010

### Dr. Deborah Olster Appointed Acting Director of the OBSSR (2010–2011)

Deborah Olster becomes the OBSSR's acting director after serving as Deputy Director of the OBSSR. As acting director, Dr. Olster spearheads the interdisciplinary research activities and funding opportunities included in the NIH Roadmap. Currently, Dr. Olster is a Senior Advisor in the Directorate for Social, Behavioral, and Economic Sciences at the National Science Foundation.

*"There are still health disparities among various groups, racial, ethnic, geographic ... figuring out how environment, broadly defined to include the social and behavioral environment, as well as the physical and chemical environments, influences gene expression, and health and disease outcomes ... those issues are still on the table for NIH and for OBSSR."*  
- Dr. Deborah Olster

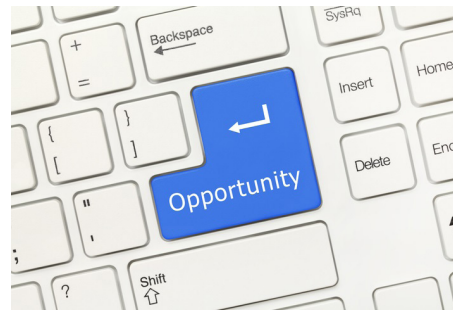


# 2009

# 2010

## November 2009 OppNet Is Created

The OBSSR facilitates the establishment of OppNet, a collaborative trans-NIH funding initiative that accelerates discoveries in the underlying mechanisms and processes that inform health behaviors. OppNet funds over \$80 million in research over more than 100 grants, expanding the scope of NIH's basic BSSR portfolio.

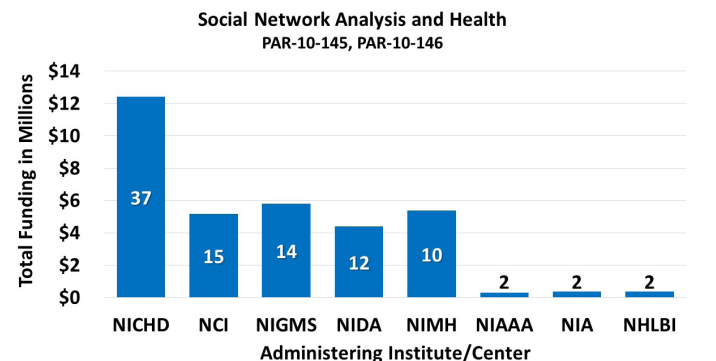




## March 2010

### Social Networks and Their Impact on Public Health

OBSSR releases FOAs related to social network analysis and translating important social science findings into health-related behavior improvements. The former focuses on improving the science of social network structures, the latter on stimulating innovative research projects to close gaps between public health research, policy, and practice.



Institute/center funding may include OBSSR co-funding. Number in graph bars indicates the number of funded projects.

Figure 18, Social Network Analysis and Health ([Fig. 18 description](#))

## August 2011

### First Annual Training Institute for Dissemination and Implementation Research in Health (TIDIRH) Is Held

In close partnership with other NIH institutes, the OBSSR develops a training institute designed to build capacity in dissemination and implementation (D&I) research. In addition to receiving training in conducting D&I research, participants are expected to return to their home institutions and share what they learned in order to grow the field.



# 2011

## February 2011

### Dr. Robert Kaplan Appointed Director of the OBSSR (2011–2014)

Robert Kaplan becomes the OBSSR's director after serving as a professor in UCLA's School of Public Health and School of Medicine. During his tenure, the OBSSR invests in the development of the mHealth Collaboratory, an initiative that employs mobile technologies to improve public health and prepares for next-generation technologies and research methods.

Under Dr. Kaplan's leadership, the OBSSR also spearheads a training program to help medical schools reform their curricula to bolster behavioral and social science content. The OBSSR also holds many short courses to train early-career researchers and doctors in mHealth, dissemination and implementation methods, systems science, and more.

*"What I've come to appreciate is that the determinants of health are much broader than we've ever recognized. OBSSR has really developed that message." - Dr. Robert Kaplan*



## November 2011 Addressing Chronic Health Conditions

The OBSSR issues a FOA in 2011, and again in 2014, to stimulate research related to positive behavioral interventions and health outcomes for patients with coexisting chronic health conditions and diseases. In particular, they support research in primary care treatment for patients with three or more chronic health conditions.

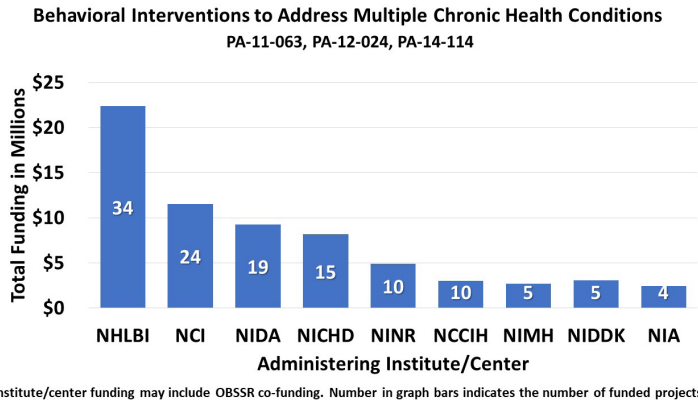
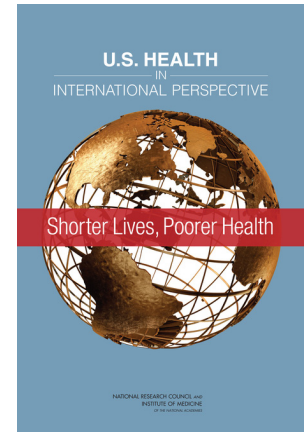


Figure 19, Behavioral Interventions to Address Multiple Chronic Health Conditions ([Fig. 19 description](#))

## March 2013 U.S. Health in International Perspective

In collaboration with the OBSSR, the NRC and the IOM publish the consensus report “U.S. Health in International Perspective: Shorter Lives, Poorer Health.” Conducted at the OBSSR’s request, the study compares life expectancy and health in the United States with those of 16 other wealthy democratic countries. It finds that U.S. life expectancy and health do not compare well and require a societal commitment to improve.



# 2013

## November 2011 Medication Adherence Research

Commitment to medication regimens is crucial to producing positive health outcomes. In collaboration with the NIH Adherence Network and other NIH agencies, the OBSSR issues FOAs for innovative research to encourage patients to follow recommended prevention and treatment regimens. These FOAs are reissued in 2014 and 2018.

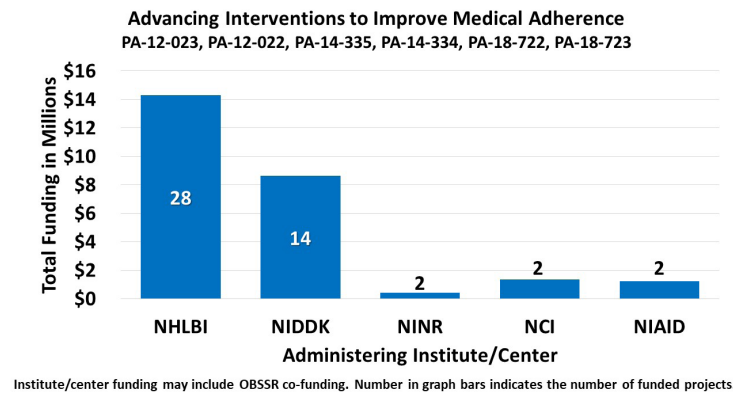
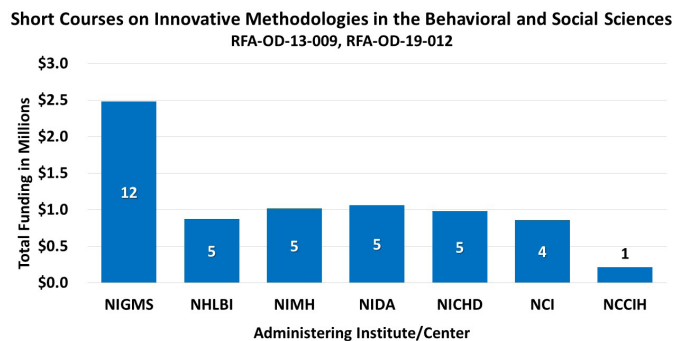


Figure 20, Advancing Interventions to Improve Medical Adherence ([Fig. 20 description](#))

## May 2013

### Short Courses on Innovative Methodologies

The OBSSR issues a FOA in 2013, and again in 2018, to promote educational courses that prepare students to meet biomedical, behavioral, and clinical research needs. These FOAs also serve to stimulate public health education and outreach geared toward groups underrepresented in behavioral and medical research.



Institute/center funding may include OBSSR co-funding. Number in graph bars indicates the number of funded projects.

Figure 21, Short Courses on Innovative Methodologies in the Behavioral and Social Sciences ([Fig. 21 description](#))

# 2014

## May 2014

### Dr. William T. Riley Appointed Acting Director (2014) and Then Director of the OBSSR (2015)

William T. Riley becomes the OBSSR's acting director, and then director, after serving for more than a decade within the NIMH, the NHLBI, and the NCI. He specializes in the application of digital technologies, engineering, and computer science to the behavioral and social sciences in order to improve public health research and outcomes.

Under Dr. Riley's leadership, the OBSSR expands its training initiatives. In particular, the T32 training awards provide funding for training predoctoral trainees in advanced data analytics for behavioral and social sciences research. The OBSSR releases its third and current strategic plan, which expands on scientific priorities by providing a list of functions central to the OBSSR's mission and advancement.

*"I cannot imagine a more exciting time than now to be a behavioral and social science researcher. Advances in technology, open data, and big data analytics are providing new and temporally dense information in large and varied samples. Transdisciplinary efforts by diverse disciplines, including genetics, neuroscience, computer science, and engineering, are reinvigorating the behavioral and social sciences with novel approaches and methodologies and are cross-pollinating behavioral and social sciences research approaches into their disciplines as well."* - Dr. William T. Riley





## June 2014 New Dimensions of Electronic Health Records

In collaboration with the OBSSR, the NAM (formerly IOM) publishes the consensus study report “Capturing Social and Behavioral Domains and Measures in Electronic Health Records.” This two-phase report advocates for the incorporation of social and behavioral dimensions of health into EHRs, which provide crucial information about patients to their providers. The OBSSR organizes a NIH meeting on this topic in 2018.



## June 2015 The OBSSR Holds 20th Anniversary Research Symposium

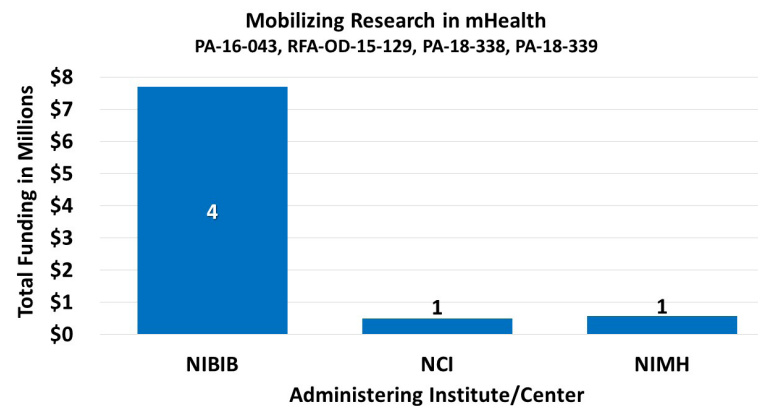
To celebrate its 20th anniversary, the OBSSR holds a research symposium, “Healthier Lives Through Behavioral and Social Sciences.” The symposium showcases the OBSSR’s history, accomplishments, and goals as well as its most impactful research strides and innovative approaches to improving public health.



# 2015

## March 2015 Mobilizing Research Through mHealth

Ever-changing technology plays a part in health management. The OBSSR issues a FOA to help researchers effectively evaluate mobile and wireless (mHealth) technologies. The goal is to identify sustainable applications and spaces that can facilitate mHealth research across various settings, studies, health conditions, and populations. The OBSSR releases a related FOA in 2017.



Institute/center funding may include OBSSR co-funding. Number in graph bars indicates the number of funded projects.

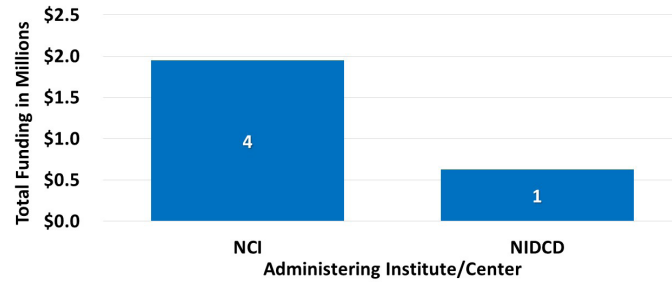
Figure 22, Mobilizing Research in mHealth ([Fig. 22 description](#))



## March 2016 Linked Health Factors and Their Outcomes

The OBSSR leads FOAs focused on population health interventions to stimulate research on the ways different factors relate to each other and lead to health outcomes. These FOAs study how individual, provider, community, and environmental factors can link together to improve public health and treatment efficacy.

Population Health Interventions: Integrating Individual and Group Level Evidence  
PA-16-147, PA-16-146, PA-18-356, PA-18-406, PA-18-385, PA-18-407



Institute/center funding may include OBSSR co-funding. Number in graph bars indicates the number of funded projects.

Figure 23, Population Health Interventions: Integrating Individual and Group Level Evidence ([Fig. 23 description](#))

# 2016

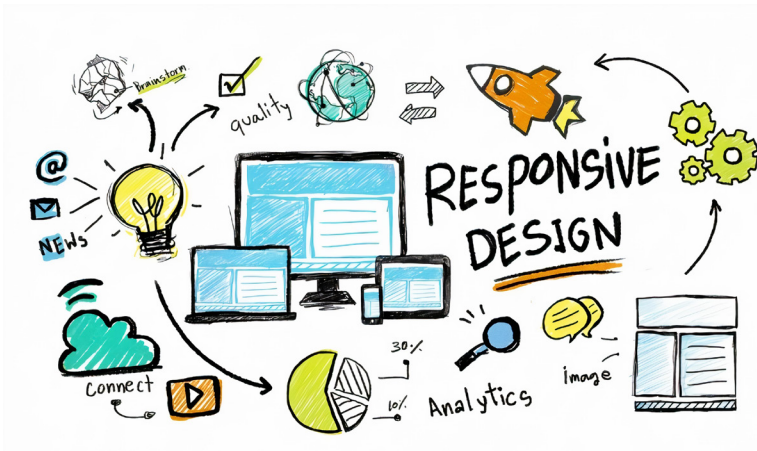
## September 2016 OBSSR Holds Its First Director's Webinar Series

The OBSSR organizes the first of its Director's Webinar Series, aimed at communicating behavioral and social sciences research findings to a wider audience. During this webinar, called "keepin' it REAL: Translating Theory and Practice in Health Message Design and Evaluation Research," Dr. Michael Hecht and Dr. Michelle Miller-Day discuss how they used a small grant to launch a far-reaching youth drug prevention program.

***OBSSR Director's Webinar Series***

## September 2016 NIH OBSSR Methodology Seminars

The OBSSR Methodology Seminars are a series of one-day trainings for NIH staff: they present a basic introductory overview of principles and techniques of methodologies for behavioral and social sciences research, and showcase innovative health research examples. The first of these seminars was held in 2016 on the Optimization of Behavioral and Biobehavioral Intervention Designs. Annual seminars have been held on different methodology topics including, “Emerging Non-Traditional Survey Data Collections,” Predictive Modeling for Behavioral and Social Sciences Health Research,” and “Text Mining for Behavioral and Social Sciences Research.”



## December 2016 The OBSSR Holds Inaugural NIH BSSR Festival



At the first annual NIH Behavioral and Social Sciences Research Festival, the OBSSR and the BSSR-CC showcase noteworthy health research strides, innovations, and areas of interest. The event features presentations by NIH and external scientists hailing from diverse fields. The festival also serves to solidify research directions and coordination among various institutes and centers.

## March 2017

### Intensive Longitudinal Analysis: Leveraging New Technologies

The OBSSR issues FOAs to develop a cooperative agreement network and Research Coordinating Center to support the Intensive Longitudinal Health Behaviors Initiative. The goal is to learn the influences of key health behaviors from data collection and analysis, assisted with real-time data from smartphones and new technologies, to suggest personalized strategies for disease reduction and prevention.

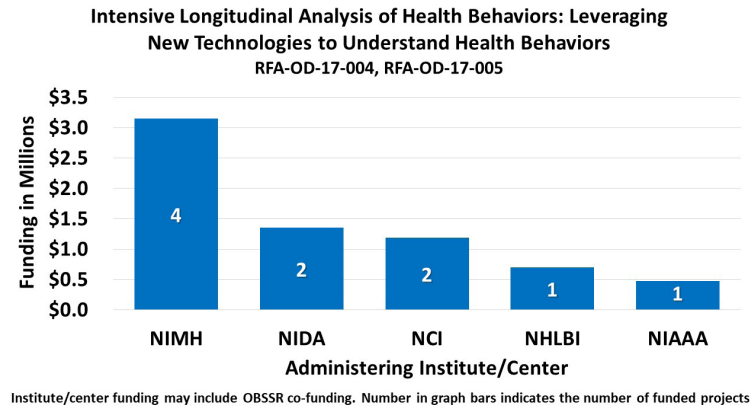


Figure 24, Intensive Longitudinal Analysis: Leveraging New Technologies to Understand Health Behaviors ([Fig. 24 description](#))

# 2017

## November 2017

### Third Strategic Plan Released

The OBSSR releases its third strategic plan, for 2017 to 2021. The plan details scientific priorities on strengthening behavioral and social sciences and interdisciplinary research structures, as well as applying findings to practice and policy. It outlines foundational processes for supporting these scientific priorities and advancing the OBSSR's overall mission.







**Predocctoral Training in  
Advanced Data Analytics  
for Behavioral and Social  
Sciences Research (BSSR)  
Institutional Research  
Training Program [T32]**

**RFA-OD-19-011**

## **October 2018**

### **Setting a Course for the Future: Predocctoral Training in Advanced Data Analytics for Behavioral and Social Sciences Research**

For research to be most effective, the emerging behavioral and social sciences workforce must be trained in new methods and approaches. To that end, the OBSSR releases a FOA to support predocctoral training programs in analytics, fostering the next generation of behavioral and social sciences researchers.

# 2018

# 2020

## **January 2020**

### **National Death Index Linkage Access for NIH-Supported Investigators**

The OBSSR led NIH negotiations with the CDC's National Center for Health Statistics, resulting in an agreement that facilitates access to the National Death Index's (NDI) mortality data by NIH-supported investigators. These investigators will be able to link their research data to the NDI at no cost to the investigator.





## Acronyms

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AHRQ: Agency for Healthcare Research and Quality	NIBIB: National Institute of Biomedical Imaging and Bioengineering
BSSR-CC: Behavioral and Social Sciences Research Coordinating Committee	NICHD: National Institute of Child Health and Human Development
CDC: Centers for Disease Control and Prevention	NIDA: National Institute on Drug Abuse
EHR: Electronic Health Records	NIDCD: National Institute on Deafness and Other Communication Diseases
FIC: Fogarty International Center	NIDCR: National Institute of Dental and Craniofacial Research
FOA: Funding Opportunity Announcement	NIDDK: National Institute of Diabetes and Digestive and Kidney Diseases
IC: Institutes and Centers	NIEHS: National Institute of Environmental Health Sciences
IOM: Institute of Medicine	NIGMS: National Institute of General Medical Sciences
NAM: National Academy of Medicine	NIH: National Institutes of Health
NAS: National Academy of Sciences	NIMH: National Institute of Mental Health
NCCAM: National Center for Complementary and Alternative Medicine	NIMHD: National Institute on Minority Health and Health Disparities
NCCIH: National Center for Complementary and Integrative Health	NINDS: National Institute of Neurological Disorders and Stroke
NCI: National Cancer Institute	NINR: National Institute of Nursing Research
NCRR: National Center for Research Resources	NIOSH: National Institute for Occupational Safety and Health
NHGRI: National Human Genome Research Institute	NLM: National Library of Medicine
NHLBI: National Heart, Lung, and Blood Institute	NRC: National Research Council
NIA: National Institute on Aging	OBSSR: Office of Behavioral and Social Sciences Research
NIAA: National Institute for Animal Agriculture	OppNet: NIH Basic Behavioral and Social Science Opportunity Network
NIAAA: National Institute on Alcohol Abuse and Alcoholism	ORWH: Office of Research on Women's Health
NIAID: National Institute of Allergy and Infectious Diseases	TIDIRH: Training Institute for Dissemination and Implementation Research in Health
NIAMS: National Institute of Arthritis and Musculoskeletal and Skin Diseases	

Figure 1: The bar graph entitled “Educational Workshops in Interdisciplinary Research” compares the approximate amount of funding related to the FOA Educational Workshops in Interdisciplinary Research for each NIH administering institute or center beginning in 1997. The number in the graph bars indicates the number of funded projects. Institute/center funding may include OBSSR co-funding. RFA-OD-97-004, RFA-OD-99-004.

- NINR: \$625,000 in funding; Number of funded projects 6
- NIDCR: \$510,000 in funding; Number of funded projects 5
- NCRR: \$325,000 in funding; Number of funded projects 4
- NICHD: \$220,000 in funding; Number of funded projects 2
- NIA: \$105,000 in funding; Number of funded projects 1

[\(return to Figure 1\)](#)

Figure 2: The chart entitled “The Goals of the OBSSR” indicates priorities for the organization. The three goals, to enhance behavioral and social sciences research and training, integrate a biobehavioral perspective across NIH, and improve communications among health scientists and with the public, feed into the goal to enhance the effectiveness of NIH through greater attention to behavioral and social sciences research. This leads to the highest priority, which is to improve health and well being of people.

[\(return to Figure 2\)](#)

Figure 3: The bar graph entitled “Disease Prevention Through Behavior Change” compares the approximate amount of funding related to the FOA Disease Prevention Through Behavior Change for each NIH administering institute or center beginning in 1997. The number in the graph bars indicates the number of funded projects. Institute/center funding may include OBSSR co-funding. RFA-OD-98-002, RFA-OB-03-003

- NHLBI: \$13,500,000 in funding; Number of funded projects 29
- NICHD: \$5,200,000 in funding; Number of funded projects 12
- NIA: \$6,250,000 in funding; Number of funded projects 11
- NIAMS: \$2,500,000 in funding; Number of funded projects 9
- NCI: \$4,500,000 in funding; Number of funded projects 9

- NIMH: \$2,500,000 in funding; Number of funded projects 7
  - NINDS: \$3,000,000 in funding; Number of funded projects 5
- [\(return to Figure 3\)](#)

Figure 4: The bar graph entitled “Methodology and Measurement in the Behavioral and Social Sciences” compares the approximate amount of funding related to the FOA Methodology and Measurement in the Behavioral and Social Sciences for each NIH administering institute or center beginning in 1998. The number in the graph bars indicates the number of funded projects. Institute/center funding may include OBSSR co-funding. PA-98-031, PA-02-072, PA-05-090, PA-06-344, PA-06-343, PA-07-060, PAR-08-212, PAR-08-213, PAR-08-214, PAR-16-260, PAR-16-261, PAR-18-352, PAR-18-378

- NCI: \$40,000,000 in funding; Number of funded projects 143
- NIA: \$40,000,000 in funding; Number of funded projects 128
- NICHD: \$35,200,000 in funding; Number of funded projects 107
- NINR: \$14,500,000 in funding; Number of funded projects 49
- NIMH: \$10,500,000 in funding; Number of funded projects 36
- NIDA: \$8,000,000 in funding; Number of funded projects 36
- NIAAA: \$12,500,000 in funding; Number of funded projects 33
- NHLBI: \$11,000,000 in funding; Number of funded projects 28
- NIDCD: \$8,000,000 in funding; Number of funded projects 23
- NIDCR: \$12,500,000 in funding; Number of funded projects 22
- NCCIH: \$5,000,000 in funding; Number of funded projects 13
- NINDS: \$2,500,000 in funding; Number of funded projects 12
- NIEHS: \$2,400,000 in funding; Number of funded projects 10
- NIDDK: \$1,500,000 in funding; Number of funded projects 4
- NIAMS: \$100,000 in funding; Number of funded projects 2
- AHRQ: \$500,000 in funding; Number of funded projects 2

[\(return to Figure 4\)](#)

Figure 5: The bar graph entitled “Mind-Body Interactions and Health” compares the approximate amount of funding related to the FOA Mind-Body Interactions and Health for each NIH administering institute or center beginning in 1999. The number in the graph bars indicates the number of

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funded projects. Institute/center funding may include OBSSR co-funding. RFA-OD-06-005, PA-07-046, RFA-OD-03-008, PA-05-027, RFA-OD-99-005, RFA-OB-03-004, RFA-OB-03-005

- NIA: \$33,000,000 in funding; Number of funded projects 82
- NCI: \$37,000,000 in funding; Number of funded projects 64
- NHLBI: \$30,000,000 in funding; Number of funded projects 52
- NCCAM: \$24,000,000 in funding; Number of funded projects 50
- NIMH: \$17,000,000 in funding; Number of funded projects 19
- NICHD: \$12,000,000 in funding; Number of funded projects 14
- NIDCR: \$13,000,000 in funding; Number of funded projects 11
- NIEHS: \$2,000,000 in funding; Number of funded projects 6

[\(return to Figure 5\)](#)

Figure 6: The bar graph entitled “Research on Child Neglect” compares the approximate amount of funding related to the FOA Research on Child Neglect for each NIH administering institute or center beginning in 1999. The number in the graph bars indicates the number of funded projects. Institute/center funding may include OBSSR co-funding. RFA-OD-99-006, PA-01-060

- NICHD: \$27,000,000 in funding; Number of funded projects 47
- NIMH: \$12,000,000 in funding; Number of funded projects 29
- NIDCR: \$2,000,000 in funding; Number of funded projects 5
- NINDS: \$500,000 in funding; Number of funded projects 4
- NIDA: \$1,000,000 in funding; Number of funded projects 4
- NIAAA: \$250,000 in funding; Number of funded projects 1

[\(return to Figure 6\)](#)

Figure 7: The bar graph entitled “Interventions to Improve Adherence to Pharmacological Treatment Regimens” compares the approximate amount of funding related to the FOA Interventions to Improve Adherence to Pharmacological Treatment Regimens for each NIH administering institute or center beginning in 2000. The number in the graph bars indicates the number of funded projects. Institute/center funding may include OBSSR co-funding. RFA-OD-00-006

- NHLBI: \$6,200,000 in funding; Number of funded projects 13
- NIDDK: \$2,700,000 in funding; Number of funded projects 7
- NIDA: \$2,300,000 in funding; Number of funded projects 5
- NIMH: \$1,750,000 in funding; Number of funded projects 4
- NIA: \$1,500,000 in funding; Number of funded projects 4
- NINR: \$100,000 in funding; Number of funded projects 1

[\(return to Figure 7\)](#)

Figure 8: The bar graph entitled “Development of Interventions for Youth Violence” compares the approximate amount of funding related to the FOA Development of Interventions for Youth Violence for each NIH administering institute or center beginning in 2000. The number in the graph bars indicates the number of funded projects. Institute/center funding may include OBSSR co-funding. RFA-OD-00-005

- NICHD: \$4,250,000 in funding; Number of funded projects 17
- NIMH: \$2,400,000 in funding; Number of funded projects 12
- NIDA: \$1,900,000 in funding; Number of funded projects 7
- NIAAA: \$800,000 in funding; Number of funded projects 4

[\(return to Figure 8\)](#)

Figure 9: The bar graph entitled “Social and Cultural Dimensions of Health” compares the approximate amount of funding related to the FOA Social and Cultural Dimensions of Health for each NIH administering institute or center beginning in 2000. The number in the graph bars indicates the number of funded projects. Institute/center funding may include OBSSR co-funding. PA-02-043, PA-05-029, PA-07-045

- NIA: \$17,500,000 in funding; Number of funded projects 51
- NIMH: \$13,000,000 in funding; Number of funded projects 36
- NHLBI: \$15,100,000 in funding; Number of funded projects 34
- NCI: \$11,500,000 in funding; Number of funded projects 32
- NICHD: \$7,500,000 in funding; Number of funded projects 27
- NINR: \$4,900,000 in funding; Number of funded projects 17
- NIDA: \$5,100,000 in funding; Number of funded projects 14
- NIAAA: \$5,000,000 in funding; Number of funded projects 11
- NIEHS: \$2,000,000 in funding; Number of funded projects 4

- NIAMS: \$1,500,000 in funding; Number of funded projects 4
- NHGRI: \$1,000,000 in funding; Number of funded projects 3
- AHRQ: \$300,000 in funding; Number of funded projects 2

[\(return to Figure 9\)](#)

Figure 10: The bar graph entitled “Linking Education to Health” compares the approximate amount of funding related to the FOA Linking Education to Health for each NIH administering institute or center beginning in 2003. The number in the graph bars indicates the number of funded projects. Institute/center funding may include OBSSR co-funding. RFA-OB-03-001, PAR-16-078, PAR-16-079, PAR-16-080, PAR-18-387, PAR-18-388, PAR-18-362

- NICHD: \$6,200,000 in funding; Number of funded projects 13
- NIA: \$2,900,000 in funding; Number of projects funded 8
- NIDA: \$1,200,000 in funding; Number of projects funded 2

[\(return to Figure 10\)](#)

Figure 11: The bar graph entitled “Strengthening Behavioral and Social Science in Medical School Education” compares the approximate amount of funding related to the FOA Strengthening Behavioral and Social Science in Medical School Education for each NIH administering institute or center beginning in 2004. The number in the graph bars indicates the number of funded projects. Institute/center funding may include OBSSR co-funding. RFA-OD-05-001, RFA-OD-10-014, RFA-OD-11-004

- NICHD: \$6,400,000 in funding; Number of funded projects 32
- NHLBI: \$5,200,000 in funding; Number of funded projects 24
- NCCIH: \$5,250,000 in funding; Number of funded projects 22
- NIAMS: \$2,800,000 in funding; Number of funded projects 12
- NCI: \$3,300,000 in funding; Number of funded projects 12

[\(return to Figure 11\)](#)

Figure 12: The bar graph entitled “Understanding and Promoting Health Literacy” compares the approximate amount of funding related to the FOA Understanding and Promoting Health Literacy for each NIH administering institute or center beginning in 2004. The number in the graph bars

indicates the number of funded projects. Institute/center funding may include OBSSR co-funding. PAR-04-116, PAR-04-117, PAR-06-132, PAR-07-018, PAR-07-019, PAR-07-020, PAR-10-135, PAR-10-133, PAR-10-134, PAR-13-131, PAR-13-130, PAR-13-132

- NCI: \$21,500,000 in funding; Number of funded projects 80
- NHLBI: \$35,000,000 in funding; Number of funded projects 70
- NICHD: \$19,000,000 in funding; Number of funded projects 57
- NIA: \$14,000,000 in funding; Number of funded projects 36
- NINR: \$14,500,000 in funding; Number of funded projects 35
- NIDCR: \$9,000,000 in funding; Number of funded projects 29
- NIMH: \$8,000,000 in funding; Number of funded projects 28
- NIMHD: \$10,000,000 in funding; Number of funded projects 25
- NIDDK: \$7,000,000 in funding; Number of funded projects 15
- NLM: \$6,000,000 in funding; Number of funded projects 14
- NIEHS: \$750,000 in funding; Number of funded projects 7
- AHRQ: \$500,000 in funding; Number of funded projects 4
- NIDCD: \$3,000,000 in funding; Number of funded projects 4
- NIOSH: \$100,000 in funding; Number of funded projects 3
- NIBIB: \$250,000 in funding; Number of funded projects 2
- NHGRI: \$1,000,000 in funding; Number of funded projects 2

[\(return to Figure 12\)](#)

Figure 13: The bar graph entitled “Community Participation in Research” compares the approximate amount of funding related to the FOA Community Participation in Research for each NIH administering institute or center beginning in 2004. The number in the graph bars indicates the number of funded projects. Institute/center funding may include OBSSR co-funding. PAR-05-026, PAR-06-247, PAR-07-283, PAR-08-075, PAR-08-076, PA-08-074

- NCI: \$25,500,000 in funding; Number of funded projects 72
- NIEHS: \$29,000,000 in funding; Number of funded projects 63
- NICHD: \$22,000,000 in funding; Number of funded projects 60
- NHLBI: \$21,750,000 in funding; Number of funded projects 58
- NIMH: \$14,000,000 in funding; Number of funded projects 37
- NINR: \$11,000,000 in funding; Number of funded projects 35



- NIOSH: \$6,250,000 in funding; Number of funded projects 14
- NIDA: \$3,000,000 in funding; Number of funded projects 6
- AHRQ: \$500,000 in funding; Number of funded projects 4
- NIDCD: \$250,000 in funding; Number of funded projects 2
- NIA: \$200,000 in funding; Number of funded projects 2

[\(return to Figure 13\)](#)

Figure 14: The bar graph entitled “Research on Social Work Practice and Concepts in Health” compares the approximate amount of funding related to the FOA Research on Social Work Practice and Concepts in Health for each NIH administering institute or center beginning in 2005. The number in the graph bars indicates the number of funded projects. Institute/center funding may include OBSSR co-funding. PA-06-233, PA-06-234, PA-06-081, PA-06-082, PA-06-083, PA-07-292

- NIDA: \$1,150,000 in funding; Number of funded projects 3
- NICHD: \$150,000 in funding; Number of funded projects 2
- NIMH: \$430,000 in funding; Number of funded projects 2

[\(return to Figure 14\)](#)

Figure 15: The bar graph entitled “Interactions Among Social, Behavioral, and Genetic Factors in Health” compares the approximate amount of funding related to the FOA Interactions Among Social, Behavioral, and Genetic Factors in Health for each NIH administering institute or center beginning in 2006. The number in the graph bars indicates the number of funded projects. Institute/center funding may include OBSSR co-funding. PAR-08-065, PAR-08-066, PAR-08-067

- NIA: \$1,500,000 in funding; Number of funded projects 3
- NIDA: \$1,170,000 in funding; Number of funded projects 2
- NIAAA: \$750,000 in funding; Number of funded projects 2
- NIDDK: \$280,000 in funding; Number of funded projects 1
- NCRR: \$350,000 in funding; Number of funded projects 1
- NCI: \$70,000 in funding; Number of funded projects 1
- NIMH: \$180,000 in funding; Number of funded projects 1

[\(return to Figure 15\)](#)

Figure 16: The bar graph entitled “Systems Science and Health in the Behavioral and Social Sciences” compares the approximate amount of funding related to the FOA Systems Science and Health in the Behavioral and Social Sciences for each NIH administering institute or center beginning in 2007. The number in the graph bars indicates the number of funded projects. Institute/center funding may include OBSSR co-funding. PAR-08-224, PAR-11-314, PAR-11-315, PAR-15-047, PAR-15-048

- NHLBI: \$16,500,000 in funding; Number of funded projects 37
- NICHD: \$9,400,000 in funding; Number of funded projects 26
- NIGMS: \$9,500,000 in funding; Number of funded projects 24
- NIAAA: \$7,000,000 in funding; Number of funded projects 19
- NIDCR: \$8,500,000 in funding; Number of funded projects 15
- NIA: \$6,000,000 in funding; Number of funded projects 13
- NIMH: \$1,500,000 in funding; Number of funded projects 7
- NIEHS: \$2,800,000 in funding; Number of funded projects 7
- NCI: \$800,000 in funding; Number of funded projects 4
- NIDA: \$900,000 in funding; Number of funded projects 4
- NIDDK: \$400,000 in funding; Number of funded projects 2
- NIMHD: \$500,000 in funding; Number of funded projects 2
- FIC: \$500,000 in funding; Number of funded projects 2

[\(return to Figure 16\)](#)

Figure 17: The bar graph entitled “Behavioral and Social Science Research on Understanding and Reducing Health Disparities” compares the approximate amount of funding related to the FOA Behavioral and Social Science Research on Understanding and Reducing Health Disparities for each NIH administering institute or center beginning in 2007. The number in the graph bars indicates the number of funded projects. Institute/center funding may include OBSSR co-funding. PAR-07-379, PAR-07-380, PAR-10-136, PAR-10-137, PA-13-288, PA-13-292

- NCI: \$44,000,000 in funding; Number of funded projects 134
- NICHD: \$27,500,000 in funding; Number of funded projects 83
- NIA: \$25,000,000 in funding; Number of funded projects 57
- NHLBI: \$30,000,000 in funding; Number of funded projects 51
- NIDDK: \$16,500,000 in funding; Number of funded projects 29

- NINR: \$9,000,000 in funding; Number of funded projects 25
- NIMH: \$6,000,000 in funding; Number of funded projects 23
- NIAMS: \$9,500,000 in funding; Number of funded projects 18
- NIAAA: \$5,500,000 in funding; Number of funded projects 17
- NCCAM: \$3,500,000 in funding; Number of funded projects 10
- NIDA: \$3,500,000 in funding; Number of funded projects 10
- NINDS: \$4,000,000 in funding; Number of funded projects 8
- NIDCR: \$2,000,000 in funding; Number of funded projects 5
- NIEHS: \$1,500,000 in funding; Number of funded projects 4
- NIDCD: \$500,000 in funding; Number of funded projects 2
- NLM: \$500,000 in funding; Number of funded projects 2
- NIAID: \$500,000 in funding; Number of funded projects 2

[\(return to Figure 17\)](#)

Figure 18: The bar graph entitled “Social Network Analysis and Health” compares the approximate amount of funding related to the FOA Social Network Analysis and Health for each NIH administering institute or center beginning in 2010. The number in the graph bars indicates the number of funded projects. Institute/center funding may include OBSSR co-funding. PAR-10-145, PAR-10-146

- NICHD: \$12,200,000 in funding; Number of funded projects 37
- NCI: \$5,200,000 in funding; Number of funded projects 15
- NIGMS: \$5,800,000 in funding; Number of funded projects 14
- NIDA: \$4,200,000 in funding; Number of funded projects 12
- NIMH: \$5,700,000 in funding; Number of funded projects 10
- NIAAA: \$300,000 in funding; Number of funded projects 2
- NIA: \$400,000 in funding; Number of funded projects 2
- NHLBI: \$400,000 in funding; Number of funded projects 2

[\(return to Figure 18\)](#)

Figure 19: The bar graph entitled “Behavioral Interventions to Address Multiple Chronic Health Conditions” compares the approximate amount of funding related to the FOA Behavioral Interventions to Address Multiple Chronic Health Conditions for each NIH administering institute or center beginning in 2011. The number in the graph bars indicates the number of

funded projects. Institute/center funding may include OBSSR co-funding. PA-11-063, PA-12-024, PA-14-114

- NHLBI: \$22,000,000 in funding; Number of funded projects 34
- NCI: \$12,000,000 in funding; Number of funded projects 24
- NIDA: \$9,500,000 in funding; Number of funded projects 19
- NICHD: \$8,500,000 in funding; Number of funded projects 15
- NINR: \$5,000,000 in funding; Number of funded projects 10
- NCCIH: \$3,250,000 in funding; Number of funded projects 10
- NIMH: \$3,000,000 in funding; Number of funded projects 5
- NIDDK: \$3,500,000 in funding; Number of funded projects 5
- NIA: \$3,000,000 in funding; Number of funded projects 4

[\(return to Figure 19\)](#)

Figure 20: The bar graph entitled “Advancing Interventions to Improve Medical Adherence” compares the approximate amount of funding related to the FOA Advancing Interventions to Improve Medical Adherence for each NIH administering institute or center beginning in 2011. The number in the graph bars indicates the number of funded projects. Institute/center funding may include OBSSR co-funding. PA-12-023, PA-12-022, PA-14-335, PA-14-334, PA-18-722, PA-18-723

- NHLBI: \$14,300,000 in funding; Number of funded projects 28
- NIDDK: \$8,500,000 in funding; Number of funded projects 14
- NINR: \$250,000 in funding; Number of funded projects 2
- NCI: \$1,750,000 in funding; Number of funded projects 2
- NIAID: \$1,500,000 in funding; Number of funded projects 2

[\(return to Figure 20\)](#)

Figure 21: The bar graph entitled “Short Courses on Innovative Methodologies in the Behavioral and Social Sciences” compares the approximate amount of funding related to the FOA Short Courses on Innovative Methodologies in the Behavioral and Social Sciences for each NIH administering institute and center beginning in 2013. The number in the graph bars indicates the number of funded projects. Institute/center funding may include OBSSR co-funding. RFA-OD-13-009, RFA-OD-19-012

- NIGMS: \$2,500,000 in funding; Number of funded projects 12
- NHLBI: \$880,000 in funding; Number of funded projects 5
- NIMH: \$1,020,000 in funding; Number of funded projects 5
- NIDA: \$1,070,000 in funding; Number of funded projects 5
- NICHD: \$980,000 in funding; Number of funded projects 5
- NCI: \$860,000 in funding; Number of funded projects 4
- NCCIH: \$220,000 in funding; Number of funded projects 1

[\(return to Figure 21\)](#)

Figure 22: The bar graph entitled “Mobilizing Research in mHealth” compares the approximate amount of funding related to the FOA Mobilizing Research in mHealth for each NIH administering institute and center beginning in 2015. The number in the graph bars indicates the number of funded projects. Institute/center funding may include OBSSR co-funding. PA-16-043, RFA-OD-15-129, PA-18-338, PA-18-339

- NIBIB: \$7,800,000 in funding; Number of funded projects 4
- NCI: \$500,000 in funding; Number of funded projects 1
- NIMH: \$600,000 in funding; Number of funded projects 1

[\(return to Figure 22\)](#)

Figure 23: The bar graph entitled “Population Health Interventions: Integrating Individual and Group Level Evidence” compares the approximate amount of funding related to the FOA Population Health Interventions: Integrating Individual and Group Level Evidence for each NIH administering institute and center beginning in 2016. The number in the graph bars indicates the number of funded projects. Institute/center may include OBSSR co-funding. PA-16-147, PA-16-146, PA-18-356, PA-18-406, PA-18-385, PA-19-407

- NCI: \$1,950,000 in funding; Number of funded projects 4
- NIDCD: \$600,000 in funding; Number of funded projects 1

[\(return to figure 23\)](#)

Figure 24: The bar graph entitled “Intensive Longitudinal Analysis of Health Behaviors: Leveraging New Technologies to Understand Health Behaviors” compares the approximate amount of funding related to the FOA Intensive

Longitudinal Analysis of Health Behaviors: Leveraging New Technologies to Understand Health Behaviors for each NIH administering institute and center beginning in 2017. The number in the graph bars indicates the number of funded projects. Institute/center funding may include OBSSR co-funding. RFA-OD-17-004, RFA-OD-17-005

- NIMH: \$3,100,000 in funding; Number of funded projects 4
- NIDA: \$1,400,000 in funding; Number of funded projects 2
- NCI: \$1,200,000 in funding; Number of funded projects 2
- NHLBI: \$700,000 in funding; Number of funded projects 1
- NIAAA: \$450,000 in funding; Number of funded projects 1

[\(return to Figure 24\)](#)

