

The Economic Stimulus and the Health of Americans: An Opportunity Is Being Missed

As members of the prevention science community, we are concerned about the research priorities of the National Institutes of Health that are indicated by plans for spending the \$10 billion in stimulus funds allocated under the American Recovery and Reinvestment Act of 2009.

President Obama has clearly articulated an agenda for **bringing about change in our communities** through evidence-based programs and comprehensive efforts to address the risk factors that put people at risk for multiple problems. Yet the American Recovery and Reinvestment Act of 2009 and NIH funding of research that would advance these priorities is extremely limited.

Biological and behavioral research has brought us to the point where it is possible to substantially improve human wellbeing in most American communities.¹ Yet actual wellbeing—especially in impoverished communities—lags far behind what the evidence shows could occur. Prevention science can help us reach that goal.

Psychological, behavioral, and physical health problems are inter-related for both adolescents and adults.^{1,2} Youth with multiple problems cost the nation more than \$400 billion per year.² These problems co-occur with a host of others, including major marital discord, unemployment, and on-the-job conflict.^{3,4} All of these problems are significant risk factors for physical illness.⁵ Self-regulation, positive behavior (e.g., physical activity and healthy eating), prosocial behavior, academic achievement, and job performance are also highly inter-related, and are negatively correlated with problem behaviors.^{6,7} Encouraging young people's positive behavior can put them on a positive developmental trajectory that leads to happier and more productive lives.^{8,9}

The just-released National Research Council and Institute of Medicine¹ report on prevention documents numerous interventions that can prevent these costly problems. Yet the NIH priorities for expenditure of the supplement money provide little support for the research that is needed to translate existing knowledge into nationwide improvements in people's psychological, behavioral, and physical health.

What is needed is research on how to combine and scale up preventive interventions so that they are implemented in entire communities and have an impact on multiple problems.¹² There is ample evidence that such results can be achieved, but only if a new generation of ambitious and large scale experimental evaluations of preventive interventions are funded. This is precisely the research agenda that is needed if the Obama administrations' vision for America is to be achieved.

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References

1. National Research Council and Institute of Medicine (2009). Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities. Committee on Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. Mary Ellen O'Connell, Thomas Boat, and Kenneth E. Warner, Editors. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.
2. Biglan, A., Brennan, P., Foster, S., & Holder, H. (2004). *Helping adolescents at risk: Prevention of multiple problem behaviors*. NY: Guilford.
3. Nock, M.K., Kazdin, A.E., Hiripi, E., & Kessler, R.C. (2007). Lifetime prevalence, correlates, and persistence of oppositional defiant disorder: Results from the National Comorbidity Survey Replication. *Journal of Child Psychology and Psychiatry*, 48, 703-713.
4. Conger, R.D., Ge, X., Elder, G.H., Lorenz, F.O., & Simons, R.L. (1994). Economic stress, coercive family process, and developmental problems of adolescents. *Child Development*, 65, 541-561.
5. Roy-Byrne, P.P., Davidson, K.W., Kessler, R.C., Asmundson, G.J.G., Goodwin, R.D., Kubzansky, L. et al. (2008). Anxiety disorders and comorbid medical illness. *General Hospital Psychiatry*, 30, 208-225.
6. Flay, B.R. (2003). Positive youth development requires comprehensive health promotion programs. *American Journal of Health Behavior*, 29, 407-14.
7. Posner, M.I. (2008). *Evolution and development of self-regulation: Seventy-seventh James Arthur lecture on the evolution of the human brain*. New York: American Museum of Natural History.
8. Flay, B.R., & Allred, C.G. (2003). Long-term effects of the Positive Action program. *American Journal of Health Behavior*, 27, S6-S21.
9. Kellam, S.G., Brown, C.H., Poduska, J., Ialongo, N., Petras, H., Wang, W. et al. (In press). Effects of a universal classroom behavior management program in first and second grades on young adult behavioral, psychiatric, and social outcomes. *Drug & Alcohol Dependence*, in press.
10. Biglan, A., & Hinds, E. (2008). Advancing the goals of clinical psychology by evolving prosocial and sustainable communities. *Annual Review of Clinical Psychology*, 5.