Project Overview 2017

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Behaviors are among the most important factors that determine whether people will live long, healthy lives.

Researchers need a way to better identify the mechanisms that make behavior change efforts successful, so that we can quickly find out what works—and what doesn’t. We are developing new scientific methods that will reveal how and why people start and sustain healthy behaviors. This new approach will benefit scientists and the public by providing blueprints for effective and efficient behavior interventions that will reliably improve health outcomes.
Understanding the basic mechanisms of behavior change, across a broad range of health-related behaviors, can lead to more effective approaches and interventions, improving the health of our nation.

Human behavior accounts for almost 40% of the risk associated with preventable premature deaths in the United States. Health-injuring behaviors such as smoking, drinking, and drug abuse, as well as inactivity and poor diet contribute to many common diseases and adverse health conditions. Unfortunately, there are few tried and true approaches to motivate people to adopt and maintain healthy behaviors. It is difficult for people to change unhealthy behavior and even more difficult for them to maintain positive behavior changes over time. Effective and personalized approaches to achieve sustained behavior change are typically outside the routine practice of medical care. We often use terms like "willpower" and "self-control" to explain behavior change, although the underlying biological, social, and cultural contexts for these terms are not clearly understood.
Science Of Behavior Change (SOBC) aims to improve our understanding of human behavior change across a broad range of health-related behaviors. SOBC supports research that integrates basic and translational science and cuts across many disciplines including, cognitive and affective neuroscience, neuroeconomics, behavioral genetics, and behavioral economics. SOBC establishes the groundwork for a unified science of behavior change that capitalizes on both the emerging basic science and the progress already made.
Chronic diseases contribute to 7 out of 10 deaths in the U.S. Treatment of these diseases accounts for over 85% of U.S. health costs. Many of these chronic diseases are preventable.

U.S. health policy has largely ignored the effects of behaviors on health, but the costs of this approach are now being acknowledged.

The importance of engaging in healthy behaviors has been touted recently in major news outlets, including the New York Times. Recent articles have emphasized the important role that health behaviors play in diseases like cancer but noted how people often fail to appreciate their significance.

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The SOBC Research Network will focus on three broad classes of intervention targets to understand the mechanisms of behavior change.

Self-regulation is the ability to monitor and control our own behavior, emotions, or thoughts, altering them in accordance with the demands of the situation.

Stress Reactivity & Stress Resilience

Stress reactivity is the capacity or tendency to respond to a stressor. It is a disposition that underlies individual differences in responses to stressors and is assumed to be a vulnerability factor for the development of diseases.

Stress Resilience is an individual’s ability to successfully adapt to life tasks in the face of social disadvantage or highly adverse conditions.

Interpersonal & Social Processes

Interpersonal & Social Processes are those activities, actions, and operations that involve the interaction between people.
Our goal is to create a digital destination

where **scientists from around the world** can go to understand our program, view our method framework, access and download assays, and share their own insights.

where **the general public** can go to gain insight into the world of behavioral science and find reliable, easy-to-understand, scientific information about behavioral research.

where **our own SOBC network of scientists and researchers** can go to engage in dialogue, post new data, keep up-to-date with SOBC initiatives, and stay connected.
**Science Of Behavior Change**

**PROJECTS SUMMARY**

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<thead>
<tr>
<th>UH2 Team</th>
<th>Mechanism</th>
<th>Intervention(s)</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Loucks, Britton, King</td>
<td>Mindfulness Influences on Self-Regulation</td>
<td>Mindfulness-based interventions (yoga, meditation)</td>
<td>Blood pressure</td>
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<td>Mental and Physical Health Implications</td>
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<td>Healthy eating</td>
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<td>Physical activity</td>
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<td>Heyman, Stap</td>
<td>Coercive conflict in couples/parent-child dyads</td>
<td>Cognitive intervention (relaxing rhythms, executive function training, food cue bias, episodic future thinking)</td>
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<td>Teeth brushing</td>
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<td>Self-care</td>
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<td>Miller</td>
<td>Emotion regulation, executive function, food bias, future orientation</td>
<td>“Brain games” interventions (includes strategies for problem solving, goal setting, self-monitoring, action planning, and social support, and antidepressant medication recommendation)</td>
<td>Healthy eating</td>
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<td>Epstein, Bickel</td>
<td>Delay discounting</td>
<td>Episodic future thinking intervention</td>
<td>Healthy eating</td>
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<td>Physical activity</td>
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<td>Medical regimen adherence</td>
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<td>Glycemic control</td>
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<td>Haushofer</td>
<td>Temporal discounting, self-efficacy, executive control</td>
<td>Behavioral interventions (includes strategies for problem solving, goal setting, self-monitoring, action planning, and social support, and antidepressant medication recommendation)</td>
<td>Healthy behavior</td>
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<td>Medical regimen adherence</td>
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<td>Glycemic control</td>
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<td>Poldrack, Marsh</td>
<td>Psychological, behavioral, and neural indicators of multiple self-regulation processes (e.g., behavior suppression, emotion regulation, inhibition)</td>
<td>4-week interventions implemented via mobile behavioral assessment/intervention platform</td>
<td>Physical activity</td>
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<td>Medical regimen adherence</td>
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<td>Smoking</td>
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<td>Ma, Williams</td>
<td>Emotional regulation, cognition control, self-reflection</td>
<td>RAINBOW I-CARE intervention (includes strategies for problem solving, goal setting, self-monitoring, action planning, and social support, and antidepressant medication recommendation)</td>
<td>Healthy Eating</td>
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<td>Physical activity</td>
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<td>Problem solving</td>
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<td>Almeida, Smyth</td>
<td>Emotional regulation, stress recovery, stress perception</td>
<td>Adaptive, just-in-time interventions to reduce stress (includes strategies for problem solving, goal setting, self-monitoring, action planning, and social support, and antidepressant medication recommendation)</td>
<td>Physical activity</td>
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<td>Sleep</td>
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Who we are

The National Institutes of Health (NIH), a part of the U.S. Department of Health and Human Services, is the nation's medical research agency — making important discoveries that improve health and save lives. NIH’s mission is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.

CBCH at Columbia University Medical Center is an interdisciplinary team of scientists dedicated to understanding how and why behaviors, psychological factors, and societal forces influence hypertension and cardiovascular disease. We conduct basic, translational, and clinical research, and we train the next set of professionals to carry on our research mission. In this website you can find details on our faculty and staff, current enrolling research studies, details on our training, and some of our recent findings.

cumc.columbia.edu/cbch

The SOBC Network
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University of Illinois at Chicago, Chicago, IL
University of Michigan, Ann Arbor, MI
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