

AcademyHealth Response to the Request for Information on the FY 2019–2023 Strategic Plan for the Office of the Disease Prevention, National Institutes of Health

On January 21, AcademyHealth submitted comments on the Request for Information (RFI) on the FY 2019–2023 Strategic Plan for the Office of the Disease Prevention, National Institutes of Health. Our comments are informed by our experience and the policy priorities presented by our Committee on Advocacy and Public Policy (CAPP) and endorsed by the AcademyHealth Board of Directors. The comments were reviewed and approved by the Chairs of both the CAPP and the Board.

Key text from the RFI is repeated below, followed by AcademyHealth’s response.

Related Announcements

Federal Register Notice: [2017-26453](#); NIH Guide Notice: [NOT-OD-18-118](#)

1. Strategic Priority I: Systematically monitor NIH investments in prevention research and the progress and results of that research.

The objectives supporting Strategic Priority I focus on the classification of prevention research within the broader NIH portfolio. The ODP will ensure that this process aligns with other efforts at the NIH, such as the [Research, Condition, and Disease Categorization](#) process. Furthermore, the ODP will work closely with colleagues in the [NIH Office of Portfolio Analysis](#) to apply existing approaches and develop new tools to improve our understanding of NIH prevention research investments. The ODP will also work with partners across the NIH to develop metrics for measuring the long-term progress of the NIH investments in prevention research.

- Objective I.1: Characterize and report on the NIH prevention research portfolio based on the taxonomy for prevention research developed by the ODP.
- Objective I.2: Regularly monitor the progress and results of NIH investments in prevention research.
- Objective I.3: Partner with NIH Institutes, Centers, and Offices to disseminate ODP portfolio analysis tools and related data.

AcademyHealth Response:

AcademyHealth appreciates the opportunity to provide input to the National Institutes of Health on the FY 2019-2023 strategic plan for the Office of Disease Prevention. We are the nonpartisan, professional home for more than 4,000 health services researchers, policy analysts, practitioners, and organizations whose work helps us understand and improve care for individuals, strengthen the performance of the health system, and enable better health outcomes for more people, at greater value.

Prevention focused health services research is an essential component of our field's work and understanding what aspects are being studied for which populations and in which context is important as part of overall monitoring efforts. Building on the Office's efforts over the last several year to code all 14,000 prevention research awards, AcademyHealth suggests that the Office may also want to leverage HSRProj for this purpose. HSRProj is the comprehensive database of all public and private sector funded health services research projects supported by the National Library of Medicine and managed by AcademyHealth. This database is useful to understand how specific agency funding patterns and foci fit into the broader context of other public and private funders.

Evidence suggests that it may take 17 years, on average, to translate research findings into policy and practice. The Office should focus added attention on dissemination as well as the ultimate purpose of the research – improved health and healthcare. AcademyHealth believes that the emphasis on dissemination will have more impact if coordination goes beyond other NIH Institutes and Centers, to include the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, the Health Services and Resources Administration and the Centers for Medicare and Medicaid Services. Dissemination should also be coordinated with the research programs of the Veterans Administration, the Department of Defense, and the Patient Centered Outcomes Research Institute.

2. Strategic Priority II: Identify prevention research areas for investment or expanded effort by the NIH.

Strategic Priority II relies on building collaborations between the ODP and NIH Institutes, Centers, and Offices, other federal agencies, non-federal organizations that routinely conduct systematic evidence reviews (e.g., USPSTF, CPSTF, Cochrane Collaboration, National Academy of Medicine), established evidence-based public health initiatives (e.g., Healthy People), and other stakeholders to identify, promote, and address needs in prevention research.

- Objective II.1: Work with a variety of stakeholders to identify needs in prevention research.
- Objective II.2: Compare identified needs in prevention research with the current NIH portfolio to highlight prevention research gaps (i.e., those areas that are not being addressed or have insufficient funding).
- Objective II.3: Work across the ODP and with NIH Institutes, Centers, and Offices to identify prevention research gaps for investment or expanded effort.
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AcademyHealth Response:

AcademyHealth recommends that the Office leverage HSRProj to identify prevention research gaps. We also recommend that the Office reach out directly to those making policy and program decisions in public and private settings that affect prevention to better understand their information needs and gaps.

As those working in health care delivery systems are confronted with increasing amounts of both traditional resources and emerging data sources (e.g., expanded claims data, electronic

health records, and patient-generated and incidental data), there is greater opportunity for health services and prevention research. Sorting through these volumes of data and findings and assessing for research rigor can be overwhelming and time-consuming. We support the NIH strategy to synthesize research, and jointly identify prevention research gaps, in order to inform future funding decisions.

3. Strategic Priority III: Promote the use of the best available methods in prevention research and support the development of better methods.

The objectives supporting Strategic Priority III focus on the provision of resources, training, and consultation, and the strengthening of policies and procedures to improve the quality of the methods used in prevention research supported by the NIH.

- Objective III.1: Maintain catalogues and directories of existing NIH and other federal resources pertaining to prevention science methodology, as well as methodologists who focus on research design, intervention development, measurement, and data analysis.
- Objective III.2: Provide resources for review staff to identify experts in prevention research methods for recruitment to review panels.
- Objective III.3: Provide training in prevention science methods to NIH program and review staff, to NIH investigators, and to investigators external to the NIH.
- Objective III.4: Serve as a resource to other ICOs on prevention science methods as they develop new funding opportunity announcements, workshops, meetings, and other activities.
- Objective III.5: Collaborate with other ICOs to strengthen NIH policies and procedures to encourage the use of the best available methods in applications for prevention research.
- Objective III.6: Conduct periodic reviews of methods used in prevention research, including systematic reviews of the peer-reviewed literature.

AcademyHealth Response:

At a time when the rapidly changing health landscape requires a cadre of professionals skilled in the use of existing and newer, alternative methods, some made possible by the exploding volume of large data sets, NIH should prioritize investments that support training for a diverse pool of prevention researchers. These skills include not only core scientific skills such as research design, quantitative and qualitative methods which have been addressed by the Office's Medicine: Mind the Gap seminar series, but also professional skills such as team science, collaborating with stakeholders and patients, and multi-site research. One cadre of prevention research professionals that merit particular attention is developing sufficient numbers trained in dissemination and implementation research.

In addition, because rigorous and timely studies will be crucial for helping NIH and other decision makers understand the impact of the strategies they test and then refine these strategies moving forward. AcademyHealth encourages NIH to consider the recommendations of the Commission on Evidence Based Policymaking. We also encourage NIH to establish and

promote policies that encourage appropriate processes for ensuring robust research and do not restrict access to the results of research so that all decision makers -- in the public and private sectors -- have access to the information they need to make the best choices to improve health and prevent disease. We recommend that the Office further advance policies that support open science and data sharing to accelerate and enhance research and also support reproducibility.

4. Strategic Priority IV: Promote collaborative prevention research projects and facilitate coordination of such projects across the NIH and with other public and private entities.

The objectives supporting Strategic Priority IV focus on the coordination of prevention research, the development of new, collaborative prevention initiatives, and the support of ongoing prevention research initiatives across the NIH. These efforts will include the development and enhancement of prevention research resources, workshops to address prevention research gaps, and FOAs. In addition, in collaboration with its prevention program and practice partners, the ODP will seek to identify and support opportunities for more rapid translation of prevention research evidence into programs and practices to improve public health.

- Objective IV.1: Establish or promote infrastructures and processes to foster prevention research coordination and collaboration across the NIH and with other public and private prevention partners.
- Objective IV.2: Coordinate and support the development of collaborative prevention initiatives to address gaps in prevention research and practice.
- Objective IV.3: Advance approaches for projecting future research needs and priorities in prevention and for highlighting trans-NIH efforts to address those gaps.
- Objective IV.4: Work with other public and private prevention partners to develop a triennial State of Prevention conference highlighting research progress, gaps, and opportunities focused on a specific prevention gap of cross-cutting relevance across NIH.

AcademyHealth Response:

AcademyHealth strongly endorses this priority as coordination and partnerships are essential to accelerating prevention science and improving health. Given the critical role of social and other upstream determinants of health and the opportunity for primary prevention, we recommend that the Office partner not just with other HHS agencies, but also with other federal departments with oversight for programs and services addressing social determinants. These include for example the Department of Agriculture (for its food programs) and the Department of Housing.

In addition, the research programs of the Veterans Administration, CMS, and the Department of Defense may provide additional opportunities for greater impact.

AcademyHealth believes that a triennial gathering of prevention scientists is a worthwhile venture and should be designed to include prevention stakeholders such as patients, health systems, program managers and policymakers. A model for this type of event that the Office may want to consider is the Conference on the Science of Dissemination and Implementation

in Health that the NIH co-hosts with AcademyHealth with co-sponsorship from the VA, AHRQ, CDC, PCORI, and the Robert Wood Johnson Foundation.

5. Strategic Priority V: Advance the understanding of prevention research, increase the availability of prevention research resources and programs, and enhance the ODP's stakeholder engagement.

The objectives supporting Strategic Priority V will focus on increasing the ODP's outreach to and engagement with a larger, more diverse audience. The ODP will aim to use a targeted approach to build and leverage its resources and partnerships to increase the understanding of and opportunities in prevention research.

- Objective V.1: Increase the understanding of the value and importance of prevention research.
- Objective V.2: Increase the availability of information about prevention research.
- Objective V.3: Build effective relationships and engage with stakeholders to coordinate and enhance communications about disease prevention research.

AcademyHealth Response

AcademyHealth applauds the Office for this priority as greater understanding of the breadth, contributions, and value of prevention research is needed. As part of the continuum of prevention research, health services research studies the delivery of prevention services (at the individual and population levels) to assess their quality, outcomes and costs. Prevention research also includes research on public health systems, which has contributed to the evidence for understanding the return on investment for public health and preventive interventions, identifying strategies for effective health care and public health collaboration, and even how social services expenditures influence population health outcomes. Much of what we know today about key opportunities and challenges for reducing health care costs and promoting health is rooted in this field of research.

We encourage NIH to continue to seek out and support the production and use of evidence from health services research to bolster the evidence base for prevention, create resources and tools that promote rapid use of research results, and to do so in partnership with a broad range of public and private stakeholders.

AcademyHealth stands ready to partner with the Office in implementing each of the notes strategic priorities.

6. Additional

- 1) What new strategic priorities should the ODP consider adding to its plan?

AcademyHealth Response:

As noted briefly above, the explosion in availability of new types of data (e.g. from biometric and genomic data, electronic health records, wearables, the internet of things, and others) provides untold new opportunities to advance prevention research. The Office could launch a specific initiative to understand the potential and then fund specific projects and challenges to use new and innovative approaches, including methods from data science, to these data for new insights. ODP should also consider how changes to essential, existing data sources may be detrimental to prevention research particularly as it relates to population vulnerabilities related to social determinants (i.e., U.S. Census).

- 2) What opportunities or challenges in disease prevention research and methods could the ODP help to address?

AcademyHealth Response:

AcademyHealth recommends that the Office pay particular attention to methods and approaches related to community based participatory research, team science, and distributed research networks.

- 3) Who should the ODP partner with to address pressing needs in disease prevention research and methods?

AcademyHealth Response:

As noted above, AcademyHealth stands ready to partner with the Office in implementing each of the notes strategic priorities. Also, AHRQ, CDC, CMS, HRSA, VA, PCORI and private sector entities would be worthwhile partners.

- 4) What areas transcend disease prevention research that the ODP should consider as it develops its new plan?

AcademyHealth Response:

Missing from the draft plan is specific mention of the pervasive and persistent disparities in health and in particular in prevention outcomes. AcademyHealth recommends an overarching, cross-cutting emphasis on health disparities and its drivers (including social determinants, poverty, racism, cultural norms, health literacy, etc...) be included and that an explicit and expanded partnership with the National Institute of Minority Health and Health Disparities be established. In addition, any programmatic initiative should specifically address how it will tackle disparities so as to ensure that a generic approach not unwittingly worsen disparities.

