

# CHARTING THE COURSE



**THE OFFICE OF DISEASE PREVENTION**  
**STRATEGIC PLAN 2014–2018**



**National Institutes of Health**  
*Office of Disease Prevention*

# THE ODP STRATEGIC PLAN FOR FISCAL YEARS 2014–2018

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# THE ODP STRATEGIC PLAN FOR FISCAL YEARS 2014–2018



## STRATEGIC PRIORITY I

*Systematically monitor NIH investments in prevention research and assess the progress and results of that research.*



## STRATEGIC PRIORITY II

*Identify prevention research areas for investment or expanded effort by the NIH.*



## STRATEGIC PRIORITY III

*Promote the use of the best available methods in prevention research and support the development of better methods.*



## STRATEGIC PRIORITY IV

*Promote collaborative prevention research projects and facilitate coordination of such projects across the NIH and with other public and private entities.*



## STRATEGIC PRIORITY V

*Identify and promote the use of evidence-based interventions and promote the conduct of implementation and dissemination research in prevention.*



## STRATEGIC PRIORITY VI

*Increase the visibility of prevention research at the NIH and across the country.*



## A MESSAGE FROM THE DIRECTOR

In a time with numerous public health challenges such as rising healthcare costs, an aging population, and increased financial constraints on the biomedical research community, the ODP needs to be very focused in its efforts to improve prevention research at the NIH. To this end, I decided to lead the development of the first strategic plan for the ODP soon after accepting the position. We provide the results of that effort in this report.

The ODP Strategic Plan for Fiscal Years 2014–2018 outlines the priorities that the Office will focus on over the next 5 years. A primary function of the ODP is to assist the NIH Institutes and Centers with the development of new collaborations and initiatives across the NIH and with other public and private entities to advance disease prevention research. The ODP relies on the scientific expertise of NIH Institute and Center staff to help us gauge the impact of work being done in prevention.

This partnership also serves to promote dialogue across disparate areas to identify and address gaps in prevention research. To achieve success, the ODP must enhance existing partnerships and forge new ones as we implement the strategic plan.

The six priority areas included in the plan chart new directions for the ODP and, at the same time, build upon and expand established programs. For example, the ODP will develop new processes to better categorize the NIH prevention research portfolio to identify pressing research needs. The ODP will then address those needs through the development of collaborations with NIH Institutes and Centers and other partners. The ODP will create new training programs to educate NIH staff and the extramural community about the best available methods in prevention research to ensure that research programs and projects are managed and developed based on the current state of the science. The ODP will continue to develop its information dissemination efforts to reach a broader audience and to increase the visibility of the results of NIH-supported prevention research.

This plan was created using an inclusive process that gathered input from NIH scientific and planning experts, other federal agencies, the extramural research community, professional societies, the healthcare sector, and the patient community, as well as the general public. Their thoughtful comments and suggestions were fundamental in the design and content of the final plan. We are grateful for the support received throughout the development process and look forward to working with our partners as we address our strategic priorities.

David M. Murray, Ph.D.  
Associate Director for Prevention  
Director, Office of Disease Prevention, NIH



# INTRODUCTION TO THE OFFICE OF DISEASE PREVENTION

## MISSION STATEMENT

*The mission of the ODP is to improve the public health by increasing the scope, quality, dissemination, and impact of prevention research supported by the NIH. The ODP will fulfill this mission by providing leadership for the development, coordination, and implementation of prevention research in collaboration with NIH Institutes and Centers and other partners.*

## VISION STATEMENT

*By 2018, the ODP will extend its value as a resource to the NIH and the broader prevention research community, providing guidance in prevention research methodology, identifying gaps in existing evidence and facilitating coordination of new activities to address those gaps, promoting quality improvements in the review of prevention research, and increasing the impact and visibility of prevention research.*

The National Institutes of Health (NIH) established the Office of Disease Prevention (ODP) in 1986 in response to a directive in the Health Research Extension Act to create the position of NIH Associate Director for Prevention (see Appendix A: Key Dates in the History of the Office of Disease Prevention). Among other responsibilities, the Associate Director was charged with promoting and coordinating prevention research among NIH Institutes and Centers and between the NIH and other public and private entities. Today, the *mission* of the ODP is to improve the public health by increasing the scope, quality, dissemination, and impact of prevention research supported by the NIH. Under the direction of the Associate Director for Prevention, who is also the Director of the ODP, the Office fulfills this mission by providing leadership for the development, coordination, and implementation of prevention research in collaboration with NIH Institutes and Centers and other partners.

The ODP resides in the NIH Office of the Director, Division of Program Coordination, Planning, and Strategic Initiatives, which identifies and reports on research on important areas of emerging scientific opportunities, rising public health challenges, or knowledge gaps that deserve special emphasis. In addition to disease prevention, the Division also includes major programmatic offices that coordinate research and activities related to AIDS, behavioral and social sciences, women's health, and research infrastructure.

## OFFICES, PROGRAMS, AND PARTNERSHIPS

The ODP provides overall guidance to NIH Institutes and Centers on biomedical and public health programs that seek to improve the Nation's health through research, training, knowledge translation, and public education as they relate to disease prevention. The Office of Dietary Supplements (ODS) was created as an office within the ODP to enhance research efforts that determine the benefits and risks of dietary supplements. In addition, the ODP collaborates with other federal agencies, academic institutions, the private sector, and nongovernmental organizations in formulating

research initiatives and policies that promote public health. ODP programs and partnerships are divided into four main areas of focus: Research Coordination; Evidence Assessment; Training and Education; and Communications and Outreach. Examples of these activities are provided below.

## OFFICES

### Office of Dietary Supplements

The [Office of Dietary Supplements](#) has been part of the ODP since it was created in 1995. Dietary supplements can have an impact on the prevention of disease and on the maintenance of health; therefore, it is important to enhance research efforts to determine the benefits and risks of supplements. The mission of the ODS is to strengthen knowledge and understanding of dietary supplements by evaluating scientific information, stimulating and supporting research, disseminating research results, and educating the public about dietary supplements to foster an enhanced quality of life and health. The ODS allocates the majority of its resources to co-fund research with NIH Institutes and Centers that investigate the potential roles of dietary supplements in promoting health and reducing the risk of chronic disease. The ODS also engages its federal partners in activities to fill essential needs that would not otherwise be addressed. For additional information about the ODS, including its strategic plan, please visit the [ODS website](#).

## PROGRAMS AND PARTNERSHIPS

### Research Coordination

Research on disease prevention is an important part of the NIH's mission. The knowledge gained from this research leads to stronger clinical practice, health policy, and community health programs. Prevention research and related activities are performed throughout the NIH and at other federal agencies. The ODP works to coordinate these activities and foster collaboration in areas of prevention research that are relevant to multiple disciplines and to both public and private organizations.

### *Research Co-Funding*

The ODP provides co-funding for extramural prevention grants, intramural projects, and meetings and workshops implemented by NIH Institutes and Centers as well as to other federal agencies and offices. Priority is given to those areas where current research is lacking or additional research may be stimulated. Priority also is given to projects that address prevention research areas of interest to multiple Institutes and Centers and those that focus on health disparities. A list of [ODP co-funded projects](#) is available on the ODP website.

### *NIH Prevention Research Coordinating Committee*

To facilitate the coordination of prevention research across the NIH, the ODP convenes the NIH [Prevention Research Coordinating Committee](#) (PRCC), which serves as a venue for exchanging programmatic and scientific information on prevention research of interest to the NIH and its federal partners, and for providing advice to the Associate Director for Prevention related to the planning and implementation of collaborative activities. Almost all NIH Institutes and Centers and program offices within the NIH Office of the Director have a representative on the committee. A number of other [U.S. Department of Health and Human Services](#) (HHS) agencies also are represented, including the [Centers for Disease Control and Prevention](#) (CDC), the [Agency for Healthcare Research and Quality](#) (AHRQ), and the [HHS Office of Disease Prevention and Health Promotion](#) (ODPHP).

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## WHAT IS PREVENTION RESEARCH?

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Under the leadership of the ODP, the NIH [Prevention Research Coordinating Committee](#) (PRCC) has worked to ensure that a definition of prevention research communicates the breadth and depth of prevention research funded by the NIH while also retaining sufficient specificity to be of practical value. The PRCC Working Definition of Prevention Research is summarized here:

### *Summary of PRCC Working Definition of Prevention Research*

*Prevention research at the NIH encompasses both primary and secondary prevention. It includes research designed to promote health; to prevent onset of disease, disorders, conditions, or injuries; and to detect, and prevent the progression of, asymptomatic disease. Prevention research targets biology, individual behavior, factors in the social and physical environments, and health services, and informs and evaluates health-related policies and regulations. Prevention research includes studies for:*

- *Identification and assessment of risk and protective factors*
- *Screening and identification of individuals and groups at risk*
- *Development and evaluation of interventions to reduce risk*
- *Translation, implementation, and dissemination of effective preventive interventions into practice*
- *Development of methods to support prevention research.*

Research on disease prevention is an important part of the NIH mission. The Institutes and Centers have broad portfolios of prevention research and training, as well as programs to disseminate the findings to scientists, health professionals, and the public. Each Institute and Center has the flexibility to adapt the PRCC Working Definition of Prevention Research to reflect its mission and the state of the science of its programs. As the ODP implements its strategic plan and begins to examine specific areas within the NIH prevention portfolio, the Office will work closely with the PRCC and NIH Institute and Center representatives to identify a process that enables the ODP to focus its efforts, while encouraging a broad spectrum of prevention research across the NIH, fostering collaborative efforts, and communicating the importance of prevention research widely.

### *Tobacco Regulatory Science Program*

The [Tobacco Regulatory Science Program](#) (TRSP) coordinates the trans-NIH collaborative effort with the [Food and Drug Administration's](#) (FDA) [Center for Tobacco Products](#) to conduct research to support the FDA's regulatory authority over tobacco products. With the passage of the 2009 Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act), the FDA acquired the authority to regulate the manufacture, marketing, and distribution of tobacco products to protect public health. Within the framework of the Tobacco Control Act, the NIH and the FDA formed an interagency partnership to foster tobacco regulatory research. The NIH has the infrastructure for the solicitation, review, and oversight of research projects, and several NIH Institutes and Centers have long supported tobacco-related research as part of their missions. The FDA has expertise in tobacco regulatory science and the authority and resources to support research responsive to the FDA's regulatory authority. NIH biomedical, behavioral, and social sciences research supported via funding from the FDA will provide the scientific evidence needed to better inform the FDA's regulatory authority.



## *Healthy People*

In partnership with the HHS ODPHP, the ODP participates in the development of the [Healthy People](#) initiative, a comprehensive set of disease prevention and health promotion objectives for the Nation to achieve over the next decade. Launched in 1979 and created by scientists both inside and outside of the federal government, Healthy People identifies a wide range of public health priorities and specific, measurable objectives. A set of Healthy People objectives, called Leading Health Indicators, has been selected to communicate high-priority health issues and actions that can be taken to address them. In collaboration with the ODPHP and other partner organizations, the ODP provides advice on numerous Healthy People activities to ensure that NIH input is provided. ODP staff members serve on the Healthy People Federal Interagency Workgroup, the principal advisory body for the overall development and implementation of the initiative.



## *National Prevention Strategy*

The [National Prevention Strategy](#) is a comprehensive plan that was designed to help increase the number of Americans who are healthy at every stage of life. Initiated in 2010 by the [National Prevention Council](#) in consultation with the public and an Advisory Group of outside experts, the strategy recognizes that good health comes not just from receiving quality medical care, but from preventing disease before it starts. Called for by the 2010 Affordable Care Act, the strategy provides evidence-based recommendations that are fundamental to improving the Nation's health through the active engagement of all sectors of society. The ODP represents the NIH on the HHS Intradepartmental Workgroup. This workgroup is led by the CDC, which coordinates the input of federal agencies on activities related to the National Prevention Strategy. The ODP is charged with identifying NIH efforts that support the strategic directions and the priority areas of the strategy.

As a way to continue this commitment to increase awareness of the value of prevention across multiple sectors, the [National Prevention Council Action Plan](#) was released in 2012. This action plan highlights the important contributions that each member department of the Council is making to ensure the health, well-being, and resilience of the American people. This plan demonstrates how these departments are implementing prevention efforts, in line with their respective missions, to achieve the goal of the National Prevention Strategy. The ODP has helped to coordinate inclusion of NIH programs in the action plan to help highlight the role of the research community in improving public health.

## *Evidence Assessment*

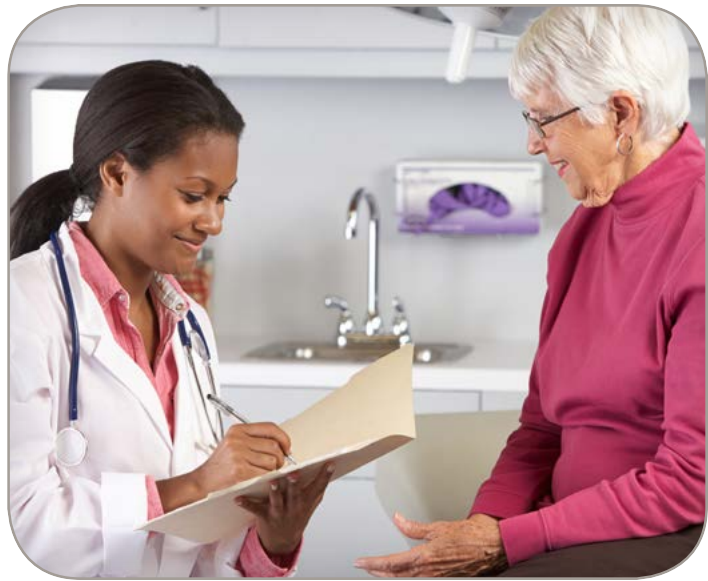
The ODP works with its partners to provide scientific input on various topics with the goal of sharing high-quality, evidence-based information with researchers, healthcare professionals, policymakers, and the general public. These ODP-supported programs help to identify scientific or clinical areas that need additional research to move the field forward.



### *Pathways to Prevention Program*

The [Pathways to Prevention](#) program coordinates ODP-sponsored workshops of experts to identify research gaps in a selected scientific area, identify methodological and scientific weaknesses, and suggest research needs. The program aims to move the field forward through an unbiased, evidence-based assessment of complex issues important to prevention. The ODP convenes an independent panel to provide balanced, objective, and informed attention to the topic.

The panel examines the results of a technical report that summarizes the state of the science, provides a summary of ongoing research, and assesses future research needs. The panel also considers comments from the research community and the public during a 2- to 3-day workshop. After considering the information made available through the report and at the meeting, the panel composes and releases a report of its findings. The ODP ensures that this report is of high quality and is made available to NIH Institutes and Centers, researchers, and the public so that it can be used to plan future research.



### *Community Preventive Services Task Force*

The [Community Preventive Services Task Force](#) (CPSTF) is an independent, nonfederal panel of prevention experts that designs rigorous systematic reviews and considers their findings, and develops public health recommendations for the Nation and for the CDC to inform decision-making about policy, practice, and research priorities for community preventive services. Recommendations from the CPSTF are published in the Community Guide to Preventive Services. The ODP is an official liaison member and works with the CDC and CPSTF members to ensure NIH input to the draft reports. ODP staff members serve on, or recommend NIH scientists to serve on, systematic review teams and also help to translate CPSTF recommendations into action.

### *U.S. Preventive Services Task Force*

Coordinated by the AHRQ, the [U.S. Preventive Services Task Force](#) (USPSTF) is an independent panel of experts that designs and considers findings from systematic evidence reviews of a broad range of clinical preventive healthcare services and develops recommendations for primary care clinicians and health systems. As the NIH liaison to the USPSTF, the ODP works closely with colleagues at the AHRQ and with NIH Institutes and Centers to ensure that NIH scientific input for draft evidence reviews and clinical practice guidelines is included in the Guide to Clinical Preventive Services. ODP also disseminates information to NIH Institutes and Centers about high-priority evidence gaps for clinical preventive services that have been identified by the USPSTF.

## Training and Education

The ODP coordinates seminars and workshops where scientists and experts from a variety of disciplines are invited to present topics of interest to the NIH community and the public at large. These events are designed to educate scientists and the general public about prevention research and allow them to hear the latest information on relevant scientific topics.

### *Medicine: Mind the Gap*

The [Medicine: Mind the Gap](#) seminar series explores a wide range of issues in prevention at the intersection of research, evidence, and clinical practice—especially areas in which conventional wisdom may be misleading. The seminar series aims to engage the NIH community in thought-provoking discussions to challenge what we think we know and to examine today’s research environment. Seminars have explored topics such as the gap between ethical theory and medical practice; the role of medical evidence in reducing practice variation and controlling costs; approaches for achieving scientific equity for the prevention of mental, emotional, and behavioral disorders in minorities and other populations; engineer-inspired approaches for optimizing behavioral interventions for increased public health impact; and strategies for promoting psychological resilience in the U.S. military.

### *Robert S. Gordon, Jr. Lecture in Epidemiology*

The [Robert S. Gordon, Jr. Lecture in Epidemiology](#) is part of the NIH’s Wednesday Afternoon Lecture Series, which invites distinguished scientists to present topics of broad scientific interest to a cross-section of the NIH community. The ODP established the lectureship in recognition of Dr. Gordon’s outstanding contributions to the field of epidemiology and for his distinguished service to the NIH. The award is made annually to a scientist who has contributed significantly to the field of epidemiology or clinical trials research.

## Communications and Outreach

The communications and outreach program in the ODP provides timely, accurate information about disease prevention research supported by the NIH. Target audiences include the extramural research community, national voluntary health agencies, health professionals, Congress, the media, and the general public.

The [ODP website](#) offers information on all aspects of the Office. This website gives the ODP an opportunity to inform the public about NIH programs, sponsored research, and accomplishments, and provides insight on key disease prevention topics. The ODP’s outreach efforts consist of electronic as well as printed materials for both internal and external communities and partners about ongoing activities, events, and news. The ODP also has developed and implemented a social media plan to increase awareness of the Office and the broader prevention research landscape at the NIH. In addition, the ODP works with various media outlets by responding to their inquiries and requests for interviews with subject matter experts.



# THE ODP STRATEGIC PLAN FOR FISCAL YEARS 2014–2018

## OVERVIEW

The ODP implemented an extensive and inclusive process to develop a strategic plan that would outline the priorities for the Office over the next 5 years and highlight the ODP's role in advancing prevention research at the NIH (see Appendix B: Strategic Planning Process and Stakeholder Engagement). Feedback was solicited from multiple stakeholder communities including NIH Institutes and Centers, academia, industry, healthcare professionals, patient advocates and advocacy organizations, scientific and professional organizations, federal agencies, and other interested members of the public. Based on this feedback, six strategic priorities were selected as the framework for the plan. The priorities represent the breadth of ODP activities and allow for emerging areas of opportunity to be incorporated into Office activities. The priorities are not mutually exclusive and are not presented in order of importance. It is anticipated that outcomes associated with each objective will contribute to the overall success of the Office in achieving its vision.

The ODP Strategic Plan for Fiscal Years 2014–2018 represents an important shift in the core functions of the Office. Building upon expertise in areas such as program coordination and partnership development, the ODP will expand its reach by, for example, providing training in prevention methodology and developing new strategies for identifying research needs. Interest in disease prevention has grown, and the NIH has a responsibility to ensure that the best prevention science is supported to inform clinical and public health initiatives at the individual, organizational, community, and policy levels. The strategic priorities included in the plan will allow the ODP to play an important role in that process.

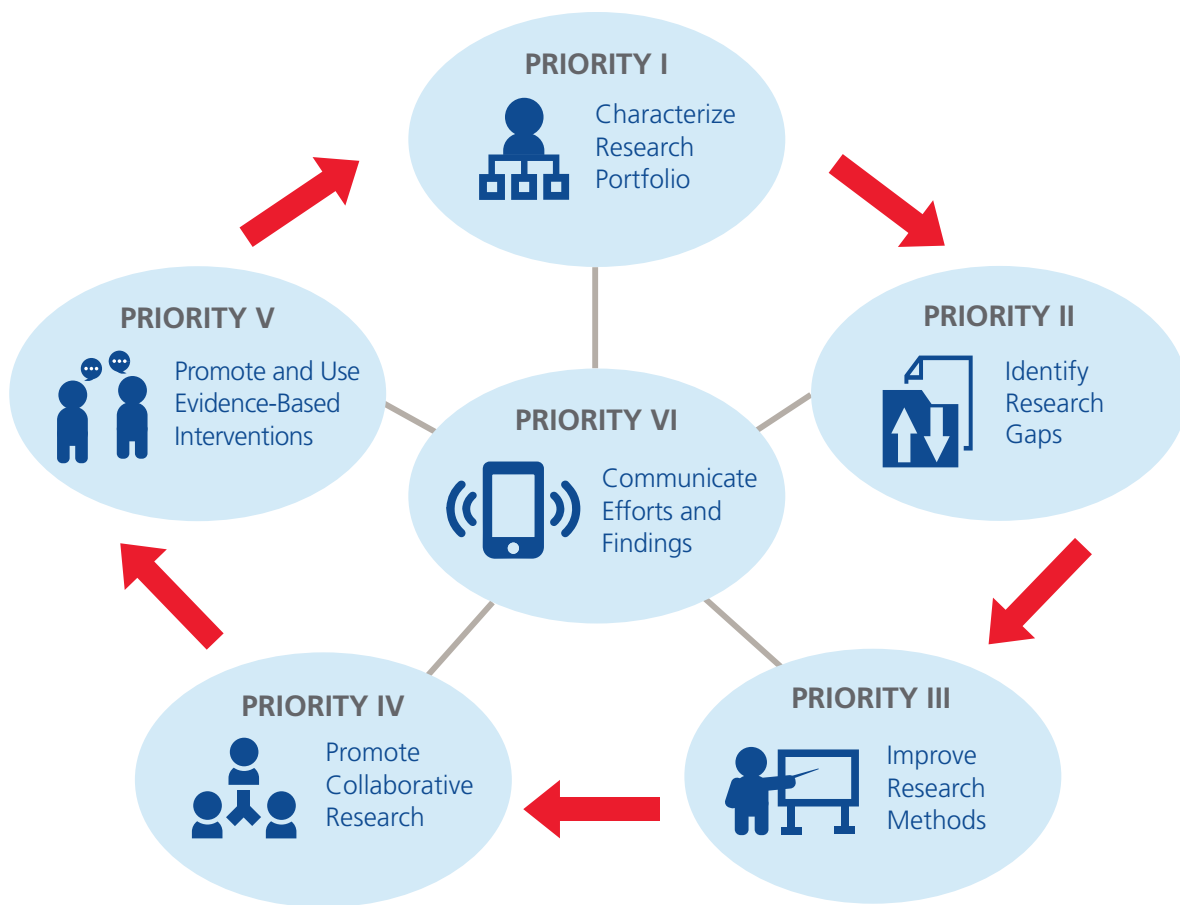
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## STRATEGIC PRIORITIES FOR FISCAL YEARS 2014–2018

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- I. Systematically monitor NIH investments in prevention research and assess the progress and results of that research.
- II. Identify prevention research areas for investment or expanded effort by the NIH.
- III. Promote the use of the best available methods in prevention research and support the development of better methods.
- IV. Promote collaborative prevention research projects and facilitate coordination of such projects across the NIH and with other public and private entities.
- V. Identify and promote the use of evidence-based interventions and promote the conduct of implementation and dissemination research in prevention.
- VI. Increase the visibility of prevention research at the NIH and across the country.





As the ODP engaged its stakeholders and gathered input on pressing needs in biomedical research and public health, several themes emerged. For example, the ODP was encouraged to continue to promote a research agenda at the NIH that addresses the increasing health needs evident in a diverse range of subpopulations that include individuals from various racial/ethnic, gender, age, socioeconomic, education, disability, and geographic groups. The ODP will work with stakeholders to include the needs of these communities in the activities outlined in the strategic plan in order to identify and better understand the factors that contribute to health disparities; improve the development, dissemination, and implementation of culturally appropriate prevention interventions; and enhance training opportunities for researchers examining these disparities.

Another theme that emerged from discussions with stakeholders is the need to improve the promotion and dissemination of the results of NIH prevention research. As a program coordination office within the NIH Office of the Director, the ODP has the flexibility to deliver prevention messages that address a variety of diseases, disorders, conditions, and injuries that are relevant to multiple audiences (e.g., children, elderly, minority communities). In addition, the ODP will strive to become a central portal within the NIH for prevention researchers by providing information that will help scientists navigate the grant application and review processes as well as gain insight into the best methods for measurement, study design, intervention, evaluation, and analysis.

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## STRATEGIC PRIORITY I



*Systematically monitor NIH investments in prevention research and assess the progress and results of that research.*

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### BACKGROUND

The ODP can play an important role in characterizing the portfolio of prevention research funded by the NIH. Currently, NIH prevention research is identified based on a broad definition of prevention that does not provide sufficient detail to classify studies into categories of interest. New methods are needed that identify characteristics of studies—such as topic area, study design, population studied—and summarize the findings in a meaningful way for program planning and reporting. This more specific characterization of the prevention research portfolio, along with portfolio analysis tools, would enable identification of patterns and trends, as well as research areas that may benefit from targeted efforts by the NIH Institutes and Centers. Such categorization also would enable assessment of the progress and changes in prevention research over time.



### OBJECTIVES

The objectives supporting Strategic Priority I focus on the development of a taxonomy for prevention research that can be used to analyze the broader NIH portfolio. The ODP also will ensure that this process appropriately 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. Using these tools, the ODP will perform portfolio analyses to characterize the NIH prevention research portfolio and develop products (e.g., reports) that can be shared with collaborators within and outside of the NIH. The ODP will examine historical and prospective information using the new portfolio analysis tools to analyze the progress of NIH prevention research.



**OBJECTIVE I.1:** Establish a taxonomy for prevention research that ODP can apply to analyze the NIH prevention research portfolio.



**OBJECTIVE I.2:** Develop, test, and implement portfolio analysis tools to classify NIH awards based on the taxonomy for prevention research.



**OBJECTIVE I.3:** Develop and implement a process to regularly assess the progress and results of NIH investments in prevention research.

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## SPOTLIGHT ON RESEARCH:

### *Categories of Prevention*

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Different organizations and research communities classify prevention activities in different ways. Many experts distinguish primary and secondary prevention activities based on whether they target individuals without the health condition of interest (primary prevention) or whether they target individuals with the health condition of interest (secondary prevention). Beyond that distinction, there is no agreement on what activities are included as either primary or secondary prevention. For the ODP strategic plan and related activities, the ODP will define primary and secondary prevention as follows:

*Primary prevention* is the prevention of a new health condition, such as a disease, disorder, or injury. This can be done through a variety of approaches, including health promotion programs aimed at improving diet and exercise and reducing obesity and tobacco use; immunization programs; environmental health programs to ensure a safe water supply or reduce exposure to agricultural chemicals and other harmful agents in the environment; and policies designed to require seat belt use. Such programs target at-risk populations or the general population. The key feature is that they are designed to prevent the development of a health condition in individuals who do not have it yet. Primary prevention also includes identification and assessment of risk and protective factors for onset of a new health condition.

*Secondary prevention* is the early detection and treatment of an asymptomatic or early-stage health condition to prevent or slow the progression to a more serious condition or the prevention of the recurrence of a health condition. Examples include screening for glaucoma, breast cancer, depression, or coronary artery disease and the early treatment of these problems before they progress, or prevention of a second stroke or heart attack in patients who have had a first stroke or heart attack. Secondary prevention also includes identification and assessment of risk and protective factors for recurrence of a health condition.





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## STRATEGIC PRIORITY II



*Identify prevention research areas for investment or expanded effort by the NIH.*

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### BACKGROUND

The ODP can assist NIH Institutes and Centers by identifying prevention research needs and gaps, and prioritizing them on an ongoing basis. In this process, ODP should make use of the variety of prevention research data sources available, including, but not limited to, NIH portfolio analysis and reports from other federal agencies and task forces. Regular engagement with stakeholders such as the U.S. Preventive Services Task Force (USPSTF), the Community Preventive Services Task Force (CPSTF), and the extramural prevention research community also will inform the identification of prevention research areas for investment or expanded effort by the NIH. In addition, the ODP will work closely with colleagues at the NIH to promote a research agenda that examines a variety of issues including health disparities and social determinants of health, as well as the role of the environment in disease prevention, and improves health across the life course.



### OBJECTIVES

The objectives supporting Strategic Priority II include working with stakeholders to identify needs for prevention research, a comparison of those needs with the current NIH portfolio, and collaboration with the NIH Institutes and Centers to prioritize gaps in prevention research for additional investment. Results of these efforts will be compiled and shared with others at the NIH to identify areas that warrant further study; the ODP also will use these results to guide its own co-funding decisions. Strategic Priority II relies on building collaborations between the ODP and NIH Institutes and Centers, federal agencies, nonfederal task forces and other organizations that routinely conduct systematic evidence reviews (e.g., USPSTF, CPSTF, Cochrane Collaborative, Institute of Medicine), existing 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 stakeholders to identify needs in prevention research.

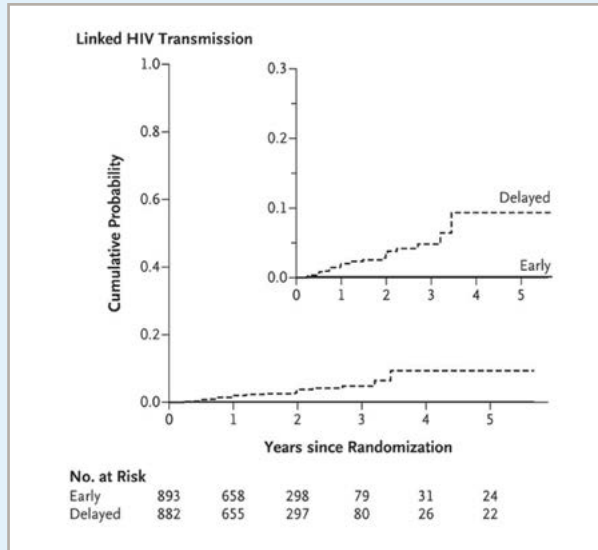


**OBJECTIVE II.2:** Compare those needs with the current NIH portfolio to identify gaps in prevention research (i.e., those areas that are not being addressed or have insufficient funding).



**OBJECTIVE II.3:** Work with the NIH Institutes and Centers to prioritize the prevention research gaps for investment or expanded effort.

## SPOTLIGHT ON RESEARCH: Addressing Needs in the Prevention of HIV/AIDS



Kaplan-Meier estimates for the cumulative probabilities of linked HIV-1 transmission between partners in the early-therapy and delayed-therapy groups (Figure 2: Panel A, [Cohen et al., 2011](#)<sup>1</sup>).

[Office of AIDS Research](#), the NIH is conducting and supporting research to develop new strategies to prevent the spread of HIV. NIH-supported researchers have shown that the use of early versus delayed antiretroviral therapy in newly infected individuals can reduce the risk of the sexual transmission of HIV by 96%.<sup>1</sup> Similarly, NIH-supported research has shown that pre-exposure prophylaxis, the use of antiretrovirals by uninfected individuals who are at high risk of HIV infection, can also decrease HIV infection.<sup>2</sup> Other NIH research is examining the use of topical microbicides, such as gels, creams, and foams, that can be applied prior to sexual intercourse. The NIH is committed to finding scientifically proven HIV prevention strategies and methods that are acceptable for use by different patient populations around the world to combat the HIV/AIDS pandemic, including an HIV vaccine.

<sup>1</sup> Cohen MS, Chen YQ, McCauley M, et al. Prevention of HIV-1 infection with early antiretroviral therapy. *New Engl J Med*. 2011; 365:493–505. <http://www.ncbi.nlm.nih.gov/pubmed/21767103>. Accessed August 23, 2013.

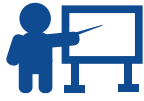
<sup>2</sup> Grant RM, Lama JR, Anderson PL, et al. Preexposure chemoprophylaxis for HIV prevention in men who have sex with men. *New Engl J Med*. 2010;363:2587–2599. <http://www.ncbi.nlm.nih.gov/pubmed/21091279>. Accessed September 24, 2013.

The NIH is committed to the research necessary to successfully end the HIV/AIDS pandemic. Each year, 50,000 people in the United States become infected with HIV, the virus that causes AIDS. Currently, there are an estimated 1.1 million people in the United States and 34 million people globally who are living with HIV infection. In 2011, 1.7 million people died from AIDS-related causes. From the laboratories and clinics at the NIH to the vast network of NIH-supported research at universities, medical centers, and clinical trial sites around the globe, the NIH is working to better understand HIV and how it causes disease, find new tools to prevent HIV infection, develop new and more effective treatments for HIV-infected people, and find a cure.

Under the leadership of the [National Institute of Allergy and Infectious Diseases](#) and the

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## STRATEGIC PRIORITY III



*Promote the use of the best available methods in prevention research and support the development of better methods.*

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### BACKGROUND

The best available methods in prevention research should be utilized to move the state of the science forward. Increased awareness of and training in the use of newer and more efficient approaches for research design, intervention development, measurement, and analysis are needed to improve both the quality and success of prevention research applications submitted to the NIH. Opportunities exist for the ODP to support the development of these methods and to encourage training in their use for a variety of audiences, including NIH program and review staff, intramural investigators, and the extramural community.



### OBJECTIVES

The objectives supporting Strategic Priority III include the development of a compendium of prevention science tools that focus on methods, measures, and analytic techniques. The ODP will identify training opportunities for NIH program and review staff and extramural investigators on methods research to foster better informed decisions and higher quality science in prevention research. The ODP will work with federal agencies that have interests in prevention science methods to share resources and materials. The ODP

will work with the NIH [Center for Scientific Review](#) to identify experts in prevention science methods who could serve on NIH study sections. In collaboration with NIH Institutes and Centers, the ODP will develop Funding Opportunity Announcements to promote innovative research designs, new tools, and analytic techniques to help move the field of prevention science forward. The ODP also will work with experts in the field of methodology to identify and build consensus around best practices in prevention science.



**OBJECTIVE III.1:** Develop a list of existing NIH and other federal resources pertaining to prevention science methodology.



**OBJECTIVE III.2:** Provide training in prevention science methods to NIH program and review staff and to extramural investigators.



**OBJECTIVE III.3:** Develop NIH Funding Opportunity Announcements that encourage innovative and improved approaches to prevention science.



**OBJECTIVE III.4:** Work with stakeholders to identify and disseminate “best practices” in prevention science methods.



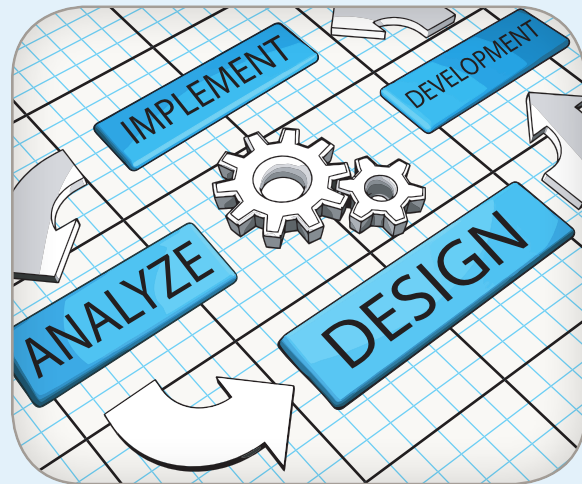
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## SPOTLIGHT ON RESEARCH:

### *Designing Informative Studies*

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Prevention research requires scientific methods suited to addressing questions about preventing disease and deriving answers that can be applied in clinics, communities, and broader environments. Prevention research often examines factors that increase the likelihood of future disease, such as level of blood pressure or amount of body weight. Research also needs to assess “upstream” influences, such as effects of environmental and societal factors on health behaviors and on health. Influences on disease onset are part of a complex system of multiple factors, from individuals’ knowledge and behaviors, environmental exposures, social determinants, clinical care practices, and community policies.



Some scientific advances have been made to address these issues. Methods have been developed for conducting group-randomized trials, where an entire existing group of individuals is randomly assigned to receive an intervention or not—groups such as schools, healthcare sites, worksites, or entire communities—so that the results are directly relevant to practice because the research is done in “the real world.” To assess continuous outcomes such as blood pressure level, methods have been developed that enable researchers to “impute” or assign values to those study participants for whom data are missing, which leads to more accurate conclusions. Complex system modeling has been developed to take into account multiple simultaneous factors that may affect outcomes, and to vary aspects of the system to examine downstream effects on health outcomes. These are just a few examples where advances in methodology and study design have been achieved. However, the development of new or improved methodological approaches is warranted, as well as training in how to apply these methods.

There is ample evidence that better training for investigators, program staff, review staff, and reviewers is needed. Consider, as an example, a recent review of group-randomized trials involving cancer and cancer risk factors. [Murray et al. \(2008\)](#) found 75 studies published across 41 peer-reviewed journals between 2002 and 2006.<sup>3</sup> Only 45% reported analyses that were entirely appropriate (all analyses were valid for the design employed). This pattern held even for studies reviewed by NIH study sections and funded by NIH Institutes and Centers. As the authors noted, “A collaborative effort by investigators, statisticians, and others will be required to ensure that group-randomized trials are planned and analyzed using appropriate methods so that the scientific community can have confidence in the published results.”

<sup>3</sup> Murray DM, Pals SL, Blitstein JL, et al. Design and analysis of group-randomized trials in cancer: a review of current practices. *J Natl Cancer Inst.* 2008 Apr;100(7):483–491. <http://www.ncbi.nlm.nih.gov/pubmed/18364501>. Accessed August 24, 2013.

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## STRATEGIC PRIORITY IV



*Promote collaborative prevention research projects and facilitate coordination of such projects across the NIH and with other public and private entities.*

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### BACKGROUND

All of the NIH Institutes and Centers support prevention research in their own areas, which has helped to create a robust and diverse research portfolio that addresses a range of important scientific questions. Even so, enhanced collaboration and coordination among NIH Institutes and Centers, as well as with other research partners, could result in better outcomes and more efficient use of resources. The ODP will encourage coordination of prevention research across the NIH, throughout government, and with the private sector to identify common or cross-cutting topic areas and research questions, create an environment of collaboration, and improve complementary and collaborative efforts to enhance the return on investment for prevention research at the NIH. Collaborations can engage a range of public or private stakeholder organizations in identifying and working on research priorities.

### OBJECTIVES

The objectives supporting Strategic Priority IV will set the stage for collaborative research efforts in prevention research within the NIH, across government entities, and with the private sector. Examples of successful research collaborations will be sought and used as models for future efforts. Existing collaborative relationships will be continued or expanded, and new relationships will be forged with public and private entities that can partner on prevention research efforts. These activities will lead to a coordinated development of funding opportunities in partnership with NIH Institutes and Centers as well as with other organizations, which will strengthen the prevention research portfolio to advance scientific knowledge in order to improve public health.



-  **OBJECTIVE IV.1:** Identify, document, and share best practices for research collaborations within the NIH and with other stakeholders.
-  **OBJECTIVE IV.2:** Establish or promote infrastructures and processes to foster research coordination and collaboration across the NIH and with other public and private entities.
-  **OBJECTIVE IV.3:** Coordinate NIH Funding Opportunity Announcements to address areas of need in prevention research.

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## SPOTLIGHT ON RESEARCH:

### *NIH-FDA Tobacco Regulatory Science Program*

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Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least 1 serious tobacco-related illness. In addition, tobacco use costs the United States \$193 billion annually in direct medical expenses and lost productivity. With the historic passage of the 2009 Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act), the FDA acquired the authority to regulate the manufacture, marketing, and distribution of tobacco products to protect public health. The FDA established the [Center for Tobacco Products](#) (CTP) to oversee the implementation of the majority of the Tobacco Control Act and formed an interagency partnership with the NIH to develop the research base needed to inform the FDA's regulatory authority. As a result, the [Tobacco Regulatory Science Program](#) (TRSP) was created within the ODP to collaborate with the CTP and coordinate tobacco regulatory science across NIH Institutes and Centers.

Although a substantial science base exists with regard to numerous areas of the Tobacco Control Act, additional research is needed to provide scientific evidence in several key areas. The TRSP combines the experience and infrastructure of the NIH with the tobacco regulatory science expertise of the FDA to address areas such as how to reduce addiction to tobacco products, the adverse health consequences of tobacco use, and how economics and policies affect tobacco product use. A full list of funded projects is available on the [TRSP website](#). Highlights of projects underway include:



- The Tobacco Centers of Regulatory Science to conduct programs of multidisciplinary research to inform tobacco product regulation and address research priorities related to the FDA's regulatory authority. (Multiple NIH Institutes and Centers)
- Innovative research on how altering nicotine levels in tobacco products could affect the way people might use tobacco products and become addicted. ([National Institute on Drug Abuse](#))
- Expanding the content of the consensus measures for the [Phenotypes and eXposures \(PhenX\) Toolkit](#) to establish high-quality, standard measures in support of tobacco regulatory science. ([National Human Genome Research Institute](#))
- Career Development Awards to provide support and protected time to scientists interested in pursuing tobacco regulatory research. (Multiple NIH Institutes and Centers)



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## STRATEGIC PRIORITY V



*Identify and promote the use of evidence-based interventions and promote the conduct of implementation and dissemination research in prevention.*

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### BACKGROUND

Part of the mission of the ODP is to disseminate the results of high-quality, evidence-based disease prevention research; foster the use of evidence-based interventions in practice; and promote the further development of implementation and dissemination research in prevention. Opportunities exist for the ODP to facilitate these important activities. To expedite the identification and use of evidence-based prevention interventions, the ODP will collaborate with multiple partners and audiences, including NIH Institutes and Centers, service providers, and community organizations, to promote the dissemination of evidence-based disease prevention strategies and interventions with the potential to impact public health.

### OBJECTIVES

The objectives supporting Strategic Priority V will focus on the development of a web-based portal that provides access to evidence-based resources and best practices organized by different categories such as the patient population studied and research design. To ensure that credible information is provided, studies included must have undergone an independent systematic review by a credible government or private-sector agency. The ODP will work with stakeholders to promote the dissemination of best practices at the individual, organizational, community, and policy levels. To facilitate this process, the ODP will develop messages for stakeholders to use when communicating with various audiences about best practice models and effective interventions. The ODP also will work with NIH Institutes and Centers to develop strategies to promote implementation and dissemination research that examines both intervention-level features (e.g., core components, recruitment and retention strategies, training and implementation manuals/products, adaptation guides) and healthcare and community systems-level features (e.g., decision-making, selection, adoption, adaptation, management, financing, sustainability planning).



**OBJECTIVE V.1:** Identify evidence-based interventions for disease prevention and present them in an organized structure.



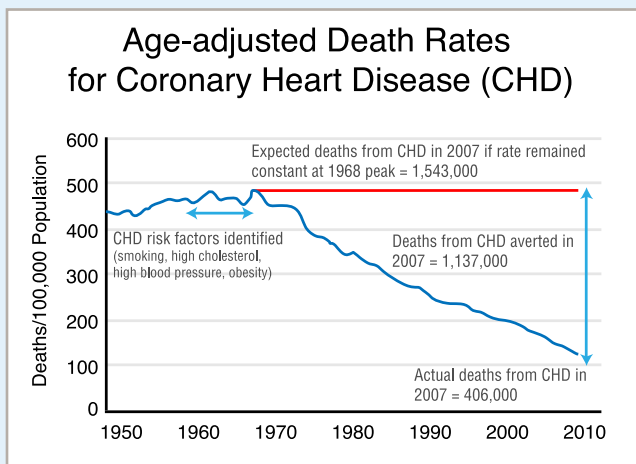
**OBJECTIVE V.2:** Enhance partnerships to promote the dissemination of evidence-based interventions for disease prevention.



**OBJECTIVE V.3:** Enhance partnerships to promote research on dissemination and implementation of evidence-based interventions in prevention.

## SPOTLIGHT ON RESEARCH: *Building and Using the Evidence Base*

In the 1950s, the death rates for cardiovascular diseases (CVD)—heart attacks and strokes—had been climbing in the United States for several decades. The National Heart Institute, which later became the [National Heart, Lung, and Blood Institute](#) (NHLBI), was created to study this epidemic of CVD. The first study was the [Framingham Heart Study](#), which followed about 5,000 healthy adults over several decades to identify characteristics associated with subsequent CVD events.<sup>4</sup> The researchers found that adults with elevated blood pressure developed cardiovascular events at a higher rate than those without elevated blood pressure. In the 1970s, the evidence was sufficiently strong to launch studies to determine whether reducing elevated blood pressure would reduce the rate of strokes and other adverse outcomes. One example is the [Hypertension Detection and Follow-up Program](#), published in the late 1970s, which found that reducing blood pressure levels reduced stroke and mortality, even in people with “mild” hypertension.<sup>5</sup>



Age-Adjusted Death Rates for Coronary Heart Disease, Vital Statistics of the United States, Centers for Disease Control and Prevention/National Center for Health Statistics.

medication in people with prehypertension and stage 1 hypertension.<sup>7</sup> These results were included in the next set of clinical guidelines for hypertension treatment. As a result of this translation of research into practice, along with other evidence-based improvements in prevention such as reducing blood cholesterol with exercise, diet, and medications, mortality rates for CVD in the Nation declined some 40% over a period of several decades.

This accumulating evidence was sufficient for the NHLBI to sponsor the [National High Blood Pressure Education Program](#) in the mid-1970s, which released the first clinical guidelines on reducing elevated blood pressure, then called “hypertension.”<sup>6</sup> When the findings showed that a reduction in hypertension reduced adverse cardiovascular outcomes, studies were funded to test approaches other than medications to lower blood pressure, including exercise and diet. The [Dietary Approaches to Stop Hypertension](#) (DASH) studies found that a dietary pattern that emphasized fruits, vegetables, whole grains, fat-free or low-fat dairy, and lean protein foods that limited sodium, added sugars, and red meats reduced blood pressure within 2 weeks without

<sup>4</sup> Sykowski PA, Kannel WG, D’Agostino RB. Changes in risk factors and the decline in mortality from cardiovascular disease. The Framingham Heart Study. *N Engl J Med*. 1990;322:1635–1541. <http://www.ncbi.nlm.nih.gov/pubmed/2288563>. Accessed August 27, 2013.

<sup>5</sup> Hypertension Detection and Follow-up Program Cooperative Group. Five-year findings of the hypertension detection and follow-up program. I. Reduction in mortality of persons with high blood pressure, including mild hypertension. *JAMA*. 7:2562–2571. <http://www.ncbi.nlm.nih.gov/pubmed/490882>. Accessed August 27, 2013.

<sup>6</sup> Rocella EJ, Ward GW. The National High Blood Pressure Education Program: a description of its utility as a generic program model. *Health Educ Behav*. 1984;11:225–242. <http://www.ncbi.nlm.nih.gov/pubmed/6520004>. Accessed August 27, 2013.

<sup>7</sup> Appel L, Moore T, Obarzanek E, et al. A clinical trial of the effects of dietary patterns on blood pressure. *N Engl J Med*. 97;336:1117–1124. <http://www.ncbi.nlm.nih.gov/pubmed/9099655>. Accessed August 27, 2013.

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## STRATEGIC PRIORITY VI



*Increase the visibility of prevention research at the NIH and across the country.*

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### BACKGROUND

The ODP will play a central role in disseminating information to broaden the scientific and public health impact of the NIH prevention research portfolio. The ODP can enhance prevention research by disseminating NIH prevention research and resources, strengthening partnerships to improve information dissemination, and gathering input and feedback from stakeholders including researchers, program and policy stakeholders, and the general public.



### OBJECTIVES

The objectives supporting Strategic Priority VI include the development of resources for the research community, the public, and other stakeholders. For example, the ODP will expand its website content by posting a list of NIH staff engaged in prevention research activities to promote networking and collaboration; explore the use of social media tools such as Facebook and blogs; create an e-newsletter about NIH prevention research activities and accomplishments; and optimize its website for mobile use to increase accessibility by stakeholders anywhere, anytime, and on any device. In addition, the ODP will promote the outcomes of all of its strategic planning efforts to ensure results reach the intended audiences. The ODP also will identify and develop a stakeholder community that includes the NIH, the HHS, and other public and private organizations and work with that community to advance communications, collaborations, and other actions to help disseminate information about prevention research.



**OBJECTIVE VI.1:** Increase the availability of information about prevention research through the use of traditional and digital communication tools.



**OBJECTIVE VI.2:** Increase communications and collaborations with stakeholders to coordinate communications about disease prevention.



**OBJECTIVE VI.3:** Support Strategic Priorities I–V via the ODP website and other communication tools.



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## SPOTLIGHT ON RESEARCH:

### *Spreading the Word About Prevention*

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The dissemination of the results of the NIH's investment in prevention research is vital to facilitating research, informing health professionals about the latest research findings, and providing the public with science-based information to help individuals make informed health decisions. The process of getting information out to the public has changed dramatically in the last decade. Traditional modes of communication such as printed pamphlets and brochures are being replaced by digital communication tools. Technologies such as interactive websites and mobile technology allow for increased outreach to a larger audience. Podcasts and webinars can be used to provide training and promote knowledge-sharing between people, regardless of their location. Social media tools such as Facebook, Twitter, and Tumblr present an opportunity to share information and connect with a vast audience instantaneously.

Prevention is important at every life stage; however, targeting children and teens can be especially beneficial. Children and teens are savvy at finding information via digital communication tools and using social media; therefore, getting appropriate prevention resources to them as soon as possible provides professionals with the opportunity to educate children before negative habits might form. There are many ways to deliver evidence-based prevention messages. Below are a few examples from across the NIH:



**Smokefree Teen** – A website developed specifically to help teen smokers quit, offers tailored information, several social media pages to connect teens with cessation tools, a free smartphone application, and text message program. ([National Cancer Institute](#))



**NIDA for Teens** – This website offers a variety of resources, including a blog for teens, Drug Facts: Real Questions From Real Teens, links to the National Drug Facts Week site, as well as information for educators and parents. It also includes the popular PEERx section, an educational initiative to discourage abuse of prescription drugs, including interactive Choose Your Path videos that prompt teens to make decisions about everyday dilemmas. ([National Institute on Drug Abuse](#))



**We Can! (Ways to Enhance Children's Activity & Nutrition)**® – A national education program designed to help keep all kids at a healthy weight. It provides resources and community-based programs for parents, caregivers, and youth that focus on behaviors to encourage healthy eating, increase physical activity, and reduce time sitting in front of the screen (TV or computer). ([National Heart, Lung, and Blood Institute](#), [Eunice Kennedy Shriver National Institute of Child Health and Human Development](#), [National Institute of Diabetes and Digestive and Kidney Diseases](#), [National Cancer Institute](#))



**Kids' Pages** – An educational website designed to teach children about the connections between their health and the environment. A variety of fun, age-appropriate tools are used to educate kids about how to prevent disease and improve human health by using environmental sciences to understand human biology and human disease. ([National Institute on Environmental Health Sciences](#))



**It's a Noisy Planet. Protect Their Hearing**® – A national public education campaign designed to increase awareness among children ages 8 to 12 and their parents about noise-induced hearing loss and how to prevent it. The TweenZone highlights when and how to protect your ears, with interactive content such as a Sound Ruler, quizzes, and a crossword puzzle, plus educational and fun videos. ([National Institute on Deafness and Other Communication Disorders](#))

*It's a Noisy Planet. Protect Their Hearing*® logo is a registered trademark of the U.S. Department of Health and Human Services.  
*We Can*® logo is a registered trademark of the U.S. Department of Health and Human Services.

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## APPENDIX A: KEY DATES IN THE HISTORY OF THE OFFICE OF DISEASE PREVENTION

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### 1985–1986

The [Office of Disease Prevention](#) (ODP) was created in 1986 in response to a directive in the [Health Research Extension Act of 1985](#) to create the position of National Institutes of Health (NIH) Associate Director for Prevention. The Associate Director was charged with promoting and coordinating prevention research among the NIH Institutes and Centers and between them and other public and private entities. The ODP's functional statement included advising the NIH Director and senior staff; coordinating disease prevention and nutrition research activities; and conducting evidence-based assessments of the state of the science and medical practice.

The Office of Medical Applications of Research (OMAR), established in 1977, was transferred from the Office of the Director (OD) to the ODP in 1986. OMAR activities included coordinating, reviewing, and facilitating the systematic identification and evaluation of clinically relevant information and promoting the effective transfer of this information to a variety of stakeholders. A key program in the OMAR was the [Consensus Development Program](#) (CDP), which held conferences and produced consensus statements on important and controversial topics in medicine. Each CDP conference was jointly sponsored and administered by one or more Institute, Center, or Office of the NIH and by the ODP.

The [Prevention Research Coordinating Committee](#) (PRCC), established in 1980, was transferred from the OD to the ODP in 1986. The PRCC serves as an advisory body to the Director of the ODP and makes recommendations regarding scientific, programmatic, and policy issues. The PRCC is composed of representatives from each of the Institutes and Centers with a disease prevention research portfolio, together with representatives from several federal partners with a strong interest in prevention (e.g., Centers for Disease Control and Prevention, U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion, Agency for Healthcare Research and Quality).

### 1995

In 1995, the [Office of Dietary Supplements](#) (ODS) was established within the ODP in response to a directive in the [Dietary Supplement Health and Education Act of 1994](#). The ODS was charged with conducting and coordinating research at the NIH related to dietary supplements; collecting scientific data and compiling a database of research on dietary supplements; and serving as a principal advisor on dietary supplements to the Assistant Secretary for Health, the Directors of the NIH and the Centers for Disease Control and Prevention, and the Administrator of the Food and Drug Administration (FDA).

The [Robert S. Gordon, Jr. Lecture](#) also was established in 1995. The award is made annually to a scientist who has contributed significantly to the field of epidemiology or clinical trials research. The Gordon Lecture is part of the NIH Wednesday Afternoon Lecture Series, which is organized by the Office of Intramural Research to invite distinguished scientists to present topics of broad scientific interest to a cross-section of NIH researchers.

### 2003

In 2003, the ODP developed Medicine in the Media, an annual course designed to help develop journalists' and editors' abilities to evaluate and report on medical research. The course addressed the challenges and opportunities inherent in the process of communicating the results of medical research to the public. The Medicine in the Media course was sponsored by the ODP, The Center for Medicine and

the Media at the Dartmouth Institute for Health Policy and Clinical Practice, Dartmouth Medical School, and the U.S. Department of Veterans Affairs' VA Outcomes Group. Additional support was provided by the NIH Office of Communications and Public Liaison.

## 2007

The ODP established the [Medicine: Mind the Gap](#) seminar series in 2007. The series explores issues at the intersection of research, evidence, and clinical practice—areas in which conventional wisdom may be contradicted by recent evidence. From the role of advocacy organizations in medical research and policy, to off-label drug use, to the effectiveness of continuing medical education, the seminar series aims to engage the NIH community in thought-provoking discussions that challenge current beliefs and encourage critical thinking about today's research environment, and how the research can be used to improve delivery of preventive care.

## 2008

In 2008, the [Division of Program Coordination, Planning, and Strategic Initiatives](#) was established by the [NIH Reform Act of 2006](#) to create a Division within the Office of the Director to focus on trans-NIH coordination, planning, and strategic initiatives. The ODP, the Office of AIDS Research, the Office for Research on Women's Health, and the Office of Behavioral and Social Sciences joined with several other newly created offices to form this new Division within the Office of the Director.

## 2012

As part of the ODP's reorganization, OMAR activities, staff, and resources were transferred to the ODP, its parent office. The CDP State-of-the-Science Conferences were discontinued, and the program's focus shifted to yearly Consensus Development Conferences on prevention topics with clinical and broad public health importance.

The [Tobacco Regulatory Science Program](#) (TRSP) was transferred to the ODP in 2012. The TRSP is a trans-NIH collaborative effort with the FDA's Center for Tobacco Products to conduct research to support the FDA's regulatory authority for tobacco products.

In 2012, the ODP hosted its first [Pathways to Prevention Workshop](#). These workshops are designed to identify methodological and scientific weaknesses in a scientific area and move the field forward through an unbiased and evidence-based assessment of a complex issue.

## 2013

Based in part on the development of the ODP Strategic Plan, the ODP discontinued two of its longstanding programs, the CDP, created in 1977, and the Medicine in the Media course, first offered in 2003.

## 2014

In 2014, ODP released its first strategic plan, for fiscal years 2014–2018.

## ASSOCIATE DIRECTORS FOR PREVENTION AND DIRECTORS OF THE OFFICE OF DISEASE PREVENTION

William T. Friedewald, M.D. (1986–1989)

John H. Ferguson, M.D. (Acting, 1989–1991)

William R. Harlan, M.D. (1991–2001)

Barnett S. Kramer, M.D., M.P.H. (2001–2010)

Paul M. Coates, Ph.D. (Acting, 2010–2012)

David M. Murray, Ph.D. (2012–Present)



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## APPENDIX B: STRATEGIC PLANNING PROCESS AND STAKEHOLDER ENGAGEMENT

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Prior to engaging stakeholders, the Office of Disease Prevention (ODP) prepared draft mission and vision statements and a set of strategic priorities. The Office also outlined the proposed planning process, including a stakeholder engagement strategy. This information was shared with the National Institutes of Health (NIH) leadership, and revisions to the materials were completed. Once final approval was received, the ODP implemented its planning process which included the activities mentioned below.

An initial step in the planning process was the recruitment of a Working Group composed of NIH scientific program and strategic planning experts, as well as representatives from other federal agencies, the extramural research community, the healthcare sector, and the public. The Strategic Planning Working Group was charged with the following:

- Making recommendations on the scope of the plan and the planning timeline.
- Reviewing and providing advice on mission and vision statements and strategic priorities.
- Reviewing and providing advice on the objectives, measures, and tactics identified to implement the plan.
- Providing advice on key stakeholder groups, informing the selection of questions for each stakeholder group, and recommending engagement strategies.
- Recommending strategies for assessing progress of the implementation of the plan.

The ODP collected comments from the Working Group on the draft mission and vision statements, the draft strategic priorities, and the overall planning process. This feedback, along with input from the NIH Prevention Research Coordinating Committee, was used to develop revised materials that were then distributed to and reviewed by various stakeholders. The ODP Director met individually with Directors of NIH Institutes and Centers to get their input on the draft mission and vision statements. These discussions also focused on how the ODP could help advance Institute and Center efforts and how the NIH as a whole could strengthen the evidence base for prevention programs. Simultaneously, ODP staff worked with senior scientific staff at the NIH to gather additional insights on the mission and vision statements, as well as the strategic priorities for the Office.

Information gathered from discussions shaped the development of revised mission and vision statements and revised strategic priorities. The updated material was posted online in a Request for Information (RFI) for broad input. The ODP sent invitations to various stakeholder communities inviting them to submit comments via the RFI. The ODP received responses from 79 organizations and individuals.

The purpose of the RFI was to gather public input on specific objectives for each strategic priority as well as ideas about measures and timelines appropriate to those objectives. Respondents also were encouraged to comment on what the ODP could do to improve processes the NIH uses to solicit, review, and administer prevention-related research grants and cooperative agreements.

To encourage continued participation by NIH staff, the ODP hosted a series of facilitated focus groups with NIH program and review staff designed to gather information on strategic priorities, measures, and timelines. As with the RFI, perspectives on how the NIH could improve the processes used to solicit, review, and administer research grants and cooperative agreements were gathered.

The ODP integrated and analyzed the comments received through the RFI, focus groups, and other channels. ODP staff and volunteers from NIH Institutes and Centers worked in teams to synthesize the

feedback into measurable objectives, implementation timelines, and benchmarks for each of the strategic priorities. This information was compiled with the mission, vision, and other supporting materials to develop a draft strategic plan. The draft plan was submitted to the NIH leadership for review and revision.

Finally, the draft plan was posted online for public comment and circulated to those involved in the formulation process. After revising the plan based on that input, the ODP resubmitted the plan to NIH leadership for final review and approval.

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## APPENDIX C: ACRONYMS AND WEBSITES FOR NIH INSTITUTES, CENTERS, AND OFFICES

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CSR	Center for Scientific Review <a href="http://public.csr.nih.gov">http://public.csr.nih.gov</a>
FIC	Fogarty International Center <a href="http://www.fic.nih.gov">http://www.fic.nih.gov</a>
NCATS	National Center for Advancing Translational Sciences <a href="http://www.ncats.nih.gov">http://www.ncats.nih.gov</a>
NCCAM	National Center for Complementary and Alternative Medicine <a href="http://nccam.nih.gov">http://nccam.nih.gov</a>
NCI	National Cancer Institute <a href="http://www.cancer.gov">http://www.cancer.gov</a>
NEI	National Eye Institute <a href="http://www.nei.nih.gov">http://www.nei.nih.gov</a>
NHGRI	National Human Genome Research Institute <a href="http://www.genome.gov">http://www.genome.gov</a>
NHLBI	National Heart, Lung, and Blood Institute <a href="http://www.nhlbi.nih.gov">http://www.nhlbi.nih.gov</a>
NIA	National Institute on Aging <a href="http://www.nia.nih.gov">http://www.nia.nih.gov</a>
NIAAA	National Institute on Alcohol Abuse and Alcoholism <a href="http://www.niaaa.nih.gov">http://www.niaaa.nih.gov</a>
NIAID	National Institute of Allergy and Infectious Diseases <a href="http://www.niaid.nih.gov">http://www.niaid.nih.gov</a>
NIAMS	National Institute of Arthritis and Musculoskeletal and Skin Diseases <a href="http://www.niams.nih.gov">http://www.niams.nih.gov</a>

NIBIB	National Institute of Biomedical Imaging and Bioengineering <a href="http://www.nibib.nih.gov">http://www.nibib.nih.gov</a>
NICHD	<i>Eunice Kennedy Shriver</i> National Institute of Child Health and Human Development <a href="http://www.nichd.nih.gov">http://www.nichd.nih.gov</a>
NIDA	National Institute on Drug Abuse <a href="http://www.drugabuse.gov">http://www.drugabuse.gov</a>
NIDCD	National Institute on Deafness and Other Communication Disorders <a href="http://www.nidcd.nih.gov">http://www.nidcd.nih.gov</a>
NIDCR	National Institute of Dental and Craniofacial Research <a href="http://www.nidcr.nih.gov">http://www.nidcr.nih.gov</a>
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases <a href="http://www.niddk.nih.gov">http://www.niddk.nih.gov</a>
NIEHS	National Institute of Environmental Health Sciences <a href="http://www.niehs.nih.gov">http://www.niehs.nih.gov</a>
NIGMS	National Institute of General Medical Sciences <a href="http://www.nigms.nih.gov">http://www.nigms.nih.gov</a>
NIMH	National Institute of Mental Health <a href="http://www.nimh.nih.gov">http://www.nimh.nih.gov</a>
NIMHD	National Institute on Minority Health and Health Disparities <a href="http://www.nimhd.nih.gov">http://www.nimhd.nih.gov</a>
NINDS	National Institute of Neurological Disorders and Stroke <a href="http://www.ninds.nih.gov">http://www.ninds.nih.gov</a>
NINR	National Institute of Nursing Research <a href="http://www.ninr.nih.gov">http://www.ninr.nih.gov</a>
NLM	National Library of Medicine <a href="http://www.nlm.nih.gov">http://www.nlm.nih.gov</a>
OAR	Office of AIDS Research <a href="http://www.oar.nih.gov">http://www.oar.nih.gov</a>
OBSSR	Office of Behavioral and Social Sciences Research <a href="http://obssr.od.nih.gov">http://obssr.od.nih.gov</a>
ODP	Office of Disease Prevention <a href="http://prevention.nih.gov">http://prevention.nih.gov</a>
ODS	Office of Dietary Supplements <a href="http://ods.od.nih.gov">http://ods.od.nih.gov</a>
ORWH	Office of Research on Women's Health <a href="http://orwh.od.nih.gov">http://orwh.od.nih.gov</a>



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## APPENDIX D: ADDITIONAL WEBSITES

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Agency for Healthcare Research and Quality (AHRQ)

<http://www.ahrq.gov>

Center for Tobacco Products (CTP), Food and Drug Administration (FDA)

<http://www.fda.gov/AboutFDA/CentersOffices/OfficeofMedicalProductsandTobacco/AbouttheCenterforTobaccoProducts>

Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov>

Community Preventive Services Task Force (CPSTF)

<http://www.thecommunityguide.org/about/task-force-members.html>

Dietary Approaches to Stop Hypertension (DASH), National Heart, Lung, and Blood Institute (NHLBI), NIH

<https://biolincc.nhlbi.nih.gov/studies/dash>

Food and Drug Administration (FDA)

<http://www.fda.gov>

Framingham Heart Study, National Heart, Lung, and Blood Institute (NHLBI), NIH

<http://www.framinghamheartstudy.org>

Healthy People, U.S. Department of Health and Human Services (HHS)

<http://www.healthypeople.gov/2020/>

Hypertension Detection and Follow-up Program, National Heart, Lung, and Blood Institute (NHLBI), NIH

<http://www.ncbi.nlm.nih.gov/pubmed/490882>

*It's a Noisy Planet. Protect Their Hearing*<sup>®</sup>, National Institute on Deafness and Other Communication Disorders (NIDCD), NIH

<http://www.noisyplanet.nidcd.nih.gov>

*Kids' Pages*, National Institute of Environmental Health Sciences (NIEHS), NIH

<http://kids.niehs.nih.gov>

Medicine: Mind the Gap, Office of Disease Prevention (ODP), NIH

<http://prevention.nih.gov/mindthegap>

National High Blood Pressure Education Program, National Heart, Lung, and Blood Institute (NHLBI), NIH

<http://www.nhlbi.nih.gov/about/nhbpep/>

National Prevention Council

<http://www.surgeongeneral.gov/initiatives/prevention/about/>

National Prevention Council Action Plan

<http://www.surgeongeneral.gov/initiatives/prevention/about/actionplan>

National Prevention Strategy

<http://www.surgeongeneral.gov/initiatives/prevention/strategy/>

*NIDA for Teens*, National Institute on Drug Abuse (NIDA), NIH

<http://teens.drugabuse.gov>

Office of Disease Prevention (ODP) Co-Funded Projects, NIH

[http://prevention.nih.gov/cofund\\_projects.aspx](http://prevention.nih.gov/cofund_projects.aspx)

Office of Disease Prevention and Health Promotion (ODPHP), U.S. Department of Health and Human Services (HHS)

<http://odphp.osophs.dhhs.gov>

Office of Portfolio Analysis (OPA), NIH

<http://dpcpsi.nih.gov/opa/>

Pathways to Prevention (P2P), Office of Disease Prevention (ODP), NIH

<http://prevention.nih.gov/p2p/>

**Phenotypes and eXposures (PhenX) Toolkit**, National Human Genome Research Institute (NHGRI), NIH

<http://www.genome.gov/27541903/>

Prevention Research Coordinating Committee (PRCC), Office of Disease Prevention (ODP), NIH

<http://prevention.nih.gov/prcc.aspx>

Research, Condition, and Disease Categorization (RCDC), NIH

<http://report.nih.gov/rcdc/>

Robert S. Gordon, Jr. Lecture in Epidemiology, Office of Disease Prevention (ODP), NIH

<http://prevention.nih.gov/gordon.aspx>

*Smokefree Teen*, National Cancer Institute (NCI), NIH

<http://teen.smokefree.gov>

Tobacco Regulatory Science Program (TRSP), Office of Disease Prevention (ODP), NIH

<http://prevention.nih.gov/tobacco/>

U.S. Department of Health and Human Services (HHS)

<http://www.hhs.gov>

U.S. Preventive Services Task Force (USPSTF)

<http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/uspstf/>

***We Can!* (Ways to Enhance Children's Activity & Nutrition)<sup>®</sup>**, National Heart, Lung, and Blood Institute (NHLBI), NIH

<http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/>



