

Developing a Strategic Plan for Prevention Research at NIH

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Society for Prevention Research
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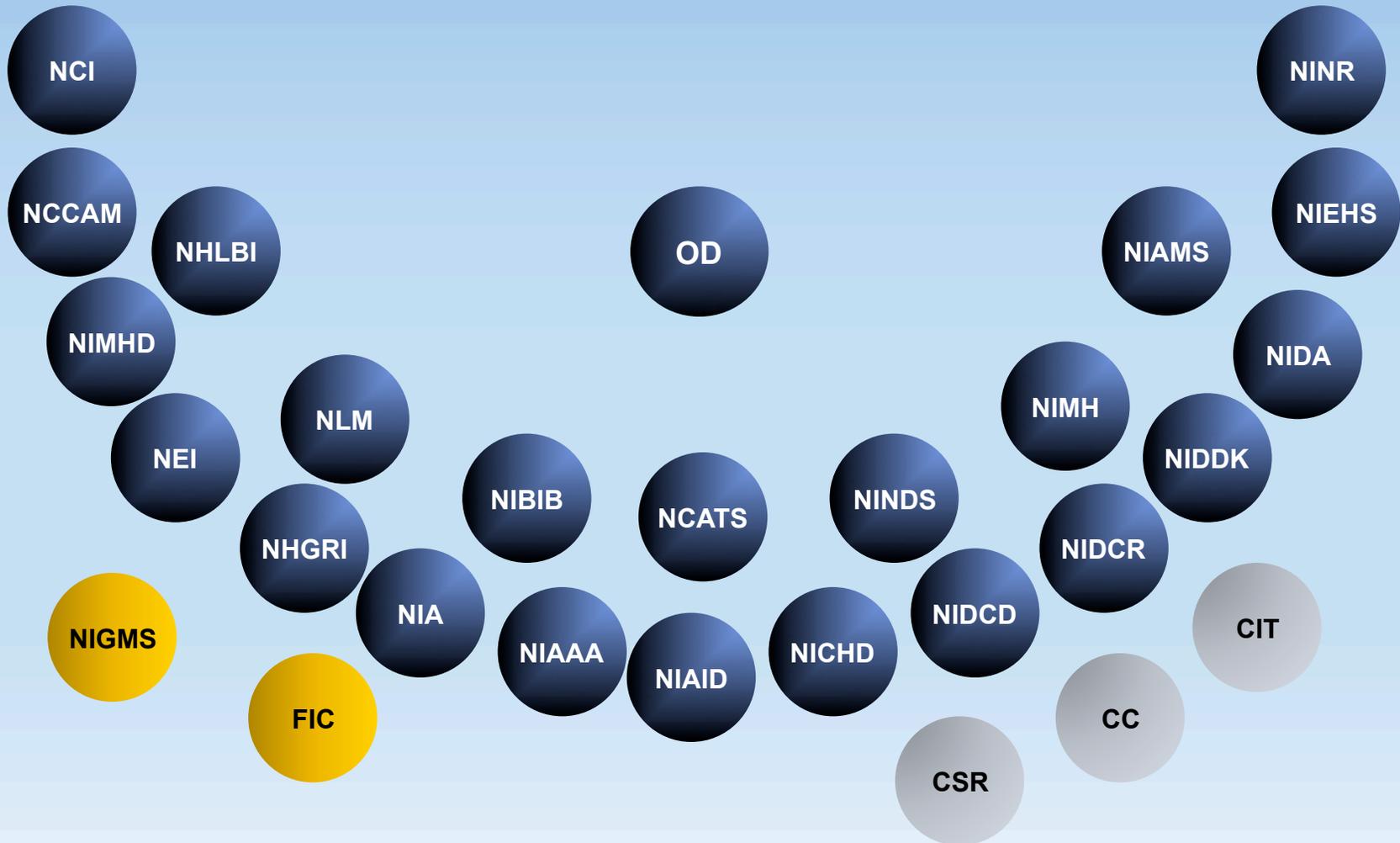


National Institutes of Health
Office of Disease Prevention

Today's Presentation

- The Office of Disease Prevention
- The ODP strategic planning process
- The emerging strategic plan
- Roles for SPR and its members

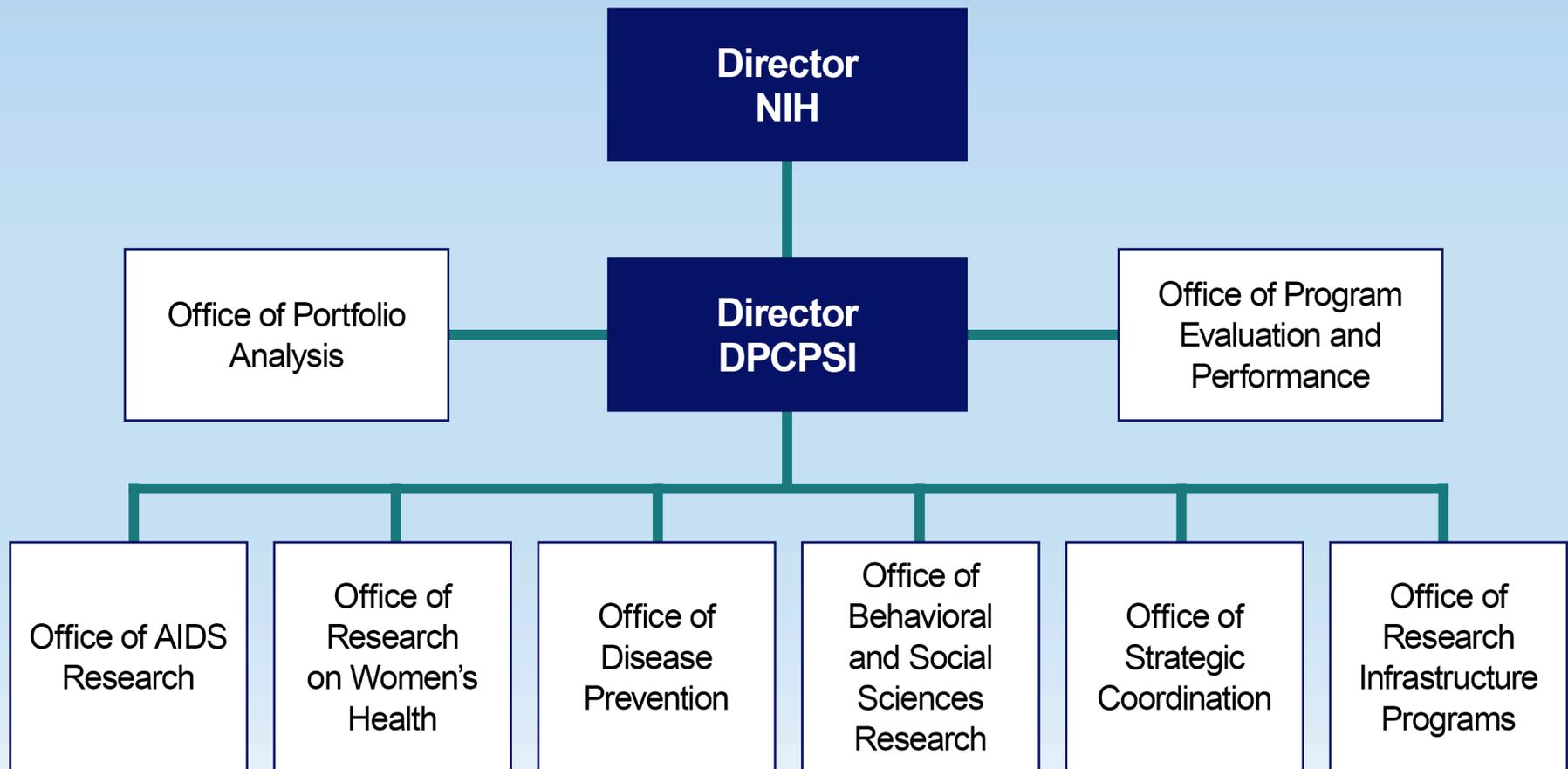
NIH Institutes and Centers



● Extramural only

● No Funding Authority

The Office of Disease Prevention



History of ODP

- ODP was created in 1986 in response to a directive in the Health Research Extension Act of 1985 to create the position of Associate Director for Prevention.
 - The Prevention Research Coordinating Committee moved to ODP in 1986.
 - The Office of Medical Applications of Research and its Consensus Development Program was moved to ODP in 1986.



History of ODP

- Other offices have been added to ODP over the years.
 - The Division of Nutrition Research Coordination was created in 1988 then moved to NIDDK in 1994.
 - The Office of Rare Diseases Research was established in 1993 then moved to NCATS in 2011.
 - The Office of Dietary Supplements was established by Congress in 1994.

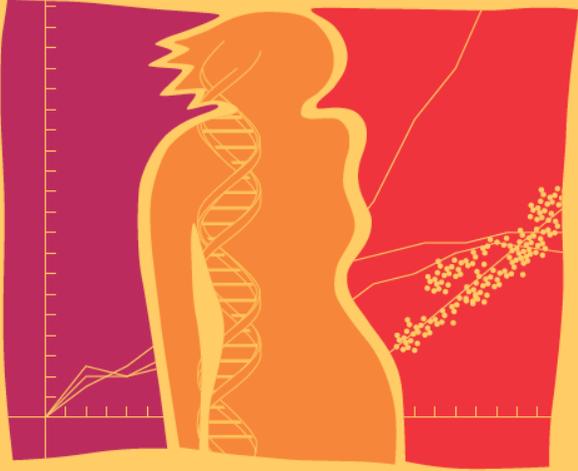


National Institutes of Health
Office of Dietary Supplements

History of ODP

- The Robert S. Gordon Lecture was established in 1995 to recognize scientists who have contributed significantly to the field of epidemiology or clinical trials research.

An NIH Director's Wednesday Afternoon Lecture Series
THE 2013 ROBERT S. GORDON, JR. LECTURE



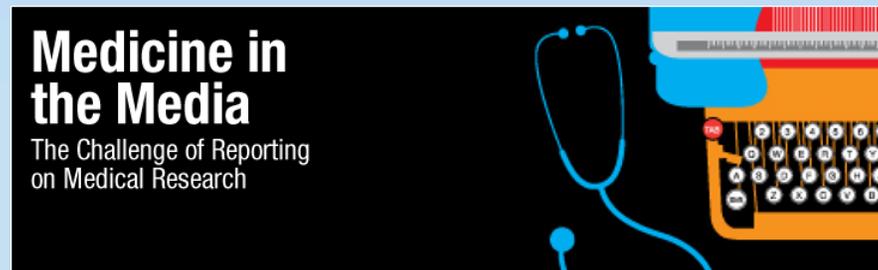
Using Risk Models
for Breast Cancer Prevention

Mitchell H. Gail, M.D., Ph.D.
Division of Cancer Epidemiology & Genetics, National Cancer Institute

February 27, 2013
3-4 p.m. Masur Auditorium
Warren Grant Magnuson Clinical Center
National Institutes of Health
Bethesda, Maryland

History of ODP

- **Medicine in the Media** was developed in 2003 to help develop journalists' and editors' abilities to evaluate and report on medical research.



History of ODP

- The Medicine: Mind the Gap seminar series was established in 2007 to explore issues at the intersection of research, evidence, and clinical practice—areas in which conventional wisdom may be contradicted by recent evidence.

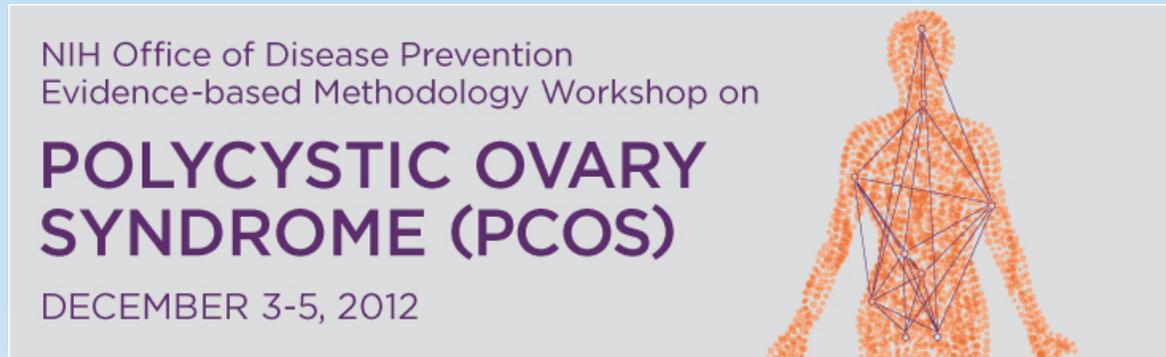


History of ODP

- ODP was moved to the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI) in response to the NIH Health Reform Act of 2006.
- The Office of Medical Applications of Research was dissolved in 2011 and its resources were merged with the resources of the Director of ODP.

History of ODP

- Evidence-Based Methodology Workshops began in 2012 to identify methodological and scientific weaknesses in an area and move the field forward through an unbiased and evidence-based assessment of a complex clinical issue.



History of ODP

- The Tobacco Regulatory Science Program was transferred to ODP in 2012.
 - TRSP is a trans-NIH collaborative effort with the FDA's Center for Tobacco Products to conduct research to support FDA's regulatory authority for tobacco products.
 - This program supported \$66M in new research in 2012.

The screenshot shows the NIH Office of Disease Prevention website. At the top, it features the logos for the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI), National Institutes of Health, and U.S. Department of Health and Human Services. Below the logos is the NIH logo and the text "National Institutes of Health Office of Disease Prevention". There are also social media links for @NIHprevents and ODP Email Updates.

The main content area is titled "Tobacco Regulatory Science Program (TRSP)". It includes a navigation menu on the left with options: Home, Tobacco Regulatory Research, About the FSPTCA, Research Priorities, Funding Opportunities, Research Portfolio, and Resources. The main text describes the TRSP as a trans-NIH collaborative effort with the FDA's Center for Tobacco Products (CTP) to conduct research to support its regulatory activities over tobacco products. It also mentions the passage of the 2009 Family Smoking Prevention and Tobacco Control Act.

On the right side, there is a "What's New" section with a link to "Tobacco Control Regulatory Research PAR-12-267 (R01)" and a sub-link for "Notice of Change in Expiration Date of PAR-12-267 Tobacco Control".

ODP Today

Research Coordination

- ODP co-funds NIH research projects, meetings, and workshops.
 - ODP seeks to co-fund activities that support prevention research, including conferences, grants, and other activities.
 - ODP manages the Tobacco Regulatory Science Program.
- ODP is the NIH liaison to other DHHS activities and partners.
 - Healthy People 2020
 - National Prevention Strategy
 - U.S. Preventive Services Task Force
 - Community Preventive Services Task Force

ODP Today

Evidence Assessment

- Consensus Development Program
 - Gestational Diabetes Mellitus
 - Inhaled Nitric Oxide Therapy for Premature Infants
 - Vaginal Birth After Cesarean
 - Lactose Intolerance and Health
 - Management of Hepatitis B
 - Hydroxyurea Treatment for Sickle Cell Disease
- Evidence-based Methodology Workshops
 - Polycystic Ovary Syndrome
 - Myalgic Encephalomyelitis/Chronic Fatigue Syndrome
 - Opioids in the Treatment of Chronic Pain

ODP Today

Training and Education

- Medicine in the Media Course
- Medicine: Mind the Gap Seminar Series
 - Raising the Bar: Engineering Optimized Behavioral Interventions for Increased Public Health Impact, Linda M. Collins, PhD., March 26, 2013
 - Achieving Scientific Equity for the Prevention of Mental, Emotional and Behavioral Disorders in Minorities and Other Populations, C. Hendricks Brown, PhD., May 9, 2013
- Robert S. Gordon, Jr. Lecture Series
 - Using Risk Models for Breast Cancer Prevention, Mitchell Gail MD, PhD, February 27, 2013

ODP Today

Office of Dietary Supplements

- Supports development of analytic methods and reference materials.
- Provides a database of federally funded projects on dietary supplements, and soon, a database on supplement labels.
- Provides evidence-based reviews.
- Co-funds research projects.
- Supports Botanical Research Centers.

Developing a Strategic Plan

- Created in 1986, ODP has had a low profile and has never had a strategic plan.
 - Previous Directors had very limited staff and resources.
 - The recent reorganization of ODP provides a larger staff, greater resources, and an opportunity to redefine the work of the Office.
- ODP has sought broad input to create its first strategic plan to guide its work in 2014-19.
 - A Working Group of NIH, other federal, extramural, and public partners is guiding the process.
 - Deborah Gorman-Smith is a member.
 - Interviews with NIH Institute and Center Directors and other key leaders informed the definition of prevention research and the mission, vision, and draft strategic priorities for ODP.

Defining Prevention Research

- Prevention research at the NIH encompasses research designed both to promote health and to prevent onset of disease, disorders, or injuries and to prevent the progression of asymptomatic disease.



Defining Prevention Research

- Prevention research targets biology, individual behavior, factors in the social and physical environments, health services, and informs and evaluates health-related policies and regulations.
- Prevention research includes:
 - 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 and dissemination* of effective preventive interventions into practice,
 - Development of *research methods* to support this work.

Mission

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



Vision

- By 2019, the ODP will be a valuable resource to NIH and the broader prevention research community,
 - Providing guidance in prevention research methodology,
 - Identifying gaps in existing evidence and facilitating the coordination of new activities to address those gaps,
 - Promoting quality improvements in the review and administration of prevention research,
 - And increasing the impact and visibility of prevention research.

Developing a Strategic Plan for 2014-19

- Building on this foundation, ODP sought input from key stakeholders to develop measurable objectives, activities, and timelines for each priority.
 - Program and review staff participated in focus groups.
 - Sought public comment via a Request for Information.
 - Actively engaged professional societies and extramural investigators.
 - Organized input around the draft strategic priorities.
- A team for each priority will identify candidate objectives, tasks, benchmarks, and timelines.
- Draft Strategic Plan expected by Labor Day.
- Final Strategic Plan expected this fall.

Strategic Priority #1

- Systematically monitor NIH investments in prevention research and the public health impact of that research.
 - Current methods...
 - Do not analyze any part of the narrative.
 - Have unknown sensitivity and inadequate specificity.
 - Provide inadequate detail on features like outcome, exposure, study type, design, age group, etc.
 - Cannot accurately characterize levels or trends for awards or dollars.
 - Cannot identify areas with inadequate support.
 - Cannot be used effectively to address this strategic priority.

Strategic Priority #1

- Systematically monitor NIH investments in prevention research and the public health impact of that research.
 - Objective 1
 - By October 1, 2014, develop better tools to classify awards based on the categories and levels of interest in prevention research.
 - Tasks
 - Hire a systems developer in the Office of Portfolio Analysis.
 - Develop an operational definition of prevention research.
 - Identify the categories and levels of interest.
 - Identify awards that can serve as prototypes.
 - Develop tools to classify awards based on those categories and levels using the title, abstract, specific aims, and the narrative.
 - Apply the tools, review the results, revise the tools, etc., to achieve desired sensitivity and specificity.

Strategic Priority #1

- Systematically monitor NIH investments in prevention research and the public health impact of that research.
 - Suggestions
 - Conduct portfolio analyses to monitor levels and trends in prevention research by categories and levels of interest.
 - Develop metrics to assess the public health impact of prevention research and report regularly on progress.
 - Meet regularly with IC staff focused on prevention to monitor developing FOAs, active projects, and pending results.

Strategic Priority #2

- Identify and promote prevention research areas that deserve expanded effort and investment by the NIH.
 - ICs look to ODP for advice on areas and topics for new or expanded prevention research.
 - Better portfolio analysis methods would help.
 - Regular interaction with key stakeholders would help.
 - US Preventive Services Task Force
 - Community Preventive Services Task Force
 - National Prevention Council
 - Professional societies

Strategic Priority #2

- Identify and promote prevention research areas that deserve expanded effort and investment by the NIH.
 - Objective 1
 - By October 1, 2014, actively coordinate of the work of NIH with the work of the US Preventive Services Task Force.
 - Tasks
 - Delineate the USPSTF workflow and identify points at which it would be important to have input from NIH.
 - Identify NIH contacts for all active USPSTF topics as well as those previously judged to have insufficient evidence.
 - Coordinate input from NIH to the USPSTF at appropriate points.
 - Coordinate communications between USPSTF and NIH to facilitate clear communications for all final statements.
 - Coordinate follow-up to USPSTF on all insufficient evidence reports.

Strategic Priority #2

- Identify and promote prevention research areas that deserve expanded effort and investment by the NIH.
 - Suggestions
 - Prioritize based on leading causes of death and disability.
 - Prioritize based on preventable causes of death.
 - Prioritize based on preventable causes of death which do not already have effective prevention strategies.
 - Prioritize based on population segments that have been understudied.
 - Prioritize comprehensive prevention programs rather than single-target programs.
 - Prioritize prevention programs that target entire populations.
 - Prioritize areas where the US is lagging behind developed countries.

Strategic Priority #2

- Identify and promote prevention research areas that deserve expanded effort and investment by the NIH.
 - Suggestions
 - Use the new portfolio analysis tools to identify areas that are not receiving adequate support.
 - Use Healthy People 2020 to identify areas that are not moving forward because of lack of measures and push those.
 - Use the National Prevention Strategy to guide priorities.
 - Review reports from other public and private organizations that identify areas of need.
 - Create an ODP advisory council to offer input.
 - Regularly survey the extramural community for input.
 - Use consensus conferences to identify areas and set priorities.
 - Use social media to solicit input.

Strategic Priority #3

- Promote the use of the best available methods in prevention research and support the development of better methods.
 - Program and review staff are not up to date, making it harder for them to advise applicants and empanel study sections.
 - Review panels often lack necessary methodological expertise.
 - Investigators often lack necessary methodological expertise.
 - Training is needed in the use of newer and better methods for measurement, intervention, design, and analysis.

Strategic Priority #3

- Promote the use of the best available methods in prevention research and support the development of better methods.
 - Objective 1
 - By October 1, 2014, coordinate with selected SROs to identify the methodological expertise needed for their panels and to provide lists of appropriate methodologists willing to review.
 - Tasks
 - Establish working relationship with CSR.
 - Identify study sections that review prevention research applications.
 - Identify the methodological expertise needed for these panels.
 - Identify methodologists with expertise in these areas willing to review.
 - Provide SROs with these lists, encourage methodologists to serve.
 - Extend this approach to review panels outside of CSR.

Strategic Priority #3

- Promote the use of the best available methods in prevention research and support the development of better methods.
 - Suggestions
 - Set Standards.
 - Use consensus conferences to identify best methodological practices for prevention research.
 - Use a Wikipedia-like site to allow the prevention community to define and update best practices as they evolve.
 - Develop prevention research outcome reporting standards.
 - Develop a research toolkit for prevention.

Strategic Priority #3

- Promote the use of the best available methods in prevention research and support the development of better methods.
 - Suggestions
 - Provide training to NIH extramural program and review staff.
 - Present at program and review staff meetings.
 - Convene an NIH prevention methods working group.
 - Offer methods-oriented seminars and webinars for program and review staff.

Strategic Priority #3

- Promote the use of the best available methods in prevention research and support the development of better methods.
 - Suggestions
 - Provide training to the extramural community
 - Serve as a resource to extramural investigators.
 - Sponsor a summer institute on prevention science.
 - Develop online resources including webinars.
 - Provide or support workshops at meetings of professional societies.
 - Publish monographs on best methods.
 - Promote and support existing methods training programs.
 - Existing methodology centers
 - Graduate training programs
 - Existing workshops and seminars

Strategic Priority #3

- Promote the use of the best available methods in prevention research and support the development of better methods.
 - Suggestions
 - Create training programs
 - Develop prevention science training programs within CTSA's.
 - Sponsor a program announcement for pre-doctoral or post-doctoral training in prevention science.
 - Use R13 and U13 mechanisms to support training.
 - Expand existing FOAs to include training in prevention methodology.

Strategic Priority #3

- Promote the use of the best available methods in prevention research and support the development of better methods.
 - Suggestions
 - Support methods development
 - Develop FOAs for innovative methods of designing prevention studies.
 - Develop FOAs for innovative methods of analyzing prevention studies.
 - Provide supplements to existing grants to support methods development.

Strategic Priority #4

- Encourage development of collaborative prevention research projects and facilitate coordination of such projects across the NIH and with other public and private entities.
 - All of the ICs support prevention research in their own areas.
 - This has created a robust and diverse prevention research portfolio, but one that discourages collaboration across ICs.
 - Enhanced collaboration and coordination among ICs could result in better outcomes.

Strategic Priority #4

- Encourage development of collaborative prevention research projects and facilitate coordination of such projects across the NIH and with other public and private entities.
 - Suggestions
 - Identify areas of interest to multiple ICs and encourage collaboration.
 - Identify developing FOAs and look for opportunities for collaboration.
 - Promote initiatives that have a broad focus rather than disease specific focus.
 - Act as the lead on FOAs related to prevention.
 - Use the Common Fund to...
 - Create an FOA involving common risk factors and multiple outcomes.
 - Provide matching funds to ICs who develop collaborative FOAs.

Strategic Priority #4

- Encourage development of collaborative prevention research projects and facilitate coordination of such projects across the NIH and with other public and private entities.
 - Suggestions
 - Develop relationships with DOD, CDC, HRSA, CMS, SAMHSA.
 - Develop partnerships with health care payers and provider networks.
 - Promote braided funding, combining resources across ICs or among ICs and other agencies.
 - Link researchers doing similar work but funded separately.

Strategic Priority #5

- Identify and promote the use of effective evidence-based interventions.
 - The Congressional mandate for ODP includes dissemination of the results of disease prevention research.
 - There are many other federal agencies whose mission is focused on dissemination, e.g., CDC.
 - Dissemination will be part of the ODP portfolio, but ODP may play a support role.

Strategic Priority #5

- Identify and promote the use of effective evidence-based interventions.
 - Suggestions
 - Develop criteria for defining effective evidence-based interventions.
 - Develop a best practices clearinghouse.
 - Discourage the use of ineffective programs.
 - Create a Prevention Portal that provides a one-stop source.
 - Support ICs to promote evidence-based programs.
 - Provide links to other sites that identify effective evidence-based interventions.
 - E.g., CDC, AHRQ, Cochrane Collaborative, SPR, and others.

Strategic Priority #5

- Identify and promote the use of effective evidence-based interventions.
 - Suggestions
 - Continue the Consensus Development Program
 - Improve communications between NIH and USPSTF
 - Improve communications between NIH and CDC
 - Develop strategic alliances with academic sectors to integrate prevention throughout the curriculum
 - Promote discussions with state and local departments of health
 - Support research on dissemination of interventions shown to be efficacious and effective.

Strategic Priority #6

- Increase the visibility of prevention research at NIH and across the country.
 - NIH is focused much more on basic science and on developing and evaluating treatments than on prevention.
 - The prevention community at NIH has asked ODP to take a leadership role in promoting prevention research both at NIH and elsewhere.

Strategic Priority #6

- Increase the visibility of prevention research at NIH and across the country.
 - Suggestions
 - Develop a website that is informative, dynamic, and maintained.
 - Highlight recent publications on prevention with links to the papers.
 - Provide links to current prevention research at the ICs.
 - Provide searchable database of all prevention-related FOAs, with links.
 - Post a list of NIH program contacts across ICs and their areas of prevention expertise.
 - Provide a list of all study sections that address prevention, with links.
 - Create a top 10 list of prevention success stories funded by NIH.
 - Add a page for partners, providing links to ODPHP, CDC, etc.
 - Provide a place where stakeholders can offer suggestions.

Strategic Priority #6

- Increase the visibility of prevention research at NIH and across the country.
 - Suggestions
 - Create a strong social media presence.
 - Perform targeted outreach to internal and external stakeholders.
 - Provide input to Dr. Collins for his blog and presentations.
 - Provide input directly to the media about prevention research at NIH.
 - Co-fund public education campaigns.

Roles for SPR and its Members

- Working with the SPR Board to get feedback on these ideas and identify areas where SPR could be helpful.
 - SPR could be very helpful in identifying investigators with appropriate methodological expertise for study sections.
 - SPR could be very helpful in identifying investigators who could be contributors for training activities.
- Working with the SPR Training Committee to identify core content for prevention science.
 - SPR could be very helpful in developing training activities.
 - SPR could be very helpful in identifying contributors for training activities.

Roles for SPR and its Members

- Strategic Priority 1
 - Please submit your suggestions for categories and levels to classify prevention research.
- Strategic Priority 2
 - Please submit your suggestions for prevention research areas that deserve expanded investment by NIH.
- Strategic Priority 3
 - Please identify yourself and your areas of methodological expertise.
- Strategic Priorities 4-6
 - Please submit suggestions on the other strategic priorities.
- Contact us at prevention@mail.nih.gov

Contact ODP

prevention.nih.gov

prevention@mail.nih.gov



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