



**Association of
American Medical Colleges**
655 K Street, N.W., Suite 100, Washington, D.C. 20001-2399
T 202 828 0400
www.aamc.org

January 19, 2018

Wilma Peterman Cross, M.S.
Deputy Director, Office of Disease Prevention
National Institutes of Health
prevention@mail.nih.gov

Re: Request for Information on the Office of Disease Prevention Strategic Plan for Fiscal Years (FY) 2019-2023

Dear Ms. Cross:

The Association of American Medical Colleges (AAMC) is pleased to have this opportunity to offer comments related to the National Institutes of Health's (NIH) Office of Disease Prevention's (ODP) Strategic Plan for fiscal years 2019-2023. Founded in 1876 and based in Washington, D.C., the AAMC is a not-for-profit association dedicated to transforming health care through innovative medical education, cutting-edge patient care, and groundbreaking medical research. Its members comprise all 149 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and more than 80 academic societies. Through these institutions and organizations, the AAMC serves the leaders of America's medical schools and teaching hospitals and their nearly 167,000 full-time faculty members, 88,000 medical students, 124,000 resident physicians, and thousands of graduate students and postdoctoral trainees in the biomedical sciences.

AAMC recognizes the central role the NIH plays in developing the evidence base for effective strategies to prevent and treat disease. The NIH's Office of Disease Prevention (ODP) is a crucial driver in assessing, facilitating, and stimulating research focused on disease prevention and health promotion and, importantly, in disseminating and implementing results of that research to improve the health of all. We are pleased, therefore, to offer the following comments related to your proposed five strategic priorities.

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

The AAMC strongly supports a centralized effort to describe, monitor, and evaluate the results of NIH-funded prevention research. In order to ensure maximal benefit of said efforts, AAMC recommends that:

1. ODP **adopt an "equity" lens** as it develops taxonomies in order to formally assess whether and how NIH-funded prevention research is measuring inequities in health and health care and developing generalizable strategies to minimize or eradicate them. The lack of an explicit focus

on preventing/addressing inequities will limit the opportunity for all groups in the United States to attain their highest level of health and well-being.

2. The algorithms and taxonomies developed to monitor NIH-funded prevention research should be made public both to **ensure transparency, and to promote a uniform definition** and understanding of the breadth, scope and targets of prevention research in the United States. Similarly, we encourage ODP to make progress reports stemming from this monitoring publicly available so researchers can work with their local community partners to rapidly identify and implement effective programs in their own neighborhoods.
3. Align the developed taxonomy with **NIH RePORTER** codes/terms to ensure uniform application of the algorithms and minimize confusion regarding how NIH defines prevention research.

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

AAMC very much supports ODP's efforts to monitor and report on prevention research gaps both in terms of health outcomes and populations, and applauds ODP's previous work to deepen partnerships across the Department of Health and Human Services (HHS) on these efforts. The AAMC has in the past worked with resources developed by the National Library of Medicine to conduct similar portfolio and gap analyses of disparities-focused health services research and would be happy to share lessons learned.¹ As ODP strengthens its commitment to identify research areas for investment, the AAMC suggests:

1. ODP go beyond its current HHS partners and **seek input directly from the patients and communities** who are most likely to benefit from any expanded prevention research efforts. Without such "on the ground" information, ODP might miss health and health care concerns of import and hinder the kind of community-partnered prevention efforts most likely to yield results in terms of primary and secondary disease prevention.
2. Other sources of local health need data – such as public health department or non-profit hospital community health needs assessment (CHNA) data – be incorporated into the gap analysis as one way to learn more directly from community residents which health and health care needs are under-addressed by current prevention research efforts.

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

Sound methodology is the key to ensuring the internal and external validity of prevention research, and AAMC is encouraged by ODP's focus on promoting the best available methods across its portfolio. As ODP catalogues and disseminates these methods, the AAMC urges the inclusion of:

1. **Health equity research methods** that explicitly quantify and investigate the extent of group-specific differences in disease status. This is particularly important for applied prevention research that aims to improve health: such intervention-focused prevention science should formally incorporate health equity research methods to understand whether benefits accrue equitably and, if not, why not.

¹ Alberti PM, Kanani NS, Sutton K, Johnson BH, Holve E (2014) "[The State of Health Equity Research: Closing Knowledge Gaps to Address Inequities.](#)" Washington, DC: Association of American Medical Colleges.

- a. This requires a concomitant focus on best practices to ensure **diversity in research populations** so results are generalizable to various populations in the United States.
2. **Community-engaged research methods** to ensure meaningful, bidirectional research partnerships which are truly responsive to the outcomes that matter to local patients and communities. The National Center for Advancing Translational Sciences' "CTSA consortium" has developed robust logic models and evaluation methodologies to ensure interactive academic-community research partnerships so important for effective prevention research and intervention.
3. **Multilevel analytic methods** which are crucial to address the many drivers that can promote or inhibit wellness and health. Prevention efforts must incorporate genetic, risk-behavior, health care, social determinant, and environmental data in order to identify intervention points both across these levels and at their intersections.
4. **Implementation science** principles to ensure successful programs can be translated to and carried out in various contexts. Prevention research should pay attention to what contextual variables facilitate moving from theory to practice.
5. **Evaluation science** that incorporates formative, process, and outcome evaluation and identifies outcomes of import for all stakeholders involved in the prevention research process. An evaluation focus will also allow ODP's monitoring and reporting function to include public reporting of prevention research's value to communities, patients, institutions, and the nation.
6. **A life course perspective** so changes in risk and protective factors which accrue over time are adequately understood and addressed via ODP's prevention research portfolio.

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

Collaboration – across NIH in terms of developing research opportunities and across communities in terms of building research and implementation partnerships – is crucial to support prevention science. AAMC recommends that ODP:

1. Extend collaborative efforts in prevention research to NIH-sponsored **training programs** to develop competencies in the kind of team science required for prevention research to be most impactful.
2. Ensure these new collaborative opportunities are available for **junior researchers** so that the next generation of prevention scientists benefits from a robust prevention science portfolio.

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

The AAMC is a willing dissemination partner for ODP's funding opportunities, prevention-related resources, and the results of its supported science. To support these efforts to increase understanding of the value of prevention research the AAMC urges ODP to:

- Develop materials for **various stakeholders and in various languages** so the benefits of prevention research may be understood and endorsed by diverse communities across our country.
- Deploy various forms of media dissemination vehicles, including **social media**, to reach all demographic groups.

AAMC appreciates the opportunity to comment on ODP's proposed strategic priorities, and we look forward to working with the ODP as the work described within those priorities develops. Please feel free to contact me or my colleague, Philip M. Alberti, PhD, Senior Director Health Equity Research and Policy (palberti@aamc.org), with any questions about these comments.

Sincerely,

A handwritten signature in blue ink, reading "Ross E. McKinney, Jr., MD". The signature is stylized and cursive, with the initials "R.E.M." clearly visible at the end.

Ross E. McKinney, Jr., MD
Chief Scientific Officer