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**Association of
American Medical Colleges**
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March 27, 2020

National Institutes of Health, Office of Disease Prevention, HHS

Re: Request for Information (RFI): Stakeholder Input on Opportunities for Increased Collaboration to Advance Prevention Research [NOT-OD-20-072]

To Whom It May Concern,

The Association of American Medical Colleges (AAMC) appreciates the opportunity to offer comments related to the National Institutes of Health's (NIH) Office of Disease Prevention's (ODP) efforts to enhance prevention research collaborations. The AAMC is a not-for-profit association representing all 155 accredited U.S. medical schools, nearly 400 major teaching hospitals and health systems, and more than 80 academic and scientific societies. These institutions conduct over half of the research funded by the National Institutes of Health (NIH), and through these institutions and organizations the AAMC represents nearly 173,000 faculty members, 89,000 medical students, 129,000 resident physicians, and more than 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

The AAMC would like to first congratulate ODP on the release and adoption of its comprehensive and well-articulated strategic plan for 2019-2023, and we are pleased to see many of our earlier recommendations including the cross-cutting themes of health disparities and implementation science incorporated in the final version.¹

The following responses to ODP's four current inquiries reflect input from both AAMC as well as health equity researchers and their community partners participating in AAMC's Collaborative for Health Equity: Act, Research, Generate Evidence (CHARGE).

Please comment on the top 2-3 strategies for increasing collaboration and engagement between the ODP and your organization. The ODP is particularly interested in opportunities to advance areas that address the top disease risk factors in the United States, as well as efforts to reduce health disparities, improve quality and access to care for major contributors to morbidity and mortality, and help address social determinants of health.

The AAMC and its member medical schools and teaching hospitals are eager to collaborate with NIH and ODP to promote and advance prevention research. To that end, the AAMC suggests three strategies for enhancing collaborative opportunities:

¹ AAMC Comment Letter, January 19, 2018 (available at <https://www.aamc.org/system/files/c/1/485906-aamcresponsetonihodp2019-2023strategicplan.pdf>)

1. Develop more formal connections between ODP and nonprofit hospitals' required community health needs assessment (CHNA) and implementation strategy processes.

Of particular import to our members is the dissemination, perhaps via the Centers for Disease Control and Prevention's "[Community Health Improvement Navigator](#)", of effective, evidence-based prevention strategies developed through NIH funding.

Any ODP effort that would make easier the identification of prevention practices that work to improve community health and mitigate inequities would ensure that the interventions deployed to address prioritized community health needs are more likely to succeed. Importantly, although the CHNA mandate rests on the shoulders of non-profit hospitals, their community, public health, and social service partners are integral to the work's effectiveness. Ensuring that ODP's prevention science dissemination reaches and connects those partners is essential.

2. Spearhead the development of a prevention evidence base at the intersection of community health and population health management that helps demonstrate to health care organizations that a focus on the former benefits efforts to improve the latter.

As hospitals across the country are grappling with the shift to a system that incentivizes the value of services rendered and not the volume of those services, academic health centers are exploring 'value based' population health management strategies. These efforts necessarily focus on patients or "covered lives" but are often divorced from the broader, community health efforts of the institution and its partners.

While there is an argument to be made that a healthier community will result in more successful population health management efforts, to date there is scant evidence to support this claim. ODP could take a leadership role in deploying its scientific resources to galvanize this vein of research in hopes of better aligning and more deeply connecting community-based and patient-focused prevention efforts.

3. Lead the creation of a "Prevention Policy Agenda for Health Care" that would delineate the health care system's role and needs in addressing both patient-level health-related social needs (HRSN) and community-level social determinants of health (SDOH).

ODP should bring to bear its expertise, resources, and evidence to help policymakers and institutions select policy solutions across all levels that are most likely to effectively shift structures and systems in ways that improve community health and minimize health injustice.

For the health care sector, various salient questions could be answered through ODP-supported health policy research: When it comes to prevention what HRSN are the most important to screen for clinically? Which SDOH are most crucial to address to make prevention health efforts successful *and* how do we adjust for those risk factors in our payment models? When it comes to nonprofit hospitals' formal community benefit, which

investments should the health care system make to enhance disease prevention and health promotion?

To validly answer those and similar questions, ODP could provide health policy research funding that brings together experts from various disciplines (public health, economics, health care, etc.) as well as patients and family members to study, synthesize and disseminate evidence in a way that informs institutional, local, state, and Federal policy.

Importantly, the three collaborative opportunities above would connect ODP to prevention stakeholders, scholars, and scientists currently absent from study sections and peer review panels, a gap ODP has noted. AAMC would be willing to disseminate ODP's Prevention Research Expertise Survey (PRES) to identify diverse and relevant prevention experts engaged in the efforts described above.

Please provide suggestions for how the ODP can foster high-quality collaborative prevention research and in what areas (e.g., screening for disease or risk factors, economics of prevention, prevention methods and measurement research, training efforts).

The AAMC and its members offer the following four suggestions:

- 1. Connect more intentionally to the late stage translation science at the National Center to Advance Translation Science's (NCATS) clinical and translational awards (CTSA) sites, as well as to the CDC's Prevention Research Centers (PRC), many of which are co-located.**

At the recent kick-off meeting for the new PRC cohort, it was exciting to witness the presence and participation of NCATS' leadership. A focus of PRC-NCATS conversations was how to extend the "bench to bedside to community" continuum to continue from community to policy. ODP should be an active participant in those conversations.

PRC and CTSA grantees are co-located at 16 academic health centers across the country creating the substrate for potential "Prevention Innovation Hubs". By more deeply connecting the prevention research and community partnered science and experts within these 'hubs' and deploying additional ODP resources and expertise, there is an opportunity to multiply the social and scientific return on these investments.

- 2. Create implementation and evaluation grants to spread NIH-funded successes, assess generalizability, and refine considerations for implementation.**

While there is a growing body of evidence about what works to promote community health and mitigate health and health care inequities, sustaining, spreading and implementing those successes more broadly continues to remain a barrier. Often institutional leaders reasonably require local evidence of success before dedicating new dollars. Small seed grants often require a paring down of the evidence-based intervention to its bare bones and do not often allow for longitudinal evaluation.

ODP should consider developing funding mechanisms whereby scientists and administrators could seek grants specifically for the implementation and evaluation of evidence-based prevention strategies. This would allow for replication under different contexts and likely develop evidence that will be appealing to various stakeholders including hospital and health system leadership. This work could be facilitated through NIH's Dissemination and Implementation working group.

3. Partner with the Agency for Healthcare Research and Quality (AHRQ) and the Patient-Centered Outcomes Research Institute (PCORI) to create opportunities for patient engaged scholarship aimed at developing appropriate clinical workflows to screen, diagnose, and refer for social needs to bolster local prevention efforts and access to community assets.

While many hospitals and health systems have begun incorporating HRSN screening into aspects of care delivery, we still know very little about patient, family and community resident preferences related to these potentially sensitive screening questions. Do patients perceive their value? Who do they prefer to ask the questions? When? What is the best way to ensure social service referrals are successful?

Further, HRSN screening presents an opportune time for discussions about prevention and wellness. The ODP, through PCORI and AHRQ partnerships, could help create a robust research portfolio focused on these health care – community agency screening and referral efforts and to identify evidence-based practices and solutions.

Finally, we reiterate suggestions from our 2018 letter to (a) extend these 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, and (b) to 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.

4. In addition to the cross-cutting topics and specific health issues identified by ODP's current strategic plan, AAMC and its membership encourage a specific focus on these areas:

- Maternal Mortality and Morbidity
- Preparedness (including natural and manmade disasters, as well as infectious disease)
- Alcoholism and Substance use

The ODP has developed resources to educate researchers and promote prevention research. The Office is looking for opportunities to collaborate with organizations to create new materials to achieve these goals. Please identify the 2-3 resources (e.g., training courses, fact sheets, infographics, videos) that would be most useful for your organization.

AAMC member institutions would benefit from resources that raise awareness about HHS-funded prevention science and its outcomes. These resources should be disseminated in various ways (fact sheets, videos, etc.) and would help “connect the dots” of prevention research activities across HHS including ODP, the other ICs, the PRC network, etc.

The ODP often presents and exhibits at various scientific meetings. Please identify scientific meetings that might benefit from ODP participation.

In general, AAMC encourages ODP to participate in scientific meetings which convene a diverse set of prevention stakeholders who might unaware of ODP and its work. Specifically, AAMC member institutions see bidirectional benefit in ODP attending these groups' scientific convenings:

Association of Community Health Improvement

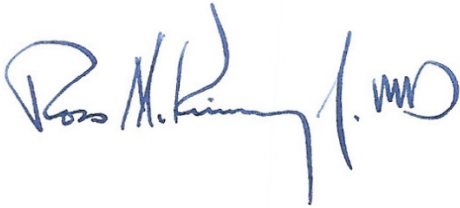
American Public Health Association

Interprofessional Association of Population Health Science

Various disease-specific research conferences (such as the American Association of Cancer Research)

The AAMC appreciates the opportunity to provide comments to ODP and looks forward to future collaboration. We would be happy to provide any further information which would be of use to NIH and HHS. Please contact me or my colleague Philip M. Alberti, Ph.D. Senior Director, Health Equity Research and Policy (palberti@aamc.org) with any questions about these comments.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ross M. McKinney, Jr., M.D." with a stylized flourish at the end.

Ross McKinney, Jr., M.D.
Chief Scientific Officer

cc: Philip M. Alberti, Ph.D.