

Greetings SPR members,

On behalf of the SPR Board of Directors, we are writing to bring your attention to the Request for Information for public input on the 2013-2018 Strategic Plan for the [Office of Disease Prevention](#) National Institutes of Health (NIH). The Director of ODP is very interested in hearing from the SPR membership and the broad community of Prevention Science regarding the strategic agenda for the office. We urge you to read the plan and respond to this request for input. Responses can be posted electronically to: http://prevention-nih.org/aboutus/strategic_plan/rfi.aspx.

The SPR Board is providing the following response and we share this for your consideration when making your response. This is an important opportunity, so we strongly encourage you to take the time to provide input. Your response is needed by April 14th, 2013. Thanks!

Strategic Priority #1:

Systematically monitor NIH investments in prevention research and the progress and results of that research. (2000 characters or less)

This is an important and urgent priority area. There is not currently a mechanism to monitor the level of prevention investments by NIH. Because prevention research is broadly defined, it will be important to create a system that clearly defines and distinguishes different classifications of prevention research. For example, the system should monitor investments that distinguish between basic science, medical prevention, and behavioral prevention, distinguishing epidemiology and risk from intervention research (efficacy studies, effectiveness studies), environmental strategies and type 2 translational research.

Strategic Priority #2:

Identify and promote prevention research areas that deserve expanded effort and investment by the NIH.

This is an important priority. Critical to moving this forward will be clearly outlined procedures/mechanisms for identifying high priority research areas. The Society for Prevention Research and the membership may be a useful resource in addressing this priority.

Strategic Priority #3:

Promote the use of the best available methods in prevention research and support the development of new and innovative approaches.

Significant advances in prevention science research and methods have been made over the last 30 years, much of this work funded through NIH. ODP could play a significant role in continuing to advance the field by providing opportunities to educate and keep investigators up-to-date regarding the strongest approaches. Continued development and innovation requires funding. High on the agenda should be continued attention to type 2 translational research and research on methods and policies that affect the dissemination and sustainability of evidence-based

prevention programs in communities as well as effective methods to evaluate community level prevention activities.

We recommend that the Office provide training and technical assistance to researchers and grant reviewers on best methods and innovative approaches for prevention research. This might be done through summer workshops or other training opportunities as has been done in other areas at NIH.

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.

Collaboration in prevention research is necessary and this is an important strategic priority. One approach to address this may be the use of “braided funding,” combining resources across agencies, to evaluate the effectiveness of strategies for disseminating evidence-based programs and policies on a large scale. This would likely require joint funding mechanisms between service grants and NIH. We encourage the ODP, NIH and other federal agencies to identify opportunities for coordination with potential opportunities coming from funding through the Affordable Care Act, or service grants supported by the Substance Abuse and Mental Health Services Administration, the Administration for Children and Families, the Health Resources Service Administration, the Department of Education, the Department of Justice, and PCORI (Patient Centered Outcomes Research Institute), offer the opportunity for NIH to partner with them, braiding funding with NIH providing funding for effectiveness prevention trials. This will require some changes in the review processes for research and service grants that promote braided funding. The real-world conditions of the trial mean that more collaboration and negotiations have to take place among the researcher, program developer and service provider. This includes the design, recruitment, data collection procedures, staff training, and numerous other practical and philosophical aspects of the process. Further, allowance must be made for longitudinal follow-up to determine if and how effects may persist or attenuate over time. These practical and philosophical concerns have great importance for the outcomes of effectiveness and dissemination research, particularly if the community involved differs from the original study group.

Strategic Priority #5:

Identify and promote the use of effective evidence-based interventions.

This is an important strategic priority area and has the potential to make a significant difference in communities across America. Critical to this priority is the need for clearly defined standards for what constitutes an evidence-based intervention. Currently there are multiple lists of “evidence-based” programs generated by a number of federal and non-federal agencies. Each of these agencies uses a different and often widely varying set of evidence standards. A consistent set of standards is needed. We strongly encourage the use of a rigorous set of standards such as those outlined by the Society for Prevention Research Standards of Evidence.

This will also require the development of infrastructure to support widespread implementation of evidence-based prevention programs in communities across the country. Dissemination research is also needed to guide future attempts at getting organizations and individuals in “real world” settings to adopt policies, programs, and practices that have been shown to be efficacious. Dissemination research also might experimentally assign prevention activities (policies or programs) to different points along the continuum of local adaptation vs. adherence to prescriptive research-supported models and test the effects of this manipulation on prevention outcomes. Alternatively, tests might be conducted that compare programs or policies that have been locally developed using “principles of effectiveness,” and control conditions. The results of this type of research could lead to major changes in the current level of acceptance among practitioners of evidence-based programs.

Strategic Priority #6:

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

This is an important priority area and it is imperative for the Office of Disease Prevention to promote the visibility of methodologically rigorous prevention research at NIH. Training NIH agencies in Prevention Science would be an important tactic to increase the visibility of prevention research.

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