

# New ODP Strategic Priority Addressing Health Equity

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



Office of Disease Prevention  
Putting Prevention Research First

# ODP's Mission

- To improve the public health by increasing the scope, quality, dissemination, and impact of prevention research supported by NIH.
- To provide leadership for the development, coordination, and implementation of prevention research in collaboration with ICs and other partners.

# ODP Strategic Priorities and Cross-Cutting Themes for FY 2019-2023

Conduct Portfolio Analysis & Impact Assessment



Identify Research Gaps



Improve Research Methods



## CROSS-CUTTING THEMES

- » Leading Causes and Risk Factors for Premature Morbidity and Mortality
- » Health Disparities
- » Dissemination and Implementation Research



Promote Collaborative Research

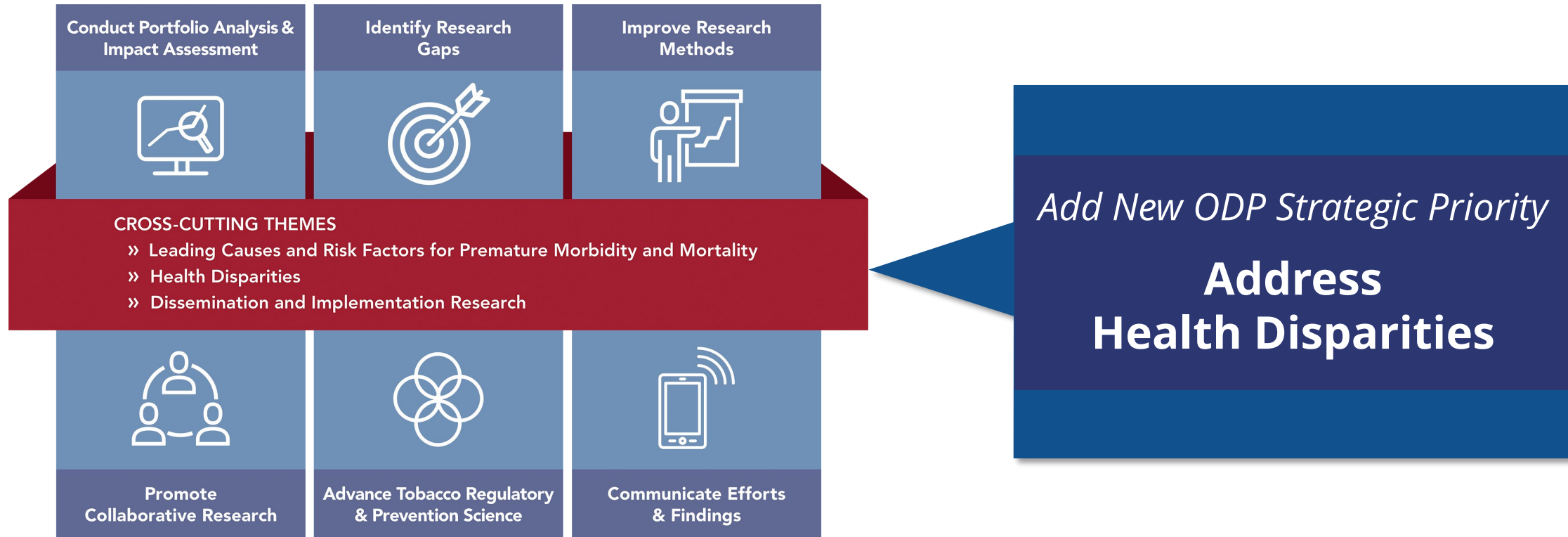


Advance Tobacco Regulatory & Prevention Science



Communicate Efforts & Findings

# Elevate ODP's Commitment to Health Equity



# New Strategic Priority VII

- Promote and coordinate prevention research that addresses health disparities.
- Objectives
  1. Coordinate trans-NIH funding opportunity announcements to develop and test new interventions and new strategies to disseminate existing interventions that address the leading risk factors for death and disability in populations experiencing health disparities.
  2. Assess the NIH prevention research portfolio related to health disparities to identify research, infrastructure, and training gaps and develop strategies to address those gaps.
  3. Serve as a resource on health disparities-related prevention research to ICs developing funding opportunity announcements, workshops, and other activities.



# Rationale for this Change

- Health disparities related to race/ethnicity, socioeconomic status, rural residence, sexual orientation, and gender identity persist in the United States.
- Addressing health disparities is part of the mission of every NIH Institute, Center, and Office.
- Enhanced collaboration and coordination among ICs could advance knowledge regarding evidence-based prevention strategies to reduce disparities and promote health equity.
- In FY 2020, as part of a [published portfolio analysis](#) of NIH-funded prevention projects from FY 2016 to 2019, the ODP found that only 3.6% of projects included a randomized intervention to address a leading risk factor for death or disability in populations that experience health disparities.
- This significant research gap led the ODP to propose elevating the topic of health disparities from a cross cutting theme to a new Strategic Priority.

# NIH Portfolio Analysis Summary

- Support for **new prevention** research by NIH was **stable** over the last eight years.
- Support for new projects that address the **leading risk factors for death or disability** in the United States was also **unchanged**.

**<1 in 3**

prevention projects  
measured  
**one of the leading risk  
factors**  
identified by the Global  
Burden of Disease project

**<1 in 9**

of the FY19 NIH  
prevention research  
portfolio included a  
**randomized intervention**  
to address a **leading risk  
factor**

**<1 in 19**

used an **intervention** to address a  
**leading risk factor** in **health disparity  
populations** in FY2016-2019  
(racial/ethnic minorities, low SES,  
underserved rural, SGM)

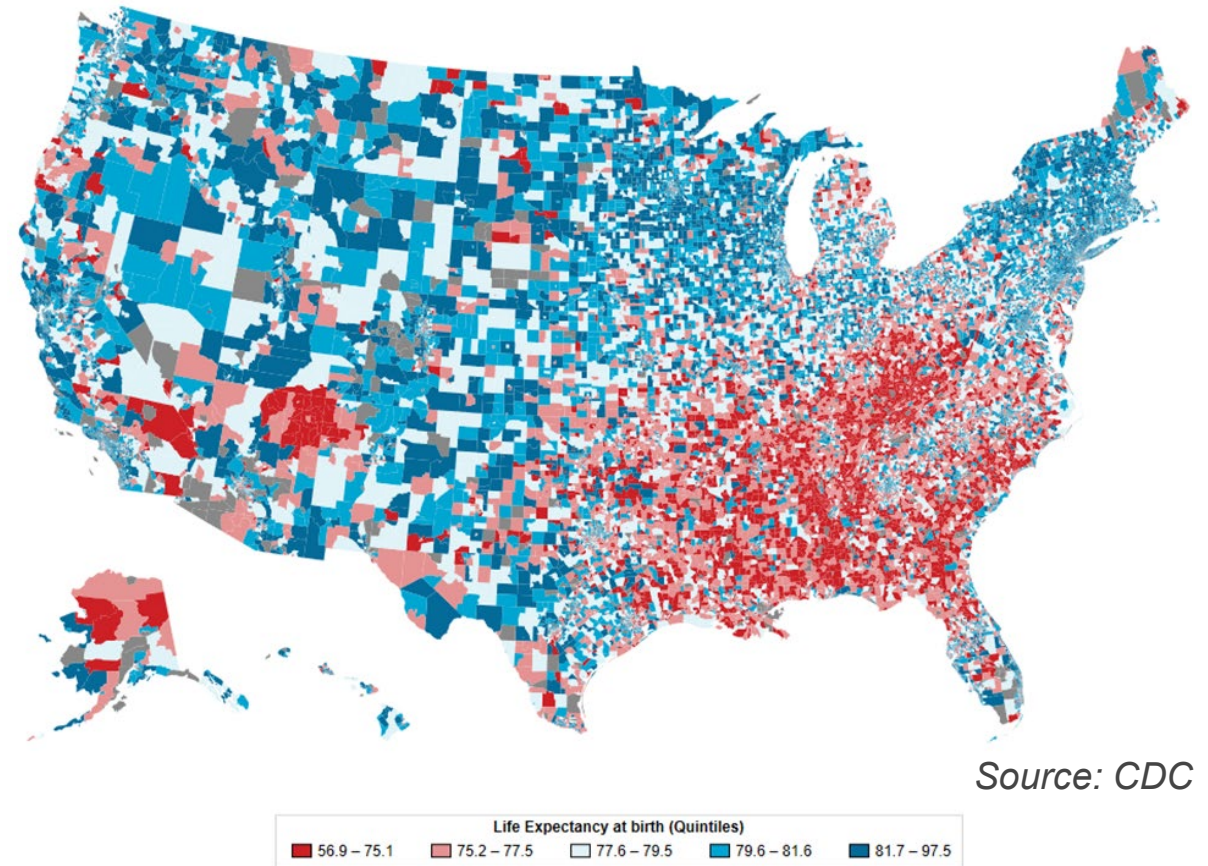
# Leading Risk Factors, Causes of Death

2019 Risk Factors (GBD)	2020 Causes of Death (CDC)
1. Tobacco	1. Heart disease
2. High systolic blood pressure	2. Cancer
3. High fasting plasma glucose	3. COVID-19
4. Dietary risks	4. Accidents
5. High body mass index	5. Stroke
6. High LDL cholesterol	6. Chronic lower respiratory diseases
7. Kidney dysfunction	7. Alzheimer's disease
8. Alcohol misuse	8. Diabetes
9. Non-optimal temperature	9. Influenza and pneumonia
10. Drug misuse	10. Kidney disease
11. Occupational risks	11. Suicide
12. Air pollution	NOTE: Homicide is a leading cause of death in men in many health disparity populations.
13. Low physical activity	



# Context

- The leading risk factors for death and disability account for 74% of variability in county-level life expectancy.
- Associations among SES, race/ethnicity, and life expectancy are largely mediated through these risk factors ([Dwyer-Lindgren et al. JAMA Int Med 2017](#)).
- Social and structural determinants are significant contributors to these risk factors.



Source: CDC

# New Team to Support SPVII

- Each of our existing Strategic Priorities is supported by a team of ODP staff, led by a Team Lead who is a senior member of the staff.
- We are creating a new team to support our work in health disparities.
  - Jennifer Alvidrez, Ph.D., joined the ODP from NIMHD to serve as Team Lead.
  - We recently filled two additional positions with staff who will start in this month.
- One of our communications staff provides support for this team.
- This team will be responsible for addressing the new Strategic Priority VII and for making progress on each of SPVII's objectives.

# Objective 1: Discussions with ICOs

- Beginning in late 2020, the ODP discussed the portfolio analysis findings with ICOs to assess their interest in a new initiative...
  - To develop and test new interventions and new strategies to disseminate existing interventions that address the leading risk factors for death and disability in health disparity populations.
  - To be driven and supported by participating ICOs and coordinated by the ODP.
- The ODP presented this plan to the IC Directors in February 2021.
- There was broad support for developing more intervention and D&I research to address health disparities.
- 24 ICOs have agreed to participate in planning discussions.

# Objective 1: Survey of ICOs

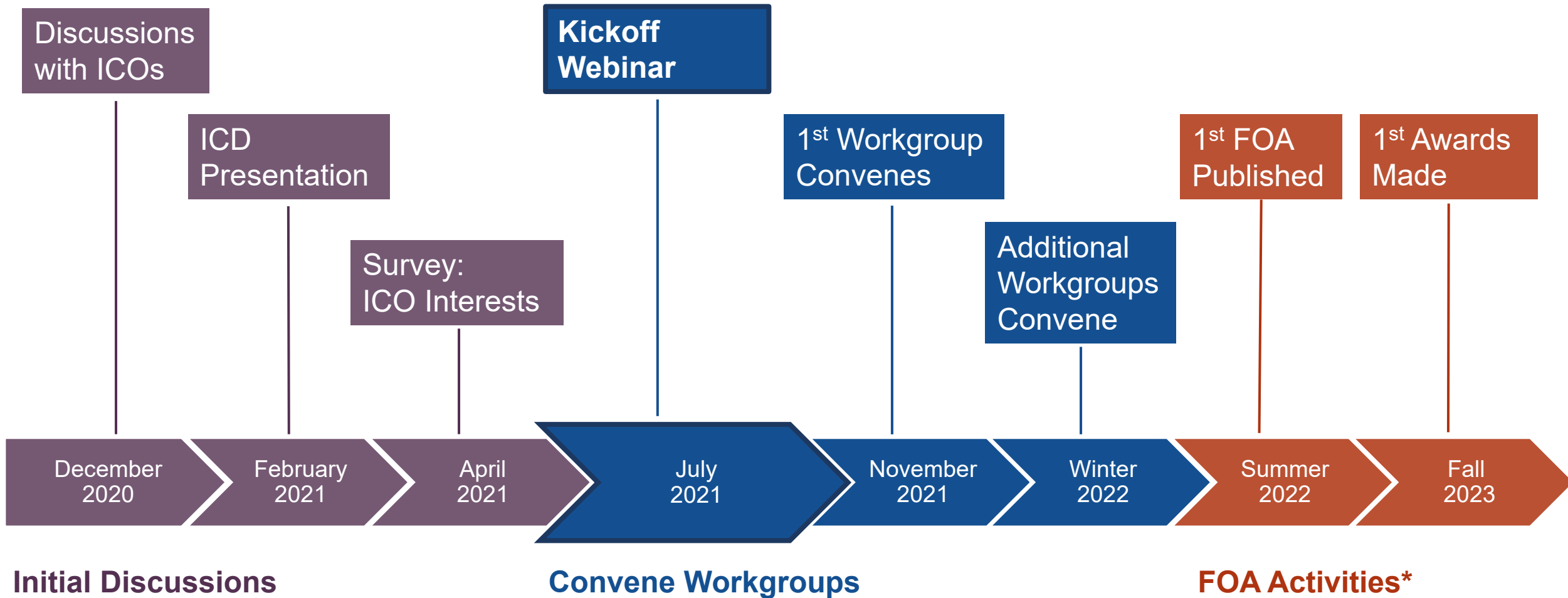
- The ODP distributed a web-based survey among the participating ICOs to assess ICO-specific interests in:
  - The leading risk factors.
  - Preventive services related to the leading risk factors and causes of death.
  - Health disparity populations.
- The survey also asked ICOs to identify relevant activities that ICOs are planning or that are already underway.
- The ODP analyzed the survey data and identified four clusters reflecting shared interests in risk factors and preventive services.
- The ODP will create a workgroup around each cluster.

# Pursuing Objective 1: Workgroups

- ICOs decide which workgroups to join and who their representatives will be.
- Workgroups
  - Co-chaired by the ODP and an ICO representative.
  - Encouraged to think broadly about prevention research priorities, gaps, and opportunities in their area; target populations; age groups.
  - Decide whether to pursue portfolio analyses, RFIs, meta-analyses, workshops or other preliminary activities as a prelude to FOAs.
  - Determine content of their FOA(s), including those that may be workgroup-specific or span multiple workgroups.
  - Establish timeline for their work.

<b>Cardiometabolic</b>	<b>Alcohol, Tobacco, &amp; Other Drugs</b>
<b>Cancer</b>	<b>Mental Health</b>

# Pursuing Objective 1: Timeline



*\*Other activities will follow*



# Next Steps

- Dr. Collins approved the elevation of Health Disparities from a cross-cutting theme to a new Strategic Priority on December 16.
- We are advising the Council of Councils of this change and welcome any feedback.
- Once we have the new team members fully on board, we will begin pursuing Objectives 2 and 3.

# Questions?