



NIH Office of Disease Prevention

Strategic Plan Fiscal Years 2024–2028



**Prevention Research:
Creating a Healthier
Future for All**



National Institutes of Health
Office of Disease Prevention


Foreword

Prevention is fundamental to better health. For more than a century, investigating the causes of illness and developing strategies to prevent disease and improve health have been integral to the mission of the National Institutes of Health (NIH). Today, we know that effective, equitable prevention strategies must be based on strong scientific evidence and, in response, NIH supports a broad portfolio of prevention research, which provides the foundation for stronger clinical practice, health policy, and public health programs.

The Office of Disease Prevention (ODP), located within the Division of Program Coordination, Planning, and Strategic Initiatives in the Office of the Director, plays a crucial role in coordinating agency-wide prevention and health promotion research activities. ODP supports the NIH Institutes and Centers by identifying opportunities to fill evidence gaps, stimulating collaborative prevention initiatives that cross diseases and disciplines, and providing guidance to improve research design and analysis. ODP is also integral to extending the impact of NIH by working across the federal government to ensure findings from prevention research are used in everything from physical activity guidelines and clinical practice recommendations to partnerships in emerging areas like the intersection of housing and health.

ODP's new strategic plan outlines how the office will continue to strengthen the work of NIH and the broader prevention research community. Over the next five years, ODP will help NIH research make a more immediate impact on the well-being of all Americans by encouraging greater attention to the leading causes of death and the development and testing of preventive interventions. ODP will contribute to bridging the gap between research and real-world practice and understanding how the conditions and systems in which we are born, grow, learn, work, play, live, and age affect our health. The office aims to achieve these goals by fostering the growth of a well-trained and diverse prevention science workforce and building research capacity.

I am confident that ODP's strategic approach to promoting and facilitating prevention research at NIH will create a healthier future for all.



Tara A. Schwetz, Ph.D.

Deputy Director for Program Coordination, Planning, and Strategic Initiatives
National Institutes of Health

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A Message From the Director



Since the Office of Disease Prevention (ODP) released its last strategic plan in 2018, the nation has faced immense public health challenges. The COVID-19 pandemic reaffirmed how critical it is to invest in research on prevention and to make sure that effective preventive strategies reach the communities that need them. The pandemic also put a spotlight on how millions of Americans are impacted by disparities in health status and health care delivery but are often underrepresented in prevention research. It's important that we carry the lessons we've learned beyond this public health crisis. The future of prevention research must prioritize interventions; address the most common causes of injury, illness, and death; and advance health equity. To make a real difference in the health and well-being of people nationwide, this research must also be well-designed and properly analyzed.

To do our part to move the field forward, I am pleased to present ODP's Strategic Plan for Fiscal Years 2024–2028, Prevention Research: Creating a Healthier Future for All. It outlines how our office will work to increase the scope, quality, dissemination, and impact of prevention research supported by the National Institutes of Health (NIH) over the next five years.

ODP's priorities focus on how we can support NIH and the research community in producing the highest quality prevention science with the greatest possible impact. They include plans to:

- › Assess the progress and impact of prevention research supported by NIH
- › Work with a variety of partners to identify unmet needs and gaps in prevention research
- › Provide resources and training in research methods to enhance the rigor and reproducibility of prevention research
- › Enhance coordination between our research partners to accelerate progress and translate prevention research into practice
- › Facilitate tobacco regulatory science and tobacco prevention research
- › Mobilize collaborative NIH-wide efforts to enhance prevention research and training to address health disparities
- › Improve the availability and visibility of information about prevention research

We have also identified several cross-cutting themes that connect with all ODP strategic priorities. These include a continued focus on advancing the understanding of the risk and protective factors for illness, injury, and leading causes of death, as well as promoting prevention-related dissemination and implementation research. New to this plan are efforts to address the social determinants of health, emphasize the development and testing of preventive interventions, and support workforce development and research capacity building.

ODP created this strategic plan with significant input from our colleagues and partners across NIH, the federal government, the broader biomedical research community, and the public. We are grateful for their feedback as we refined our priorities and outlined our role in advancing prevention research. Our office recognizes that we will only succeed by working together to foster discovery, bridge the gap between research and practice, and create a healthier future for all.

A handwritten signature in black ink, appearing to read 'David M. Murray'.

David M. Murray, Ph.D.
Associate Director for Prevention
Director, Office of Disease Prevention

Overview

About ODP

The mission of the [Office of Disease Prevention \(ODP\)](#) is to improve public health by increasing the scope, quality, dissemination, and impact of prevention research supported by the [National Institutes of Health \(NIH\)](#). Under the direction of the NIH Associate Director for Prevention, who is also the Director of ODP, the office fulfills this mission by providing leadership for the development, coordination, and implementation of prevention research in collaboration with NIH Institutes, Centers, and Offices (ICOs) and other partners.

A valued component of ODP is our workforce, a talented and diverse pool of specialized staff primed to create approaches for accomplishing our mission. ODP is organized around seven interconnected teams, each supporting the implementation of a specific strategic priority. Staff often serve on more than one team, which promotes communication and enhances collaboration across the office. A strong team of administrative professionals also supports the needs of the office and enhances ODP's ability to operate efficiently and effectively.

ODP is part of the [Division of Program Coordination, Planning, and Strategic Initiatives \(DPCPSI\)](#) within the [NIH Office of the Director](#) (See [Appendix A: Organizational Chart for the Division of Program Coordination, Planning, and Strategic Initiatives](#)). The mission of DPCPSI includes identifying emerging scientific opportunities, rising public health challenges, and scientific knowledge gaps that merit further research. In addition to prevention research, DPCPSI includes offices that coordinate research and activities related to nutrition research, AIDS, behavioral and social sciences, dietary supplements, portfolio analysis, program evaluation and performance, research infrastructure, sexual and gender minority research, tribal health, and women's health. As part of DPCPSI, ODP can ensure prevention is included in new initiatives and programs developed by these offices.

Establishment of ODP

In accordance with 42 U.S.C. 282(f) of the Public Health Service Act, NIH established ODP in 1986 to promote and coordinate prevention research among NIH Institutes and Centers and other public and private entities (see [Appendix C: History of the Office of Disease Prevention](#)).



Our Commitment to Diversity, Equity, Inclusion, and Accessibility

ODP is committed to implementing meaningful and sustained change related to diversity, equity, inclusion, and accessibility (DEIA) within our office and across the programs and initiatives developed through our strategic plan. Within the office, ODP strives to promote, foster, and support an office-wide culture of DEIA excellence. To guide these efforts, ODP created a working group comprised of staff volunteers who represent the diverse viewpoints, experiences, and cultures within the ODP workforce.

The working group engaged with ODP staff to identify, design, and implement programs that embody the NIH Office of the Director's dedication to promoting a culturally competent workplace that embraces the diverse communities we serve, where everyone feels empowered and supported to bring their full, authentic selves to work in an environment that cultivates civility and respect.

The ODP DEIA Workgroup developed the **4C'S Framework** to guide the office's efforts:



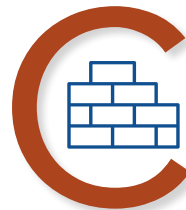
Courageous and clear acknowledgement of world events



Coalesce around a clear DEIA message



Commit to improving our workplace culture



Create programs and initiatives that reinforce our DEIA values



Sustain our DEIA efforts

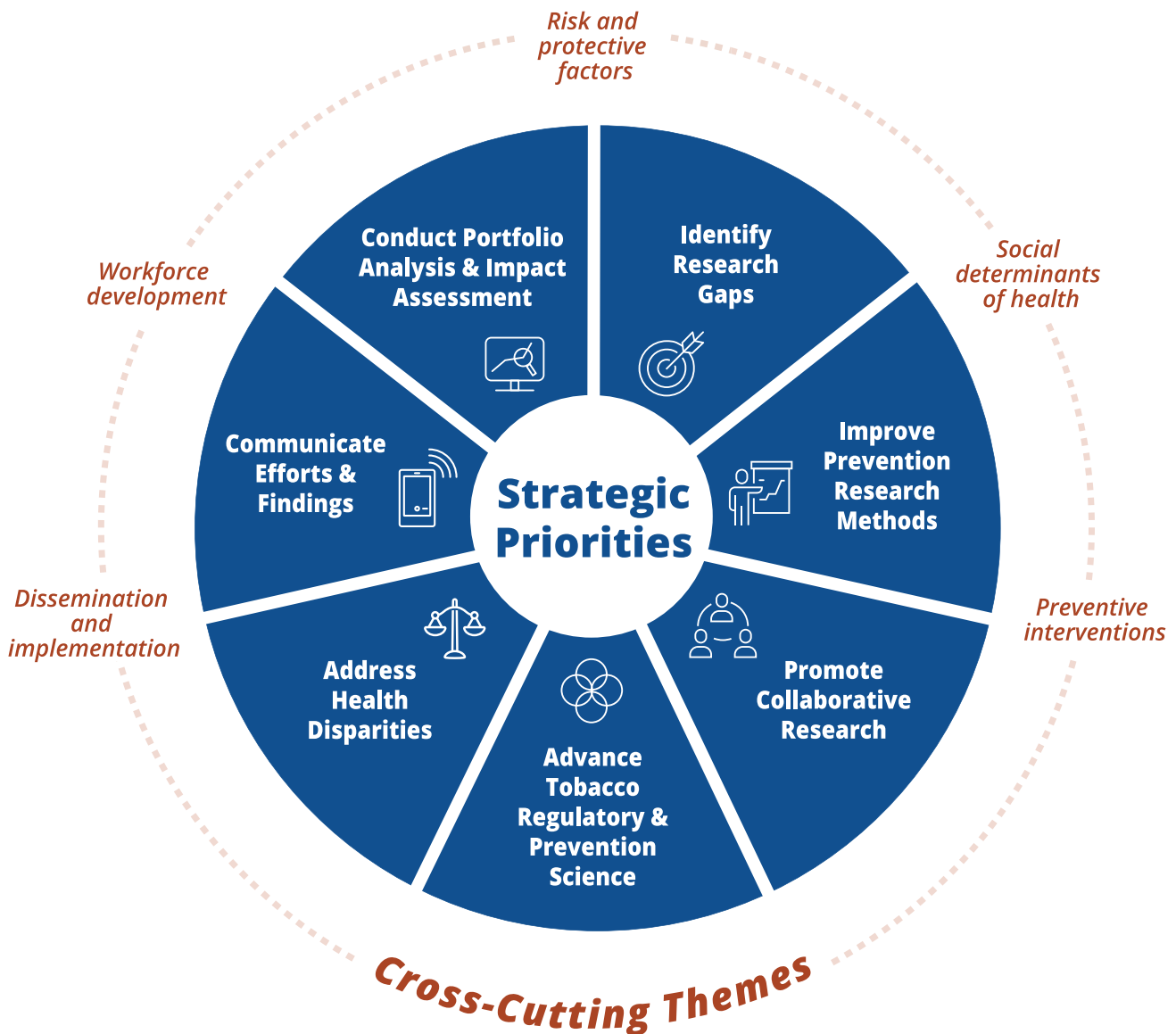
Connecting to the NIH-Wide DEIA Plan

Cultivating DEIA Within the Workforce at NIH

“The entire workforce—regardless of race, ethnicity, sexual orientation, gender identity, age, language, abilities, socioeconomic status, geographic region, or other defining characteristics—should feel welcome, safe, and valued. NIH commits to enhancing DEIA across the talent lifecycle (e.g., recruitment, onboarding, development, retention, and separation) by providing its current and future workforce with full and fair opportunities for employment, career advancement, recognition, and access to resources and programs that facilitate a diverse, equitable, inclusive, and accessible culture for everyone.”

Fiscal Years 2024–2028 Strategic Plan Framework

The ODP Strategic Plan is organized around seven priorities designed to advance prevention research through innovation and collaboration. These strategic priorities leverage the tools, resources, and knowledge generated across the office. Five cross-cutting themes provide areas of opportunity for new ODP activities and help guide our decision-making and resource allocation.



The theme for the Fiscal Years 2024–2028 (FY24–28) Strategic Plan, Prevention Research: Creating a Healthier Future for All, was selected by ODP staff to reflect our commitment to designing programs and initiatives that benefit everyone. The plan is informed by engagement through a variety of NIH-wide research coordinating committees including but not limited to those focused on behavioral and social sciences; HIV/AIDS; dietary supplements; nutrition; and the health of women, American Indian and Alaska Natives, and sexual and gender minority populations. Additionally, almost every NIH Institute, Center, and Office actively participates in the ODP-coordinated [NIH Prevention Research Coordinating Committee \(PRCC\)](#), which provides advice to the ODP Director on prevention research-related scientific, programmatic, and policy issues. The PRCC serves as a venue for exchanging programmatic and scientific information of interest to NIH, planning and implementing collaborative activities across NIH, and disseminating information about federal and non-federal activities. PRCC members provided valuable input on the development and content of the strategic plan.



What is Prevention Research?

ODP developed a definition of prevention research that communicates the breadth and depth of prevention research funded by NIH while also retaining sufficient specificity to be of practical value. The PRCC approved this definition of prevention research:

“Prevention research seeks to understand how to promote health and well-being and prevent health conditions from starting or getting worse. It spans all diseases, conditions, populations, and phases of life. Prevention research explores biology, behavior, factors in the social and physical environment, health services, and health-related policies and regulations.”

ODP focuses on **primary** and **secondary prevention** research in humans, including studies that seek to:

- › Identify risk and protective factors
- › Screen and identify people who are at risk for or have signs of an early stage condition
- › Develop and evaluate interventions to promote health, enhance protective factors, or reduce risk factors
- › Evaluate the impact of policies and regulations designed to promote health and safety
- › Test implementation and dissemination strategies for evidence-based preventive interventions and practices
- › Develop and evaluate research methods for prevention-focused studies

Key Terms

Primary prevention:

Promoting health and well-being and preventing the onset of new health conditions.

Secondary prevention:

Preventing the progression or recurrence of asymptomatic or early stage health conditions.

Planning and Implementation

Strategic Planning and Priority Setting Process

To develop the framework for the FY24–28 Strategic Plan, ODP staff participated in multiple strategic planning retreats to review progress and achievements from the previous strategic plan to identify future directions (see [Appendix B: Strategic Planning Process](#)). In addition to extensive input from ODP staff, the strategic plan was informed by input from NIH prevention science experts, key federal partners, and external parties. ODP hosted a series of focus groups to gather input from NIH prevention science experts, as well as staff from other federal agencies closely connected to ODP program areas. Since ODP works to coordinate prevention efforts across NIH, maintaining open communication with these audiences is key to understanding the needs of the broader prevention community.

During an initial planning retreat, staff determined that the seven strategic priorities in the previous strategic plan were still appropriate for the FY24–28 plan and continued to represent the breadth of ODP’s programs and projects. The seven priority areas provide the flexibility needed to balance ongoing programs and projects with emerging opportunities in the field. In addition to incorporating staff input, ODP released

a [request for information](#) to gather public feedback on the scope of our strategic priorities. Prevention researchers in academia and industry, health care providers, patient advocacy organizations, community-based organizations, health service organizations, and scientific or professional organizations responded. This feedback helped refine the framing of the strategic priorities and informed the development of activities coordinated by the office.

Implementation of the Strategic Plan

ODP’s strategic priorities are intentionally not specific to any given disease because prevention research is relevant to all health conditions and to promoting health in everyone. NIH’s Institutes and Centers serve as the most appropriate place for disease-specific or condition-specific research. As a coordinating office in DPCPSI within the NIH Office of the Director, ODP is best positioned to identify gaps in prevention research, foster collaborations across NIH and with federal partners, and promote rigorous research practices.

To support the implementation of the new strategic plan, ODP staff developed extensive workplans for each strategic priority outlining project details, milestones, and timelines, which facilitate program implementation and build alignment between office-wide goals and staff expertise. The workplans will be continually adapted to emerging scientific opportunities, which allows ODP programs and initiatives to respond to the needs of the prevention research community. Successful implementation of the strategic priorities and cross-cutting themes relies on partnerships with ICOs across NIH, as well as other federal partners. To identify, coordinate, and implement NIH-wide prevention research-related programs and initiatives, subject matter experts participate in a variety of ODP-coordinated activities such as the Prevention Research Coordinating Committee, Prevention Scientific Interest Groups, Pathways to Prevention Workshops, and other collaborative projects. Each partner provides an important viewpoint to enhance the design and potential impact of ODP activities.

Connecting to the NIH-Wide Strategic Plan

Leveraging Partnerships

“Expanding fundamental knowledge of biological systems and applying that knowledge to the advancement of health requires strategic partnerships with a range of organizations, including other federal agencies, international governments, the private sector, and the public. These partnerships bring enhanced coordination, critical expertise, pooled resources, and novel stakeholder connections to augment NIH efforts.”

Preventing Disease and Promoting Health

“Disease prevention and health promotion are core components of NIH’s research mission to improve the health of all Americans. NIH research strengthens the evidence base on which national public health objectives and related disease prevention and health promotion strategies are built. Prevention research targets biological, social, and environmental factors, individual behaviors, and health services and informs health-related guidelines, policies, and regulations. NIH supports a broad portfolio of research that examines the best way to bring effective disease prevention and health promotion strategies into communities.”

Prevention Research: Creating a Healthier Future for All

Cross-Cutting Themes

In the last strategic plan, three cross-cutting themes were identified and used by ODP to guide the development, coordination, and implementation of prevention-related research activities. The three cross-cutting themes focused on leading causes and risk factors for premature mortality and morbidity, dissemination and implementation research, and health disparities.

As part of a [published portfolio analysis of NIH-funded prevention projects](#), ODP found that fewer than 1% of NIH research projects funded in fiscal year 2019 (FY19) 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 ODP to engage in health disparities prevention efforts with a more sustained, concentrated approach. As a result, ODP elevated the topic of health disparities from a cross-cutting theme to a strategic priority. While a health equity lens will continue to permeate activities across all of ODP’s strategic priorities, the designation of health disparities as a distinct strategic priority better positions ODP to facilitate and coordinate NIH-wide prevention efforts in this area.

Based on the evolving landscape of prevention research and ODP’s mission, three new themes were added to the ODP Strategic Plan for FY24–28. These additions to the strategic plan represent opportunities for ODP to develop targeted scientific and programmatic activities to accelerate prevention research.

The full list of cross-cutting themes is:

- Risk and Protective Factors for Illness, Injury, and the Leading Causes of Death
- Social Determinants of Health (*new*)
- Development and Testing of Preventive Interventions (*new*)
- Dissemination and Implementation Research
- Workforce Development and Research Capacity Building (*new*)



These cross-cutting themes are not a comprehensive list of ODP interests; rather, with a committed focus on these areas, along with complementary efforts grounded within our strategic priorities, ODP will be able to address opportunities and gaps in prevention research and work toward creating a healthier future for all.

Risk and Protective Factors for Illness, Injury, and the Leading Causes of Death

The leading risk factors for death account for [74% of the variation in county-level life expectancy](#), yet a [2019 analysis from ODP](#) found that only a third of the prevention research projects supported by NIH focus on these risk factors. Risk factors are characteristics, behaviors, or conditions that are associated with a higher likelihood of poor health outcomes. Protective factors can lower the likelihood of poor health outcomes or reduce the effects of a risk factor. Understanding the relevant risk and protective factors allows public health professionals to design strategies and programs at the individual, family, community, and population levels that can prevent illness or injury and promote health. For example, tobacco use, high cholesterol, high blood pressure, and overweight and obesity are risk factors for heart disease, which is the leading cause of death in the United States. Protective factors to prevent heart disease include getting regular physical activity, staying at a healthy weight, and having a healthy diet. Implementing effective interventions to monitor and control blood pressure or increase physical activity can help people live longer, healthier lives.

ODP supports a variety of activities to identify and understand risk and protective factors for illness, injury, and the leading causes of death in the United States. For instance, ODP helps ensure that NIH-supported prevention research informs recommendations for community preventive services through its partnership with the Community Preventive Services Task Force (CPSTF). Community organizations use CPSTF recommendations to engage community health workers who offer culturally appropriate information and support for healthy lifestyle changes like increasing physical activity to prevent heart disease.

Connecting to the NIH-Wide Strategic Plan

Preventing Disease and Promoting Health

“NIH investments have helped lead to advances in screening for cardiovascular disease, lung cancer, abnormal blood glucose, type 2 diabetes, oral cancer, and intimate partner violence, as well as interventions to address obesity and tobacco use in children and adolescents.”



Social Determinants of Health

Social determinants of health (SDOH) are the conditions in which people are born, grow, learn, work, play, live, and age, as well as the wider set of structural factors shaping the conditions of daily life. These structural factors include social, economic, and legal forces, systems, and policies that determine opportunities and access to high quality jobs, education, housing, transportation, built environment, information and communication infrastructure, food, and health care; the social environment; and other conditions of daily life.

SDOH contribute to individual, family, and community level risk and protective factors for illness, injury, and the leading causes of death. Prevention efforts that exclusively address the biology or behavior of individuals, without considering SDOH, are unlikely to produce sustainable improvements in health and may increase health disparities. For example, a local public awareness campaign to promote cancer screening may not be successful if a community has limited public transportation options for people to reach health care settings, or if community health care settings do not offer preventive services equitably. ODP activities emphasize the importance of addressing SDOH and resulting social needs in prevention efforts. For example, ODP coordinates the cross-agency Health and Housing Group, in which NIH, the U.S. Department of Housing and Urban Development, and the Centers for Disease Control and Prevention identify priorities and opportunities to advance research on the intersection of health and housing. ODP also leads the [ADVANCE: Advancing Prevention Research for Health Equity](#) initiative. ADVANCE brings together NIH Institutes, Centers, and Offices (ICOs) to evaluate preventive interventions that emphasize addressing SDOH in populations that experience health disparities.

Connecting to the NIH-Wide Strategic Plan

Driving Foundational Science

“Building the foundation for science includes constructing an overall picture of how physiological, behavioral, and social factors alone and in combination may determine human health.”



Development and Testing of Preventive Interventions

For prevention science to contribute to improved health for individuals and populations, it must encompass the full translational spectrum, from discovery and observation to preventive intervention development, evaluation, and implementation. In an [analysis of the NIH prevention research portfolio from 2012–2019](#) that was published in 2021, ODP found that nearly two-thirds (64%) of funded prevention projects were observational studies. Further, only about one-tenth (12%) of studies included a randomized clinical trial design. To address

the need for more research on preventive interventions, ODP has worked collaboratively with NIH ICOs to develop funding opportunities focused on intervention studies to address leading risk factors, promote the use of preventive services, and reduce health disparities. Evaluations of preventive interventions must also use rigorous methods to generate valid and actionable findings. ODP offers a variety of resources to

assist researchers and NIH staff in developing and evaluating appropriate intervention study designs and analytic methods, including a web-based [compendium of prevention research-related methods courses](#), webinars, and tutorials, and [a website providing guidance and tools for research design, analytic, and sample size methods](#) commonly used in prevention research.

Dissemination and Implementation Research

Dissemination and implementation research seeks to bridge the gap between health sciences research, everyday practice, and population health by building a knowledge base about how health information, interventions, and new clinical practices and policies are communicated and put into place in public health and health care settings. For example, implementation research can help identify barriers to the uptake of evidence-based preventive services in populations that experience health disparities. Understanding and addressing these barriers can improve clinical practice in communities where interventions are most needed.

ODP works across NIH and with other federal agencies to help accelerate the use of research findings in real-world settings by supporting projects that develop and test both new preventive interventions and new strategies to disseminate and implement preventive interventions that address the unique needs of specific populations. In addition, as an ongoing priority for the office, ODP will continue to provide consultation on the optimal design, analysis, and sample size methods for NIH initiatives so that evidence-based interventions can be effectively translated into routine practice for all communities.



Connecting to the NIH-Wide Strategic Plan

Enhancing the Biomedical and Behavior Research Workforce

“Ground-breaking, impactful biomedical and behavioral research depends upon a diverse workforce, composed of people trained in multiple disciplines and from different backgrounds, who can provide a richness of perspectives necessary to inspire new ideas.”

Workforce Development and Research Capacity Building

A well-trained prevention workforce is essential to advancing all of ODP’s strategic priorities and cross-cutting themes. To support workforce development and research capacity building, ODP serves as a resource for established investigators and for the next generation of prevention researchers. Through the [Methods: Mind the Gap Webinar Series](#) and the curated compilation of free courses found in the [Training in Prevention Research Methods](#) library, trainees and researchers can access guidance and information on developing, testing, and applying the latest innovative measures, methods, and study designs to address critical prevention research gaps. The [Robert S.](#)

[Gordon, Jr. Lecture in Epidemiology](#), [Early Stage Investigator Lecture](#), and [Prevention in Focus Webinar Series](#) also bring the latest techniques and research findings to the forefront while highlighting accomplishments from current and future leaders in research who are poised to move their fields forward.

Similar to the biomedical research workforce as a whole, certain populations are underrepresented in the prevention research workforce relative to the general U.S. population. For example, individuals from underrepresented racial and ethnic groups and individuals with disabilities comprise only 7–11% of those who are awarded doctorates in prevention-related fields such as psychology, health sciences, social sciences, and biological and biomedical sciences, according to data from the National Center for Science and Engineering Statistics. In addition, the Mathematical and Statistical Science Annual Survey for 2017–2018 indicates that individuals from underrepresented racial and ethnic groups are particularly underrepresented among doctoral degree recipients in biostatistics, making up only 7% of newly awarded doctorates. ODP works to design training opportunities to enhance the pool of trainees, faculty, applicants, and grantees from groups that are underrepresented in prevention research. To enhance the quality of NIH research, it is critical to have a diverse workforce of scientists who can appropriately design NIH-supported research. Growing and diversifying the prevention science workforce will also improve the likelihood that the research will include and benefit people from underserved populations and those who experience health disparities.



ODP Strategic Priorities





Strategic Priority 1: Conduct Portfolio Analysis and Impact Assessment

Systematically monitor NIH investments in prevention research and assess the progress and results of that research.

Background

The application of comprehensive analysis and evaluation methods allows for the characterization of NIH-funded prevention research studies (e.g., topic areas, study designs, population studied) and summarizes their findings in a meaningful way. Such methods enable the identification of patterns and trends, as well as research areas that may benefit from targeted efforts by the NIH Institutes and Centers. Over time, these methods are used to assess progress and impact in prevention research supported by NIH.

During the previous strategic planning period, ODP further expanded its manual coding process and applied its detailed protocol and taxonomy to NIH prevention research projects awarded between Fiscal Years 2012 and 2021. Over 37,000 projects across more than 100 activity codes have been classified, with a scope now extending beyond research grants to also include research infrastructure, training, and career development awards.

ODP's taxonomy provides a comprehensive framework for classifying NIH investments by health conditions, study populations, research designs, and types of prevention research (e.g., health promotion, risk factor identification, and screening). In addition to being able to readily assess and report [trends in NIH's overall investment in prevention research](#) and [across various study designs](#), more targeted analyses of this dataset has allowed ODP to characterize research funding across more specific topic areas including [diet and physical activity](#), [substance use](#), [preventive health care delivery](#), and [leading risk factors for and cause of death and disability](#). For the first time, ODP also analyzed prevention research focusing on minority health and health disparities populations. Portfolio analysis results showed significant gaps in the funding of prevention interventions focused on [leading causes of death in racial or ethnic minority populations](#) and formed the basis for the development of ODP's newest strategic priority, Address Health Disparities, which was added in 2022 and is aimed at promoting and coordinating more prevention research interventions that address health disparities and improve health equity.

ODP's taxonomy has also undergone a significant review and update. The taxonomy and protocol have been reorganized to more easily analyze and report research funding on the risk and protective factors for illness, injury, or leading causes of death. New topics and subtopics have been added to more dynamically identify and characterize prevention research by social determinants of health, racial and ethnic categories, sex and gender, dissemination and implementation, socioecological levels of influence, and intervention settings.



ODP continues to collaborate with the [NIH Office of Portfolio Analysis \(OPA\)](#) in leveraging machine learning methods to identify primary and secondary prevention research projects in humans among NIH-funded applications on an annual basis. Our current coded dataset provides a rich source of learning material to further develop machine learning tools to be able to classify more defined topics within the ODP taxonomy. These tools can help us reduce the level of manual curation by automating machine learning predictions.



Formal portfolio analysis and evaluation methods have been integrated across ODP programs and initiatives, identifying prevention research gaps as well as informing NIH-wide collaborations. For example, we developed data snapshots for the Pathways to Prevention (P2P) Workshops: [Can Physical Activity Improve the Health of Wheelchair Users?](#) and [Nutrition as Prevention for Improved Cancer Health Outcomes](#) to summarize NIH research activities in those areas and serve as a baseline to measure future progress. Using a mixed methods approach, an impact assessment framework was also adapted and applied to the P2P program for the first time, [linking a workshop on opioids and chronic pain with the development of clinical prescribing guidelines](#).

An assessment of ODP’s co-funding activities helped to highlight how the office has collaborated with NIH and Department of Health and Human Services (HHS) partners to address gaps in prevention research. A comparative portfolio analysis was developed to inform an NIH, Centers for Disease Control and Prevention, and U.S. Housing and Urban Development interagency workgroup on housing and health. Lastly, a [comparative analysis of tobacco funding by NIH and the Food and Drug Administration](#) illustrated the [complementary role each agency serves in tobacco regulatory science research](#).

Objectives

The objectives supporting the Conduct Portfolio Analysis and Impact Assessment strategic priority focus on the classification and assessment of prevention research within the broader NIH portfolio. ODP will continue to work closely with colleagues at OPA and leverage the [Research, Condition, and Disease Categorization process](#) to inform machine learning methods that increase the level of automation in characterizing prevention research broadly, as well as specific topics within the coding taxonomy. ODP will explore existing and develop new approaches to improve our understanding of NIH prevention research investments and employ metrics for measuring the long-term progress and impact of NIH investments in prevention research beyond research outputs. ODP will also continue to integrate new tools and resources to inform the design, implementation, and evaluation of ODP, NIH, and other federal prevention initiatives.

Analysis & Assessment 1.1	Characterize and report on NIH prevention research projects based on the taxonomy for prevention research developed by ODP.
Analysis & Assessment 1.2	Assess the impact of NIH investments in prevention research.
Analysis & Assessment 1.3	Partner with NIH Institutes, Centers, and Offices and other federal agencies to disseminate ODP portfolio analysis resources.



Strategic Priority 2: Identify Research Gaps

Identify prevention research areas for investment or expanded effort by NIH.

Background

ODP assists NIH Institutes, Centers, and Offices (ICOs) by identifying prevention research needs and gaps. In this process, ODP makes use of a variety of prevention research data sources, including an analysis of the NIH research portfolio and reports from other federal agencies and task forces. Regular engagement with federal partners (e.g., the [U.S. Preventive Services Task Force \[USPSTF\]](#), the [Community Preventive Services Task Force \[CPSTF\]](#), and the [Healthy People initiative](#)) and the extramural prevention research community also informs the identification of prevention research areas for investment or expanded effort by NIH. In addition, ODP works closely with NIH colleagues to promote a prevention research agenda that examines a variety of issues including disease burden, population trends, health disparities, and social determinants of health, as well as environmental factors, and seeks to improve health across the life course.

During the previous strategic planning period, ODP implemented and strengthened several activities to address this priority area. These included enhancing collaborations with the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Disease Control and Prevention in support of the USPSTF and CPSTF, and actively engaging with the Department of Health and Human Services Office of Disease Prevention and Health Promotion to monitor progress and planning efforts related to the Healthy People initiative, including contributing to the launch of Healthy People 2030.

Furthermore, ODP collaborated with AHRQ to commission a consensus report by the National Academies of Sciences, Engineering, and Medicine that describes a [new taxonomy to more fully and systematically characterize evidence gaps](#) and research needs identified by the USPSTF and other influential groups that develop prevention guidelines.



ODP has continued to develop and refine the annual Insufficient Evidence (I) Statement Reporting Survey, which is used to communicate important prevention research gaps from USPSTF I Statements to NIH ICOs and [track NIH activities related to closing these gaps](#). Survey results have been used within NIH to discuss research opportunities and priorities, and by AHRQ and the USPSTF to prioritize the clinical preventive services topics under consideration for review.

Through the office’s [Pathways to Prevention \(P2P\) program](#), ODP convened workshops on several important prevention topics including health equity in preventive services, physical activity for wheelchair users, rural provider-to-provider telehealth, nutritional interventions for people with cancer, and postpartum health. ODP staff provided oversight to ensure the workshop’s systematic evidence reviews and independent panel recommendations were published in high impact journals. In addition, following each workshop, ODP hosted a Federal Partners Meeting to create an action plan for addressing the identified research needs and gaps. ODP has also developed an evaluation model to assess the process, outcomes, and impact of P2P workshops.



Objectives

The objectives supporting the Identify Research Gaps strategic priority rely on building collaborations between ODP and NIH ICOs; other federal agencies; non-federal organizations that routinely conduct systematic evidence reviews and establish evidence-based public health initiatives; and other partners to identify, promote, and address needs in prevention research.

Research Gaps 2.1	Work with a variety of partners to identify needs in prevention research.
Research Gaps 2.2	Compare identified needs in prevention research with the current NIH portfolio to identify prevention research gaps (i.e., those areas that are not being addressed or have insufficient funding).
Research Gaps 2.3	Work across ODP and with NIH ICOs and partners to identify the most promising and feasible prevention research gaps that warrant greater investment or expanded effort.



Strategic Priority 3: Improve Prevention Research Methods

Promote the use of the best available methods in prevention research and support the development of high-quality methods.

Background

Progress in prevention research depends on the use of the best available methods in prevention science. This includes methods related to research design, intervention development, measurement, and analysis. ODP encourages investigators to use the best available methods as they prepare their applications for NIH support and encourages reviewers to look for those methods as they review the applications. The office provides online and in-person resources to help NIH program and review staff understand those methods so they can more effectively guide the work of both investigators and reviewers. ODP collaborates with other NIH Institutes, Centers, and Offices (ICOs) to review Notices of Funding Opportunities and Notices of Special Interest to encourage high quality methods and to consult on major new initiatives to ensure the use of the best available methods.



During the previous strategic planning period, ODP continued its commitment to providing training and educational resources related to methods. The seven-part online course for [Pragmatic and Group-Randomized Trials in Public Health and Medicine](#) generated more than 32,000 webpage views, 3,800 video views, and 2,000 resource downloads. The course is designed to help researchers design and analyze group-randomized trials and includes video presentations, slide sets, suggested reading materials, guided activities, and a list of course references. To complement the online course, ODP continued to develop the [Research Methods Resources](#) website, which spotlights available tools and resources that can help investigators better plan the design, conduct, and analysis of rigorous NIH-defined clinical trials. The website features a sample size calculator for group- or cluster-randomized trials, individually randomized group-treatment trials, and stepped-wedge designs. The [Methods: Mind the Gap Webinar Series](#), which explores research design, measurement, intervention, data analysis, and other methods of interest in prevention science, featured more than 40 new presentations. Topics included risk prediction models for breast cancer in Black women, design and analytic methods for clustered designs, and an overview of the application of machine learning in epidemiology and health outcomes research.

ODP supports two important lecture series that highlight the accomplishments of both established prevention scientists and the cutting-edge research of early stage investigators. The [Robert S. Gordon, Jr. Lecture in Epidemiology](#), established in 1995 in tribute to Dr. Gordon for his outstanding contributions to the field of epidemiology, continued to showcase advances in prevention research and recognized the accomplishments of

numerous established investigators. Presentation topics addressed the importance of replication and reproducibility, cognitive aging, diabetes management strategies for adults, and health disparities in cardiovascular disease. The [ODP Early Stage Investigator Lecture \(ESIL\)](#) recognizes early career prevention scientists who have not successfully competed for a substantial NIH-supported research project, but who have already made outstanding research contributions to their respective fields and are poised to become future leaders in prevention research. There were nine ESIL awardees during the previous strategic planning period and presentations covered a variety of topics, including strategies for preventing sport-related brain injury, advances in HIV prevention, the promotion of physical activity among cancer survivors, and diet and cardiovascular disease. Live and recorded views of the Gordon Lecture and ESIL program totaled more than 6,000 combined views, underscoring the value of these presentations to the prevention research community.



To further support the dissemination of information and investigator training, ODP published seven prevention science methods papers in the peer-reviewed literature and supported pre-conference workshops in prevention science methods at the Society for Prevention Research and the Society for Behavioral Medicine annual meetings. Finally, ODP collaborated extensively with other ICOs on prevention science methods for new funding opportunities, newly funded projects, and large initiatives such as the [NIH Health Care Systems Research Collaboratory](#).

Objectives

The objectives supporting the Improve Prevention Research Methods strategic priority focus on providing resources, training, and consultation, and strengthening policies and procedures to improve the quality of the methods used in prevention research supported by NIH.

Research Methods 3.1	Ensure ODP provides the most accurate and up-to-date information available pertaining to prevention science methods.
Research Methods 3.2	Provide training in prevention science methods to NIH staff and extramural investigators, including extramural investigators and trainees from populations underrepresented in prevention research.
Research Methods 3.3	Serve as a resource to ICOs on prevention science methods as they develop new funding opportunities, workshops, meetings, and other activities.
Research Methods 3.4	Collaborate with ICOs to strengthen NIH policies and procedures to encourage the use of the best available methods in applications for prevention research.
Research Methods 3.5	Review and conduct research on methods used in prevention research.



Strategic Priority 4: Promote Collaborative Research

Promote collaborative prevention research and facilitate coordination of collaborative projects and efforts across NIH and with other public and private partners.

Background

Prevention research is supported through all the NIH Institutes, Centers, and Offices (ICOs) within specific missions and disease areas that address risk and protective factors for illness, injury, and the leading causes of death in the United States. Enhanced collaboration and coordination among NIH ICOs and other research partners could accelerate discoveries and advancements in prevention research.

During the previous strategic planning period, ODP streamlined and increased its level of co-funding with intentional focus on high-priority prevention research areas, including projects that test interventions, address social determinants of health, advance research on dissemination and implementation science, and support training and career development. ODP also prioritized co-funding projects addressing research gaps identified by the [Community Preventive Services Task Force, U.S. Preventive Services Task Force, Healthy People initiative](#), and [NIH Pathways to Prevention workshops](#). The office strategically provided co-funding support for large-scale, NIH-wide initiatives relevant to prevention research gaps and priority areas such as those focused on maternal morbidity and mortality. To characterize and track its co-funding support, [ODP conducted an analysis of co-funding trends over time](#), which will inform the office’s co-funding strategies and future decisions.



ODP continues to strengthen its internal and external collaborations in prevention research. The office organized Prevention Research Coordinating Committee (PRCC) meetings around topics of common interest for participating NIH and federal partners (e.g., cancer control and prevention, the opioid epidemic, and violence prevention), which facilitated opportunities for sharing and collaboration. Input from the PRCC informed the creation of the ODP [ADVANCE: Advancing Prevention Research for Health Equity](#) initiative and other activities. Through the Health and Housing Group, ODP coordinated collaborations across NIH ICOs and with federal agencies, including the U.S. Department of Housing and Urban

Development and the Centers for Disease Control and Prevention. ODP also established and increased collaborations around the areas of physical activity, nutrition, and diet, resulting in new and strengthened internal and external collaborations across NIH and with other federal and private partners, including professional societies.

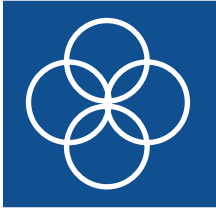


ODP led NIH-wide Scientific Interest Groups (SIGs) in prevention research gap areas suitable for coordinated and collaborative efforts. The SIGs included representatives across NIH and federal partners and produced 14 collaborative funding opportunities to advance prevention research in the areas of screening, electronic nicotine delivery systems, comorbidity, and physical activity. The groups also developed workshops, portfolio analyses, publications, research resources, and other activities. For example, the SIGs established the new [ODP Prevention in Focus Webinar Series](#), which aims to provide opportunities for the broader scientific community and members of the public to learn about the latest prevention research findings directly from experts. The series has covered a wide range of topics, including health literacy, obesity and chronic disease prevention, and racial disparities in maternal mortality.

Objectives

The objectives for the Promote Collaborative Research strategic priority focus on coordinating NIH-wide prevention research efforts, developing new collaborative prevention initiatives, and supporting existing prevention research initiatives across NIH. ODP will collaborate with NIH, federal agencies, and external partners to accelerate translation of prevention research evidence into programs, practice, and policies to improve public health for all.

Collaborations 4.1	Establish and facilitate infrastructures and processes to foster prevention research coordination and collaboration across NIH and with public and private partners.
Collaborations 4.2	Coordinate and support collaborative initiatives to address prevention research gaps and promote integration of evidence-based interventions and policies into routine practices and settings.
Collaborations 4.3	Advance evidence-based approaches for identifying future prevention research gaps and priorities and collaborate on NIH-wide and federal-wide activities to address them.



Strategic Priority 5: Advance Tobacco Regulatory and Prevention Science

Promote and facilitate tobacco regulatory science and tobacco prevention research.

Background

The [Tobacco Regulatory Science Program \(TRSP\)](#) was established by NIH in 2013 in response to the historic passage of the 2009 Family Smoking Prevention and Tobacco Control Act. The Act gave the U.S. Food and Drug Administration (FDA) Center for Tobacco Products authority to regulate the manufacture, marketing, and distribution of tobacco products to protect public health. Such regulations must be built on a strong scientific base, which is insufficient for many tobacco products. For example, to develop effective regulations, FDA needs research to better characterize product ingredients and their effects on consumption and health and to better understand marketing strategies and their effects on purchasing patterns.

TRSP capitalizes on the robust NIH infrastructure for the solicitation, review, and management of extramural research, as well as the scientific expertise of several NIH Institutes and Centers (ICs) that have long supported tobacco-related research as part of their missions. Working with the NIH Office of the Director and IC policy offices, TRSP has modified NIH policies and procedures to meet FDA needs and authorities, with participating ICs agreeing to these special terms and conditions. Through TRSP, FDA provides resources that NIH uses to support a diverse portfolio of research that can inform the development of regulations, including understanding the product composition and design of tobacco products; approaches that test the toxicity of tobacco smoke, aerosol, or specific constituents; effects of tobacco product characteristics on addiction and abuse liability; short and long term health effects of tobacco products; understanding knowledge, attitudes, and behaviors related to tobacco product use; understanding how to effectively communicate the health effects of tobacco products; influences of tobacco marketing; and understanding of the impact of potential FDA regulatory actions.



Since establishing the partnership between FDA and NIH, TRSP has published [60 funding opportunities](#) and awarded over [400 grants](#), resulting in more than \$900 million of tobacco regulatory science research funding. The program has awarded three rounds of the [Tobacco Centers of Regulatory Science](#), the centerpiece of the portfolio; a [Center for Coordination of Analytics, Science, Enhancement, and Logistics](#), which coordinates communication, collaboration, and dissemination across the portfolio; and a newly established center dedicated to [tobacco surveillance](#).

TRSP also plays an important role in nurturing a productive tobacco regulatory science research community. It convenes regular meetings with FDA and NIH IC partners to discuss program progress and directions, as well as annual grantee meetings to facilitate collaboration and communication among tobacco regulatory scientists. The program also maintains information on the ODP website that summarizes the FDA-funded research program at NIH including the research portfolio, research priorities, and funding opportunities.

As the tobacco-focused program within ODP, TRSP also monitors NIH investment and facilitates collaboration across NIH ICs for ODP-led opportunities to address research gaps in tobacco prevention that complement the FDA-supported program of tobacco regulatory research.



Objectives

The primary focus of the objectives supporting the Advance Tobacco Regulatory and Prevention Science strategic priority is the development, coordination, and implementation of NIH-wide tobacco regulatory science initiatives in partnership with FDA. In addition, TRSP convenes and/or participates in NIH-wide tobacco prevention research efforts.

Tobacco Regulatory Science 5.1	Lead the NIH-wide program in tobacco regulatory science, partnering with FDA scientific leadership to help identify, develop, characterize, and address FDA's tobacco regulatory research priorities.
Tobacco Regulatory Science 5.2	Oversee and lead NIH Institutes, Centers, and Offices and grant recipients in complying with policies and procedures unique to the NIH-FDA partnership in tobacco regulatory science.
Tobacco Regulatory Science 5.3	Educate FDA and NIH program, review, and grants management staff on TRSP scientific goals, policies, and procedures.
Tobacco Regulatory Science 5.4	Create opportunities for extramural investigators and federal scientific staff to collaborate, network, and discuss FDA's priority topics and share research results in prevention and tobacco regulatory science.
Tobacco Regulatory Science 5.5	Facilitate development of resources and research opportunities to address gaps in tobacco prevention intervention, research, measurement, and methodology.



Strategic Priority 6: Address Health Disparities

Promote and coordinate prevention research that addresses health disparities.

Background

Reducing health disparities is a critical and growing priority for NIH. Greater support of prevention intervention research that addresses social and structural determinants of health is one strategy to maximize the impact of NIH investments in health disparities research. ODP is ideally poised to facilitate and coordinate the efforts of NIH Institutes, Centers, and Offices (ICOs) to solicit and support this high-impact research, which requires integrating the latest knowledge and methodological advances in prevention science and health disparities research.

During the previous planning period, ODP elevated health disparities from a cross-cutting theme to a strategic priority.

Initial efforts focused on starting [ADVANCE: Advancing Prevention Research for Health Equity](#), an NIH-wide effort to develop and evaluate preventive interventions to address risk and protective factors for illness, injury, or leading causes of death in the United States in populations that experience health disparities.

ADVANCE emphasizes the evaluation of interventions that move beyond individual knowledge, attitudes, and behaviors to address social determinants of health that drive disparities. ADVANCE also promotes collaborations among researchers and community, service system, and/or health care partners to develop and evaluate interventions that are relevant, acceptable, and sustainable in community and service settings. Four multi-ICO ADVANCE workgroups were established on topics related to cardiometabolic risk factors; cancer; mental health; and use of alcohol, tobacco, and other drugs. Additional topic areas will be explored over the next five years.



Since its creation, ADVANCE has published two Notices of Special Interest to support research on preventive interventions within populations that experience health disparities. Four Notices of Funding Opportunity (NOFOs) were released to support research in prevention and cessation of menthol cigarette use; interventions to expand cancer screening and preventive services; and screening, brief intervention, and referral to treatment or prevention for alcohol, tobacco, and other drugs within these populations. Additionally, a NOFO was released to support training programs for predoctoral scholars from diverse backgrounds, including those from groups



underrepresented in prevention relevant fields. Trainees will focus on three integrated areas: health disparities and health equity research; development and implementation of multi-level preventive interventions; and methods for the design and analysis of studies to evaluate multi-level preventive interventions. Developing a diverse workforce to conduct this work is critically important and of interest to multiple NIH ICOs. Addressing earlier stages of the prevention workforce pipeline, ODP sponsored a youth art challenge, [How Prevention Can Create Better Health for Everyone](#). The goal of this challenge was to stimulate interest in prevention and health equity among teens and young adults.

Objectives

The objectives for the Address Health Disparities strategic priority focus on mobilizing collaborative NIH-wide efforts to enhance the NIH portfolio on prevention research and training to address health disparities. These activities will include developing and coordinating NIH-wide funding opportunities; providing consultation and input to ICOs leading their own prevention and health disparities initiatives and programs; and reviewing the state of the field regarding progress, gaps, and opportunities in research efforts to reduce health disparities and achieve health equity.

<p>Health Disparities 6.1</p>	<p>Coordinate NIH-wide funding opportunities and other research initiatives to develop and test new interventions and new strategies to disseminate existing interventions that address risk and protective factors for illness, injury, or leading causes of death in populations experiencing health disparities.</p>
<p>Health Disparities 6.2</p>	<p>Assess the NIH prevention research portfolio related to health disparities to identify research, infrastructure, and training gaps and develop strategies to address those gaps.</p>
<p>Health Disparities 6.3</p>	<p>Serve as a resource on health disparities-related prevention research to NIH ICOs, federal partners, and the extramural research community.</p>



Strategic Priority 7: Communicate Efforts and Findings

Highlight the value of prevention research by developing resources, sharing information, and strengthening partnerships.

Background

Strategic communication and outreach play an essential role in stimulating new and rigorous prevention research, moving prevention research findings into practice and, ultimately, improving public health. ODP connects and strengthens the research community by sharing information about the progress, findings, and future of prevention research with audiences such as NIH Institutes, Centers, and Offices (ICOs); federal agencies; extramural researchers; students and trainees; professional societies; and the public.

ODP’s communications activities include developing messaging for ODP initiatives; promoting ODP events and programs; and managing ODP’s website, newsletters, and social media accounts. These efforts directly support all the office’s strategic priorities and cross-cutting themes by raising awareness about the work of the office and its partners.

During the previous strategic planning period, ODP greatly increased the availability of information about prevention research. ODP expanded its website, adding several new features to reflect current prevention research priorities across NIH and the federal government. Of note, ODP developed a comprehensive page for [prevention research related to health disparities and health equity](#) and created a page to highlight [Healthy People 2030 research objectives](#). To serve as a resource about what prevention research NIH funds, ODP began sharing the [findings of the office’s ongoing portfolio analysis work](#) on its website. ODP also built a robust web metrics program with dynamic, real-time dashboards that mapped ODP promotional and program activities



to website traffic. ODP used these insights to adjust its outreach strategy, messaging, and resources to better meet the needs of its audiences.

ODP has always worked with its partners to share information about prevention research, and the office has become more strategic in its outreach, including expanding its use of specialized communications platforms. As a result, ODP’s network has grown significantly. By developing and leveraging relationships with NIH ICOs and with organizations like professional societies whose members are involved in prevention science, ODP has more effectively spread the word about its events and programs, such as

the [Pathways to Prevention program](#); the [Methods: Mind the Gap](#) and [Prevention in Focus](#) webinar series; the [Robert S. Gordon, Jr. Lecture in Epidemiology](#); and the [Early Stage Investigator Lecture \(ESIL\)](#). For example, interest in ESIL grew dramatically, with the number of promising early career prevention scientists nominated for the award more than doubling since the program began in 2017.

ODP developed new ways to connect with its audiences and provide timely, relevant information about ODP and federal prevention research activities. ODP launched the [ODP Updates newsletter](#), which highlights the latest news from the ODP Director as well as high-profile office activities, upcoming events, prevention research funding opportunities, and resources for researchers. ODP also introduced a [report spotlighting the office’s accomplishments and progress](#) toward its priorities each year.



Objectives

The objectives for the Communicate Efforts and Findings strategic priority focus on enhancing existing resources and identifying ways to expand the office’s reach and inform new audiences. ODP will develop innovative interactive digital, audio, and visual content, while increasing the use of plain language and evaluating and adapting to new technologies and platforms. These activities will include ODP using a targeted approach to build and leverage its partnerships and highlight the impact of prevention research.

Communications 7.1	Improve the availability and visibility of information about prevention research and promote prevention-related events conducted by NIH and other federal agencies.
Communications 7.2	Inform ODP’s audiences about the scope and impact of prevention research.
Communications 7.3	Engage with partners to foster opportunities to enhance and support ODP’s mission.

Appendix A: Organizational Chart for the Division of Program Coordination, Planning, and Strategic Initiatives

NIH Office of the Director

Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI)



Appendix B: Strategic Planning Process



Appendix C: History of the Office of Disease Prevention

NIH [established ODP](#) to promote and coordinate prevention research among NIH Institutes, Centers, and Offices and other public and private entities.

1986 >

NIH creates ODP in response to a directive in the Health Research Extension Act of 1985.

The Office of Medical Applications of Research (OMAR) is transferred to ODP. A key program in the OMAR is the Consensus Development Program (CDP), designed to hold conferences and produce consensus statements on important and controversial topics in medicine.

The Prevention Research Coordinating Committee (PRCC) is transferred to ODP. The PRCC serves as an advisory body to the ODP Director and makes recommendations regarding scientific, programmatic, and policy issues.

1988 >

The Division of Nutrition Research Coordination (DNRC) is established in ODP to advise the NIH Director and others on nutrition research issues and to work with NIH to coordinate nutrition research and research training initiatives.

1991 >

ODP helps originate the Women’s Health Initiative.

1993 >

The Office of Rare Diseases (ORD) is established in ODP to serve as the federal focal point for rare disease biomedical research.

ODP produced the NIH Implementation Plan for Health and Behavior Research for Congress that preceded the creation of the Office of Behavioral and Social Sciences Research.

1994 >

DNRC transfers to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).

1995 >

In response to a directive in the Dietary Supplement Health and Education Act of 1994, the Office of Dietary Supplements (ODS) is established in ODP to promote scientific research in the area of dietary supplements.

The Robert S. Gordon, Jr. Lecture in Epidemiology is established to recognize scientists who have contributed significantly to the field of epidemiology or clinical trials research.

2002 >

ORD is codified in statute by the Rare Diseases Act of 2002, which gives the office the ability to recommend a national research agenda, coordinate research, and provide educational activities for researchers.

ODP develops Medicine in the Media, an annual course designed to help develop journalists’ and editors’ abilities to evaluate and report on medical research.

2007 >

ODP establishes the Methods: Mind the Gap Webinar Series to explore issues at the intersection of research, evidence, and clinical practice areas in which conventional wisdom may be contradicted by recent evidence.

2008 >

ODP is transferred to the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI), which was established to meet the requirements of the NIH Reform Act of 2006. ORD is renamed the Office of Rare Diseases Research (ORDR).

2011 >

ORDR is transferred to the National Center for Advancing Translational Sciences (NCATS).

2012 >

OMAR combines its activities, staff, and resources with ODP.

ODP hosts its first Pathways to Prevention workshop. These workshops are designed to identify methodological and scientific weaknesses in a scientific area and move the field forward through an unbiased and evidence-based assessment of a complex clinical issue.

2013 >

ODP retires the CDP and the Medicine in the Media course.

The Tobacco Regulatory Science Program (TRSP) is transferred to ODP. TRSP is a NIH-wide collaborative effort with the U.S. Food and Drug Administration's (FDA) Center for Tobacco Products to conduct research to support FDA's regulatory authority for tobacco products.

2014 >

ODP releases its first Strategic Plan for Fiscal Years 2014–2018 to strengthen existing programs and develop new initiatives to advance prevention research at NIH. The plan represented an important shift in the core functions of the office.

2015 >

To improve the quality of prevention research at NIH, ODP launches the Prevention Research Expertise Survey to help identify experts in prevention science methods for NIH scientific review panels.

ODP changes the focus of the Methods: Mind the Gap Webinar Series to research design, measurement, intervention, data analysis, and other methods in prevention science.

2016 >

To address unmet prevention research needs, ODP creates five new Prevention Scientific Interest Groups (SIGs). The Prevention SIGs focus on areas where there are no existing collaborative NIH-wide or federal groups.

ODP releases Pragmatic and Group-Randomized Trials in Public Health and Medicine, an online course to help researchers design and analyze group-randomized trials.

2017 >

To recognize the contributions of early career prevention scientists who have not yet received a substantial NIH research award, ODP establishes and hosts its first annual ODP Early Stage Investigator Lecture.

ODP helps the NIH develop the Research Methods Resources website, which provides information on the design and analysis of trials that randomize groups or deliver interventions to groups.

2018 >

ODP releases its Strategic Plan for Fiscal Years 2019–2023, which builds upon prevention-related resources, tools, and initiatives developed across ODP.

2020 >

ODS is separated from ODP and established as an independent office in DPCPSI to promote scientific research in the area of dietary supplements.

2021 >

ODP celebrates its 35th anniversary, highlighting the work accomplished during three-and-a-half decades of putting prevention research first and sharing a vision for the future of prevention research at NIH.

2023 >

TRSP celebrates 10 years of leading initiatives and funding research that led to effective health policies to reduce the harms of tobacco products.

Associate Directors for Prevention and Directors of the Office of Disease Prevention

David M. Murray, Ph.D. (2012–present)
 Paul M. Coates, Ph.D. (Acting, 2010–2012)
 Barnett S. Kramer, M.D., M.P.H. (2001–2010)

William R. Harlan, M.D. (1991–2001)
 John H. Ferguson, M.D. (Acting, 1989–1991)
 William T. Friedewald, M.D. (1986–1989)

Appendix D: NIH Institutes, Centers, and Offices

NIH Institutes

NCI	National Cancer Institute cancer.gov
NEI	National Eye Institute nei.nih.gov
NHLBI	National Heart, Lung, and Blood Institute nhlbi.nih.gov
NHGRI	National Human Genome Research Institute genome.gov
NIA	National Institute on Aging nia.nih.gov
NIAAA	National Institute on Alcohol Abuse and Alcoholism niaaa.nih.gov
NIAID	National Institute of Allergy and Infectious Diseases niaid.nih.gov
NIAMS	National Institute of Arthritis and Musculoskeletal and Skin Diseases niams.nih.gov
NIBIB	National Institute of Biomedical Imaging and Bioengineering nibib.nih.gov
NICHD	<i>Eunice Kennedy Shriver</i> National Institute of Child Health and Human Development nichd.nih.gov
NIDA	National Institute on Drug Abuse nida.nih.gov
NIDCD	National Institute on Deafness and Other Communication Disorders nidcd.nih.gov
NIDCR	National Institute of Dental and Craniofacial Research nidcr.nih.gov
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases niddk.nih.gov
NIEHS	National Institute of Environmental Health Sciences niehs.nih.gov
NIGMS	National Institute of General Medical Sciences nigms.nih.gov

NIMH	National Institute of Mental Health nimh.nih.gov
NIMHD	National Institute on Minority Health and Health Disparities nimhd.nih.gov
NINDS	National Institute of Neurological Disorders and Stroke ninds.nih.gov
NINR	National Institute of Nursing Research ninr.nih.gov
NLM	U.S. National Library of Medicine nlm.nih.gov

NIH Centers

CC	NIH Clinical Center cc.nih.gov
CIT	Center for Information Technology cit.nih.gov
CSR	Center for Scientific Review public.csr.nih.gov
FIC	Fogarty International Center fic.nih.gov
NCATS	National Center for Advancing Translational Sciences ncats.nih.gov
NCCIH	National Center for Complementary and Integrative Health nccih.nih.gov/

NIH Office of the Director

All of Us	<i>All of Us</i> Research Program allofus.nih.gov
DPCPSI	Division of Program Coordination, Planning, and Strategic Initiatives dpcpsi.nih.gov
> OAM	Office of Administrative Management dpcpsi.nih.gov/oam
> OAR	Office of AIDS Research oar.nih.gov
> OBSSR	Office of Behavioral and Social Sciences Research obssr.od.nih.gov

- > **ODSS** Office of Data Science Strategy
datascience.nih.gov/
- > **ODS** Office of Dietary Supplements
ods.od.nih.gov
- > **ODP** Office of Disease Prevention
prevention.nih.gov
- > **OEPR** Office of Evaluation, Performance, and Reporting
dpcpsi.nih.gov/oepr
- > **ONR** Office of Nutrition Research
dpcpsi.nih.gov/onr
- > **OPA** Office of Portfolio Analysis
dpcpsi.nih.gov/opa
- > **ORIP** Office of Research Infrastructure Programs
orip.nih.gov
- > **ORWH** Office of Research on Women’s Health
orwh.od.nih.gov
- > **OSC** Office of Strategic Coordination – The NIH Common Fund
commonfund.nih.gov
- > **SGMRO** Sexual & Gender Minority Research Office
dpcpsi.nih.gov/sgmro
- > **THRO** Tribal Health Research Office
dpcpsi.nih.gov/thro

- OCPL** Office of Communications and Public Liaison
nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison

- OER** Office of Extramural Research
grants.nih.gov

- OIR** Office of Intramural Research
oir.nih.gov

- OLPA** Office of Legislative Policy and Analysis
nih.gov/institutes-nih/nih-office-director/olpa

- OM** Office of Management
om.od.nih.gov

- OSP** Office of Science Policy
osp.od.nih.gov



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