March 31, 2020

Francis S. Collins, MD, PhD
Director
National Institutes of Health
9000 Rockville Pike
Bethesda, Maryland 20892

RE: NOT-OD-20-064 Request for Comments and Suggestions on a Framework for the NIH-Wide Strategic Plan for FYs 2021-2025

Dear Dr. Collins:

The American Academy of Nursing (Academy) and the Council for the Advancement of Nursing Science (CANS) appreciate the opportunity to offer comments regarding the National Institutes of Health (NIH)-wide strategic plan for Fiscal Years (FY) 2021-2025. The Academy serves the public by transforming health policy through nursing knowledge. Critical to this mission is the necessary evidence that will promote health and wellness now and in the future. As the scientific voice for the Academy, CANS formulates and advances research, scientific training, and career development within the profession. In the effort to promote better health, CANS enhances communication among nurse scientists and the public to develop, disseminate, and utilize nursing research.

Cross-Cutting Themes Articulated in the Framework, and/or Additional Cross-Cutting Themes that May be Considered

The Academy and CANS commends NIH for drafting these broad cross-cutting themes including:

- Increasing, Enhancing, and Supporting Diversity
- Improving Women’s Health and Minority Health, and Reducing Health Disparities
- Optimizing Data Science and the Development of Technologies and Tools
- Promoting Collaborative Science
- Addressing Public Health Challenges Across the Lifespan

To truly improve health, policies and research must look at ways to expand access to quality care through novel approaches, aimed at eliminating health disparities. To safeguard our future, the wellness and safety of every individual, in any location, during all health stages is foundational. We commend NIH for including the fifth cross-cutting theme “Addressing Public Health Challenges Across the Lifespan.” By optimizing healthy social and physical environments to improve health, you promote health and well-
being for all. Moreover, we appreciate the inclusion of “Optimizing Data Science and the Development of Technologies and Tools.” Innovation in the health care industry, as well as emerging practices, must be tested and advanced for heightened impact and improved outcomes. Overall, the cross-cutting themes identified by NIH address the greater impact needed based on current evidence and that which still needs to be explored. To enhance the broader influence of the cross-cutting themes, we offer the following three recommendations.

RECOMMENDATION 1: Create Broader Inclusivity of the Lifespan Related to Health Disparities and Inequity. The second cross-cutting theme is “Improving Women’s Health and Minority Health, and Reducing Health Disparities.” We offer the following considerations. First, we recognize the incredible need to focus on critical issues such as maternal mortality given the alarming statistics nationwide. Yet this does not capture the impact related to children as a vulnerable population. There are many public health challenges that need to be addressed in the country and children’s health is a key component in this work. The impact of chronic and acute health conditions for children is a key area of focus as we look to prevention, treatment, and cure. Additional factors, such as adverse childhood experiences, are demonstrating the need to further study children over the next five years. Therefore, to capture this more inclusive framing, we recommend revising this cross-cutting theme to read: “Improving the Health of Women, Children, and Minorities.”

RECOMMENDATION 2: Create a new standalone cross-cutting theme focused on improving health equity. We believe great benefit will come from reframing this cross-cutting theme to state “Improving Health Equity” as this works to address the myriad of potential structural and systemic factors impacting health including upstream social determinants of health. Over the past 20 years, an increasingly robust evidence base has documented that the physical, social, and economic circumstances in which people live, work, play, and learn affect their health and well-being.1 Specifically, when considering the social determinants of health in the strategic plan, the NIH should focus on the social, economic, and environmental factors within this issue to support the attainment of each individual’s full potential for health.

We also suggest the NIH use the phrase “improve health equity” rather than “reduce health disparities” as this is the same terminology the U.S. Department of Health and Human Services is utilizing for the Healthy People 2030 guidelines. Emphasis on health equity within Healthy People 2030 marks a critical shift away from focusing on disease outcomes, which are often attributed to individual behaviors. A health equity approach addresses historical and current structural as well as systematic prejudice and discrimination that result in health disparities. Prejudice and discrimination lead to unfair practices within public and private institutions, broader health systems, and society at large. Drawing distinctions between health equity and related concepts can help to guide action.

For example, policies and practices that promote health equity must reduce or eliminate health inequities and health care disparities that are determinants of people’s health and well-being. Such interventions would not necessarily eliminate all health disparities, but they would reduce health inequalities and provide a foundation for moving closer to health equity. A society with fair and just societal conditions, free of inequities and health care disparities, offers people opportunities to attain the highest level of health and well-being throughout their lifespan.2 It would be wise for NIH to adopt the more positively stated theme to Improving Health Equity in the strategic plan.
NIH’s Priorities Across the Three Objectives Articulated in the Framework, including Potential Benefits, Drawbacks or Challenges, and other Priority Areas for Consideration

We offer the following comments on each of the three objectives included in the NIH-wide strategic plan for FYs 2021-2025.

**Objective 1: Advancing Biomedical and Behavioral Sciences**

The Academy and CANS recommend adding the concept of well-being to the second bullet point so that it reads “Preventing Disease and Promoting Optimal Health and Well-Being.” Well-being is central to the Healthy People 2030 program and while objectives are not yet publicly out, all publicly available documents clearly have a focus on health and well-being. As the NIH is considering this strategic plan, we encourage the concept of well-being in the NIH’s definition of health. Well-being is central to the nature of nursing care and we strongly believe it is equally central to research across disciplines. Additionally, we recommend acute and chronic conditions be included in the third bullet point for objective one to read “Developing Treatments, Interventions, and Cures for Acute and Chronic Conditions and Care at the End of Life.”

**Objective 2: Developing, Maintaining, and Renewing Scientific Research Capacity**

As the NIH finalizes the strategic plan, we recommend the first bullet under objective two be revised to say “Cultivating a Diverse Biomedical and Behavioral Research Workforce.” We also suggest NIH clarify what is meant by “cultivating” in this first bullet point. The Academy and CANS remain concerned about the slow growth in the research workforce and just as critically, its diversity. A report by the National Academy of Sciences3 recommends that efforts to strengthen U.S. science and engineering must include all individuals especially those from diverse backgrounds, who are the fastest growing groups of the U.S. population but the most underrepresented in science and technology careers. We strongly recommend diversity be reflected in the first bullet point of this objective.

**Objective 3: Exemplifying and Promoting the Highest Level of Scientific Integrity, Public Accountability, and Social Responsibility in the Conduct of Science**

The Academy and CANS recommend that more specificity be added to the bullet point on “Leveraging Partnerships” It is not clear what types of partnerships are being referred to here. Are these internal (NIH) and external (extramural) partnerships? Additionally, we encourage the NIH to think about the scientific accountability to culture and include language about ethics in the strategic plan. The strategic plan should imbed diversity within this objective. We suggest NIH consider adding some detail to the “Optimizing Operations” bullet point. Is the goal for scientists to work more efficiently and effectively? NIH also should consider addressing the increasing regulatory burdens faced by researchers.

**Future Opportunities or Emerging Trans-NIH Needs**

The Academy and the Council recommend the NIH encourage more collaboration amongst the Institutes. Additionally, our organizations note that there is an overlap in research being funded which suggests there may be a need for better communication. We also strongly recommend greater public engagement in research and in establishing research priorities, and more collaboration between intramural and extramural programs.
The Academy and CANS thank you for the opportunity to provide comments to the NIH-wide strategic plan for FYs 2021-2025. If we can be of any assistance to you or your staff, please do not hesitate to contact the Academy’s Senior Director of Policy, Christine Murphy, at cmurphy@aannet.org or 202-777-1174.

Sincerely,

Eileen Sullivan-Marx, PhD, RN, FAAN  
President  
American Academy of Nursing

Nancy S. Redeker, PhD, RN, FAHA, FAAN  
Chair  
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