Weekly SDHI News and Information April 18, 2013

SDHI Announcements:
- SDH Initiative Planning Forums May 3
  - 10am: PSU School of Community Health, Urban Studies Room 311
  - 12pm: PSU School of Social Work, ASRC 625

Training Opportunities:
- National NIH-funded PCOR/CER Annual Research Intensive, July 28–31 in Portland, OR

Funding Opportunities:
- Basic mechanisms of Stigma– research opportunity: Revision applications for basic social and behavioral research on the social, cultural, biological, and psychological mechanisms of stigma (R01: RFA–MD–13–005)
- Funding Alerts 04.18.13: Oregon Healthy Workforce Pilot Program, Ellison Medical Foundation Awards in Neuor Science and more...

Other Announcements or Resources:

See below for detailed information on each.

SDHI ANNOUNCEMENTS:
SDH Initiative Planning Forums May 3
We are continuing to hold informal discussions to help plan the SDH Initiative.
We would love your ideas on the following areas:
1) What would you like to see included in the vision, mission, and long- and short-term goals for the SDH Initiative?
2) How can the SDH Initiative support you or your work? What events, services, resources, or opportunities do you want the SDH Initiative to offer?
3) As we put together an Advisory Board, who should we consider inviting to help guide the Initiative long-term?

The next two forums will be on Friday, May 3:
10am: PSU School of Community Health, Urban Studies Room 311
12pm: PSU School of Social Work, ASRC 625
If you would like us to hold a planning forum at your department, organization, or institution, please let us know!

TRAINING OPPORTUNITIES:
National NIH–funded PCOR/CER Annual Research Intensive, July 28–31 in Portland, OR Oregon Institute for Patient–Centered Comparative Effectiveness (ICE) 2013 Annual Research Intensive

Interested in applying for PCORI or other funding? Learn more about applied research methods!
Application Deadline: May 31, 2013 Location: OHSU Campus Portland, OR When: July 28–31 2013
The field of comparative effectiveness and patient–centered outcomes research (CER/PCOR) is rapidly evolving with new opportunities for funding and new directions for research. This workshop provides an opportunity for promising investigators to learn CER/PCOR methods from national leaders in the field.

Participants in ICE 2013 will:
• Receive training from national experts in CER/PCOR principles and research methods, including systematic reviews
• Q&A with national funders
• Learn best practices in engaging stakeholders in research design, dissemination and implementation
• Participate in small group sessions and workshops on CER/PCOR grant proposal development
• Gain hands–on experience with CER/PCOR methods
By the end of the meeting, participants should have the tools to both design studies and use existing knowledge to discover what interventions work best for real world populations in real world situations.

Visit our website for more details

INVITED SPEAKERS INCLUDE:
L. Charles Bailey, MD, PhD Pediatric Electronic Data Sharing Network (PEDSNet)
Kerry Barnett, JD PCORI / Cambia Health Solutions
M. Alan Brookhart, PhD UNC Gillings School of Global Public Health
Francis D. Chesley, Jr., MD Agency for Healthcare Research and Quality
Rosemarie Filart, MD, MPH National Institutes of Health
Eric Johnson, PhD, MPH The Center for Health Research, Kaiser Permanente
David Kent, MD, MSc Institute for Clinical Research and Health Policy Studies, Tufts Medical Center
John Santa, MD, MPH Health Ratings Center for Consumer Reports
Sebastian Schneeweiss, MD, ScD Pharmacoepidemiology and Pharmacoeconomics, Brigham & Women's Hospital
Sean Tunis, MD, MSc Center for Medical Technology Policy
See our complete list of speakers

Funding for this event is provided by the National Institutes of Health under award number KM1CA031878 from the National Cancer Institute. The content of the event is solely the responsibility of the OHSU planning committee and invited speakers and is not necessarily representative of the official views of NCI or NIH.

FUNDING OPPORTUNITIES:
Basic mechanisms of Stigma– research opportunity: Revision applications for basic social and behavioral research on the social, cultural, biological, and psychological mechanisms of stigma (R01: RFA–MD–13–005)
Purpose: The purpose of this OppNet RFA to support projects that elucidate mechanisms underlying stigma that are relevant across health conditions or stigmatized statuses. It encourages revision applications to incorporate basic research on behavioral and social mechanisms underlying stigma into active R01 research projects. For this initiative, projects may focus on stigma processes and mechanisms from the perspective of stigmatized individuals or groups and/or of individuals or groups holding stigmatizing beliefs. Projects may examine stigma in the context of specific health conditions; however, the focus of the work must be on the underlying mechanisms of stigma rather than on condition-specific manifestations of stigma. OppNet intends to fund approximately 6–7 awards, corresponding to a total of approximately $1.0 million in fiscal year 2014.

An additional goal is to encourage applied stigma researchers to incorporate mechanistic components into their research and for b-BSSR investigators to incorporate stigma into studies of related phenomena.

Application due date: August 2, 2013, by 5:00 p.m. local time of applicant organization

Letter of intent due date July 2, 2013: Although not required or binding, an intent letter allows NIH review staff to estimate the number and themes associated with planning this RFA’s peer review process.

Background: NIH has funded a large body of research on stigma. Much of this research, however, has focused on manifestations of stigma related to specific diseases, conditions, or populations (e.g., the unique features of stigma associated with HIV/AIDS or mental illness). This focus may prevent understanding the underlying psychological and physiological mechanisms that drive the development of stigmatizing attitudes and the experience of stigma and obscure important commonalities or differences across stigmatized health conditions and other stigmatized statuses, such as those associated with race/ethnicity, sexual orientation, or religious affiliation. This research gap poses many challenges to understand stigma and to develop effective interventions to prevent or reduce the experience of stigma or buffer against its effects. Without knowledge of shared underlying features of the development of stigmatizing attitudes or the experiencing of a stigmatized identity, future intervention models or strategies may not fully address the complex psychological and physiological underpinnings of stigma.
Please forward this message as you see fit. If you receive this as a basic text message, the link to this RFA is, http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-13-005.html

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Funding Alerts 04.18.13: Oregon Healthy Workforce Pilot Program, Ellison Medical Foundation Awards in Neuor Science and more...

Oregon Healthy Workforce Center (OHWC) – Pilot Research Program
Description: Seeks to fund two pilot projects that will expand the portfolio of research on programs that improve occupational health, safety, and personal wellness. Proposals may focus on one of these three areas, but the proposed intervention must address all three.
• Letter of Intent deadline: May 15, 2013
• Full application (by invitation only): June 28, 2013
• Amount: $25,000 or $50,000 total over one year.

Eligibility:
• For the $50,000 award, the PI must have an appointment at an Oregon state institution and be eligible to obtain federal or state research grants.
• For the $25,000 award, graduate students with a master's degree are eligible to apply with a senior faculty member.

Funds for the project may be used for the following purposes: Personnel (excluding salary support for core scientists); supplies; and items of equipment costing less than $5,000 (equipment costing more than $5,000 must be approved prior to beginning the pilot project). If relevant, a subcontracting mechanism within the pilot project can be used to support a component of the pilot project performed outside of OHWC. It is an OHWC policy that Indirect Costs are NOT allowed for OHWC pilot projects. Pilot research funds may not be used to provide interim support for established projects or for investigations funded from other sources.

OTHER ANNOUNCEMENTS OR RESOURCES:
Deadline extended to 4/30/2013 for response to the ODP RFI–ACTION ALERT
On behalf of the SPR Board of Directors, we are writing to bring your attention to the Request for Information for public input on the 2013–2018 Strategic Plan for the Office of Disease Prevention National Institutes of Health (NIH). The Director of ODP is very interested in hearing from the SPR membership and the broad community of Prevention Science regarding the strategic agenda for the office. We urge you to read
the plan and respond to this request for input. Responses can be posted electronically to: http://prevention-nih.org/aboutus/strategic_plan/rfi.aspx.

The SPR Board is providing the following response and we share this for your consideration when making your response. This is an important opportunity, so we strongly encourage you to take the time to provide input. Deadline extended from April 14 to April 30, 2013. Thanks!

Strategic Priority #1:
Systematically monitor NIH investments in prevention research and the progress and results of that research. (2000 characters or less)

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

Strategic Priority #2:
Identify and promote prevention research areas that deserve expanded effort and investment by the NIH.

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

Strategic Priority #3:
Promote the use of the best available methods in prevention research and support the development of new and innovative approaches.

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

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

Strategic Priority #4:
Encourage development of collaborative prevention research projects and facilitate coordination of such projects across the NIH and with other public and private entities.

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

Strategic Priority #5:
Identify and promote the use of effective evidence-based interventions.
This is an important strategic priority area and has the potential to make a significant difference in communities across America. Critical to this priority is the need for clearly defined standards for what constitutes an evidence-based intervention. Currently there are multiple lists of “evidence-based” programs generated by a number of federal and non-federal agencies. Each of these agencies uses a different and often widely varying set of evidence standards. A consistent set of standards is needed. We strongly encourage the use of a rigorous set of standards such as those outlined by the Society for Prevention Research Standards of Evidence.

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

Strategic Priority #6:
Increase the visibility of prevention research at the NIH and across the country.

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

Michelle Berlin sent along the following information, noting that the webinar was extremely useful and may be of interest to the SDH group.
Thank you for your interest and participation in yesterday’s NCI Implementation Science webinar: “Health Disparities: Implications and Opportunities for Implementation Science”. We hope you enjoyed the presentation and discussion with Dr. Gary Bennett. A link to the slides (which will include references) will be send in the coming days once Dr. Bennett has finalized them. In the meantime, I have attached a PDF copy of the slides from the presentation.

Additionally, the webinar will be archived by the end of next week so if you or your colleagues are interested in watching the recorded presentation, it will be available at: https://researchtoreality.cancer.gov/node/1189. You can also visit that link to join the discussion and ask additional questions of the speaker or your fellow participants.

If you haven’t already, please take a few minutes to provide your feedback about the cyber-seminar via https://www.surveymonkey.com/s/NCIISwebinar_4-4-2013.