Research Announcements for the Week Ending May 3, 2013
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FYI.. Temporary Hold on Publication of New NIOSH Funding Opportunity Announcement for NIOSH Supported Conferences and Scientific Meetings (R13): Due Dates After January, 2013

Notice of Cancellation of AHRQ RFA-HS-13-009 "The Developing Evidence to Inform Decisions about Effectiveness (DEcIDE) Research Network (U19)"

1. Cancer (6)
2. Career Development
3. Health Disparities
4. HIV (2)
5. Maternal and Child Health (3)
6. Patient Centered Research
7. Violence

1. Cancer (6)

Date Due: April 30, 2013

Global Partnerships for Cancer Prevention and Control
Sponsor: CDC
Program URL: http://www.grants.gov
The purpose of the program is to identify international cancer control practices that can be applied to our domestic programs. Program activities will focus on 1) the establishment or strengthening of high quality cancer registries through establishment of centers for excellence in U.S. territories and other CDC global focus regions, 2) technical exchanges between CDC and the awardee, 3) consultations from global experts to help inform CDC’s priority cancer activities, and 4) collaboration on the development and dissemination of monographs and other publications that promote evidence-based prevention for cervical (and other HPV-related), breast, lung, skin, colorectal and other types of cancer. Together, these activities represent an important opportunity for CDC to strengthen its programs in cancer prevention and control.

Date Due: Letter of Intent Deadline Date: May 10, 2013 5 p.m. Eastern Daylight Savings Time; Application Deadline Date: June 10, 2013

Cancer Surveillance Data Standards and Best Practices
Sponsor: CDC
Program URL: http://www.grants.gov
The purpose of this funding opportunity announcement (FOA) is to emphasize the importance of coordination and collaboration across agencies, partner, and organizations to: Develop standards and best practices and to expand the use of electronic data reporting.

Date Due: Jun 10, 2013; Optional Letter of Intent Deadline Date: May 13, 2013 5:00 p.m. U.S. Eastern Daylight Savings Time

Collaboration for Improving and Promoting Standardized Cancer Staging Using the Collaborative Stage Data Collection System
Sponsor: CDC
Program URL: http://www.cdc.gov
The purpose of this funding opportunity announcement (FOA) is to emphasize the importance of coordination and collaboration across agencies, partners, and organizations to: improve standardized staging for use in cancer surveillance; support and simplify the evaluation, maintenance, and updating of cancer staging applications; and support enhancement of attributes that decrease the system’s complexity.
The OCRP Ovarian Cancer Academy, which was initially created in FY09, is intended to be a unique, interactive virtual academy providing intensive mentoring, national networking, and a peer group for junior faculty. The overarching goal of the Ovarian Cancer Academy is to develop successful, highly productive ovarian cancer researchers in a collaborative research training environment. The current Ovarian Cancer Academy is a virtual career development and research training platform consisting of nine Early-Career Investigator/Designated Mentor pairs from different institutions and one Academy Dean. The Academy Dean serves as a resource for the Early-Career Investigators and Mentors, assesses the progress of the Early-Career Investigators, and facilitates communication and collaboration among all of the Early-Career Investigators and Mentors.

The OCRP Teal Innovator Award supports a visionary individual from any field principally outside of, but not exclusive of, ovarian cancer to focus his/her creativity, innovation, and leadership on ovarian cancer research. The Teal Innovator Award will provide the Principal Investigator (PI) with the funding and freedom to pursue his/her most novel, visionary, high-risk ideas that could significantly impact the field of ovarian cancer research or patient care. The proposed Teal Innovator must be highly recognized in his/her field and present evidence of this recognition. Examples include, but are not limited to, recognition at the level of endowed chair; membership in the National Academy of Sciences, National Academy of Engineering, or Institute of Medicine; Chairmanship of the American Association for Cancer Research; or other national or international recognition.

The OCRP Pilot Award supports conceptually innovative, high-risk/high-reward research that could ultimately lead to critical discoveries or major advancements that will drive the field of ovarian cancer research forward. The proposed research should include a testable hypothesis based on strong scientific rationale and serve as a catalyst to expand or modify current thinking about and/or approaches in ovarian cancer research. Preliminary data are not required, but are allowed. The strength of the application should be based on sound scientific rationale and logical reasoning. Clinical trials will not be supported by this award mechanism.

2. Career Development

The William T. Grant Scholars Program supports promising early-career researchers from diverse disciplines, who have demonstrated success in conducting high-quality research and are seeking to further develop and broaden their expertise.
Dates Due: LOI: June 14, 2013; Date Due: July 31, 2013, by 5:00 PM local time of applicant organization.

Closing the Gap in Healthcare Disparities through Dissemination and Implementation of Patient Centered Outcomes Research (U18)

Sponsor: Agency for Healthcare Research and Quality (AHRQ)

The purpose of this funding opportunity announcement (FOA) is to identify strategies to engage stakeholders through shared decision making that can be used to effectively implement interventions specific to health care delivery systems, clinicians, and/or patients that focus on the reduction of racial/ethnic healthcare disparities in under-resourced settings. The effective strategies will incorporate the translation, dissemination, and implementation of patient-centered outcomes research (PCOR) findings for racial/ethnic minority populations. Successful applicants are required to demonstrate an ability to leverage the capacities of relevant and diverse stakeholders in their strategies to reduce healthcare disparities in under-resourced settings.

4. HIV (2)

Dates Due: Sept. 3, 2013, by 5:00 PM local time of applicant organization.

Methodologies and Formative Work for Combination HIV Prevention Approaches (R01)

Sponsor: National Institute of Mental Health (NIMH)
National Institute of Allergy and Infectious Diseases (NIAID)

This FOA invites applications to advance science that is needed for optimal HIV combination prevention intervention approaches. Recent advances in biomedical interventions with critical behavioral aspects (e.g., Pre-exposure Prophylaxis [PrEP], Treatment as Prevention) have changed how HIV prevention and treatment are conceptualized. Significant local, city, state, and federally funded efforts are shifting towards community-level interventions to reduce HIV incidence, and these efforts are informed by recent advances regarding: the importance of treatment uptake and retention in care; the effectiveness of combined behavioral and biomedical interventions; and the need to implement interventions community-wide for optimal public health impact. Reductions in HIV incidence will only be achieved through implementation of combinations of interventions that include biomedical and behavioral interventions, as well as components that address social, economic, and other structural factors that influence HIV prevention and transmission. However, combined prevention intervention approaches rely on synergies of multiple elements that can be challenging to design, implement, and evaluate. This initiative will support methodological, formative, and implementation research designed to better understand the processes and outcomes of combination intervention efforts and that will enhance the implementation of these interventions.

Dates Due: Stage I applications must be submitted by 12pm, May 17, 2013 (Pacific Time).
Successful Stage I applications will be invited on May 31, 2013 to submit additional documentation, including a detailed work plan, for a Stage II review. Stage II submissions are due by 5pm, June 21, 2013.

Community-based HIV Test and Treat Initiative

Sponsor: Kaiser Permanente

The goal of the Kaiser Permanente Community-based HIV Test and Treat Initiative (TTI) is to support agencies whose work is designed to establish communities as places where new HIV infections are rare and, when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance,
will be aware of their status and have unfettered access to high quality, life-extending care, free from stigma and discrimination. The initiative incorporates three main goals: to prevent new HIV infections; to identify HIV positive patients sooner; get them into high quality HIV care sooner and remain in such care; to reduce disparities among minority populations disproportionately impacted by HIV disease (particularly the gay, African-American, and Latino communities).

5. Maternal and Child Health (3)

Date Due: June 7, 2013

**Maternal and Child Health Workforce Development Centers**
Sponsor: HRSA
Program URL: [https://grants.hrsa.gov/webExternal/SFO.asp?id=08f99ae7-49a7-4f08-a3a7-d4b481a35a0f](https://grants.hrsa.gov/webExternal/SFO.asp?id=08f99ae7-49a7-4f08-a3a7-d4b481a35a0f)

This announcement solicits applications for the Maternal and Child Health (MCH) Workforce Development Centers Program. The purpose of the MCH Workforce Development Centers Program is to support workforce development for State Title V program leaders and staff to meet current public health MCH policy and programmatic imperatives in four key topic areas around implementation of the Affordable Care Act (ACA): (1) access to care; (2) quality improvement; (3) systems integration; and (4) population health management. Up to four (4) national training hubs, or one central hub, based in institutions of higher education, will coordinate training efforts around the key topic areas, to enhance the capacity of the MCH workforce to lead and/or engage in ongoing ACA implementation and public health transformation. Formal and informal academic-practice partnerships between the national training hub(s) and State Title V programs and as appropriate, other national partners will be required to accomplish the goals of this program.

Date Due: July 1, 2013

**Maternal and Child Health Measurement Research Network**
Sponsor: HRSA
Program URL: [https://grants.hrsa.gov/webExternal/SFO.asp?id=8bb8fa7b-f7c0-419f-ad50-2d3e2adea49c](https://grants.hrsa.gov/webExternal/SFO.asp?id=8bb8fa7b-f7c0-419f-ad50-2d3e2adea49c)

The purpose of the Maternal and Child Health Measurement Research Network (MCH-MRN) is to support a forum that will create a national agenda for health measurement research by producing an evolving compendium of available high quality measures of maternal and child health, and by identifying gaps in existing measures for future development purposes. The MCH-MRN will thus provide national leadership in enhancing and developing a set of culturally competent health measures for: MCH programmatic planning; screening; service provision; interventions that promote physical and psychosocial health and well-being; and clinical decision-making for primary and secondary prevention of disease, injury, and behavioral issues among at-risk mothers, children (including children with special healthcare needs), adolescents, and families.

**Reproductive, Maternal, Newborn and Child Health Project**
Sponsor: Agency for International Development
Program URL: [http://www.grants.gov](http://www.grants.gov)

The U.S. Agency for International Development (USAID) seeks assistance to carry out a five-year $500 million Cooperative Agreement to support the introduction, scale-up and sustainability of high-impact reproductive, maternal, newborn, and child health (RMNCH) interventions focusing primarily in USAID’s priority MCH countries: Afghanistan, Bangladesh, DR Congo, Ethiopia, Ghana, Haiti, India, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Nigeria, Pakistan, Rwanda, Senegal, Sudan, Tanzania, Uganda, Yemen, Zambia.

6. Patient Centered Research

Dates Due: LOI due: 5:00 PM (EST), Wednesday, June 19, 2013; Application due if LOI approved: 5:00 PM (EST) Friday, September 27, 2013

Cooperative Agreement Funding Announcement:
Improving Infrastructure for Conducting Patient-Centered Outcomes Research
Sponsor: PCORI
Program URL: [http://www.pcori.org/assets/PCORI-CDRN-Funding-Announcement-042313.pdf](http://www.pcori.org/assets/PCORI-CDRN-Funding-Announcement-042313.pdf)
The goal of PCORI’s National Patient-Centered Clinical Research Network Program is to improve the nation’s capacity to conduct CER efficiently, by creating a large, highly representative, national patient-centered clinical research network for conducting clinical outcomes research. Specifically, this program will promote a more comprehensive, complete, longitudinal data infrastructure; broader participation of patients, clinicians, health systems, and payers in the research process; and improvements in analytic methods for both observational and experimental CER. The creation of a national patient-centered clinical research network could empower the United States to become a learning healthcare system, which would allow for large-scale research to be conducted with enhanced accuracy and efficiency.

7. Violence

Date Due: June 24, 2013

**Basic Scientific Research to Assess Youth with Sexual Offending Behavior**

Sponsor: National Institute of Justice

Program URL: [https://ncjrs.gov/pdffiles1/nij/sl001077.pdf](https://ncjrs.gov/pdffiles1/nij/sl001077.pdf)

As part of a collaborative effort with and funding from the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART), the National Institute of Justice (NIJ) seeks applications for funding basic scientific research in the development and validation of a risk assessment tool with both static and dynamic factors designed for use in criminal and juvenile justice systems to estimate the short-term risk that juveniles with a history of sex offenses may recommit sex offenses. This program furthers the SMART Office’s mission to identify, promote and support best practices in the field of sex offender management. The risk assessment tool can (a) be available in the field of juvenile justice currently but not validated empirically; or (b) be developed for the purposes of this solicitation. The risk assessment tool should be validated in up to four sites that are geographically and demographically diverse, should include protective factors, and should be capable of estimating short-term risk of reoffending no more than 1 to 3 years into the future for juvenile sex offenders.