

This Program Announcement expires on December 21, 2004 unless reissued.

SOCIAL AND CULTURAL DIMENSIONS OF HEALTH

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Office of Behavioral and Social Sciences Research
National Cancer Institute
National Center for Complementary and Alternative Medicine
National Eye Institute
National Heart, Lung, and Blood Institute
National Human Genome Research Institute
National Institute of Child Health and Human Development
National Institute of Dental and Craniofacial Research
National Institute of Diabetes and Digestive and Kidney Diseases
National Institute of Environmental Health Sciences
National Institute of Mental Health
National Institute of Nursing Research
National Institute on Aging
National Institute on Alcohol Abuse and Alcoholism
National Institute on Arthritis, Musculoskeletal, and Skin Diseases
National Institute on Drug Abuse

PURPOSE

The Office of Behavioral and Social Sciences Research (OBSSR), National Cancer Institute (NCI), National Center for Complementary and Alternative Medicine (NCCAM), National Heart, Lung, and Blood Institute (NHLBI), National Human Genome Research Institute (NHGRI), National Institute of Child Health and Human Development (NICHD), National Institute of Dental and Craniofacial Research (NIDCR), National Institute of Environmental Health Sciences (NIEHS), National Institute of Mental Health (NIMH), National Institute of Nursing Research (NINR), National Institute on Aging (NIA), National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institute on Arthritis, Musculoskeletal, and Skin Diseases (NIAMS), and National Institute on Drug Abuse (NIDA) invite qualified researchers to submit research grant applications on the social and cultural dimensions of health. The goal of this announcement is to

(a) elucidate basic social and cultural constructs and processes used in health research, (b) clarify social and cultural factors in the etiology and consequences of health and illness, (c) link basic research to practice for improving prevention, treatment, health services, and dissemination, and (d) explore ethical issues in social and cultural research. The goal of this program announcement is to encourage further development of health-related social sciences research relevant to the missions of the NIH Institutes and Centers (ICs). This program announcement is based upon recommendations submitted to the NIH in conjunction with the conference entitled "Toward Higher Levels of Analysis: Progress and Promise in Research on Social and Cultural Dimensions of Health," June 27-28, 2000, Bethesda, Maryland. You may request a summary of the conference from the Office of Behavioral and Social Sciences Research, NIH, Bethesda, MD 20892. Ask for NIH Publication No. 01-5020, September 2001. The summary is also posted on the Internet at http://obssr.od.nih.gov/Conf_Wkshp/higherlevel/conference.html.

HEALTHY PEOPLE 2010

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2010," a PHS led national activity for setting priority areas. This Program Announcement (PA) is related to one or more of the priority areas. Potential applicants may obtain a copy of "Healthy People 2010" at <http://www.health.gov/healthypeople/>.

ELIGIBILITY REQUIREMENTS

Applications may be submitted by foreign and domestic for-profit and non-profit organizations, public and private, such as universities, colleges, hospitals, laboratories, units of state and local governments, and eligible agencies of the Federal government. Racial/ethnic minority individuals, women, and persons with disabilities are encouraged to apply as principal investigators.

MECHANISM OF SUPPORT

All ICs participating in this PA will accept applications for the NIH investigator-initiated research project grant (R01) award mechanism. Responsibility for the planning, direction, and execution of the proposed research will be solely that of the applicant. The total project period for an application submitted in response to this PA may not exceed 5 years.

Note that NIH ICs may accept applications for other kinds of research and training grant awards. For specific information, contact the IC staff listed under INQUIRIES.

Specific application instructions have been modified to reflect MODULAR GRANT and JUST-IN-TIME streamlining efforts being examined by the NIH. Complete and detailed instructions and information on Modular Grant applications can be found at <http://grants.nih.gov/grants/funding/modular/modular.htm>.

Applicants may consult with program staff listed under INQUIRIES regarding other mechanisms and relevant announcements on topics related to this program announcement.

RESEARCH OBJECTIVES

Social scientists have made significant strides in shedding light on the basic social and cultural structures and processes that influence health. Social and cultural factors influence health by affecting exposure and vulnerability to disease, risk-taking behaviors, the effectiveness of health promotion efforts, and access to, availability of, and quality of health care. Social and cultural factors also play a role in shaping perceptions of and responses to health problems and the impact of poor health on individuals' lives and well-being. In addition, such factors contribute to understanding societal and population processes such as current and changing rates of morbidity, survival, and mortality. Consequently, social science research should be integrated into interdisciplinary, multi-level studies of health. Linking research from the macro-societal levels, through behavioral and psychological levels, to the biology of disease will provide the integrative health research necessary to fully understand health and illness.

This program announcement invites applications for research on the social and cultural dimensions of health in five areas:

- A. Basic social and cultural constructs and processes used in health research.
- B. Etiology of health and illness
- C. Consequences of poor health for individuals and social groups.
- D. Linking science to practice to improve prevention, treatment, health services, and dissemination.
- E. Ethical issues in social and cultural research.

The goal is to encourage further development of health-related social sciences research relevant to the missions of the NIH Institutes and Centers (ICs). These missions encompass a broad

range of scientific questions related to the health and well-being of our nation's people. Information about the specific missions of the ICs participating in this program announcement is posted on the NIH HomePage at <http://www.nih.gov/icd/>.

The broad topical areas included in this Announcement are drawn from the recommendations submitted to the NIH in conjunction with the conference entitled "Toward Higher Levels of Analysis: Progress and Promise in Research on Social and Cultural Dimensions of Health," June 27-28, 2000, Bethesda, Maryland. For more detailed examples of research questions, see http://obssr.od.nih.gov/Conf_Wkshp/higherlevel/conference.html. Within the broad spectrum of research defined by these areas, applicants are encouraged (but are not required) to consider studies that involve multiple levels of analysis.

BASIC CONSTRUCTS AND PROCESSES

Advances in social science research on health depend on a foundation of basic theory and knowledge that describes social structures, the dynamics of social and cultural processes, and the ways in which individuals are located in and interact with the environment, social structures, and cultural factors. Several key sociodemographic constructs, including race, ethnicity, gender, age, and socioeconomic status, are widely used in studies of the etiology of health and disease and in research that describes and monitors the distribution of disease across social categories, geographic areas, and time. However, the meanings of such constructs depend on their cultural, geographical, and historical context, and their utility in health research depends on their use in ways that are theoretically and historically grounded. In addition, the concept of "culture" requires careful theoretical grounding in health studies. Most social scientists agree that the concept of culture is complex and implies a dynamic and ever-changing process.

This program announcement encourages research on basic social and cultural constructs and processes in the following areas:

Social Stratification and Inequalities

Research to explore the implications of different conceptualizations and measurements of social stratification systems and processes, such as socioeconomic status (SES) and social class, age, gender, and race/ethnicity for understanding health at the individual and higher levels of aggregation (e.g., community). Research to improve the monitoring and understanding of inequalities in health and disease among diverse groups, and the implications for monitoring of

strategies used to measure basic constructs such as socioeconomic status and social class, age, gender, race, and ethnicity.

Social Integration

Research to clarify the social, cultural, and economic factors that influence the social integration of individuals and the social cohesion of groups, including the causal dynamics of social networks.

Culture

Studies to improve the conceptualization and operationalization of culture as well as of social and cultural change in health research. Efforts are needed to identify those definitions and dimensions of cultural phenomena and intra-cultural and inter-cultural variation and change that are most useful in understanding health, and the mechanisms through which cultural phenomena influence health.

ETIOLOGY

Social science research on the etiology of health and illness recognizes that health may be affected by a diverse set of mechanisms operating among and within social structures existing at different levels. At the highest levels are structures and processes that involve and affect populations broadly: government, media, economic systems, social stratification, political processes and policy-making, and broadly-held cultural values and practices. Some of these processes also operate in communities and neighborhoods, in social institutions (e.g., schools, churches, and businesses), and in social or professional organizations. However, at these levels processes contributing to social cohesion, social support, social control, social and cultural conflict, and the development and enforcement of social and cultural norms play a larger role. In families and small groups, interpersonal processes such as conflict and support, socialization, and sharing of resources play a dominant role.

A valuable contribution of the social sciences is to understand health and disease not solely as an individual biological problem, but as a social phenomenon associated with social ties and other forms of social influences. From this perspective, research must address how mechanisms that link social and cultural phenomena to health operate within and emerge from specific social contexts. Social contexts provide the stage for social and cultural factors to influence health, and the characteristics of social context directly affect social and cultural processes.

This Program announcement encourages research on topics and questions relevant to:

Overarching Issues

Research to improve understanding of how macro-level (societal) factors, such as social policies, structures, and cultural norms, are linked to micro-level (individual) factors, such as a person's behaviors, and ultimately to health. What are the causal pathways that lead from the sociocultural environment to general vulnerability to disease and disease-specific outcomes?

Interpersonal, Social, and Cultural Factors

Studies of the implications for health of the characteristics and content of network ties and of how individuals and groups organize themselves into networks and other social arrangements, including the mechanisms through which social integration/cohesion and exclusion affect the health of individuals and contribute to health disparities. Research on cultural belief systems (such as religion or the nature of health/disease), at the individual, family, community, and institutional levels, and their relationships to health, including recovery from disease and addiction, with particular attention to potential mediating mechanisms (e.g., socially-determined patterns of stress and coping with stress).

Social Contexts

Research on the role of social contexts (e.g., family and households, religious institutions, work places, schools, health-care organizations and systems, neighborhoods, and communities, geographic location, residential segregation, legal and administrative policies, communication environments) in mediating or moderating sociocultural influences on health of individuals. Studies are required to conceptualize and measure social contexts in order to specify which particular aspects of social context are relevant to health and the mechanisms through which they operate. Research on how health policies impact on diverse populations, such as those defined by immigration status, gender, race/ethnicity, sexual orientation, or age, and on the pathways through which social policies (such as gun control, urban renewal, welfare reform, and taxes on alcohol and tobacco products) affect the health of diverse populations.

CONSEQUENCES OF POOR HEALTH

Connections among health, functional capacity, and productivity are complex and difficult to disentangle, but empirical research is emerging that addresses the consequences of poor health

for economic well-being at the individual, family, and population levels. Understanding the consequences of health and illness is important to the mission of the NIH. First, health disparities among groups varying in socioeconomic status result in part from the reciprocal influence of SES on health and health on SES. The nature of these feedbacks needs to be fully understood if we are to understand the mechanisms underlying health disparities. Second, the value of investment in improving health can be only partially understood by focusing on health outcomes alone. For example, improvements in quality of life resulting from social, economic, and cultural change at both the individual and societal level are an important part of the picture.

This program announcement encourages research on the consequences of poor health in the following areas:

Self Care

Research on self-care or self-regulation as a response to illness and in the management of health conditions, considering the influence of social, cultural, and economic factors on the adoption and consequences of this strategy.

Coping Strategies

Investigations of the coping strategies people use to adapt to illness and disability, the influence of social, cultural, and economic factors on these strategies, and the impact of these strategies on health and well-being at the individual, family, and community level. Research on the consequences of death and dying for the health and well-being of the deceased's relatives and friends as well as on the coping strategies people use to adapt to illness, disability, and death of a relative or close friend.

Social Stigma

Studies of stigma across physical and mental health conditions (including addictions), care settings, outcomes and groups, including research on the social and cultural origins of stigmatization of illnesses. What are the implications of stigma for access to care and treatment? How does stigma affect outcomes across health conditions?

Impact of Health on Society

Examination of how the health of individuals impacts upon macro-level processes and systems is also needed. How does the health of individual members of a group (e.g., family, household, firm) affect the composition and functioning of the group? Also of interest is research on the influence of poor health on economic performance of organizations and societies. (For example, see International Studies of Health and Economic Development, NIH Guide to Grants and Contracts, May 30, 2000; <http://grants.nih.gov/grants/guide/rfa-files/RFA-TW-01-001.html>).

LINKING SCIENCE TO PRACTICE TO IMPROVE PREVENTION, TREATMENT, HEALTH SERVICES, AND DISSEMINATION

The social sciences are important in efforts to prevent and treat illness. Research in the social sciences can pinpoint environmental contexts, social relationships, interpersonal processes, and cultural factors that lead people to engage in healthy behaviors, seek health services before disease symptoms worsen, and participate with medical professionals in treating illness. The incorporation of social science research and theory into prevention, treatment, and service programs will likely result in more effective interventions. In addition, research on the dissemination and translation of social science research findings can ensure that investments in basic research have their maximum impact on health.

This program announcement encourages social sciences research on prevention, treatment, health services, and dissemination in the following areas:

Prevention

Theoretical development and conceptual work in the field of prevention, including clarifying the concepts of risk and protection and their meanings within distinct populations, defining the distinctions between health promotion and disease prevention, and promoting generalizability of theoretical frameworks. Research to design, implement, and evaluate interventions based upon the theories, concepts, and methods identified earlier in this announcement (e.g., social networks, social contexts, cultural beliefs).

Treatment and Management of Disease

Research on cultural competence at multiple levels, including health systems, agencies and providers, with an emphasis on primary care and mental health settings. Also, research is needed to define what constitutes "culturally competent care", develop and test different models (best practices) of culturally competent care, and test models in randomized controlled trials. Research

that explores the interface between traditional/alternative and allopathic/western medicine and health maintenance practices and identifies the circumstances under which either or both function more effectively.

Services

Research on the development, dissemination, and accessibility of new therapies, technologies and services, such as retrovirals and anti-psychotics. How do social and cultural factors affect these processes and what impact do they have on services and treatment? How do social, cultural, economic, and policy mechanisms influence equitable access to health care and the quality of care received?

Dissemination and Adoption

Research on the processes through which social and behavioral interventions are incorporated into general practice. What accounts for success or failure (i.e., adoption vs. non-adoption)? How does this differ from the adoption of biomedical treatments and interventions?

Systematic research on methods to increase the adoption of tested and effective preventive interventions, treatment models, and service delivery strategies, research that will allow rigorous comparisons of the effects of alternative methods of diffusion and dissemination.

ETHICAL ISSUES IN SOCIAL AND CULTURAL RESEARCH

The development of new and more complex research methods in the social sciences, combined with dramatic advances in computing power, complicates standard ethical concerns of confidentiality, privacy, and consent. Higher levels of analysis imply analysis of data at the group, institution, or community level, raising the prospects of consent at these levels and how such consent might be obtained. Sensitivity exists not only at the individual level but also for the groups and institutions with which individuals affiliate.

This program announcement encourages social sciences research on ethical issues in the following areas:

Ethical issues arising from research that links the individual to higher levels of analysis.

Research to address threats to confidentiality of data collected in multi-level studies by advancing statistical methods for masking or altering individual data and studying how such procedures impinge on the ability to conduct valid analyses.

Unintended consequences of research aimed at understanding variation among individuals and among groups. How to avoid overemphasizing individual and group differences and thereby reinforcing existing patterns of stratification in health care or other areas.

Studies of community consultation in research projects involving identified population groups. How can individual informed consent best be accomplished in this setting?

INCLUSION OF WOMEN AND MINORITIES IN RESEARCH INVOLVING HUMAN SUBJECTS

It is the policy of the NIH that women and members of minority groups and their sub-populations must be included in all NIH-supported clinical research projects unless a clear and compelling justification is provided indicating that inclusion is inappropriate with respect to the health of the subjects or the purpose of the research. This policy results from the NIH Revitalization Act of 1993 (Section 492B of Public Law 103-43).

All investigators proposing clinical research should read the AMENDMENT

"NIH Guidelines for Inclusion of Women and Minorities as Subjects in

Clinical Research - Amended, October, 2001," published in the NIH Guide for Grants and Contracts on October 9, 2001 (<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-02-001.html>); a complete copy of the updated Guidelines are available at

http://grants.nih.gov/grants/funding/women_min/guidelines_amended_10_2001.htm.

The amended policy incorporates: the use of an NIH definition of clinical research; updated racial and ethnic categories in compliance with the new OMB standards; clarification of language governing NIH-defined Phase III clinical trials consistent with the new PHS Form 398; and updated roles and responsibilities of NIH staff and the extramural community. The policy continues to require for all NIH-defined Phase III clinical trials that: a) all applications or proposals and/or protocols must provide a description of plans to conduct analyses, as appropriate, to address differences by sex/gender and/or racial/ethnic groups, including subgroups if applicable; and b) investigators must report annual accrual and progress in conducting analyses, as appropriate, by sex/gender and/or racial/ethnic group differences.

Investigators may obtain copies of this policy from the program staff listed under INQUIRIES.

Program staff may also provide additional relevant information concerning the policy.

INCLUSION OF CHILDREN AS PARTICIPANTS IN RESEARCH INVOLVING HUMAN SUBJECTS

It is the policy of NIH that children (i.e., individuals under the age of 21) must be included in all human subjects research, conducted or supported by the NIH, unless there are scientific and ethical reasons not to include them. This policy applies to all initial (Type 1) applications submitted for receipt dates after October 1, 1998.

All investigators proposing research involving human subjects should read the "NIH Policy and Guidelines on the Inclusion of Children as Participants in Research Involving Human Subjects" that was published in the NIH Guide for Grants and Contracts, March 6, 1998, and is available at the following URL address: <http://grants.nih.gov/grants/guide/notice-files/not98-024.html>.

Investigators also may obtain copies of these policies from the program staff listed under INQUIRIES. Program staff may also provide additional relevant information concerning the policy.

REQUIRED EDUCATION IN THE PROTECTION OF HUMAN RESEARCH PARTICIPANTS

All investigators proposing research involving human subjects should read the policy that was published in the NIH Guide for Grants and Contracts, June 5, 2000 (Revised August 25, 2000), available at: <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-00-039.html>.

INTERNET ADDRESSES (URLs) IN NIH GRANT APPLICATIONS OR APPENDICES

All applications and proposals for NIH funding must be self-contained within specified page limitations. Unless otherwise specified in an NIH solicitation, Internet addresses (URLs) should not be used to provide information necessary to the review because reviewers are under no obligation to view the Internet sites. Reviewers are cautioned that their anonymity may be compromised when they directly access an Internet site.

PUBLIC ACCESS TO RESEARCH DATA THROUGH THE FREEDOM OF INFORMATION ACT

The Office of Management and Budget (OMB) Circular A-110 has been revised to provide public access to research data through the Freedom of Information Act (FOIA) under some circumstances. Data that are (1) first produced in a project that is supported in whole or in part with Federal funds and (2) cited publicly and officially by a Federal agency in support of an action

that has the force and effect of law (i.e., a regulation) may be accessed through FOIA. It is important for applicants to understand the basic scope of this amendment. NIH has provided guidance at: http://grants.nih.gov/grants/policy/a110/a110_guidance_dec1999.htm.

Applicants may wish to place data collected under this program announcement in a public archive, which can provide protections for the data and manage the distribution for an indefinite period of time. If so, the application should include a description of the archiving plan in the study design and include information about this in the budget justification section of the application. In addition, applicants should think about how to structure informed consent statements and other human subjects procedures given the potential for wider use of data collected under this award.

APPLICATION PROCEDURES

The PHS 398 research grant application instructions and forms (rev. 5/2001) at <http://grants.nih.gov/grants/funding/phs398/phs398.html> must be used in applying for these grants and will be accepted at the standard application deadlines (<http://grants.nih.gov/grants/dates.htm>) as indicated in the application kit. This version of the PHS 398 is available in an interactive, searchable format. Although applicants are strongly encouraged to begin using the 5/2001 revision of the PHS 398 as soon as possible, the NIH will continue to accept applications prepared using the 4/1998 revision until January 9, 2002. Beginning January 10, 2002, however, the NIH will return applications that are not submitted on the 5/2001 version. For further assistance contact GrantsInfo, Telephone 301/435-0714, Email: GrantsInfo@nih.gov.

SPECIFIC INSTRUCTIONS FOR APPLICATIONS REQUESTING \$500,000 OR MORE PER YEAR:

Applications requesting \$500,000 or more in direct costs for any year must include a cover letter identifying the NIH staff member within one of NIH institutes or centers who has agreed to accept assignment of the application.

Applicants requesting more than \$500,000 must carry out the following steps:

- 1) Contact the IC program staff at least 6 weeks before submitting the application, i.e., as you are developing plans for the study;
- 2) Obtain agreement from the IC staff that the IC will accept your application for consideration for award; and,

3) Identify, in a cover letter sent with the application, the staff member and IC who agreed to accept assignment of the application.

This policy applies to all investigator-initiated new (type 1), competing continuation (type 2), competing supplement, or any amended or revised version of these grant application types. Additional information on this policy is available in the NIH Guide for Grants and Contracts, October 19, 2001 at <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-02-004.html>.

Specific Instructions for Modular Grant Applications

The MODULAR GRANT concept establishes specific modules in which direct costs may be requested as well as a maximum level for requested budgets. Only limited budgetary information is required under this approach. The JUST-IN-TIME concept allows applicants to submit certain information only when there is a possibility for an award. It is anticipated that these changes will reduce the administrative burden for the applicants, reviewers and Institute staff. The research grant application form PHS 398 (rev. 5/2001) at <http://grants.nih.gov/grants/funding/phs398/phs398.html> must be used in applying for these grants, with modular budget instructions beginning in Section C of the application instructions.

Modular Grant applications will request direct costs in \$25,000 modules, up to a total direct cost request of \$250,000 per year. (Applications that request more than \$250,000 direct costs in any year must follow the traditional PHS 398 application instructions.) The total direct costs must be requested in accordance with the program guidelines and the modifications made to the standard PHS 398 application instructions described at <http://grants.nih.gov/grants/funding/modular/modular.htm>.

The title and number of this program announcement must be entered on line 2 of the face page of the application (PHS 398) form and the YES box must be marked.

Submit a signed, printed original of the application, including the Checklist, and five signed photocopies in one package to:

Center for Scientific Review
National Institutes of Health
6701 Rockledge Drive, Room 1040, MSC 7710
Bethesda, MD 20892-7710

Bethesda, MD 20817 (For Express/Courier Service)

Please note that NIH will no longer accept hand-delivered applications.

REVIEW CONSIDERATIONS

Applications will be assigned on the basis of established Public Health Service referral guidelines. Appropriate review committees of NIH, in accordance with the standard NIH peer review procedures, will review applications for scientific and technical merit. As part of the initial merit review, all applications will receive a written critique and undergo a process in which only those applications deemed to have the highest scientific merit, generally the top half of applications under review, will be discussed, assigned a priority score, and receive a second level review by the appropriate national advisory council or board.

REVIEW CONSIDERATIONS

Applications will be assigned on the basis of established PHS referral guidelines. Applications will be evaluated for scientific and technical merit by an appropriate scientific review group convened in accordance with the standard NIH peer review procedures. As part of the initial merit review, all applications will receive a written critique and undergo a process in which only those applications deemed to have the highest scientific merit, generally the top half of applications under review, will be discussed, assigned a priority score, and receive a second level review by the appropriate national advisory council or board.

Review Criteria

The goals of NIH-supported research are to advance our understanding of biological systems, improve the control of disease, and enhance health. In the written comments reviewers will be asked to discuss the following aspects of the application in order to judge the likelihood that the proposed research will have a substantial impact on the pursuit of these goals. Each of these criteria will be addressed and considered in assigning the overall score, weighting them as appropriate for each application. Note that the application does not need to be strong in all categories to be judged likely to have major scientific impact and thus deserve a high priority score. For example, an investigator may propose to carry out important work that by its nature is not innovative but is essential to move a field forward.

o Significance: Does this study address an important problem? If the aims of the application are achieved, how will scientific knowledge be advanced? What will be the effect of these studies of the concepts or methods that drive this field?

o Approach: Are the conceptual framework, design, methods, and analyses adequately developed, well-integrated, and appropriate to the aims of the project? Does the applicant acknowledge potential problem areas and consider alternative tactics?

o Innovation: Does the project employ novel concepts, approaches or method? Are the aims original and innovative? Does the project challenge existing paradigms or develop new methodologies or technologies?

o Investigator: Is the investigator appropriately trained and well suited to carry out this work? Is the work proposed appropriate to the experience level of the principal investigator and other researchers (if any)?

o Environment: Does the scientific environment in which the work will be done contribute to the probability of success? Do the proposed experiments take advantage of unique features of the scientific environment or employ useful collaborative arrangements? Is there evidence of institutional support?

In addition to the above criteria, in accordance with NIH policy, all applications will also be reviewed with respect to the following:

o The adequacy of plans to include both genders, minorities and their subgroups, and children as appropriate for the scientific goals of the research. Plans for the recruitment and retention of subjects will also be evaluated.

o The reasonableness of the proposed budget and duration in relation to the proposed research.

o The adequacy of the proposed protection for humans, animals or the environment, to the extent they may be adversely affected by the project proposed in the application.

AWARD CRITERIA

Applications will compete for available funds with all other recommended applications. Award criteria that will be used to make award decisions include:

- o Scientific merit (as determined by peer review)
- o Availability of funds
- o Programmatic priorities.

INQUIRIES

Inquiries are strongly encouraged. The opportunity to clarify any issues or questions from potential applicants is welcome. Applicants are encouraged to read the Executive Summary of the conference "Toward Higher Levels of Analysis: Progress and Promise in Research on Social and Cultural Dimensions of Health" that provides extensive examples of research questions. The report is available at http://obssr.od.nih.gov/Publications/HigherLevels_Final.PDF. Also applicants may find "Qualitative Methods in Health Research: Opportunities and Considerations in Application and Review," NIH Publication No. 02-5046, to be useful in preparing an application (<http://obssr.od.nih.gov/Publications/Qualitative.PDF>).

GENERAL INQUIRIES regarding the scope and content of this program announcement should be directed to:

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Direct inquiries regarding PROGRAMMATIC ISSUES, including questions of research areas of particular interest to and of available funding mechanisms at each IC, to the staff of the appropriate IC:

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AUTHORITY AND REGULATIONS

This program is described in the Catalog of Federal Domestic Assistance Nos. 93.399 (NCI), 93.213 (NCCAM), 93.867 (NEI), 93.937 (NHLBI), 93.172 (NHGRI), 93.866 (NIA), 93.891 (NIAAA), 93.846 (NIAMS), 93.929 (NICHD), 93.121 (NIDCR), 93.279 (NIDA), 93.847/848/849 (NIDDK), 93.113, 93.114, and 93.115 (NIEHS), 93.242 (NIMH), and 93.361 (NINR). Awards are made under authorization of the Public Health Service Act, Title IV, Part A (Public Law 78-410, as amended by Public Law 99-158, 42 USC 241 and 285) and administered under PHS grants policies and Federal Regulations 42 CFR 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

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