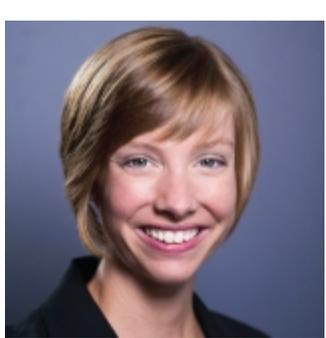


Developing and Testing Health-Enhancing Physical Activity Interventions

A webinar on two renewed trans-NIH funding announcements

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Introduction



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- If you have questions for staff during the webinar:
 - Submit questions via Webex 
 - Email questions to prevention@mail.nih.gov
 - Reach us on Twitter using the hashtag #NIHPAR

The funding announcements

- [PAR-18-324](#) invites R01 applications related to the *testing* of multi-level interventions for increasing physical activity.
 - Participating ICs: NCCIH, NCI, NIA, NIAAA, NICHD, NIDA, NIMHD, & ODP.
- [PAR-18-307](#) invites R21/R33 applications related to the *development* of multi-level interventions for increasing physical activity.
 - Participating ICs: NCCIH, NCI, NIA, NIAAA, NIDA, & ODP.

Purpose of funding announcements

- To fund highly innovative and promising research designed to develop and test multi-level interventions for increasing physical activity
- Specifically, interest is in proposals where interventions
 - Act on *at least* two levels of the socio-ecological model
 - Have potential for scaling and sustainability for broad use
 - Populations at high risk for sedentary behavior

Why multi-level interventions?

- Interventions provided simultaneously at several levels across the Socio-Ecological Model are most likely to be successful in achieving increases in physical activity.
- Applicants are encouraged to use the Socio-Ecological Model for conceptualizing multi-level interventions.

What counts as multi-level?

- There are many ways for an intervention to qualify as multi-level
- Interventions could incorporate intervention targets at the intrapersonal, interpersonal, organizational, community, and/or public policy levels

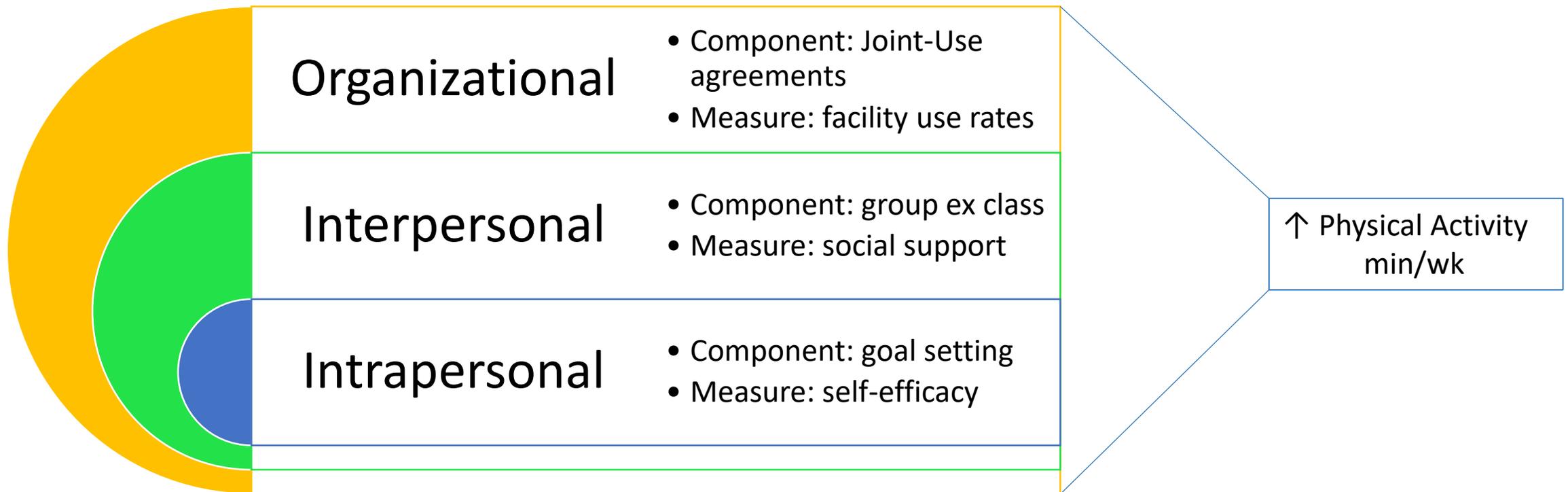


How many levels are addressed in these examples?

- Randomize individuals to participate in a group-based exercise class or a health education class at a community center.
- Only 1 level: interpersonal
 - Although sessions are delivered at a community center, there are no active intervention components targeted at the organizational level
- Randomize individuals to participate in a group-based exercise class or health education class at a community center. Exercise participants receive personal goal-setting and feedback. Interventionists help community centers initiate/strengthen joint-use agreements.
- 3 levels: intrapersonal, interpersonal, organizational

Conveying your intervention in the proposal

- A picture is worth 1000 words...



Which of these companion FOAs is right for my research question: R01 or R21/R33?

R01: Intervention Testing

- Powered to test efficacy for increasing physical activity
- Should also collect data relevant to future implementation in real-world settings
- Should be supported by preliminary feasibility data

R21/R33: Intervention Development

- Designed to assess feasibility and acceptability of the approach
- Should *NOT* propose “preliminary efficacy”
- Must include aims/descriptions of both phases and clear milestones to transition from R21 to R33

What scope of research is appropriate for the R21 vs. R33 phases?

R21

- Single-site feasibility RCT of multi-level intervention
- Separate feasibility studies for different intervention components
- Qualitative or mixed-methods approaches to determine acceptability and refine components

R33

- Larger scale or multi-site feasibility RCT of the multi-level intervention
- Assessment of effect of multi-level intervention on hypothesized mediators of physical activity change
- Optimization of the multi-level intervention

Scientific Priorities of Participating NIH Institutes and Centers

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NCCIH (R01 & R21/R33)

- NCCIH is particularly interested in applications that propose to incorporate a mind-body intervention as part of the multi-level intervention for promoting physical activity
- NCCIH will not support research proposing to test efficacy or effectiveness of clinical outcomes with these FOAs

NCI (R01 & R21/R33)

Scientific/Research Contact:
Frank Perna, Ed.D., Ph.D.
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- NCI will support applications targeting either the promotion of moderate-vigorous intensity physical activity or those seeking to increase light intensity physical activity and reduce sedentary time as part of a multi-level intervention
- NCI is particularly interested in applications that propose to sample cancer survivor groups, especially pediatric cancer survivors, as well as those without a cancer history
- NCI is particularly interested in applications proposing to collect implementation data of interventions testing efficacy or effectiveness across multiple project sites

Scientific/Research Contact:
Lyndon Joseph, Ph.D.
Email: josephlj@mail.nih.gov

NIA (R01 & R21/R33)

- **Mission: To improve the health and well-being of older Americans through research**
- Develop effective strategies/interventions as part of the multi-level program for promoting physical activity
 - to maintain health, well-being, and physical function
 - to prevent or reduce the burden of age-related diseases, disorders, and disabilities
 - to improve the health status of older adults in diverse populations (Health Disparities)

Scientific/Research Contact:
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NIAAA (R01 & R21/R33)

- Interest in research or prevention strategies to address alcohol use within the context of physical activity.
- Interest in feasibility and pilot studies that will contribute to expanding the knowledge base of the associations between physical activity and alcohol use.
- Strongly encourage research on both individual and environmental physical activity strategies (e.g., prevention intervention studies that incorporate both strategies to reduce risky)
- Interest in understanding the mechanisms behind the associations of physical activity and alcohol use.



NICHD/NCMRR (R01 only)

Scientific/Research Contact:

Ralph Nitkin, Ph.D.

Email: nitkinr@mail.nih.gov

- NICHD supports rehabilitation research across the lifespan also aims to ensure the health, productivity, independence, and well-being of people with physical disabilities through the National Center for Medical Rehabilitation Research (NCMRR).
- NICHD will only fund projects related to rehabilitation for this FOA

Participation

Quality of Life

Prevention of
Secondary
Health
Consequences

Contraindications, limitations,
& barriers

Needs,
motivations,
& strategy to
sustain

Effect of active fitness on health
outcomes in people with disability

NIH

Eunice Kennedy Shriver National Institute
of Child Health and Human Development
Health research throughout the lifespan

NIDA (R01 & R21/R33)

Scientific/Research Contact:
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NIDA research priorities include:

- Behavior change and relapse prevention in the context of an experimental medicine and Stage Model approach to Treatment Development
- Studies to develop and optimize efficacious behavioral interventions for substance use disorders (SUDs)
- Interventions that are implementable and self-sustaining
- Optimal behavioral strategies to promote medication adherence and other outcomes for SUDs

NIMHD (R01 only)

Scientific/Research Contact:

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Email: nancy.jones@nih.gov

- Must address one or more health disparity population(s)
 - African Americans/Blacks, Hispanics/Latinos, American Indians/Alaska Natives, Asians, Native Hawaiians and Other Pacific Islanders, socioeconomically disadvantaged populations, underserved rural populations, or sexual and gender minority populations
- Interests:
 - Settings where health disparities populations live, work, play, and/or receive health care
 - Addressing neighborhood social environment, structural barriers or facilitators, unintended policy level considerations (ex. displacement due to gentrification).
 - Novel behavior change strategies that target decision making processes (impulsive/executive decision systems) to follow through with healthy choices under conditions of high stressors (e.g., poverty, discrimination, or financial insecurity).
- For multi-levels and domains of interest refer to the NIMHD Research framework, <https://nimhd.nih.gov/about/overview/research-framework.html>.

What if my population, intervention components, and/or secondary outcomes do not match well with any *participating* Institutes/Centers (ICs) research priorities?

- Your application will get assigned to an IC based on the IC research priorities as stated in the FOAs
- Applicants are *highly encouraged* to discuss potential research aims with contact program officials at participating ICs
- Applications that are not well-aligned with programmatic priorities of any of the participating ICs *are unlikely to get funded*, even if they are accepted for review and score well
- Program officials can help applicants identify alternative FOAs if it is determined that the applicant's research goals are not well-aligned with any of the participating IC's research priorities.

Can NIH Offices hold grants?

- NO, importantly, NIH Offices (Office of Disease Prevention) participating in these FOAs do not manage grants.
- Therefore, the grant will be assigned to, and if successful, awarded by, one of the participating Institutes and Centers (NOT an Office).
 - If your application scores well and is being considered for funding, your assigned program officer can initiate a co-funding request to the Office of Disease Prevention. This is not something handled by the grantee.
- Applicants are *highly encouraged* to discuss potential research aims with contact program officials at participating ICs.

Resources

- [PAR-18-324](#)
- [PAR-18-307](#)
- [https://prevention.nih.gov/docs/resources-researchers/funding/PAR 18 324 PAR 18 307 FAQs.pdf](https://prevention.nih.gov/docs/resources-researchers/funding/PAR_18_324_PAR_18_307_FAQs.pdf)

Questions?

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