Developing and Testing Health-Enhancing Physical Activity Interventions

A webinar on two renewed trans-NIH funding announcements

September 20, 2018
Introduction

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.

• 3 levels: intrapersonal, interpersonal, organizational

• 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.
Conveying your intervention in the proposal

• A picture is worth 1000 words...

Organizational
• Component: Joint-Use agreements
• Measure: facility use rates

Interpersonal
• Component: group ex class
• Measure: social support

Intrapersonal
• Component: goal setting
• Measure: self-efficacy

↑ Physical Activity min/wk
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
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

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NCI (R01 & R21/R33)

• 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:
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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)

• 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

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

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

Scientific/Research Contact: Will M. Aklin, Ph.D.
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NIMHD (R01 only)

• 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.

Scientific/Research Contact: Nancy L. Jones, Ph.D.
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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
Questions?

• Submit questions via Webex
• Email questions to prevention@mail.nih.gov
• Reach us on Twitter using the hashtag #NIHPAR