

# Increasing Uptake of Evidence-Based Screening in Diverse Adult Populations

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December 4, 2018



National Institutes of Health

# Questions

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- You can submit questions during the webinar by clicking on the question mark in the WebEx toolbar. 
- Please direct your questions to “ALL PANELISTS.”
- We will open the floor to questions that have been submitted via WebEx at the conclusion of today’s talk.

# NIH Institute, Center & Office Contacts

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# The Funding Announcement

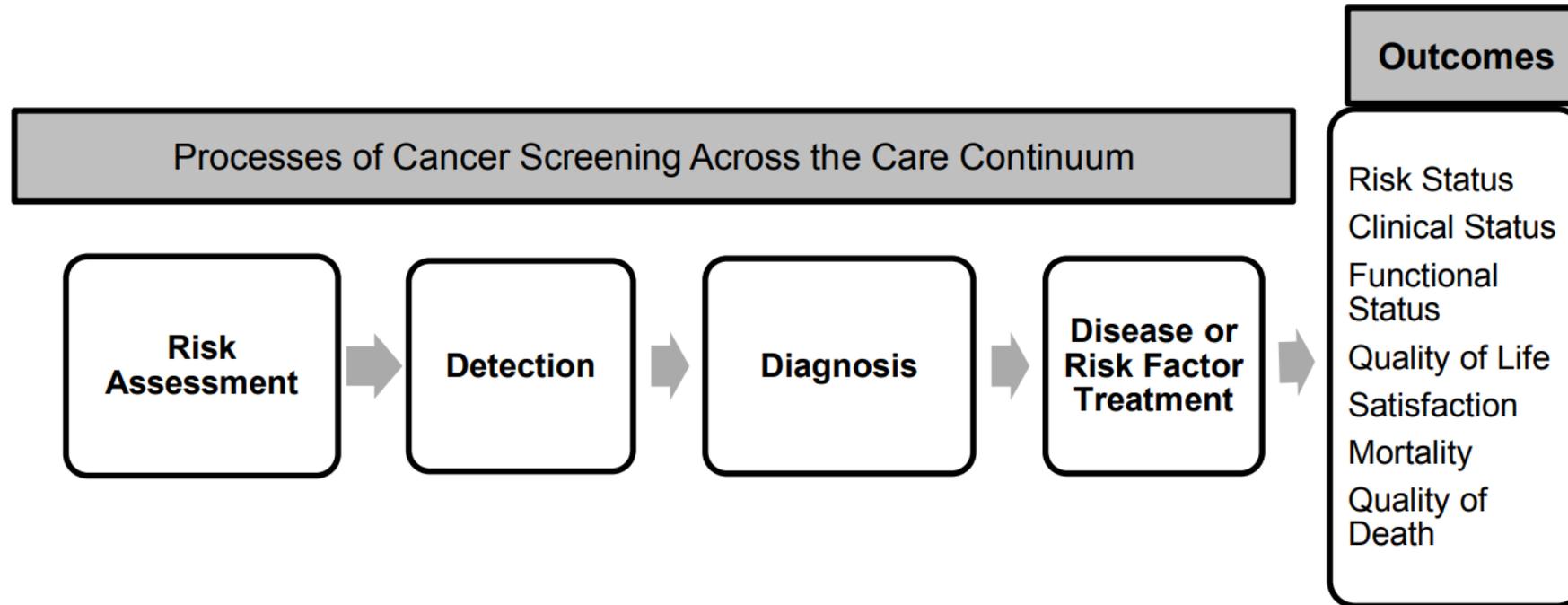
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- [PA-18-932](#): Invites applications that seek to understand strategies to reduce disparities in the uptake of evidence-based screening (e.g., screening recommendations proven to be effective based on rigorous systematic review of scientific evidence by authoritative committees) across the adult lifespan.
- Focus on adult [diverse populations](#)

[Frequently Asked Questions \(PDF\)](#)

# Steps and Interfaces in the Screening Process

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[\\* adapted from Taplin et al JNCI 2012](#)

# Tips for Finding the Right Study Section

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# Help Your Application Get to the Right Study Section

The screenshot shows the NIH Center for Scientific Review website. At the top left is the NIH logo and the text "Center for Scientific Review". To the right is a search bar with the placeholder text "What are you searching for?". Below the logo is a navigation menu with links: "For Applicants", "For Reviewers", "News & Policy", "Study Sections", "Review Panels & Dates", and "About CSR". The main content area features a banner with the text "Find a Good Study Section" and "New tool to help applicants find a CSR study section." with a "Learn More" button. Below the banner is a blue search bar with the text "Find a Study Section" on the left, a search input field with the placeholder "Enter Keyword or Title" and a magnifying glass icon, and a button on the right that says "- or - Use our Guided Study Section Selector >".

Key Word **Search**

Assisted Referral Tool  
**Search**

<http://public.csr.nih.gov>

# Assisted Referral Tool (ART)

Enter application text and get a list of relevant study sections

The screenshot shows the NIH Center for Scientific Review's Assisted Referral Tool (ART) interface. At the top, there is a navigation bar with the NIH logo, the text 'Center for Scientific Review', the title 'Assisted Referral Tool (ART)', and links for 'Help' and 'Disclaimer'. Below this is a breadcrumb trail: 'ART Home >> SEP >> Report'. A search box contains the title 'RECONSTITUTED HIGH DENSITY LIPOPROTEIN PARTICLES AS SIRNA CARRIERS'. Below the search box is a text area containing a paragraph of text about siRNA applications for cancer therapy. Below the text area is a 'Resubmit' button. At the bottom, there is a table with three columns: 'Rank', 'IRG', and 'Membership (Click SEP link to see roster)'. The table lists three IRGs: Oncology 2 - Translational Clinical IRG, Interdisciplinary Molecular Sciences and Training IRG, and Bioengineering Sciences and Technologies IRG.

NIH Center for Scientific Review

Assisted Referral Tool (ART) [Help](#) | [Disclaimer](#)

[ART Home](#) >> [SEP](#) >> Report

Title: RECONSTITUTED HIGH DENSITY LIPOPROTEIN PARTICLES AS SIRNA CARRIERS

multiple diseases, including cancer. However, significant barriers still exist on the road to clinical applications of siRNA drugs, including poor cellular uptake, instability under physiological conditions, off-target effects and possible immunogenicity. The successful application of siRNA for cancer therapy requires the development of clinically suitable, safe and effective drug delivery systems. We are developing a novel therapeutic strategy for this cancer by harnessing the power of the body's natural lipoproteins to deliver siRNA specifically to cancer cells that inhibits tumor growth. These siRNA interfere with processes critical to tumorigenesis and metastasis, and offer the potential to reverse poor survival outcomes. Further, inhibition of this gene results in increased tumor apoptosis, which could be leveraged to reduce tumor burden. Here, we present a novel mechanism to deliver the therapeutic siRNA to cancer cells using a reconstituted version of

Terms will be weighted by frequency of appearance in the text above. The process is automated and confidential. ART does not track or store submitted text. Characters left: 17683

Currently the following SRGs are not yet available in ART: CHSA, CHSB, ARM, and IPTA. Please consider these study sections if your application is in their respective areas.

[Resubmit](#)

Rank	IRG	Membership (Click SEP link to see roster)	Name
1	OTC	OTC-B(11) OTC-H(10) OTC-H(13) OTC-H(14) OTC-R(11) OTC-T(10) OTC-T(12) OTC-Y(10)	Oncology 2 - Translational Clinical IRG
2	IMST	IMST(10) IMST(12) IMST(14) IMST(15)	Interdisciplinary Molecular Sciences and Training IRG
3	BST	BST(10)	Bioengineering Sciences and Technologies IRG

<https://art.csr.nih.gov>

# How to Find a Study Section, Browse

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## Integrated Review Groups

Review activities of the Center for Scientific Review (CSR) are organized into Integrated Review Groups (IRGs). Each IRG represents a cluster of study sections around a general scientific area. Applications generally are assigned first to an IRG, and then to a specific study section within that IRG for evaluation of scientific merit.



## Chartered Study Sections

Reviews most investigator-initiated research applications (R01, R03, R21, R15, and Ks). Chartered study sections are those with both regular and temporary members.



## Small Business Innovation Research and Technology Transfer Research Study Sections

Recurring special emphasis panels (SEPs) review Small Business Innovation Research (SBIR) and Technology Transfer Research applications (STTR). They include only temporary members, recruited based on expertise needed for each meeting.

## Fellowship Study Sections

Recurring special emphasis panels (SEPs) review individual fellowship grant applications - F30, F31, F32, F33. Temporary members are recruited based on expertise needed for each meeting.

## All Other CSR Study Sections (Special Emphasis Panel)

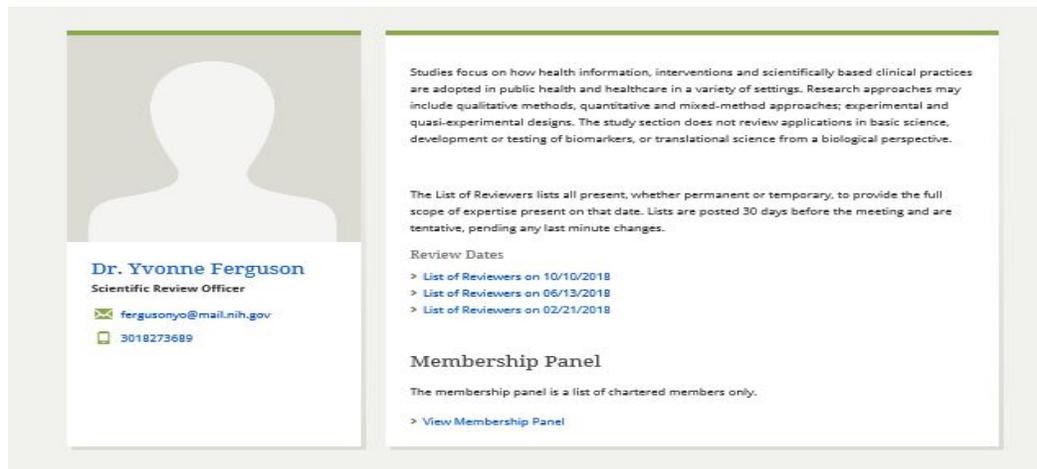
Other one-time or recurring Special Emphasis Panels (SEPs) are held to review applications on special topics and members conflict applications. They include only temporary members, recruited based on expertise needed for each meeting.

<https://public.csr.nih.gov/StudySections>

# Help Your Application Get to the Right Study Section

## Dissemination and Implementation Research in Health Study Section – **DIRH**

The Dissemination and Implementation Research in Health (DIRH) Study Section reviews applications that focus on the dissemination and implementation of knowledge from scientific discovery to transform healthcare delivery, improve health outcomes and manage acute and chronic illness.



**Dr. Yvonne Ferguson**  
Scientific Review Officer  
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☎ 3018273689

Studies focus on how health information, interventions and scientifically based clinical practices are adopted in public health and healthcare in a variety of settings. Research approaches may include qualitative methods, quantitative and mixed-method approaches; experimental and quasi-experimental designs. The study section does not review applications in basic science, development or testing of biomarkers, or translational science from a biological perspective.

The List of Reviewers lists all present, whether permanent or temporary, to provide the full scope of expertise present on that date. Lists are posted 30 days before the meeting and are tentative, pending any last minute changes.

Review Dates

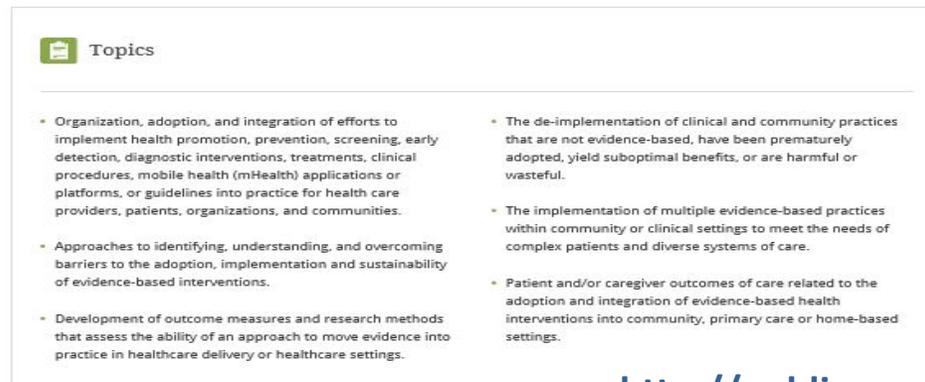
- > [List of Reviewers on 10/10/2018](#)
- > [List of Reviewers on 06/13/2018](#)
- > [List of Reviewers on 02/21/2018](#)

**Membership Panel**

The membership panel is a list of chartered members only.

- > [View Membership Panel](#)

## DIRH Study Section



**Topics**

- Organization, adoption, and integration of efforts to implement health promotion, prevention, screening, early detection, diagnostic interventions, treatments, clinical procedures, mobile health (mHealth) applications or platforms, or guidelines into practice for health care providers, patients, organizations, and communities.
- Approaches to identifying, understanding, and overcoming barriers to the adoption, implementation and sustainability of evidence-based interventions.
- Development of outcome measures and research methods that assess the ability of an approach to move evidence into practice in healthcare delivery or healthcare settings.
- The de-implementation of clinical and community practices that are not evidence-based, have been prematurely adopted, yield suboptimal benefits, or are harmful or wasteful.
- The implementation of multiple evidence-based practices within community or clinical settings to meet the needs of complex patients and diverse systems of care.
- Patient and/or caregiver outcomes of care related to the adoption and integration of evidence-based health interventions into community, primary care or home-based settings.

<http://public.csr.nih.gov/StudySections/DABP/HDM/DIRH>

# Help Your Application Get to the Right Study Section

## Health Services Organization and Delivery Study Section – **HSOD**

The Health Services Organization and Delivery (HSOD) study section reviews applications that focus on the organization, delivery, and utilization of health care services, as well as health outcomes specifically related to health services.



**Dr. Jacinta Bronte-Tinkew**

Scientific Review Officer

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☎ 3018060009

Studies focus on the availability, access and acceptability, quality of care, costs and cost-effectiveness, comparative effectiveness, and financing of health care services. The study section does not review applications in basic science, the development of new tools, new models, or new medical technology.

The List of Reviewers lists all present, whether permanent or temporary, to provide the full scope of expertise present on that date. Lists are posted 30 days before the meeting and are tentative, pending any last minute changes.

### Review Dates

- > [List of Reviewers on 09/24/2018](#)
- > [List of Reviewers on 06/25/2018](#)
- > [List of Reviewers on 02/20/2018](#)

### Membership Panel

The membership panel is a list of chartered members only.

- > [View Membership Panel](#)

## HSOD Study Section

### 📁 Topics

- Structure of health care, health care organization and delivery systems, performance and efficiency, clinician and hospital performance measures, and healthcare provider characteristics.
- Health services utilization, access to health care, process of health care, the interaction of patients and providers in the delivery of health care services, and risk prediction related to health care delivery.
- Studies of health insurance, reimbursement and financing systems, cost-benefit and cost-effectiveness analysis, and pharmaco-economics.
- Healthcare quality and effectiveness, health status and health outcomes related to delivery of healthcare services, and testing (not development) of clinical prediction rules and pharmacovigilance.

<http://public.csr.nih.gov/StudySections/DABP/HDM/HSOD>

# Assignment Request Form (ARF)

Requests for IC assignment →

Requests for review group assignment →

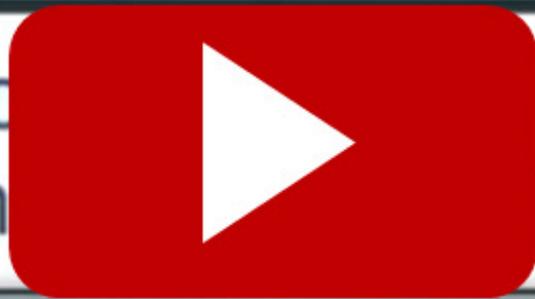
Identify conflicts →

Suggest expertise →

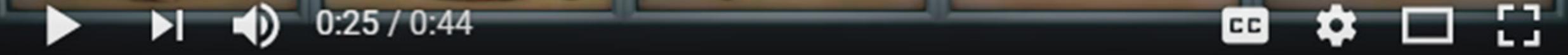
The screenshot shows the PHS Assignment Request Form (ARF) with several sections highlighted in green and blue. The form includes a 'View Burden Statement' button, a title 'PHS Assignment Request Form', and an OMB number '0025-0001' with an expiration date of '10/31/2018'. The 'Funding Opportunity Number' and 'Funding Opportunity Title' fields are highlighted in green. The 'Awarding Component Assignment Request (optional)' section is highlighted in blue and includes a table with three columns for 'Assign to Awarding Component' and 'Do Not Assign to Awarding Component'. The 'Study Section Assignment Request (optional)' section is also highlighted in blue and includes a similar table. The 'Identify Scientific areas of expertise needed to review your application (optional)' section is highlighted in blue and includes a table with five columns for 'Expertise'. The 'List Individuals who should not review your application and why (optional)' section is highlighted in blue and includes a large text area. The form also includes a 'View Burden Statement' button and an OMB number '0025-0001' with an expiration date of '10/31/2018'.



Q6: Must I wait for every statement before submitting my application?



Top 100 NIH Peer Review Q&As  
[www.csr.nih.gov/faq](http://www.csr.nih.gov/faq)



# Who Can Answer Your Questions?

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## **Before You Submit Your Application**

- A Program Officer at an NIH Institute or Center
- Scientific Review Officer

## **After You Submit**

- Your Scientific Review Officer

## **After Your Review**

- Your Assigned Program Officer

**GrantsInfo: [GrantsInfo@nih.gov](mailto:GrantsInfo@nih.gov) – 301 435-0714**

# Areas of Interest of Participating NIH Institutes

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# National Cancer Institute (NCI)

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Antoinette Percy-Laurry, Dr.P.H., M.S.P.H.

[percyl@mail.nih.gov](mailto:percyl@mail.nih.gov)

- **Develop and/or test multilevel interventions to promote evidence-based screening to identify characteristics of the health care delivery context at two levels (patient, provider, teams, clinic facility, and/or health care organization-level) that might enhance or inhibit improvements to care by studying:**
  - Promotion of HPV screening, teamwork processes, shared decision making, and follow-up to abnormal cancer screening tests.
  - Mechanisms by which multilevel characteristics operate to enhance or inhibit provision of evidence-based screening.

# National Cancer Institute (NCI)

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Scientific/Research Contact:

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**Antoinette Percy-Laurry, Dr.P.H., M.S.P.H.**

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- **Develop and/or test multilevel strategies:**

- Implement evidence-based screening practices in low-resource or underserved areas with an emphasis on follow-up and treatment.
- Adapt, implement, and/or sustain evidence-based screening and follow-up practices in clinical settings.

- **Develop and/or test healthcare delivery intervention approaches:**

- Modify social determinants of health to improve delivery of evidence-based cancer screening.
- Test implementation strategies that increase uptake of evidence-based cancer screening and follow-up practices.

# National Institute on Aging (NIA)

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- Evaluate the impact of a personalized preventive care program on screening, health care utilization, and expenditure trends.
- Evaluate the impact of programs to encourage the use of annual wellness visits, overall and through mechanisms adapted to underserved populations and the practices that serve them.
- Evaluate low-cost interventions designed to improve physician adherence to recommended screening guidelines to increase use of preventive services and improve health outcomes.

Scientific/Research Contact:  
Marcel Salive, M.D., M.P.H  
[marcel.salive@nih.gov](mailto:marcel.salive@nih.gov)

# National Institute on Aging (NIA)

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- Evaluate approaches that would enable screening interventions to be focused on those at particular life stages or on the entire life course.
- Determine how linkages and more coordinated screening activities across various health care and community settings could result in more efficiencies and improved health outcomes.

Scientific/Research Contact:  
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[marcel.salive@nih.gov](mailto:marcel.salive@nih.gov)

# National Institute on Aging (NIA)

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- New data collection, novel interventions, or secondary analysis of existing datasets, such as the Health and Retirement Study or the Midlife in the United States (MIDUS) Study, that contain rich data on adults targeted by this FOA are encouraged. NIA resources are described online.
- Also participating in FOAs that address overscreening:
  - [PA-18-005](#) Reducing Overscreening for Breast, Cervical, and Colorectal Cancers among Older Adults (R01 Clinical Trial Optional).

# National Institute on Alcohol Abuse and Alcoholism (NIAAA)

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Scientific/Research Contact:  
Robert C. Freeman, Ph.D.  
[rfreeman@mail.nih.gov](mailto:rfreeman@mail.nih.gov)

- Establish the feasibility and efficacy of providing alcohol misuse screening opportunities among: nonwhite populations, those with lower educational levels, and pregnant women.
- Establish the feasibility and efficacy of providing alcohol misuse screening opportunities to those in: elderly care settings, primary care settings, emergency departments, and community settings.

# National Institute on Alcohol Abuse and Alcoholism (NIAAA)

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Scientific/Research Contact:  
Robert C. Freeman, Ph.D.  
[rfreeman@mail.nih.gov](mailto:rfreeman@mail.nih.gov)

- Increase the consistent use—by primary care practitioners, ED physicians, and others—of appropriate screening tools with established capability of detecting the full spectrum of alcohol misuse.
- Increase primary care and ED and community-based providers' consistent provision of brief advice about drinking and referral to specialty treatment for those patients screening positive for alcohol misuse.

# National Institute on Drug Abuse (NIDA)

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- United States Preventive Services Task Force – insufficient evidence for screening for illicit drug use in adults.
  - Screening in primary care not recommended (including for pregnant women).
- Need for research to contribute to evidence base on screening in adults:
  - For illicit drug use and substance use disorder (SUD)
  - For prescription drug/opioid misuse and opioid use disorder (OUD) (including in pregnant women)
  - In primary care and other diverse health care settings
  - Beyond primary care, in settings where vulnerable and at-risk populations are and access services—e.g., justice settings, child welfare settings, work, community settings, social and recreational settings.

# National Institute on Drug Abuse (NIDA)

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- Development and testing of models for screening and brief prevention and treatment interventions for illicit drug use and SUD, prescription drug/opioid misuse and OUD—as well as linkage to prevention and treatment services.
- Development and testing of models and strategies for screening and linkage to prevention and treatment services for diverse and vulnerable populations in diverse health care and other settings and systems.
- Development and testing of models and strategies for integrating systematic screening, referral, and linkage to prevention and treatment services into health care systems/practices (e.g., algorithms, decision tools, reminders); also, testing of strategies for sustainability.

# National Institute on Drug Abuse (NIDA)

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- Validating existing or new instruments for screening for substance use/misuse, particularly for prescription drug and opioid misuse and OUD in health care and non-health care settings.
- Testing of innovative and new technologies and platforms to enhance and increase uptake of screening and linkage to prevention and treatment services in health care and other settings.

# National Institute of Dental and Craniofacial Research (NIDCR)

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Scientific/Research Contact:  
Darren Weatherspoon, D.D.S, M.P.H  
[darien.weatherspoon@nih.gov](mailto:darien.weatherspoon@nih.gov)

- NIDCR encourages observational studies focused on implementing screening and referral for diabetes, hypertension, and/or human immunodeficiency virus (HIV) infection by oral health professionals in a dental setting.
- NIDCR areas of interest include, but are not limited to:
  - Improving the provision and uptake of screening in diverse dental settings, including those settings that target underserved populations
  - Exploring the willingness/acceptability of screening for medical conditions by dental professionals
  - Improving rates of referral following screening
  - Determining the degree to which patients follow-up with and visit a physician/medical provider after being screened and referred
  - Enhancing screening and referral using technology (such as, integrated electronic health records and clinical decision support systems).

# National Institute of Mental Health (NIMH)

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Scientific/Research Contact:  
Denise Juliano-Bult, M.S.W.  
[djuliano@mail.nih.gov](mailto:djuliano@mail.nih.gov)

- Developing new screeners when justified or implementation of existing screeners in new settings.
- Approaches must address symptom detection, and either include (or be designed) to be delivered in combination with referral and follow-up for engagement in treatment.
- Populations with inadequate symptom detection, limited access or poor treatment engagement:
  - Underserved racial, ethnic, and language-minority groups; rural or impoverished communities; refugees and immigrants; sexual/gender minority groups; or other underserved groups
  - Early psychosis, suicide/self-harm risk, previously undetected autism spectrum disorder, co-occurring medical conditions especially among young adults.
- May include non-mental health specialty or community settings, novel settings, or providers.

# National Institute of Mental Health (NIMH)

Scientific/Research Contact:  
**Denise Juliano-Bult, M.S.W.**  
[djuliano@mail.nih.gov](mailto:djuliano@mail.nih.gov)

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- For both provider- or system-level interventions, outline the mechanism(s) of action.
  - NIMH experimental therapeutics approach: (<http://www.nimh.nih.gov/about/director/2012/experimental-medicine.shtml>); include:
    - 1) The empirical basis for the intervention mechanism(s)/target(s), i.e., what evidence links the intervention target(s) to the hypothesized distal outcomes
    - 2) Plans for measuring engagement of the proximal target(s)
    - 3) Analyses to examine whether intervention-induced changes in the target(s)/mechanism(s) are associated with clinical benefit.
  - Effective services to support prevention and treatment of mental illness may also reduce morbidity and mortality associated with intentional injury (i.e., suicide attempts and deaths, see: [www.suicide-research-agenda.org](http://www.suicide-research-agenda.org)). Where feasible, NIMH encourages studies to advance understanding of how prevention and treatment of mental disorders impacts suicide-relevant outcomes.

# National Institute on Minority Health and Health Disparities (NIMHD)

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Scientific/Research Contact:

Rina Das, Ph.D.

[dasr2@mail.nih.gov](mailto:dasr2@mail.nih.gov)

- The mission of NIMHD is to lead scientific research to improve minority health and eliminate health disparities.
- Minority health—distinctive health characteristics and attributes of racial/ethnic minority groups in the United States:
  - Minority populations include African American or Black, Asian, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, Latino or Hispanic.
- Health disparity—a health difference that adversely affects disadvantaged populations, based on one or more health outcomes:
  - Health disparity populations include racial/ethnic minorities, low SES, sexual and gender minorities, underserved rural populations, who are socially disadvantaged.

# National Institute on Minority Health and Health Disparities (NIMHD)

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Scientific/Research Contact:

Rina Das, Ph.D.

[dasr2@mail.nih.gov](mailto:dasr2@mail.nih.gov)

- To address screening for conditions that are more prevalent in health disparity populations and/or for which health disparity populations have disproportionately low rates of screening.
- Projects may focus on multiple domains (e.g., biological, behavioral, socio-cultural, environmental, physical environment, healthcare system) and multiple levels (e.g., individual, interpersonal, community, societal) to understand screening behavior and effectiveness. Examples include:
  - Multilevel intervention to increase screening rates among health disparity populations
  - Clinical and pragmatic trials of efficacy and effectiveness of existing screening methods, particularly those that have not been adequately tested or implemented in health disparity populations.
  - Novel mechanisms or technology to address screening gaps in underserved health disparity populations.
  - Development and testing of new screening methods or guidelines that better capture disease risk for health disparity populations.
  - Comparative effectiveness of different interventions to increase screening rates among health disparity populations.

- See NIMHD Research Framework for more details:

<https://www.nimhd.nih.gov/about/overview/research-framework.html>.

# Can NIH Offices hold grants?

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- NO, importantly, NIH Offices (Office of Disease Prevention) participating in these FOAs do not manage grants and can only co-fund successful applications.
- Therefore, the grant will be assigned to, and if successful, awarded by, one of the participating Institutes (NOT Offices).
- Applicants are *highly encouraged* to discuss potential research aims with program officials at participating ICs.

# Resources

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- [PA-18-932](#)
- <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-19-027.html>
- [https://prevention.nih.gov/sites/default/files/2018-10/PA 18 932 FAQs Final.pdf](https://prevention.nih.gov/sites/default/files/2018-10/PA_18_932_FAQs_Final.pdf)



Questions