

Pre-application webinar

The Multi-Sectoral Preventive Interventions (MSPI) Research Network

PAR-24-053 and RFA-OD-24-006

February 9, 2024

Welcome! The webinar will begin shortly.



National Institutes of Health
Office of Disease Prevention



Pre-application webinar

The Multi-Sectoral Preventive Interventions (MSPI) Research Network

PAR-24-053 and RFA-OD-24-006

February 9, 2024

Jennifer Alvidrez, Ph.D. (ODP)

David Pollio, Ph.D. (CSR)

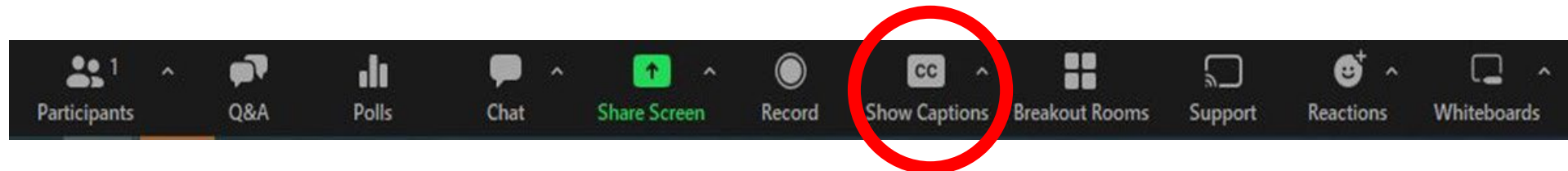
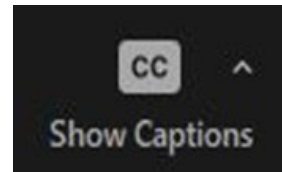


National Institutes of Health
Office of Disease Prevention



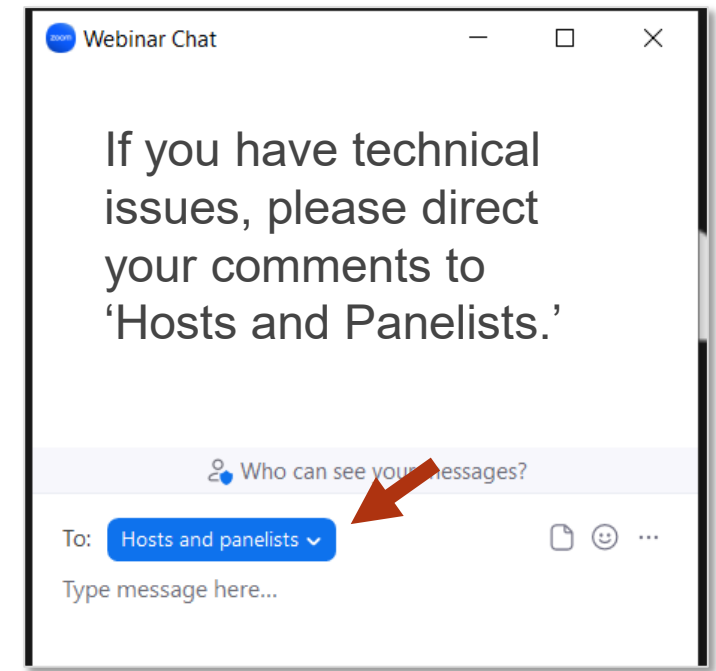
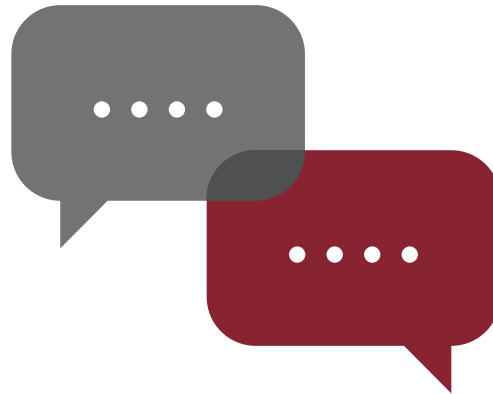
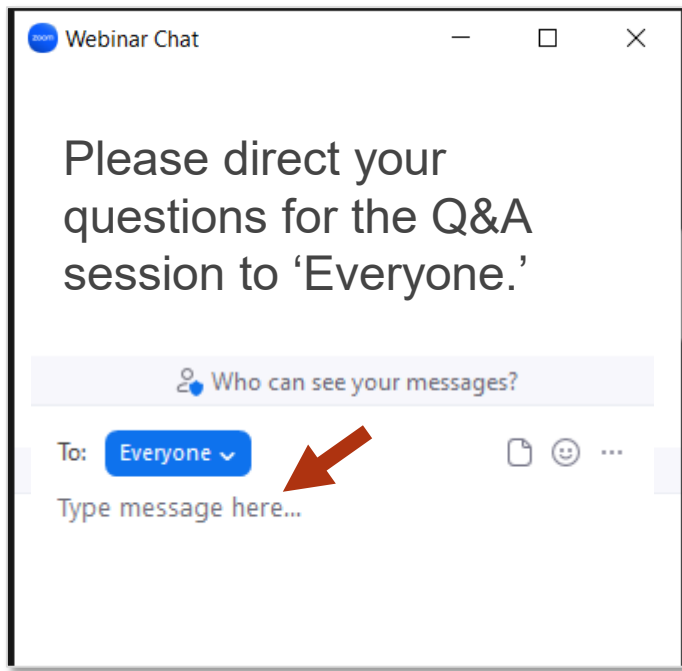
Closed Captions

You can view live closed-captions by clicking the **Closed Caption** icon found at the bottom of the screen



Using the Chat Feature

Participants will be in **Listening Mode** and will not be able to ask questions verbally.



Webinar Slides and Frequently Asked Questions (FAQs)

These slides and a recording of today's webinar will be available on the ODP website: prevention.nih.gov/ResearchNetworkWebinar.

FAQs are available now on the ODP website: prevention.nih.gov/ResearchNetworkFAQs.



Program Officials In Attendance

Jenny Baumgartner, Ph.D. National Center for Complementary and Integrative Health (NCCIH)	Amy Goldstein, Ph.D. National Institute on Drug Abuse (NIDA)
Tanya Agurs-Collins, Ph.D., RD National Cancer Institute (NCI)	Nancy Jones, Ph.D. National Institute on Minority Health and Health Disparities (NIMHD)
Mary Masterson, Ph.D. National Heart, Lung, and Blood Institute (NHLBI)	Lorena Baccaglini, D.D.S., M.S., Ph.D. Hiroko Iida, D.D.S., M.P.H. National Institute on Dental and Craniofacial Research (NIDCR)
I-Jen Castle, Ph.D. National Institute on Alcohol Abuse and Alcoholism (NIAAA)	Elena Gorodetsky, M.D., Ph.D. Office of Research on Women's Health (ORWH)
Stephanie George, Ph.D., M.P.H., M.A. National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)	

Overview

- I. Background, Objectives, and Expectations of MSPI Notices of Funding Opportunity (NOFOs)
- II. Peer Review of Applications
- III. Timeline for Submission, Review, and Selection of Applications
- IV. Participant Questions

Part I:

Background, Objectives, and Expectations of MSPI NOFOs

Key Definitions

- **Populations that experience health disparities (HD Populations):** NIH-designated U.S. health disparity populations currently include Black Americans or African Americans, Hispanics or Latinos, American Indians or Alaska Natives, Asians or Asian Americans, Native Hawaiians or Pacific Islanders, socioeconomically disadvantaged populations, underserved rural populations, sexual and gender minorities, and people living with disabilities.
- **Multi-sectoral intervention:** An intervention involving two or more service sectors (e.g., health, public health, education, housing, labor, social services, child welfare, transportation, parks and recreation, commerce, justice, environmental protection, etc.). These sectors may include neighborhood, city, county, regional, state, national, or tribal governmental or non-governmental organizations. For the purposes of this NOFO, research teams from academic institutions or research organizations are not considered as a service sector.
- **Level of Influence:** The socio-ecological levels (e.g., individual, interpersonal, organizational, community, or societal) at which specific determinants operate to influence risk factors and subsequent health outcomes (see the NIMHD Research Framework, <https://www.nimhd.nih.gov/about/overview/research-framework.html>, for examples of health determinants at different levels of influence).

Background

- Disparities in mortality and morbidity have persisted over time.
- **Prevention or reduction** of leading risk factors of mortality and morbidity in HD populations requires moving beyond addressing knowledge, attitudes, and behaviors of individuals to intervene upon **social determinants of health** (SDOH).
- **Multi-sectoral collaborations** that span multiple service sectors and community-based organizations have potential to develop, implement, and sustain preventive interventions that address SDOH and promote health equity.
- Projects will be part of a **research network** to share approaches, data, and methods to facilitate the generation of research evidence about the prevention of common risk factors for multiple health conditions across different populations.





Research Objectives for PAR-24-053 (UG3/UH3)

Goal: To support research projects to test preventive interventions addressing risk factors for chronic or acute health conditions in populations that experience health disparities.

Expectations for interventions:

- Designed to **prevent, reduce, or screen** for one or more risk factors for one or more chronic or acute health conditions, including at least one common risk factor shared across multiple conditions (e.g., poor nutrition, low physical activity).
- Modifies one or more SDOH **beyond the individual level of influence** (e.g., interpersonal, organizational, community, societal) as a mechanism of action to prevent or reduce risk factors.
- Guided by a **conceptual model** identifying hypothesized pathways between the SDOH and other determinants being addressed, the risk factors to be modified, and health outcomes.
- Tests new or adapted interventions, novel combinations of multiple interventions, and/or new strategies to implement **evidence-based interventions**.
- Involves collaboration with organizations from **two or more service sectors** (e.g., health, public health, education, housing, labor, social services, child welfare, transportation, parks and recreation, commerce, justice, environmental protection, etc.), with representatives from these organizations serving as key personnel on the project.

Moving Beyond Individual-Level Interventions - 1





		Levels of Influence*			
		Individual	Interpersonal	Community	Societal
Domains of Influence (Over the Lifecourse)	Biological	Biological Vulnerability and Mechanisms	Caregiver–Child Interaction Family Microbiome	Community Illness Exposure Herd Immunity	Sanitation Immunization Pathogen Exposure
	Behavioral	Health Behaviors Coping Strategies	Family Functioning School/Work Functioning	Community Functioning	Policies and Laws
	Physical/Built Environment	Personal Environment	Household Environment School/Work Environment	Community Environment Community Resources	Societal Structure
	Sociocultural Environment	Sociodemographics Limited English Cultural Identity Response to Discrimination	Social Networks Family/Peer Norms Interpersonal Discrimination	Community Norms Local Structural Discrimination	Social Norms Societal Structural Discrimination
	Health Care System	Insurance Coverage Health Literacy Treatment Preferences	Patient–Clinician Relationship Medical Decision-Making	Availability of Services Safety Net Services	Quality of Care Health Care Policies
Health Outcomes		 Individual Health	 Family/ Organizational Health	 Community Health	 Population Health

National Institute on Minority Health and Health Disparities, 2018

*Health Disparity Populations: Race/Ethnicity, Low SES, Rural, Sexual and Gender Minority
Other Fundamental Characteristics: Sex/Gender, Disability, Geographic Region

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

Moving Beyond Individual-Level Interventions - 2

		Levels of Influence*			
		Individual	Interpersonal	Community	Societal
Domains of Influence (Over the Lifecourse)	Biological	Biological Vulnerability and Mechanisms	Caregiver–Child Interaction Family Microbiome	Community Illness Exposure Herd Immunity	Sanitation Immunization Pathogen Exposure
	Behavioral	Health Behaviors Coping Strategies	Family Functioning School/Work Functioning	Community Functioning	Policies and Laws
	Physical/Built Environment	Personal Environment	Household Environment School/Work Environment	Community Environment Community Resources	Societal Structure
	Sociocultural Environment	Sociodemographics Limited English Cultural Identity Response to Discrimination	Social Networks Family/Peer Norms Interpersonal Discrimination	Community Norms Local Structural Discrimination	Social Norms Societal Structural Discrimination
	Health Care System	Insurance Coverage Health Literacy Treatment Preferences	Patient–Clinician Relationship Medical Decision-Making	Availability of Services Safety Net Services	Quality of Care Health Care Policies
Health Outcomes		 Individual Health	 Family/ Organizational Health	 Community Health	 Population Health

National Institute on Minority Health and Health Disparities, 2018
 *Health Disparity Populations: Race/Ethnicity, Low SES, Rural, Sexual and Gender Minority
 Other Fundamental Characteristics: Sex/Gender, Disability, Geographic Region

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

Expectations for UG3/UH3 Study Designs

- Be **adequately powered** to identify intervention effects for the HD population(s) of focus and/or the impact of the intervention on reducing or eliminating disparities in health outcomes.
- Designed to measure and test hypothesized pathways, using appropriate methods for examining the impact of **multi-level or higher-level** (i.e., interpersonal, organizational, community, or societal) mechanisms of action on health outcomes.
- Use **appropriate intervention study designs**, such as a parallel cluster-randomized trial, stepped-wedge cluster randomized trial, or a rigorous quasi-experimental design such as a cluster-level regression discontinuity design or an interrupted time-series design.
- Assess **health outcomes** at the individual, interpersonal, organizational, or community level, or a combination.
- Include **changes in risk factors** as the primary health outcome (e.g., improvements in nutrition or physical activity), or as an intermediate outcome that impacts downstream outcomes (e.g., onset of a health condition, engagement in health care).
- Employ a **common set of tools and resources** that will promote the collection of comparable data on SDOH across studies (e.g., those from the Social Determinants of Health Collection of the PhenX Toolkit, www.phenxtoolkit.org).

See the **Areas of Research Interest** in the NOFO for more information on IC priorities!

UG3/UH3 Phased Innovation Awards

- Bi-phasic awards for up to 7 years
 - **The UG3 (Phase 1):** 2-year award for a milestone-driven developmental/exploratory study to prepare for interventions planned in Phase 2 (UH3).
 - Scientific planning activities (e.g., refinement of interventions or measures, pilot testing)
 - Operational planning activities (e.g., development of intervention manual, IRB approval)
 - Collaborative planning activities (e.g., finalizing MOUs, forming additional partnerships)
 - **The UH3 (Phase 2):** 5-year award to support the implementation and evaluation of the interventions or strategies planned or developed in the UG3 phase.
- UG3 projects that have met the milestones for the first phase (e.g., scientific, operational, collaborative) will be programmatically considered and prioritized for transition to the UH3 phase.
- Funding of the UG3 does not guarantee support of the UH3 award.

UG3/UH3 Non-Responsiveness Criteria

- Applications that do not include specific aims for both a UG3 and a UH3 phase.
- Applications that do not specify Go/No-Go transition milestones for the planning phase (UG3), the transition to the UH3 phase, and annual milestones for the implementation phase (UH3).
- Projects that do not prospectively test a preventive intervention focused on NIH-designated HD populations. Observational studies and natural experiments are not responsive.
- **Projects that only intervene at the individual level or use an individual-level randomized trial design.**
- **Projects that use, collect or analyze exclusively individual-level data or are exclusively qualitative.**
- **Projects that do not involve collaborations with organizations from two or more service sectors, as indicated by the inclusion of organizational representatives as key personnel and/or proposed subcontracts.**

MSPI Research Network Structure

- UG3/UH3 Research Projects testing multi-sectoral preventive interventions with HD populations
- Coordinating Center (CC) to support:
 - Administration, coordination, and communication
 - Methodology, data, and analytic support and consultation
 - Community and other collaborator engagement and dissemination support
- Cooperative agreement mechanisms with Project Scientists and Program Officials from NIH Institutes, Centers, and Offices (ICOs).
- Network governed by a Steering Committee (SC) of UG3/UH3, CC, and NIH representatives, with additional workgroups as needed.

Research Objectives for RFA-OD-24-006 (U24)

Administration, coordination, and communication

- Establishing all network-related committees and meetings and maintaining documentation (tracking and reporting) on activities of the network.
- Developing and facilitating working groups on relevant topics (e.g., measures, data harmonization).

Methodology, data, and analytic support and consultation

- Providing methodological and statistical consultation to UG3/UH3 and network-wide projects.
- Assisting UG3/UH3 projects with the compilation of publicly available data.
- Providing technical assistance for compliance with data sharing, IRB or other relevant data standards.

Community and other collaborator engagement and dissemination support

- Creating and supporting network-wide advisory boards representing appropriate members of the public, government agencies, relevant communities, systems and settings.
- Providing support in convening and exchanging best practices for engagement across communities on recruitment approaches, communications, and retention.
- Creating public-facing communications materials for the MSPI Research Network.

Part II:

Peer Review of Applications



Two Levels of Peer Review

Evaluation of scientific/technical merit

**Scientific Review
Group Special
Emphasis Panel**

Non-federal scientists & experts



Funding decision based on IC priorities

**Council Review
NIH Institute/Center**

Appointed members of scientific community and public representatives

<https://grants.nih.gov/grants/peerreview22713webv2.pdf>

Submitting an Application

- **Applicant:** **Submit before the deadline.** Once you have submitted, ensure there are no errors that can still be corrected.
- **Receipt by NIH:** All applications are received and processed by the **Division of Receipt and Referral** at the Center for Scientific Review (CSR). Each application is assessed for completeness and assigned for review.
- **Program Officials:** Program staff from participating ICs assess the **responsiveness of applications. Non-responsive applications are withdrawn from review consideration.**
- **Review Process:** The Scientific Review Officer (SRO) **assembles a panel of expert reviewers** to conduct the review of technical and scientific merit for the applications assigned.

How Do I Find Out About My Application?

- Information about your application is available through your eRA account in **the Grant Folder itself**.
- During the review process, if you have questions, you should contact the SRO. **The SRO will not discuss the specifics of your application.**
- The **Summary Statement is the official record of the review process and results**. It provides as a summary of key discussion points that resulted in the Final Composite Score as well as the comments and scores of assigned reviewers.
- Your **primary contact post-review is the Program Officer** listed in the Grant Record and on the Summary Statement.

Components of Peer Review

- **Reviewers and Chairperson** recruited by SRO create a **Review Panel** with the combined expertise needed to assess submitted applications.
- **Internet Assisted Review (IAR)** in eRA Commons (meeting materials, entry of critiques, and scoring).
- **Critique Template** (fillable Word document) used by Assigned Reviewers to evaluate each application's scientific and technical merit by addressing the **review criteria** as outlined in Section V. of the PAR.
- **Peer Review Meeting**: Discussion of approximately top half of applications by Assigned Reviewers and the Review Panel as a whole.
- **Priority scores** released with 3 days of the meeting; **Summary Statements** will be available within 30 days.

Reviewer Responsibilities

Conflicts of Interest	Confidentiality	Research Integrity		
No undue influence	Expert & unbiased review	Meritorious research		
Core Values	Expert assessment	Transparency	Impartiality	Fairness
	Confidentiality	Security	Integrity	Efficiency

Ensure a thorough and fair review of each assigned application!



There is no disclosure of information regarding the outcome of review, except via the official Summary Statement and communication with the assigned Program Officer

All meetings are closed to the public.

Reviewers are not allowed to:

- Communicate with applicants about their application
- Share review materials, assignments, scores, critiques or discussions
- Seek expert opinion of a colleague without informing the SRO
- Allow other people to access the NIH peer review systems
- Allow applicants to influence the evaluation of applications
- Discuss applications outside of the review meeting, even to another reviewers

Reviewing Assigned Applications

5 Review Criteria *Assigned Applications Only*

Each scored from 1-9

- Significance
- Investigator(s)
- Innovation
- Approach
- Environment

Additional Review Criteria

- Study Timeline
- Human Subject Protection
- Inclusion Plan
- Budget
- Resubmission (A1)



Overall Impact Score (scored 1-9)

The likelihood for a project to exert a sustained, powerful influence on research field(s) involved.

Special Review Criteria: PAR-24-053 (UG3/UH3)

Significance: How well are the health disparity populations of focus specified and justified? How compelling is the rationale provided for the proposed intervention in the population(s) of focus? How complete and appropriate is the conceptual model for the proposed intervention, including risk factors to be addressed, health outcomes to be impacted, specific type(s) and socioecological level(s) of SDOH being modified? What is the potential sustainability of the intervention after the project is over and the scalability to other settings?

Investigators: To what extent are the roles of service sector collaborators clearly defined and appropriate? Does the project team have appropriate experience conducting interventions that involve prospective assignment of groups or clusters (e.g., health clinics, schools, neighborhoods, etc.)?

Innovation: To what extent does the proposed intervention include novel multi-sectoral partnerships or approaches to address SDOH?

Approach: To what extent are the scientific, operational, and/or collaborative planning activities planned for the UG3 phase clearly defined and appropriate to the stated aims? Are the transition milestones from the UG3 phase to the UH3 phase specific to the project, discrete, and measurable? How appropriate are the study design and analytic plan to address multi-sectoral or multi-level SDOH, intervention effects, outcomes?

Environment: How clear and appropriate is the plan for participating in MSPI Research Network activities, including how the project team might work with the MSPI Research Network Coordinating Center?

Special Review Criteria: RFA-OD-24-006 (U24)

Significance: To what extent will completion of the Coordinating Center's aims enhance collaboration and methodological rigor of the Research Projects in the network?

Investigators: To what extent does the research team have relevant experience and expertise across the three primary Coordinating Center activities: (1) Administration, coordination, and communication, (2) Methodology, data, and analytic support and consultation, (3) Community and other collaborator engagement and dissemination support?

Approach: To what extent are proposed leadership structures, advisory boards, and committees clearly defined and appropriate to ensure appropriate governance and coordination of the MSPI Research Network? How appropriate are plans to provide consultation and technical assistance to Research Projects regarding methodology for and analysis of multi-sectoral preventive interventions? How appropriate are plans to provide support to Research Projects regarding community engagement strategies and dissemination of research information?

What Does the Discussion of My Application Consist of?

Approximately 15-20 minutes

Chair

Announces title and PI.
Announces conflicts and instructs them to leave the room.
Reviewers names are announced and initial overall impact scores are given by 3 assigned reviewers.

Rev 1

Summarizes application (2-3 sentences).
Lists application's major strengths and weaknesses, focusing on score-driving points. Evaluates HS, inclusions and study timeline (CT).

Rev 2

Provides NEW points and disagreements not covered by Rev 1.
If rating of overall impact is better, focus on strengths. If worse, focus on weaknesses of the application.

Rev 3

Provides NEW points and disagreements not covered by Rev 1 or Rev 2.

All

All reviewers discuss the application. Goal is NOT consensus but to seek additional information and point out incongruences.

Chair

Summarizes discussion. Once Chair begins summary, the discussion is closed.

All

Primary reviewers state their final score.
Chair asks for out-of-range scores.
All reviewers vote and mark the score sheet.

Chair

Asks for non-scoring (e.g., budget) concerns, if any. **Discussion ends.** Reviewers in conflict return to the room.

Grant Submission and Peer Review Resources

- **Resources for Using ERA Commons**
 - <https://era.nih.gov/sites/default/files/eRA-Commons-Resources.pdf>
- **Problems with Submission Processing**
 - Always contact ERA Service Desk at: <http://grants.nih.gov/support/>
- **Peer Review:** The Center for Scientific Review (CSR) has produced several videos that provide an inside look at peer review process, on evaluating applications for scientific and technical merit and with tips for preparing applications.
 - https://era.nih.gov/era_training/era_videos.cfm

Part III:

Timeline for Submission, Review, and Selection of Applications

Timeline for Both NOFOs

- Letter of Intent Due Date: July 5, 2024
- Application Due Date: August 5, 2024
- Peer Review Meeting: November 2024
- Council Review: January 2025
- Earliest Start Date: April 2025



[This Photo](#) by Unknown Author is licensed under [CC BY-NC](#)

Scientific Contacts



General/triage: Jennifer Alvidrez, ODP

PAR-24-053 (UG3/UH3)

- **NCI:** Tanya Agurs-Collins
- **NIAAA:** I-Jen Castle
- **NIAMS:** Stephanie George
- **NIDCR:** Lorena Baccaglioni, Hiroko Iida
- **NIMHD:** Nancy Jones
- **NINR:** Sarah Yoon
- **NCCIH:** Jenny Baumgartner
- **NHLBI:** Mary Masterson
- **NIDA:** Amy Goldstein

- **ODS:** Patricia Haggerty
- **ORWH:** Elena Gorodetsky
- **SGMRO:** Christopher Barnhart

RFA-OD-24-006 (U24)

- **NIMHD:** Nathan Stinson, Jr
- **ODSS:** Steve Tsang

Peer review and financial/grants management contacts listed in NOFOs

Part IV:

Participant Questions

Submit your questions in the webinar chat (send to 'Everyone.')



Thank you!



prevention.nih.gov/



[@NIHprevents](https://twitter.com/NIHprevents)