

**Deans, Assoc. Deans for Research, Center Directors, and Department Heads:  
Please forward this information to the appropriate faculty immediately.**

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### **Institutional Limit on Proposal Submissions**

**National Institutes of Health  
National Center on Minority Health and Health Disparities (NCMHD)**

**Title: Recovery Act Limited Competition:  
Community Participation in Health Disparities Intervention  
Research Planning Phase (R24)**

<http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-09-006.html>

Request For Applications (RFA) Number: RFA-MD-09-006

**NIH Letters of Intent Deadline: May 29, 2009  
Full NIH/NCMHD Proposal Deadline: June 30, 2009**

### **LIMITED SUBMISSION – ONE (1) PER INSTITUTION**

Below is information about the National Institutes of Health Community participation in Health Disparities Intervention Research Planning Phase (R24) for 2009. NIH limits the number of proposals an organization can submit, as described above. Therefore, if the number of preproposals exceeds that limit (1), an internal review will be conducted to determine which proposals will be submitted from Mississippi State University.

If you are interested in submitting a proposal to the NIH, a preproposal that includes the information listed below must be submitted to the Office of Research and Economic Development (ORED), electronically to Sandra Harpole at [sharpole@research.msstate.edu](mailto:sharpole@research.msstate.edu) and **copied** to Katie Echols at [kechols@research.msstate.edu](mailto:kechols@research.msstate.edu) in the ORED office by **5 p.m. on Friday, May 22, 2009**. A committee of faculty members will screen applications and select the nominee to represent the University.

All preproposals must include:

1. Title of NIH Grant
2. Proposal Deadline
3. Title of Proposal
4. PI and Co-PIs with title and unit affiliation
5. Partner institutions/industries (if any)
6. Indicate if this is a resubmission – If so include copies of panel summary and all reviews
7. One paragraph providing a brief description of the proposed activities.

**Synopsis of Program:**

The goal of this FOA is to support community-based participatory research (CBPR) in planning, implementing, evaluating and disseminating effective interventions for a disease or condition to reduce and eventually eliminate health disparities through partnerships between racial/ethnic minority populations, subpopulations, and other health disparity populations and research investigators. This FOA invites applications using the NIH research-related research projects (R24) award mechanism.

CBPR is defined as scientific inquiry conducted in communities and in partnership with researchers. The process of scientific inquiry is such that community members, persons affected by the health condition, disability or issue under study, or other key stakeholders involved in the community's health have the opportunity to be full participants in each phase of the work (from conception - design - conduct - analysis - interpretation - conclusions - communication of results). CBPR is characterized by substantial community input in the development of the grant application (<http://www.niehs.nih.gov/translat/cbpr/cbpr.htm>).

For the purpose of this FOA, community refers to populations that may be defined by: geography, race, ethnicity, gender, illness, or other health condition, or to groups that have a common interest or cause, such as health or service agencies and organizations, health care or public health practitioners or providers, policy makers, or lay public groups with public health concerns. Community-based organizations refer to organizations that may be involved in the research process as members or representatives of the community. While not an exhaustive list, organizations as varied as Tribal governments and colleges, state or local governments, independent living centers, other educational institutions such as junior colleges, advocacy organizations, health delivery organizations (e.g., hospitals), health professional associations, non-governmental organizations, and federally qualified health centers are possible community partners.

In the NIH Health Disparities Strategic Plan, Fiscal Years 2004-2008, the health disparity populations are defined as racial and ethnic minority groups delineated within Section 1707(g), Public Law 106-25, as well as, populations with low socio-economic status and those living in rural areas. The racial and ethnic minority group refers to American Indians (including Alaska Natives, Eskimos, and Aleuts), Asian Americans, Native Hawaiians and other Pacific Islanders, African Americans and Hispanics. The other health disparity populations are population groups who suffer health disparities when compared to the general population.

(<http://www.ncmhd.nih.gov>)

NCMHD is interested in supporting intervention research studies using community-based participatory research (CBPR) principles to reduce and eventually eliminate health disparities in any disease or condition of major concern to the community (e.g. cancer, cardiovascular diseases, diabetes, HIV/AIDS, infant mortality, immunization) with emphasis on racial and ethnic minorities.

This FOA is inviting applications for a two-year planning grant proposal. The first six months of the first year of the grant are devoted to partnership development, community needs assessment, identifying the disease/condition for intervention research, and planning the intervention

methodology with substantial input from the community. During the remaining 18 months of the grant award, a pilot intervention research study will be conducted with community participation. For more information about CBPR, review the following major references:

Methods in Community-Based Participatory Research for Health. Israel, B., et.al., Eds. Jossey-Bass, San Francisco. 2005.

Community-Based Participatory Research: Assessing the Evidence. Viswanathan M, Ammerman A, Eng E, et al. Evidence Report/Technology Assessment No. 99 (Prepared by RTI University of North Carolina Evidence-based Practice Center under Contract No. 290-02-0016). AHRQ Publication 04-E022-2. Rockville, MD: Agency for Healthcare Research and Quality. July 2004.

Available at: <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat1a.chapter.44133>. Accessed February 3, 2005. A summary of this report is available at:

<http://www.ahrq.gov/clinic/eprsums/cbprsum.htm>.

CBPR guidelines for reviewers and applicants are available as Exhibits 1-3 under Evidence-Based Practice at <http://www.rti.org>

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