

**HIGHEST PRIORITY CHALLENGE TOPICS RELATED TO OT**

**Note: Applicants are also encouraged to review the compilation of all NIH Institute and Center Challenge Topics:**

[http://grants.nih.gov/grants/funding/challenge\\_award/Omnibus.pdf](http://grants.nih.gov/grants/funding/challenge_award/Omnibus.pdf)

Topics in the table below that are marked with an asterisk (\*) have been designated as the Institute, Center or Office's highest priority; however, applicants may apply to **any** of the topics listed in the Omnibus.

Broad Challenge Area	Specific Challenge Topic
<p><b>(01) Behavior, Behavioral Change, and Prevention</b></p>	<p><b>01-AA-103*</b> <b>Capturing Social Network Information for Groups at High Risk for Negative Health Behaviors.</b> Emerging evidence indicates that social networks influence health behaviors such as eating habits, alcohol consumption, and smoking. Research in this area is needed to enhance existing methodologies and/or devise novel methods that will capture social network information among groups at heightened risk for particular negative health behaviors. The ultimate public health goal is to use this information to influence behavioral choices and improve health outcomes. Contact: Dr. Mark Willenbring, 301-443-1208, <a href="mailto:mlw@niaaa.nih.gov">mlw@niaaa.nih.gov</a></p> <p><b>01-GM-101*</b> <b>Individual-based model of social behavior.</b> Development of a robust and well-characterized individual-based model of social behavior that includes the dynamics of social interactions and that matches observed patterns of behavior. Contact: Dr. Irene Eckstrand, 301-594-0943, <a href="mailto:eckstrai@nigms.nih.gov">eckstrai@nigms.nih.gov</a></p> <p><b>01-OD-101*</b> <b>Test default options to promote healthier behaviors.</b> Exploration by behavioral economists and clinicians to develop and test default options (e.g., placement of fresh fruit displays in stores, the location of parking spaces at the workplace) to promote healthier behaviors. Contact: Dr. Jonathan King (NIA), 301-402-4156, <a href="mailto:kingjo@mail.nih.gov">kingjo@mail.nih.gov</a></p> <p><b>01-TW-102*</b> <b>Improving health through ICT/mobile technologies: enhancing patient compliance.</b> Develop theory-based social and behavioral principles that influence the utility of evidence-based interventions using Information and Communication Technology (ICT) to effect patient compliance and adherence. Test effectiveness, feasibility and scalability of an ICT approach in real-world settings, including development and use of intermediate and end-point health outcomes measures. Contact: Dr. Xingzhu Liu, 301-496-1653, <a href="mailto:liuxing@mail.nih.gov">liuxing@mail.nih.gov</a></p>

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(04) Clinical Research	<p><b>04-AG-101* Therapeutic algorithms for older patients with multiple conditions: data analyses and pilot testing.</b> Analysis of existing medical record data sets (e.g., from the VA or HMOs) to identify problems associated with the combination of therapies for two or more specific conditions in older patients with multiple conditions. This information could be used to develop new therapeutic algorithms or refine existing algorithms to address problems related to the use of multiple algorithms in older clinically complex patients and to inform short-term intervention studies to assess their efficacy and practicality. Contact: Dr. Susan Nayfield, 301-496-6949, <a href="mailto:nayfiels@mail.nih.gov">nayfiels@mail.nih.gov</a>; NIAMS Contact: Dr. Joan McGowan, 301-594-5055, <a href="mailto:NIAMShelp-NIHChallengeGrants@mail.nih.gov">NIAMShelp-NIHChallengeGrants@mail.nih.gov</a></p> <p><b>04-MD-101* Development of effective approaches to increase minority recruitment and retention into clinical trials.</b> NCMHD will focus on research activities that reduce barriers to diversity and participation in clinical trials and on initiatives that build partnerships and utilize new and non-traditional recruitment approaches. Specific health disparity diseases/conditions of concern include but are not limited to diabetes, obesity, cardiovascular disease, infant mortality, cancer, substance abuse, mental health, and HIV/AIDS. Contact: Dr. Derrick Tabor, 301-402-1366, <a href="mailto:tabord@mail.nih.gov">tabord@mail.nih.gov</a></p> <p><b>04-MH-101* Autism: Addressing the challenge.</b> Target research gap areas identified by the Inter-Agency Autism Coordinating Committee (IACC) Strategic Plan for Autism Spectrum Disorder Research, including biomarkers, novel interventions, and new tools for screening, among other topics. Contact: Dr. Ann E. Wagner, 301-443-5944, <a href="mailto:awagner@mail.nih.gov">awagner@mail.nih.gov</a></p> <p><b>04-NR-101* Integrating Cost-Effectiveness Analysis into Clinical Research</b> This initiative calls for the inclusion of rigorous cost-effectiveness analysis in the design and testing of new and innovative interventions as well as existing interventions with demonstrated effectiveness. Cost-effectiveness research will provide accurate and objective information to guide future policies that support the allocation of health resources for the treatment of acute and chronic diseases across the lifespan. Contact: Dr. Linda Weglicki, 301-594-6908, <a href="mailto:weglickils@mail.nih.gov">weglickils@mail.nih.gov</a>; NIAAA Contact: Dr. Mark Willenbring, 301-443-1208, <a href="mailto:mlw@niaaa.nih.gov">mlw@niaaa.nih.gov</a></p> <p><b>04-NR-102* Methods to Enhance Palliative Care and End-of-Life Research</b> This initiative will develop and test interventions to enhance the quality of care for persons with a life-threatening illness. This research will provide the foundation for the development of evidenced-based guidelines to standardize palliative and end-of-life care. Contact: Dr. Josephine Boyington, 919-316-4560, <a href="mailto:boyingtonje@mail.nih.gov">boyingtonje@mail.nih.gov</a></p> <p><b>04-NR-103* Improving Quality of Life of Patients and Family Following a War-Related Traumatic Injury.</b> This initiative will develop and test personalized interventions to prevent complications in persons with war-related traumatic injuries during the post hospitalization transition period, with the ultimate goal of improving the health and quality of life of individuals and families following a war-related traumatic injury. Contact: Dr. Karen Huss, 301-496-9558, <a href="mailto:husk@mail.nih.gov">husk@mail.nih.gov</a></p>

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	<p><b>04-OD-101*</b>    <b>Develop and validate behavioral metrics to measure the impact of chronic pain.</b> Standardized and validated measures of behaviors commonly associated with spontaneous pain in human chronic pain conditions are needed. These metrics can provide a basis for understanding the role and potential therapeutic impact of behavior in initiating and modulating chronic pain. Contact: Dr. Linda Porter (NINDS), 301-496-9964, <a href="mailto:porterl@mail.nih.gov">porterl@mail.nih.gov</a></p>

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<p><b>(05) Comparative Effectiveness Research</b></p>	<p><b>05-AA-101* Innovative Analyses of Existing Clinical Datasets.</b> Typically secondary analyses of administrative and clinical data have been utilized for multiple objectives that include estimating incidence and prevalence of alcohol use and alcohol disorders, estimating treatment needs, developing health policy, testing clinical hypotheses, and performing meta-analyses that may contribute insights on the comparative effectiveness of behavioral and pharmacological therapies. Under this Challenge Grant initiative, researchers are encouraged to use secondary data analyses in methodologically innovative ways. An example is the use of cross-design synthesis to standardize and compare clinical data collected by different methods, thereby expanding the scope of knowledge on comparative treatment effectiveness. Another example is evaluation of the impact of new statistical models and methods on treatment effectiveness outcomes, for instance, comparing the relative impact of linear models and dynamic models on clinical trial outcomes. Both clinical and health services research proposals based on secondary analyses are invited under this initiative. NIAAA Contact: Dr. Mark Willenbring, 301-443-1208, <a href="mailto:mwillenb@mail.nih.gov">mwillenb@mail.nih.gov</a></p> <p><b>05-AG-101* Data Infrastructure for Post-Marketing Comparative Effectiveness Studies.</b> The challenge is to create the data infrastructure that will enable comparisons of particular therapies, prescribing patterns, and benefit designs on health outcomes. Problems with currently available studies include omission of key patient groups (such as the elderly in nursing homes), lack of information on adherence and outcomes in polypharmacy, lack of information on outcomes across different insurance benefit designs, and lack of information on actual prescribing patterns and outcomes across regions and over time. Responsive projects could include: (1) Data linkages to allow studies of diffusion of therapies and comparisons of their effects on outcomes, health care utilization and expenditures across hospital referral regions, hospitals, and physician practices; (2) Linkage of Medicaid administrative data and Medicare Part D claims data for comparative research on prescribing patterns and patient outcomes in the nursing-home population; (3) Linkage of prescription drug data to data banks such as those maintained by the Alzheimer’s Disease Neuroimaging Initiative to allow comparative research on outcomes in defined patient populations; (4) Supplements to longitudinal data sets and ongoing clinical trials to allow comparisons of the effects of alternative benefit designs on adherence, patient outcomes and health care expenditures; (5) Analyses of how context (geographic region, hospitals, insurance) affects comparative effectiveness studies of two or more interventions; (6) Data linking features of health and prescription drug insurance (public or private) to utilization of health services and health outcomes; and (7) Planning grants for comparative effectiveness research using and building the data infrastructure on these topics. NIA Contacts: Dr. John Haaga, 301-496-3131, <a href="mailto:haagaj@nia.nih.gov">haagaj@nia.nih.gov</a>; and Dr. John Phillips, 301-496-3138, <a href="mailto:PhillipJ@nia.nih.gov">PhillipJ@nia.nih.gov</a></p> <p><b>05-AG-102* Prevention and Risk Factor Reduction Strategies for Disabilities.</b> A variety of risk factors contribute to disabilities in activities of daily living and instrumental activities of daily living in older persons. Reduction in the number of individuals’ risk factors has been shown to reduce risks of certain causes of disabilities, such as falls. However, effective risk-factor reduction strategies require a high degree of coordination of care across diverse health services and settings. Alternative strategies to achieve this coordination in risk-reduction interventions could be tested in two-year studies. In addition, planning grants could develop protocols for clinical trials to compare the effectiveness of different pharmacologic (e.g. analgesic) and lifestyle (e.g. physical activity) interventions to prevent a variety of disability outcomes, such as loss of walking ability and cognitive disability, for which current data do not provide a clear basis for comparison. Secondary</p>

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	<p>analyses of existing clinical trial data and expanded data collection on ongoing trials could also address these issues. NIA Contacts: Dr. Sergei Romashkan, 301-435-3047, <a href="mailto:romashks@nia.nih.gov">romashks@nia.nih.gov</a> and Ms. Georgeanne Patmios, 301-496-3138, <a href="mailto:patmiosg@nia.nih.gov">patmiosg@nia.nih.gov</a></p> <p><b>05-AG-104* Planning Grants and Pilot Studies for Comparisons of Management Strategies for Older Patients with Multiple Coexisting Conditions.</b> The majority older individuals suffer from multiple coexisting conditions. This poses challenges for medical management in regard to factors such as adverse interactions of drugs used for different conditions, and conflicting recommendations from treatment guidelines for different individual conditions. Different treatment strategies to optimize health and quality-of-life outcomes need to be compared to identify strategies that provide the best risk-benefit ratios for such older patients. Two-year planning grants, and pilot feasibility testing for different management strategies could contribute to this goal. Although many clinical trials testing pharmacological, behavioral, or community-level interventions to remediate or prevent aging-related disorders or declines in function have established the efficacy of specific interventions, we know much less, however, about the comparative effectiveness of these approaches. Two-year planning grants to develop protocols for clinical trials directly testing the comparative effectiveness of these different intervention types would be appropriate, as would comparative effectiveness analyses of data from existing clinical trials data. Specific examples of target domains that could benefit from either further analysis or planning activities include the following: (1) The comparison of different types of interventions (e.g., different anti-inflammatories and behavioral interventions) for the prevention of Alzheimer’s disease; (2) The comparison of efficacious treatments (e.g., physical exercise vs. cognitive training) for the remediation of age-related cognitive decline exclusive of dementia. NIA Contact: Dr. Sergei Romashkan, 301-435-3047, <a href="mailto:romashks@nia.nih.gov">romashks@nia.nih.gov</a></p> <p><b>05-AG-105* Comparative Intervention Trials for Diseases and Syndromes of Aging Including Neurodegenerative Diseases.</b> Although many clinical trials testing pharmacological, behavioral, or community-level interventions to remediate or prevent aging-related disorders or declines in function have established the efficacy of specific interventions, we know much less, however, about the comparative effectiveness of these approaches. Two-year planning grants to develop protocols for clinical trials directly testing the comparative effectiveness of these different intervention types would be appropriate, as would comparative effectiveness analyses of data from existing clinical trials data. Specific examples of target domains that could benefit from either further analysis or planning activities include the following: (1) The comparison of different types of interventions (e.g., different anti-inflammatories and behavioral interventions) for the prevention of Alzheimer’s disease; (2) The comparison of efficacious treatments (e.g., physical exercise vs. cognitive training) for the remediation of age-related cognitive decline exclusive of dementia; and (3) Comparisons of interventions for “geriatric syndromes”, such as urinary incontinence and involuntary weight loss. NIA Contacts: Dr. Laurie Ryan, 301-496-9350, <a href="mailto:ryanl@nia.nih.gov">ryanl@nia.nih.gov</a>; Dr. Jon King, 301-402-4156, <a href="mailto:kingjo@nia.nih.gov">kingjo@nia.nih.gov</a>; Dr. Molly Wagster, 301-496-9350, <a href="mailto:wagsterm@gw.nia.nih.gov">wagsterm@gw.nia.nih.gov</a>; and Dr. Sergei Romashkan, 301-435-3047, <a href="mailto:romashks@nia.nih.gov">romashks@nia.nih.gov</a></p> <p><b>05-AR-103* Comparative Effectiveness of Therapies to Treat Fibromyalgia</b>  Several drugs have been approved to treat fibromyalgia, a chronic musculoskeletal pain condition. Chronic pain, and its adverse impact on patient functioning and quality of life,</p>

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	<p>will become even more of an economic and societal burden in the United States as the population ages. The purpose of this proposal is to compare recently approved drugs with differing mechanisms of action, i.e., serotonin and norepinephrine reuptake inhibitors, with tricyclic antidepressants, and biopsychosocial approaches, such as cognitive behavioral therapy. Contact: Dr. Susana Serrate-Sztejn, 301-594-5032, <a href="mailto:NIAMShelp-NIHChallengeGrants@mail.nih.gov">NIAMShelp-NIHChallengeGrants@mail.nih.gov</a></p> <p><b>05-AT-101* Comparative Effectiveness Studies of Non-Pharmacological Treatments for Chronic Low Back Pain.</b> Observational studies or secondary data analyses to compare the effectiveness of: non-pharmacological treatments or integrative health care approaches for chronic low back pain when used in addition to and/or as an alternative to standard conventional care. Contact: Dr. Partap Khalsa, 301-594-3462, <a href="mailto:khalsap@mail.nih.gov">khalsap@mail.nih.gov</a></p> <p><b>05-MD-101* Social Determinants of Health.</b> There is a growing research that reveals the important role of social determinants of health in addressing and understanding health disparities. Social determinants of health are the economic and social conditions under which people live which determine their health. We propose research that investigates interventions that address these social determinants (e.g., employment training, school readiness programs, food stamp programs, and adequate and affordable housing programs) their relationship to health outcomes for health disparity populations. Contact: Dr. Kyu Rhee, 301-402-1366, <a href="mailto:rheekb@mail.nih.gov">rheekb@mail.nih.gov</a></p> <p><b>05-MD-102* Prevention of Chronic Diseases in Disparity Populations.</b> Approximately 70-80% of all current health care costs are connected with the treatment of chronic diseases. Chronic diseases compose a large majority of health disparity conditions, such as asthma, obesity, oral health, diabetes, HIV/AIDS, heart disease, mental health, chronic pain, and substance abuse. We propose research to examine and inform the clinical and cost effectiveness of prevention efforts, including medical devices, behavioral interventions, care management approaches (e.g., incorporation of nontraditional members of the healthcare team such as community health workers, pharmacists), pharmaceuticals, surgery, and other interventions for the prevention of chronic disease. Contact: Dr. Kyu Rhee, 301-402-1366, <a href="mailto:rheekb@mail.nih.gov">rheekb@mail.nih.gov</a></p> <p><b>05-MH-101* Leveraging Existing Healthcare Networks for Comparative Effectiveness Research on Mental Disorders and Autism.</b> Existing large integrated healthcare networks are needed to more efficiently conduct large-scale effectiveness trials in “real-world” patient settings. The NIMH solicits individual or collaborative, linked grant applications from researchers with experience conducting studies within large integrated healthcare delivery systems to develop and test infrastructure to efficiently conduct trials on the effectiveness of treatment, preventive and services interventions to improve care for people with mental disorders and autism. Applicants can propose studies to 1) demonstrate the ability to identify, recruit and enroll large patient populations into clinical trials, 2) harmonize electronic medical record data across multiple integrated systems for research use, 3) pool data for common analyses, and 4) build capacity for the collection and storage of biologic material. Contact: Dr. David Chambers, 301-443-3747, <a href="mailto:dchamber@mail.nih.gov">dchamber@mail.nih.gov</a></p>

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	<p><b>05-MH-102* Cost Effectiveness of Mental Health Interventions.</b> Information on the cost effectiveness of promising mental health interventions is needed to ensure widespread uptake by payers and health systems. NIMH is interested in adding/extending cost-effectiveness components to randomized controlled trials of treatment, preventive and services interventions through two-year grants. Investigators should prioritize the calculation of the cost/QALY ratio by the most advanced available methodologies to ensure that findings from these projects can contribute to improving the efficiency of mental health care financing. In addition, researchers can conduct analyses of existing databases for systematic cost-effectiveness, cost-benefit, benefit/harm analyses or to compare interventions on “real life outcomes” such as level of functioning or acceptability, using meta-analytic methods. Contact: Dr. Agnes Rupp, 301-443-3364, <a href="mailto:arupp@mail.nih.gov">arupp@mail.nih.gov</a></p> <p><b>05-MH-103* Collaboration with AHRQ Comparative Effectiveness Research Program.</b> In FY09 and FY10 AHRQ plans to support research grants (PA-09-070) on comparative effectiveness of clinical treatments and services as authorized in the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) Section 1013. MMA section 1013 mandates two mental health categories: Depression and other mental health disorders; and Developmental delays, attention deficit hyperactivity disorder and autism. NIMH is interested in funding ancillary studies including but not limited to: 1) studies on the comparative effectiveness of important new or existing technologies; and 2) assessment of the comparative effectiveness of treatments that are commonly administered to children but have been evaluated for safety and effectiveness in adult populations. Two year studies will contribute to successfully implement the mental disorders components of MMA Section 1013 by utilizing AHRQ networks ( e.g. EPCs, DEclDE, CERTs, PBRN, ACTION, etc) to generate information for health care decision-making. Contact: Dr. Agnes Rupp, 301-443-3364, <a href="mailto:arupp@mail.nih.gov">arupp@mail.nih.gov</a></p> <p><b>05-MH-104* Building ASD Registries for Use in Comparative Effectiveness Research.</b> Given the low base-rate and high variability of phenotypes among people with autism, comparative effectiveness trials of treatments for autism spectrum disorders (ASD) provide significant recruitment challenges to include well-phenotyped samples. Autism registries are needed to more efficiently conduct large-scale effectiveness trials in “real-world” service systems. The NIMH solicits grant applications from researchers with experience in diagnosis of ASD and database registry creation to develop and test infrastructure to efficiently identify populations to include within registries for use in future ASD comparative effectiveness trials. Grants applications to optimize current registries and leverage existing databases are encouraged. Applicants can propose studies to 1) demonstrate the ability to identify and collect relevant clinical, environmental, and genetic data from large populations with autism within multiple service settings, 2) Improve consensus on “caseness” within samples, given variability in phenotypes 3) harmonize data systems across multiple integrated systems serving populations with autism (e.g. health care, special education, Medicaid) for research use, 4) pool data for common analyses, and 5) build capacity for the collection and storage of biologic material. Contact: Dr. Lisa Gilotty, 301-443-3825, <a href="mailto:gilottyl@mail.nih.gov">gilottyl@mail.nih.gov</a></p> <p><b>05-NS-103* Validating NIH’s New Clinical Tools in Populations With Neurological Disorders</b> The NIH Blueprint for neuroscience is developing a variety of standardized tests</p>

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	<p>in the domains of cognition, emotion, sensation, and motor function as part of the NIH Toolbox project. The NINDS is supporting the development of quality of life outcomes in neurological disorders. The NIH Roadmap project has developed the patient reported outcomes measurement information system (PROMIS). Each of these tools utilizes computerized adaptive testing methods to obtain important clinical outcome data and will be tested in large groups of normal individuals across the lifespan. The challenge is to assess the performance and research utility of these new tools in well described patient populations for future comparative effectiveness research projects. NINDS Contact: Dr. Claudia Moy, 301-496-2789, <a href="mailto:moyc@ninds.nih.gov">moyc@ninds.nih.gov</a></p> <p><b>05-RR-101* Build CER Capacity Through Education.</b> Build capacity for subject recruitment, IRB and regulatory compliance, and data management for comparative effectiveness research conducted in community environments. Applicants could propose educational experiences and resources for study coordinators, medical auxiliaries, and data managers that would build capacity for the conduct of comparative effectiveness research in community settings. Where appropriate, these applications could develop links with existing clinical research infrastructure resources. Contact: Dr. Anthony Hayward, 301-435-0791, <a href="mailto:haywarda@mail.nih.gov">haywarda@mail.nih.gov</a></p> <p><b>05-RR-102* Support Pilot CER Projects in Community Settings.</b> Pilot/demonstration projects using collaborations between academic health centers and community-based organizations or community-based research networks that bring CER into community settings. Contact: Dr. Anthony Hayward, 301-435-0791, <a href="mailto:haywarda@mail.nih.gov">haywarda@mail.nih.gov</a></p>

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<p><b>(06) Enabling Technologies</b></p>	<p><b>06-MD-101*</b>    <b>Development of Telehealth Tools to Promote Health and Connect At-Risk Youth to the Health System via Low-Cost, Mobile, and Wireless Technologies.</b>  NCMHD is interested in the development of telehealth messages utilizing various forms of technology, aimed at high-risk youth as well as innovative culturally and linguistically appropriate media strategies for connecting at-risk youth with the healthcare system.  Contact: Dr. Kyu Rhee, 301-402-1366, <a href="mailto:rheekb@mail.nih.gov">rheekb@mail.nih.gov</a>; NIAAA Contact: Dr. Mark Willenbring, 301-443-1208, <a href="mailto:mlw@niaaa.nih.gov">mlw@niaaa.nih.gov</a></p> <p><b>06-OD(OBSSR)-101*</b>    <b>Using new technologies to improve or measure adherence.</b>  New and innovative technologies to improve and/or measure patient adherence to prescribed medical regimens and utilization of adherence-enhancing strategies in clinical practice would greatly enhance the health impact of efficacious treatments and preventive regimens. This challenge invites the development of new technologies to measure or improve patient adherence. Contact: Dr. Lynn Bosco, 301-451-4286, <a href="mailto:boscol@od.nih.gov">boscol@od.nih.gov</a>; NIAAA Contact: Dr. Marcia Scott, 301-402-6328, <a href="mailto:mscott@mail.nih.gov">mscott@mail.nih.gov</a>; NHLBI Contact: Dr. Susan Czajkowski, 301-435-0406, <a href="mailto:czajkowskis@nhlbi.nih.gov">czajkowskis@nhlbi.nih.gov</a>; FIC Contact: Dr. Xingzhu Liu, 301-496-1653, <a href="mailto:liuxing@mail.nih.gov">liuxing@mail.nih.gov</a></p> <p><b>06-RR-101*</b>    <b>Virtual environments for multidisciplinary and translational research.</b>  Virtual networking environments like Science Commons, Facebook, and Second Life, create platforms that can eliminate many barriers in scientific collaborations. These environments integrate fragmented information sources, enable “one-click” access to research resources, and assist in re-use of scientific workflows. Funded projects would develop and implement virtual collaborative environments to facilitate biomedical and translational research, e.g. addressing issues of privacy, technology transfers, and sharing resources. Contact: Dr. Olga Brazhnik, 301-435-0758, <a href="mailto:brazhnik@mail.nih.gov">brazhnik@mail.nih.gov</a></p>

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(09) Health Disparities	<p><b>09-MD-101* Creating Transformational Approaches to Address Rural Health Disparities.</b> Research will focus on approaches, partnerships, and technologies for improving rural health outcomes. In addition, NCMHD is interested in proposals that utilize innovative outreach strategies that involve collaboration among traditional and non-traditional groups including new categories of community health workers, non-traditional occupations and settings. Contact: Dr. Nathaniel Stinson, 301-402-1366, <a href="mailto:stinsonn@mail.nih.gov">stinsonn@mail.nih.gov</a>.</p>

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(15) Translational Science	<p><b>15-NR-101* NIH Partners in Research Program: Pathways for Translational Research.</b> This two year initiative will develop strategies for dissemination of interventions with demonstrated effectiveness for translation into clinical practice by teams of academic and community research partners. This initiative will provide the knowledge to more rapidly move scientific findings into communities to improve health. Contact: Dr. David Banks, 301-496-9558, <a href="mailto:Banksdh@mail.nih.gov">Banksdh@mail.nih.gov</a></p>