**Keywords:** pilot and preliminary studies  
UK Vice President for Research Office  
Research Support Grant  
Proposal Due: March 17, 2014

This internal grant program is designed to enhance UK's research enterprise by assisting investigators in accelerating their research programs. The program will support the following: Pilot studies to obtain preliminary data to enhance the competitiveness of extramural research grant applications; Activities essential to scholarship advancement in fields where external funding is limited; Studies to obtain preliminary data requested by reviewers of an externally-submitted grant; the use of Research Core Facilities, with preference given to applicants who have not used the requested technology previously. Awards will generally be from $2,000 to $20,000 and costs should be commensurate with the proposed work. Awards will be for one year only from the date of award. No more than one application per faculty member will be funded in a three year period from the time of the award. Investigators who have significant amounts of research funding or start-up funds will be less competitive for these grants. Up to $5,000 can be requested for use of Research Core Facilities. Eligibility: Full-time faculty members in the regular, special, research or clinical title series (as long as sufficient time can be devoted to research) and senior research staff who are eligible to serve as a PI on external grants. This program will not support academic year faculty salaries (up to $7000 may be requested for tenured 9 and 10 month faculty summer salary), graduate assistantships (hourly student research assistant support is allowed), graduate tuition and fees, postdoctoral fellows, travel to meetings (travel associated with the research project is allowed), consultant costs, equipment over $5,000, routine office equipment or laptop computers.

**Health Behavior**

**Keywords:** pragmatic clinical trials, large simple trials, large-scale observational studies, healthcare systems  
Patient-Centered Outcomes Research Institute  
Pragmatic Clinical Studies and Large Simple Trials to Evaluate Patient-Centered Outcomes  
Letter of Intent Due: March 7, 2014  
Proposal Due: Only invited applications on April 7, 2014

Patient Centered Outcomes Research Institute (PCORI) seeks to fund pragmatic clinical trials (PCTs), large simple trials (LSTs), or large-scale observational studies that compare two or more alternatives for addressing prevention, diagnosis, treatment, or management of a disease or symptom; improving health care system–level approaches to managing care; or for eliminating health or healthcare disparities. Proposed studies must address critical clinical choices faced by
patients, their caregivers, clinicians, and/or delivery systems. They must involve broadly representative patient populations and be large enough to provide precise estimates of hypothesized effectiveness differences and to support evaluation of potential differences in treatment effectiveness in patient subgroups. For this solicitation, PCORI is requiring that relevant patient organizations, professional organizations, and/or payer or purchaser organizations be included as partners and actively participate in the study. PCORI expects that most awards will be made for study designs that use randomization, either of individual participants or clusters, to avoid confounding bias. However, we recognize that exceptional opportunities may arise, by virtue of natural experiments and/or the existence of large registries, to address pragmatic questions using observational designs. This new PCORI program will not support proposals to conduct evidence synthesis or to develop decision-support tools. This announcement is a collaborative effort of PCORI’s Clinical Effectiveness, Improving Healthcare Systems, and Addressing Disparities research programs. Thus, proposals for pragmatic studies may fit within any of these three priority areas.

**Keywords:** cancer prevention, healthcare delivery systems
American Cancer Society

The Role of Healthcare and Insurance in Improving Outcomes in Cancer Prevention, Early Detection and Treatment

Proposal Due: April 1, 2014
To stimulate research that will generate new knowledge of the effects of the US healthcare system structure and the role of insurance on both access to and outcomes of cancer screening, early detection and treatment services. Studies investigating how one or more factors impacting access and outcomes interact – such as insurance status, costs, capacity, personal characteristics, provider characteristics, components of the healthcare delivery system and other known factors – are encouraged.

**Keywords:** SBIR, medical technologies to reduce disparities, cultural sensitivity
National Institutes of Health
Development and Translation of Medical Technologies to Reduce Health Disparities (SBIR) (R43/R44)

Letter of Intent Due: April 23, 2014; August 23, 2014
Proposal Due: May 23, 2014; September 23, 2014
This Funding Opportunity Announcement (FOA) encourages Small Business Innovation Research (SBIR) grant applications from small business concerns (SBCs) that propose to develop and translate medical technologies aimed at reducing disparities in healthcare access and health outcomes. Appropriate medical technologies should be effective, affordable, culturally acceptable, and deliverable to those who need them. Responsive grant applications must involve a formal
collaboration with a healthcare provider or other healthcare organization serving one or more health disparity populations during Phase I and Phase II.

**Keywords:** cancer control, decision science

**National Cancer Institute**

**Fundamental Mechanisms of Affective and Decisional Processes in Cancer Control (U01)**


**Letter of Intent Due:** 30 days before application deadline

**Proposal Due:** June 10, 2014; October 15, 2014; June 10, 2015; October 14, 2015; June 10, 2016; October 14, 2016

The purpose of this Funding Opportunity Announcement (FOA) is to encourage projects to generate fundamental knowledge of affective processes. Basic affective science projects should have key downstream consequences for single (e.g., genetic testing consent) and multiple (e.g., adherence to oral chemotherapy regimen) event decisions and behaviors across the cancer prevention and control continuum. The FOA is expected to encourage scientific disciplines that have not traditionally conducted cancer research – such as affective and cognitive neuroscience, decision science, and consumer science – to elucidate perplexing and understudied problems in basic affective and decision sciences with promise of having downstream implications for cancer prevention and control science.

**Keywords:** behavioral interventions, comorbidities, chronic health conditions

**National Institutes of Health**

**Behavioral Interventions to Address Multiple Chronic Health Conditions in Primary Care (R01)**


**Proposal Due:** June 5, October 5, February 5

This funding opportunity announcement (FOA) seeks Research Project Grant (R01) applications that propose to use a common conceptual model to develop behavioral interventions to modify health behaviors and improve health outcomes in patients with comorbid chronic diseases and health conditions. Specifically, this FOA will support research in primary care that uses a multi-disease care management approach to behavioral interventions with high potential impact to improve patient-level health outcomes for individuals with three or more chronic health conditions. The proposed approach must modify behaviors using a common approach rather than administering a distinct intervention for each targeted behavior and/or condition. Diseases and health conditions can include, but are not limited to: mental health disorders (e.g., depression), diabetes, smoking, obesity, chronic pain, alcohol and substance abuse and dependence, chronic obstructive pulmonary disorder, cancer and hypertension.
Health Management and Policy

Keywords: pragmatic clinical trials, large simple trials, large-scale observational studies, healthcare systems
Patient-Centered Outcomes Research Institute
Pragmatic Clinical Studies and Large Simple Trials to Evaluate Patient-Centered Outcomes
Letter of Intent Due: March 7, 2014
Proposal Due: Only invited applications on April 7, 2014
Patient Centered Outcomes Research Institute (PCORI) seeks to fund pragmatic clinical trials (PCTs), large simple trials (LSTs), or large-scale observational studies that compare two or more alternatives for addressing prevention, diagnosis, treatment, or management of a disease or symptom; improving health care system–level approaches to managing care; or for eliminating health or healthcare disparities. Proposed studies must address critical clinical choices faced by patients, their caregivers, clinicians, and/or delivery systems. They must involve broadly representative patient populations and be large enough to provide precise estimates of hypothesized effectiveness differences and to support evaluation of potential differences in treatment effectiveness in patient subgroups. For this solicitation, PCORI is requiring that relevant patient organizations, professional organizations, and/or payer or purchaser organizations be included as partners and actively participate in the study. PCORI expects that most awards will be made for study designs that use randomization, either of individual participants or clusters, to avoid confounding bias. However, we recognize that exceptional opportunities may arise, by virtue of natural experiments and/or the existence of large registries, to address pragmatic questions using observational designs. This new PCORI program will not support proposals to conduct evidence synthesis or to develop decision-support tools. This announcement is a collaborative effort of PCORI’s Clinical Effectiveness, Improving Healthcare Systems, and Addressing Disparities research programs. Thus, proposals for pragmatic studies may fit within any of these three priority areas.

Keywords: cancer prevention, healthcare delivery systems
American Cancer Society
The Role of Healthcare and Insurance in Improving Outcomes in Cancer Prevention, Early Detection and Treatment
Proposal Due: April 1, 2014
To stimulate research that will generate new knowledge of the effects of the US healthcare system structure and the role of insurance on both access to and outcomes of cancer screening, early detection and treatment services. Studies investigating how one or more factors impacting access and outcomes interact – such as insurance status, costs, capacity, personal characteristics, provider characteristics, components of the healthcare delivery system and other known factors – are encouraged.
Keywords: health impact assessments, policy-making
Robert Wood Johnson Foundation
Health Impact Project
Proposal Due: April 2, 2014
The Health Impact Project, a collaboration of the Robert Wood Johnson Foundation (RWJF) and The Pew Charitable Trusts (Pew), promotes the use of Health Impact Assessments (HIAs) and related approaches to help policy-makers in a wide range of fields incorporate health considerations into new policies, programs, plans, and projects, and make decisions that reduce unnecessary health risks, improve health, and decrease costs. This call for proposals (CFP) supports two types of initiatives: 1) HIA demonstration projects that inform a specific decision, with a focus on tribes, states, and territories that have had limited experience with HIAs to date; and 2) HIA program grants that enable organizations with previous HIA experience to develop sustainable HIA programs that integrate HIAs and related approaches in policy-making at the local, state, or tribal level. The Health Impact Project also partners with additional funders to support HIAs on specific topics or in a defined state or region. We will provide information regarding the availability of additional funds through periodic announcements to our mailing list and on our website.

Keywords: public health law
Robert Wood Johnson Foundation
Public Health Law Research: Making the Case for Laws That Improve Health
Proposal Due: April 15, 2014
Public Health Law Research (PHLR) is a national program of the Robert Wood Johnson Foundation. The goal of this program is to build the evidence for and increase the use of effective regulatory, legal and policy solutions—whether statutes, regulations, case law or other policies—to protect and improve population health and the public health system. This program contributes to the Foundation’s commitment to creating a culture of health in our country by providing the best possible evidence and examples of the impact of legal strategies on health.

Keywords: cancer control, decision science
National Cancer Institute
Fundamental Mechanisms of Affective and Decisional Processes in Cancer Control (U01)
Letter of Intent Due: 30 days before application deadline
Proposal Due: June 10, 2014; October 15, 2014; June 10, 2015; October 14, 2015; June 10, 2016; October 14, 2016
The purpose of this Funding Opportunity Announcement (FOA) is to encourage projects to generate fundamental knowledge of affective processes. Basic affective science projects should have key downstream consequences for single (e.g., genetic testing consent) and multiple (e.g., adherence to oral chemotherapy regimen) event decisions and behaviors across the cancer prevention and control continuum. The FOA is expected to encourage scientific disciplines that have not traditionally conducted cancer research – such as affective and cognitive neuroscience, decision science, and consumer science – to elucidate perplexing and understudied problems in basic affective and decision sciences with promise of having downstream implications for cancer prevention and control science.

**Keywords:** healthcare systems improvement, decision support, system modeling

National Science Foundation / National Institutes of Health

Smart and Connected Health (SCH)


**Proposal Due:** Depends on program; first deadline is May 28, 2014

The goal of the Smart and Connected Health (SCH) Program is to accelerate the development and use of innovative approaches that would support the much needed transformation of healthcare from reactive and hospital-centered to preventive, proactive, evidence-based, person-centered and focused on well-being rather than disease. Approaches that partner technology-based solutions with biobehavioral health research are supported by multiple agencies of the federal government including the National Science Foundation (NSF) and the National Institutes of Health (NIH). The purpose of this program is to develop next generation health care solutions and encourage existing and new research communities to focus on breakthrough ideas in a variety of areas of value to health, such as sensor technology, networking, information and machine learning technology, decision support systems, modeling of behavioral and cognitive processes, as well as system and process modeling. Effective solutions must satisfy a multitude of constraints arising from clinical/medical needs, social interactions, cognitive limitations, barriers to behavioral change, heterogeneity of data, semantic mismatch and limitations of current cyberphysical systems. Such solutions demand multidisciplinary teams ready to address technical, behavioral and clinical issues ranging from fundamental science to clinical practice. Due in large part to advances in high throughput and connective computing, medicine is at the cusp of a sector-wide transformation that - if nurtured through rigorous scientific innovation - promises to accelerate discovery, improve patient outcomes, decrease costs, and address the complexity of such challenging health problems as cancer, heart disease, diabetes and neurological degeneration. These transformative changes are possible in areas ranging from the basic science of molecular genomics and proteomics to decision support for physicians, patients and caregivers through data mining to support behavior change through technology-enabled social and motivational support. In addition to these scientific discoveries, innovative approaches are required to address delivery of high quality, economically-efficient healthcare that is rapidly becoming one of the key economic, societal and scientific challenges in the United States.
Keywords: investigator-initiated, HSR
Agency for Healthcare Research and Quality
AHRQ Health Services Research Projects (R01)
Proposal Due: June 5, October 5, February 5
The Research Project Grant (R01) is an award made by AHRQ to an institution/organization to support a discrete, specified health services research project. The project will be performed by the named investigator and study team. The R01 research plan proposed by the applicant institution/organization must be related to the mission and portfolio priority research interests of AHRQ.

Keywords: HIT, developmental projects, healthcare quality
Agency for Healthcare Research and Quality
Exploratory and Developmental Grant to Improve Health Care Quality through Health Information Technology (IT) (R21)
Proposal Due: June 16, October 16, February 16
The purpose of this Funding Opportunity Announcement (FOA) is to fund exploratory and developmental research grants that will contribute to the evidence base of how health IT improves health care quality. This FOA supports the use of a wide variety of research designs in order to generate information regarding the design and development, implementation, use, or impact of health IT on quality. Depending on the research design and intent of the project, applicants may receive support for: (1) pilot and feasibility or self-contained health IT research projects; (2) secondary data analysis of health IT research; or (3) economic (prospective or retrospective) analyses of a health IT project. Each grant application must clearly state which type of the three types of studies is being proposed. This FOA is focused on five research areas of interest that are needed to support health care quality and are considered part of a continuous quality improvement process. The five research areas of interest for this FOA are: 1. Design; 2. Implementation; 3. Use; 4. Impact on outcomes; 5. Measurement. Each application must clearly state at least one primary research area to be addressed.

Epidemiology

Keywords: data sharing, secondary data analysis
Eunice Kennedy Shriver National Institute of Child Health and Human Development
Data Sharing for Demographic Research Infrastructure Program (U24)
Letter of Intent Due: March 25, 2014
Proposal Due: April 25, 2014
The purpose of this funding opportunity announcement (FOA) is to increase the impact of NICHD-funded research within the scientific mission of the NICHD Population Dynamics Branch (PDB) by providing research infrastructure to: promote data sharing; support the development of
procedures and technologies for data sharing; disseminate best practices in data sharing; provide a resource that catalogs NICHD-funded data available for secondary analysis; and promote the secondary analysis of data collected through NICHD grants to research teams outside the original grantees.

**Biomedical Informatics**

**Keywords: data sharing, secondary data analysis**

Eunice Kennedy Shriver National Institute of Child Health and Human Development

Data Sharing for Demographic Research Infrastructure Program (U24)


Letter of Intent Due: March 25, 2014

Proposal Due: April 25, 2014

The purpose of this funding opportunity announcement (FOA) is to increase the impact of NICHD-funded research within the scientific mission of the NICHD Population Dynamics Branch (PDB) by providing research infrastructure to: promote data sharing; support the development of procedures and technologies for data sharing; disseminate best practices in data sharing; provide a resource that catalogs NICHD-funded data available for secondary analysis; and promote the secondary analysis of data collected through NICHD grants to research teams outside the original grantees.

**Keywords: Big Data, software development, analysis methods development**

National Institutes of Health

Development of Software and Analysis Methods for Biomedical Big Data in Targeted Areas of High Need (U01)


Letter of Intent Due: May 19, 2014

Proposal Due: June 19, 2014

In response to the spectacular opportunities and immense challenges presented by the dawning era of "Big Data" in biomedical research, the NIH has developed the Big Data to Knowledge (BD2K) initiative. The mission of BD2K is to enable the biomedical research community to use the various types of Big Data for research. Biomedical research is rapidly becoming data-intensive as investigators are generating and using increasingly large, complex, multidimensional, and diverse datasets. However, the ability to release data, to locate, integrate, and analyze data generated by others, and to utilize the data is often limited by the lack of tools, accessibility, and training. The purpose of this BD2K U01 Funding Opportunity Announcement (FOA) is to solicit development of software tools and analysis methods in the four topic areas of data compression/reduction, data visualization, data provenance, and data wrangling as part of the overall BD2K initiative. While this FOA is intended to foster new development, submissions consisting of significant adaptations of existing methods & software are also invited.
The goal of the Smart and Connected Health (SCH) Program is to accelerate the development and use of innovative approaches that would support the much needed transformation of healthcare from reactive and hospital-centered to preventive, proactive, evidence-based, person-centered and focused on well-being rather than disease. Approaches that partner technology-based solutions with biobehavioral health research are supported by multiple agencies of the federal government including the National Science Foundation (NSF) and the National Institutes of Health (NIH). The purpose of this program is to develop next generation health care solutions and encourage existing and new research communities to focus on breakthrough ideas in a variety of areas of value to health, such as sensor technology, networking, information and machine learning technology, decision support systems, modeling of behavioral and cognitive processes, as well as system and process modeling. Effective solutions must satisfy a multitude of constraints arising from clinical/medical needs, social interactions, cognitive limitations, barriers to behavioral change, heterogeneity of data, semantic mismatch and limitations of current cyberphysical systems. Such solutions demand multidisciplinary teams ready to address technical, behavioral and clinical issues ranging from fundamental science to clinical practice. Due in large part to advances in high throughput and connective computing, medicine is at the cusp of a sector-wide transformation that - if nurtured through rigorous scientific innovation - promises to accelerate discovery, improve patient outcomes, decrease costs, and address the complexity of such challenging health problems as cancer, heart disease, diabetes and neurological degeneration. These transformative changes are possible in areas ranging from the basic science of molecular genomics and proteomics to decision support for physicians, patients and caregivers through data mining to support behavior change through technology-enabled social and motivational support. In addition to these scientific discoveries, innovative approaches are required to address delivery of high quality, economically-efficient healthcare that is rapidly becoming one of the key economic, societal and scientific challenges in the United States.

Environmental Health

Keywords: time-sensitive studies, natural experiments
National Institute of Environmental Health Sciences
Mechanism for Time-Sensitive Research Opportunities in Environmental Health Sciences (R21)
Letter of Intent Due: 30 days before proposal deadline
Proposal Due: April 1, 2014; May 1, 2014; June 2, 2014; July 1, 2014; August 1, 2014; September 2, 2014; October 1, 2014; November 3, 2014; December 1, 2014; January 2, 2015; February
This funding opportunity announcement (FOA) is intended to support environmental health research in which an unpredictable opportunity has arisen to collect human biosample or exposure data (e.g., following natural or made-made disasters, health care policy changes, etc). The three distinguishing features of an eligible study are: 1) the unforeseeable nature of the opportunity; 2) the clear scientific value and feasibility of the study; and 3) the need for rapid review and funding (substantially shorter than the typical NIH grant review/award cycle) in order for the scientific question to be approached and for the research design to be implemented. The shortened time frame will be achieved by more frequent application due dates and expediting peer review, council concurrence and award issuance. The entire cycle from submission to award is expected to be within 3-4 months.