All

**Keywords:** drug abuse prevention, evaluation, methods, system-level factors

National Institute on Drug Abuse

Drug Abuse Prevention Intervention Research

Proposal Due: [Standard Deadlines](http://grants.nih.gov/grants/guide/pa-files/PA-15-082.html)

This Funding Opportunity Announcement (FOA) encourages grant applications for research that will employ rigorous scientific methods to test theoretically derived hypotheses to increase understanding of the science of drug use prevention within diverse populations and settings and across the lifespan. The FOA seeks applications that encompass investigations of cognitive, behavioral, and social processes as they relate to: 1) development of novel prevention approaches; 2) efficacy and effectiveness of prevention interventions or programs; 3) processes that optimize the selection, integration, implementation and sustainability of science-based prevention, including systems-level and health economic factors; and 4) methodologies appropriate for studying complex aspects of prevention science.

**Health Behavior**

**Keywords:** cancer screening navigation, multi-level interventions

Centers for Disease Control and Prevention

Multilevel Interventions in Cancer Care Delivery: Building from the Problem of Follow-up to Abnormal Screening Tests (U01)

Letter of Intent Due: 30 days before proposal

Proposal Due: April 9, 2015; November 25, 2015; May 26, 2016; September 21, 2016; May 26, 2017; September 21, 2017

This Funding Opportunity Announcement (FOA) encourages applications that strengthen the science of multilevel effects of cancer care interventions by addressing the problem of incomplete follow-up to abnormal screening tests for breast, colorectal, cervical and lung cancers. The goals of this FOA are two-fold. First, this FOA seeks to advance the science of multilevel interventions in three ways: a) by establishing a common conceptualization of levels and the associated level-specific factors that affect practice; b) by standardizing metrics of the levels and their main effects on other levels and the individuals needing follow-up care; and c) by developing and standardizing the analysis of the effect of interventions on the individuals, groups, and organizations responsible for intervention implementation. Second, this FOA encourages applications that test interventions to improve the follow-up of abnormal screening in one or more ways, including: a) measuring multilevel effects of single-level interventions; b) comparing single vs. multilevel interventions; and c) testing multilevel interventions.
Keywords: mid-life adults, prevention research, health and wellness
National Institutes of Health
Prevention Research in Mid-Life Adults
Proposal Due: Standard Deadlines
This Funding Opportunity Announcement (FOA) seeks to stimulate research on mid-life adults (those 50 to 64 years of age) that can inform efforts to optimize health and wellness as individuals age, and prevent illness and disability in later years. The goal of this funding opportunity announcement (FOA) is to 1) Identify the unique characteristics of mid-life adults that impact health and wellness and contribute to the prevention of disease and disability; 2) Identify characteristics, influences, and indicators that are important for optimal health in mid-life adults; and 3) Develop strategies that promote health and wellness and prevent illness in this population.

Keywords: physical activity, intervention testing, intervention development
National Institutes of Health
Testing Interventions for Health-Enhancing Physical Activity
R01 Due: June 5, 2015; February 5, 2016; October 5, 2016; June 5, 2017
R21/R33 Due: June 16, 2015; February 16, 2016; October 16, 2016; June 16, 2017
The purpose of the R01 is to fund highly innovative and promising research that tests multi-level intervention programs of 1 to 2 years in length that are designed to increase health-enhancing physical activity: 1) in persons or groups that can benefit from such activity; and 2) that could be made scalable and sustainable for broad use across the nation. This FOA provides support for up to 5 years for research planning, intervention delivery, and follow-up activities. The Phased Innovation (R21/R33) grant awards will support highly innovative research aimed at developing multi-level interventions that will increase health-enhancing physical activity: 1) in persons or groups who can benefit from such activity; and 2) that can be made scalable and sustainable for broad use across the nation. This FOA provides support for up to two years (R21 phase) for research planning activities and feasibility studies, followed by a possible transition to expanded research support (R33 phase). Transition to the R33 depends on the completion of applicant-defined milestones, as well as program priorities and the availability of funds.

Health Management and Policy
Keywords: diabetes prevention, health policy, natural experiments
Centers for Disease Control and Prevention
Natural Experiments of the Impact of Population-targeted Health Policies to Prevent Diabetes and its Complications
http://www.grants.gov/web/grants/view-opportunity.html?oppId=271828
Letter of Intent Due: February 24, 2015
Proposal Due: March 24, 2015

Component A: To fund rigorous natural experiments of impact of population-targeted health policies and large scale interventions on risk and complications of diabetes, and reducing disparities in these risks and complications. Specific goals of the research program are to: 1) Test the health impact of naturally occurring health policies and interventions, including public health policies, clinical-community partnerships, and health system-wide strategies; and 2) Improve the methods and research infrastructure for natural experiments in public health. Findings could be used to inform the prioritization of policies and interventions for policy-makers, health plan directors, and community leaders. Component B: To fund a Central Coordinating Center (CCC) to provide organizational, logistic and communication support to enhance the efficiency, productivity, and impact of the Natural Experiments research centers that are funded as part of Component A.

Keywords: healthcare use, consumer perceptions, value-based care

Robert Wood Johnson Foundation
Optimizing Value in Health Care
http://anr.rwjf.org/viewCfp.do?cfpId=1223&cfpOverviewId

Proposal Due: March 3, 2015

As part of our vision for a Culture of Health, the Robert Wood Johnson Foundation is committed to seeking the best possible outcomes and highest value from our national investments in health care, public health and population health. This solicitation seeks to better understand consumer perceptions of value in the new and emerging health care landscape and to fund research studies that will allow for rapid learning from the field on consumer valuation of health care. Funded studies will cover a diverse set of topics and will help inform the development of tools, resources and policies to support consumers in making high-value decisions that benefit them and other stakeholders.

Keywords: rural health policy analysis, rural care access

Health Resources and Services Administration
Rapid Response Rural Data Analysis and Issue Specific Rural Research Studies
http://www.grants.gov/web/grants/view-opportunity.html?oppId=272388

Proposal Due: March 30, 2015

This announcement solicits applications for the Rapid Response Rural Data Analysis and Issue Specific Rural Research Studies program. The purpose of this program is to assist rural communities with conducting rapid data analyses and short term issue-specific rural research studies to understand the impact of current and proposed policies and regulations as well as provide information that will improve access to health care and population health in rural America. Due to the nature of rural policy analysis and formulation, rural organizations and health care providers often require timely information that is available only through specialized analysis of databases of information compiled by the Centers for Medicare and Medicaid Services (CMS), other Federal and State agencies, or private organizations. Most rural groups and individuals do not have the capacity to store the data sets, the staff expertise to refine and analyze the data nor the technology necessary to run statistical analyses. Findings from these analyses will be used to help inform rural health care
providers and stakeholders such as the U.S. Department of Health and Human Services (HHS), Congress, states, and for-profit and nonprofit entities that set policies impacting rural communities.

**Keywords: health insurance, health policy, cancer prevention**

American Cancer Society

RFA: The Role of Health Policy and Health Insurance in Improving Access to and Performance of Cancer Prevention, Early Detection, and Treatment Services


**Proposal Due: April 1 and October 15**

A call for research that evaluates the impact of the many changes now occurring in the healthcare system with a particular focus on cancer prevention, control, and treatment. Efforts focusing on improving access to care may also impact inequities that contribute to health disparities. New health public policy initiatives such as the new federal and state marketplaces that have expanded insurance coverage, as well as Medicaid expansion in some states, create natural experiments ripe for evaluation. Research to be funded by this RFA should focus on the changes in national, state, and/or local policy and the response to these changes by healthcare systems, insurers, payers, communities, practices, and patients. A clear understanding of these changes can help clinicians, health systems, public health and public policy professionals, patient and consumer advocates and providers to identify and guide needed improvements in cancer prevention and control and health care and health more broadly. Findings from this research may also inform advocacy and policy development by the American Cancer Society Cancer Action Network (ASC CAN) in the context of meaningful health care reform by assessing outcomes related to the structure of the health system on availability, administrative simplicity, adequacy, and affordability of coverage.