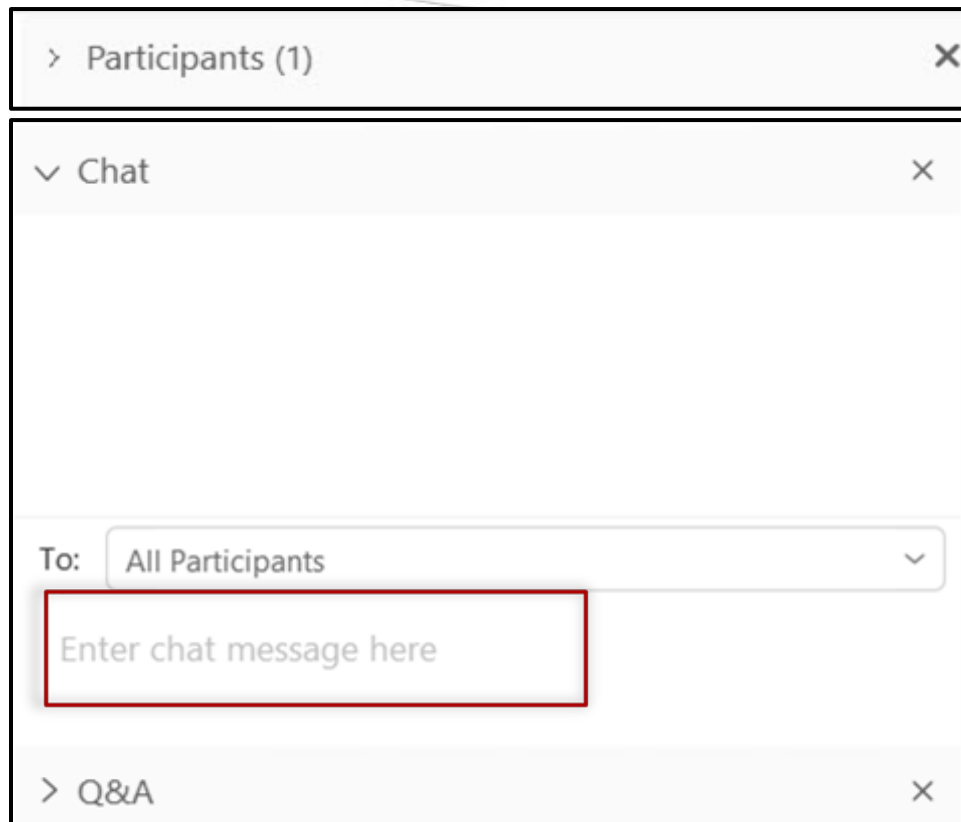


Webinar on Funding for Tobacco Control Policies to Promote Health Equity PAR 20-302, PAR 20-303, and NOT MD-20-028

December 9, 2020

Bob Vollinger, Mary Garcia-Cazarin and Priscah Mujuru

Using WebEx and Webinar Logistics



- Submit questions at any time using the Chat Panel and select All Participants.
- You may need to activate the appropriate box using the floating navigation panel, found on the center of your screen.



- This webinar is being recorded.
- If you need technical assistance, please contact the Host of the webinar via the Chat Panel.

Agenda



Bob Vollinger
Tobacco Control Research Branch
National Cancer Institute



Mary Garcia-Cazarin
Tobacco Regulatory Science Program
NIH Office of Disease Prevention



Priscah Mujuru
National Institute on Minority Health
and Health Disparities



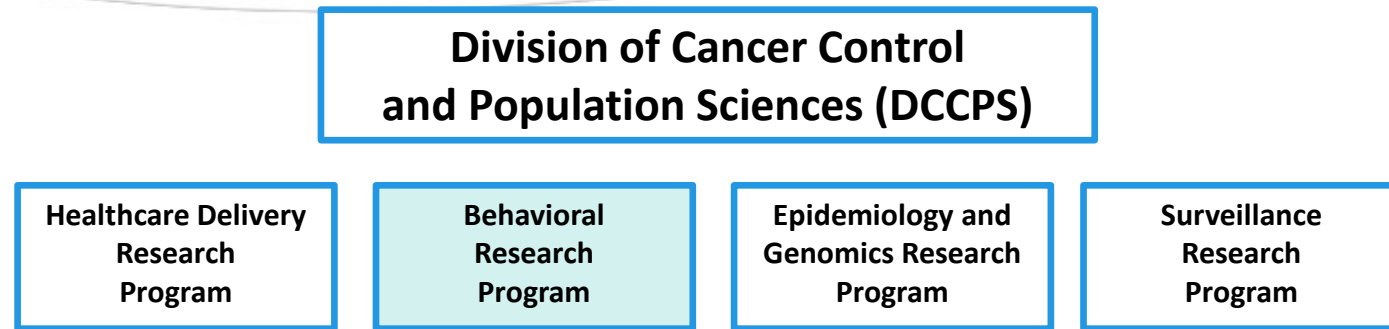
April Oh
Implementation Science Team
National Cancer Institute

- ◆ Background
- ◆ Funding Opportunity Announcement (FOA) Details
- ◆ Resources
- ◆ Questions
 - ◆ Questions about specific aims or individual grant applications will not be addressed

Background

Tobacco Control Policies to Promote Health Equity

NCI DCCPS Organizational Structure



The **Behavioral Research Program (BRP)** initiates, supports, and evaluates a comprehensive program of research to increase the breadth, depth, and quality of behavioral research in cancer prevention and control.

cancercontrol.cancer.gov/brp

How We Fund Grants

- ◆ Although most of our portfolio consists of investigator-initiated (unsolicited) grants, NCI also supports grant applications in specific areas of interest:
 - ◆ Requests for Applications (RFA)
 - ◆ Identifies the specific receipt date(s), the estimated amount of funds earmarked for the initiative, the number of awards likely to be funded, and any specific criteria for scientific peer review; applications received in response to a particular RFA are reviewed by an Institute's Scientific Review Group.
 - ◆ Notice of Special Interest (NOSI)
 - ◆ A notice of special interest (NOSI) is a standard, formal format for NIH institutes to share and update their research priorities. Each NOSI describes aims in a specific scientific area and points to a funding opportunity announcement through which investigators can apply for support.
 - ◆ **Program Announcements with Review (PAR)**
 - ◆ Program announcements with special receipt, referral, and/or review considerations.
 - ◆ For more information: cancer.gov/grants-training/grants-process/grants-process.pdf.

Grant Mechanisms – R01 and R21

NIH Research Project Grant (R01)	NIH Exploratory/Developmental Grant (R21)
<ul style="list-style-type: none">▪ Used to support a discrete, specified, and circumscribed research project▪ NIH's most commonly used grant program▪ No specific dollar limit unless specified in Funding Opportunity Announcement (FOA)▪ Advance permission required for \$500,000 or more (direct costs) in any year▪ Generally awarded for 3-5 years	<ul style="list-style-type: none">▪ Encourages new, exploratory, and developmental research projects by providing support for early stages of project development▪ Sometimes used for pilot and feasibility studies▪ Limited to up to two years of funding▪ Combined budget for direct costs for the two-year project period usually may not exceed \$275,000▪ No preliminary studies are required

Funding Opportunity Announcement Details

Tobacco Control Policies to Promote Health Equity

Funding Announcements: Tobacco Control Policies to Promote Health Equity

PAR-20-302 (R01), Released: September 4, 2020

<https://grants.nih.gov/grants/guide/pa-files/par-20-302.html>

PAR-20-303 (R21), Released: September 4, 2020

<https://grants.nih.gov/grants/guide/pa-files/par-20-303.html>

NOT-MD-20-028 (R01), Released: September 24, 2020

<https://grants.nih.gov/grants/guide/notice-files/NOT-MD-20-028.html>

Goal of Funding Announcement

Purpose: To support observational or intervention **research to reduce health disparities** in tobacco use and secondhand smoke (SHS) in the United States and **promote health equity** through scientific inquiry focused on innovative tobacco prevention and control policies. The long-term goal is to reduce tobacco-related cancer health disparities, and in doing so, to **promote health equity among all populations**.

Goals of these FOAs are:

- ◆ To understand how to improve the effectiveness of existing tobacco prevention and control policy strategies to promote health equity, and
- ◆ To study new policy approaches to promote health equity.

Key Definitions

Health disparity is a particular type of health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic groups, religion, socioeconomic status, gender, mental health, cognitive, sensory or physical disability, sexual orientation, geographic location, or other characteristics historically linked to discrimination or exclusion.

Health equity is the attainment of the highest health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and elimination of health disparities.

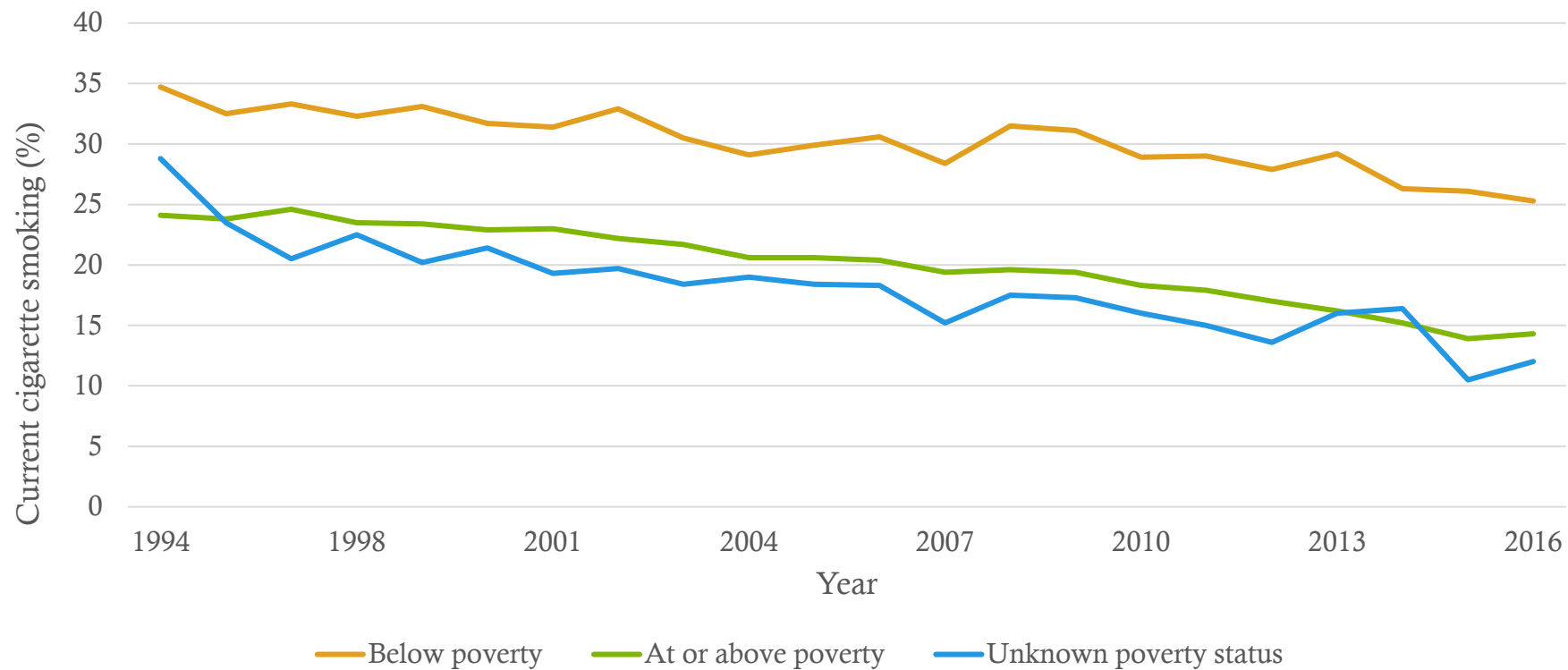
Key Definitions

Social determinants of health (SDOH) are mostly responsible for health inequities – the unfair and avoidable factors in health status seen within and between countries. SDOH can be understood as conditions in which people are born, grow, live, work, and age, including the health system. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels, which are themselves influenced by policy choices. Since these factors are avoidable, they can be addressed through a complement of scientific activities that will reduce the burden of these factors and improve overall health.

Examples of High Risk Populations with Demonstrated Tobacco Health Disparities

- ◆ Racial or ethnic groups living in low-resource communities;
- ◆ Public housing residents;
- ◆ People exposed to secondhand smoke at work or home;
- ◆ Lesbian, Gay, Bisexual, Transgender or Queer populations;
- ◆ People with depression and comorbid psychiatric conditions or physical disabilities; and
- ◆ Patients of Federally Qualified Health Centers.

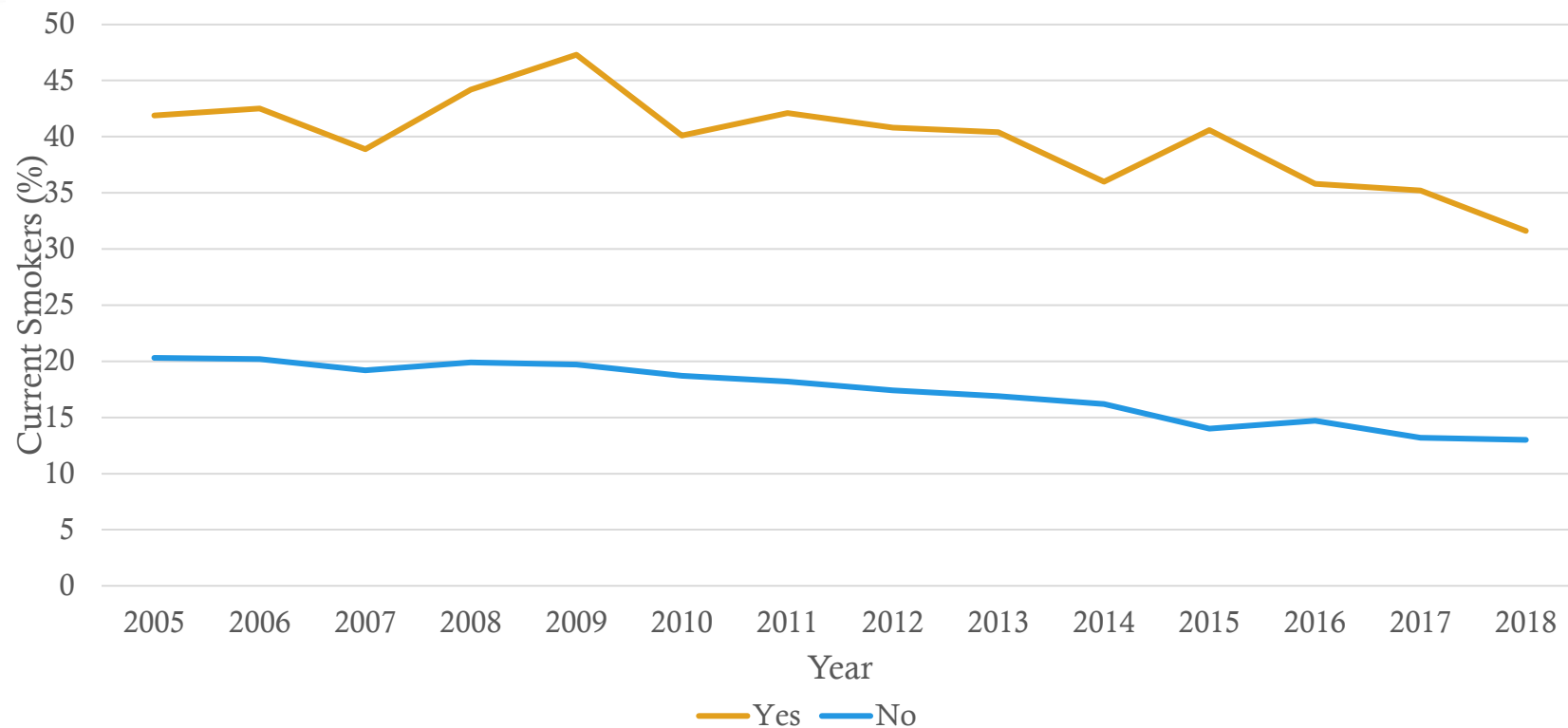
Current Smoking Among U.S. Adults, by Poverty Status, 1994–2016



Note: Data not reported for 1996. NHIS was redesigned in 1997, and trend analysis and comparison with data prior to 1997 should be conducted with caution.

Based on data from the National Health Interview Survey 1994–2015.

Prevalence of current adult smokers*, by presence of serious psychological distress

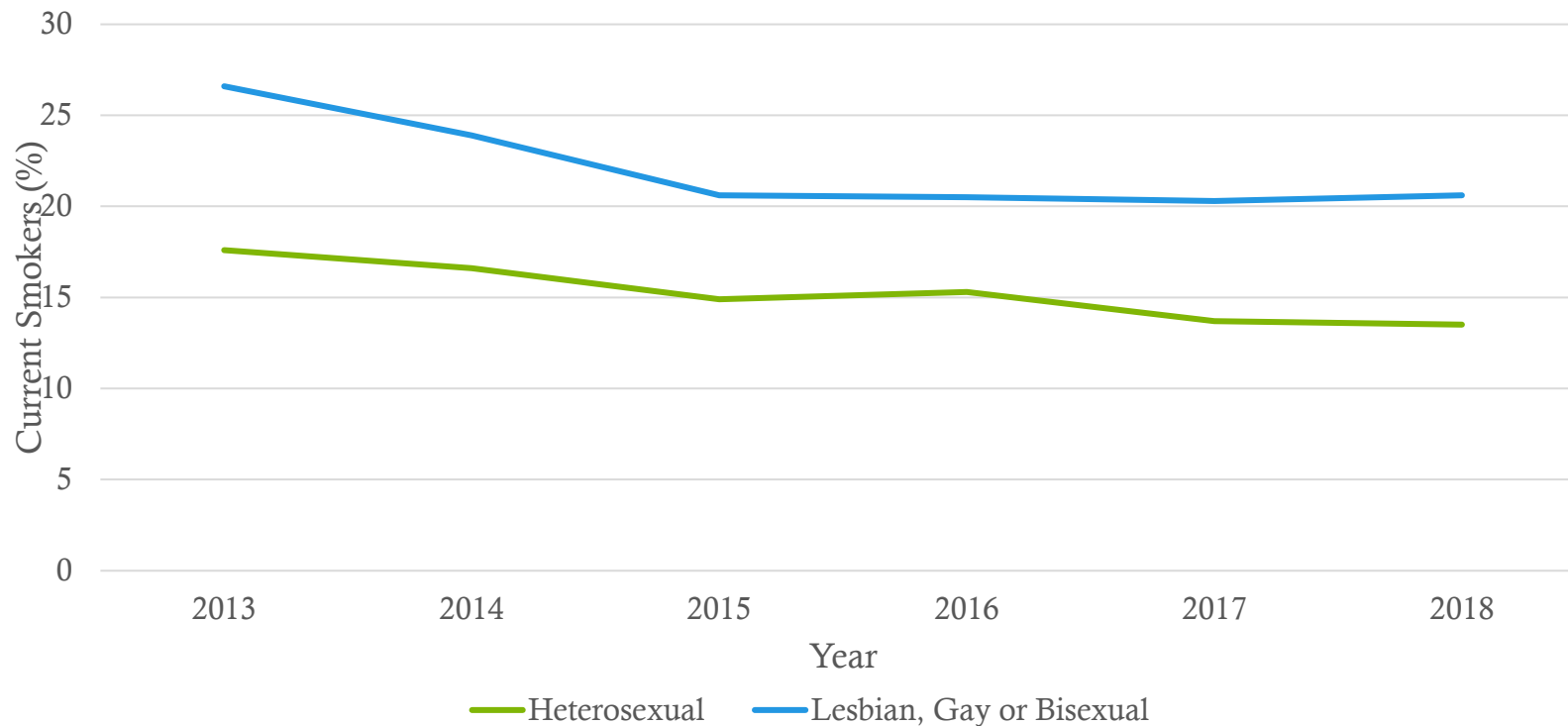


*Respondents aged ≥ 18 years who reported smoking ≥ 100 cigarettes during their lifetime, and who reported smoking "every day" or "some days"

†A significant linear trend was found for each psychological distress group, after adjusting for age, race and sex ($p < 0.05$)

Based on data from the National Health Interview Survey 2005–2018. [†]

Smoking prevalence of current adult smokers*, by sexual orientation



*Respondents aged ≥ 18 years who reported smoking ≥ 100 cigarettes during their lifetime, and who reported smoking "every day" or "some days"

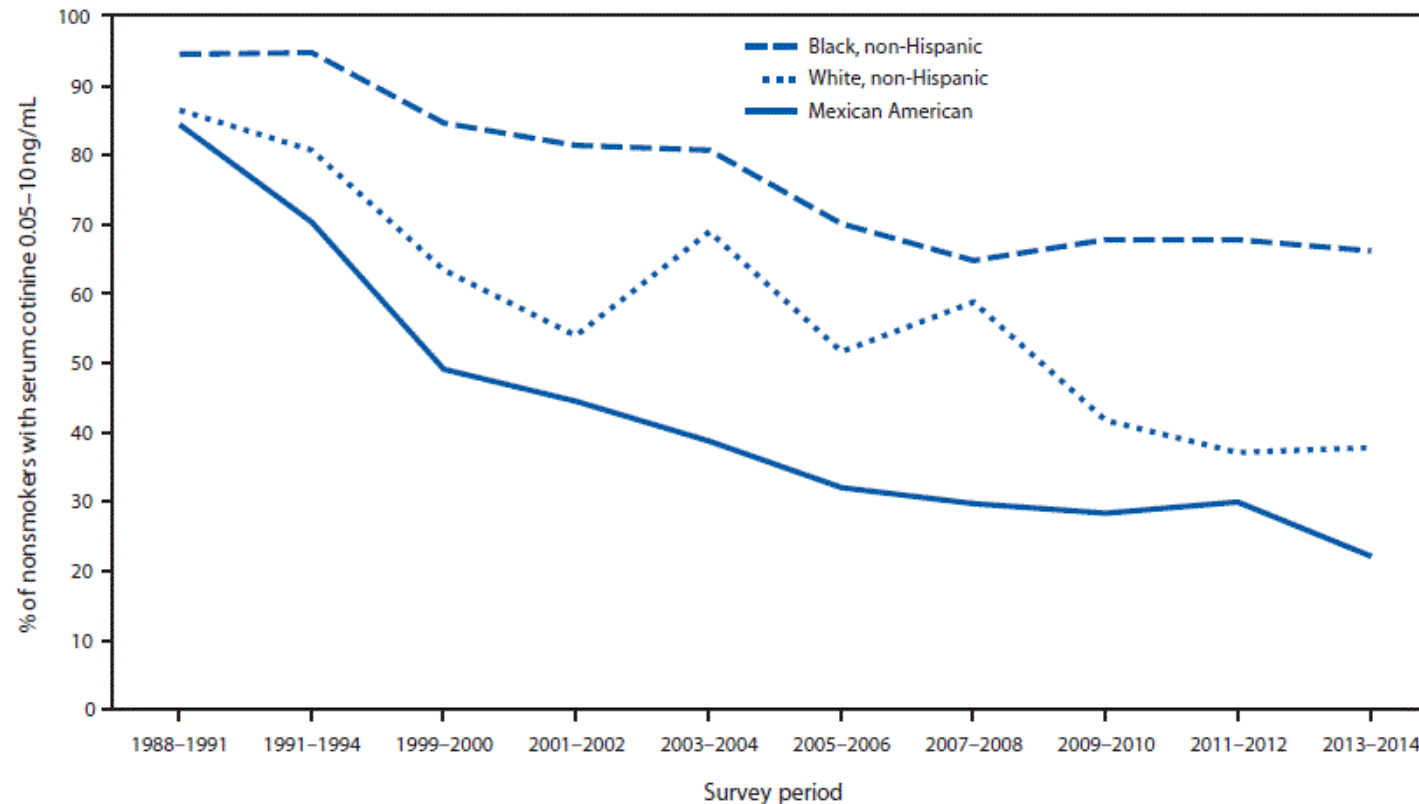
†A significant linear trend was found for both sexual orientation groups, after adjusting for age and sex ($p < 0.05$)

Based on data from the National Health Interview Survey 2005–2018. [†]



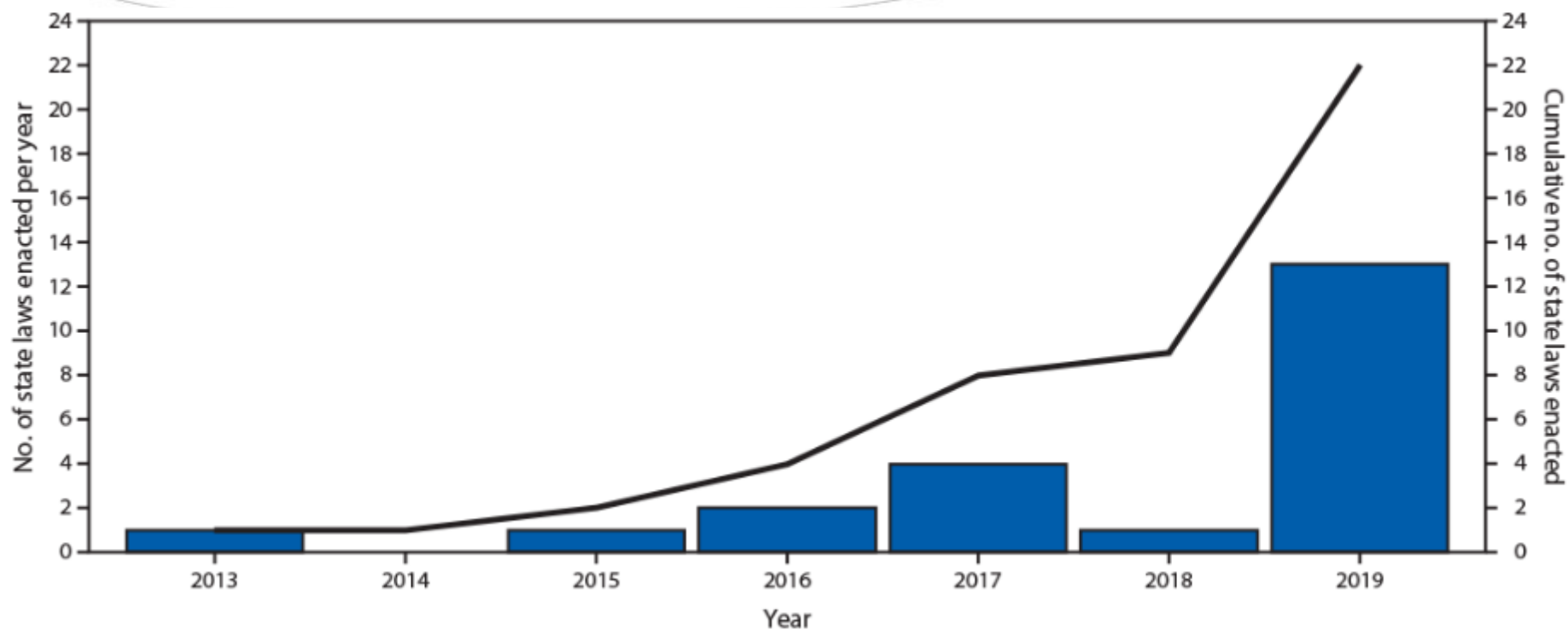
@NCIBehaviors

Percentage of nonsmokers aged 3–11 years with secondhand smoke exposure, by race and ethnicity—NHANES, 1988–2014



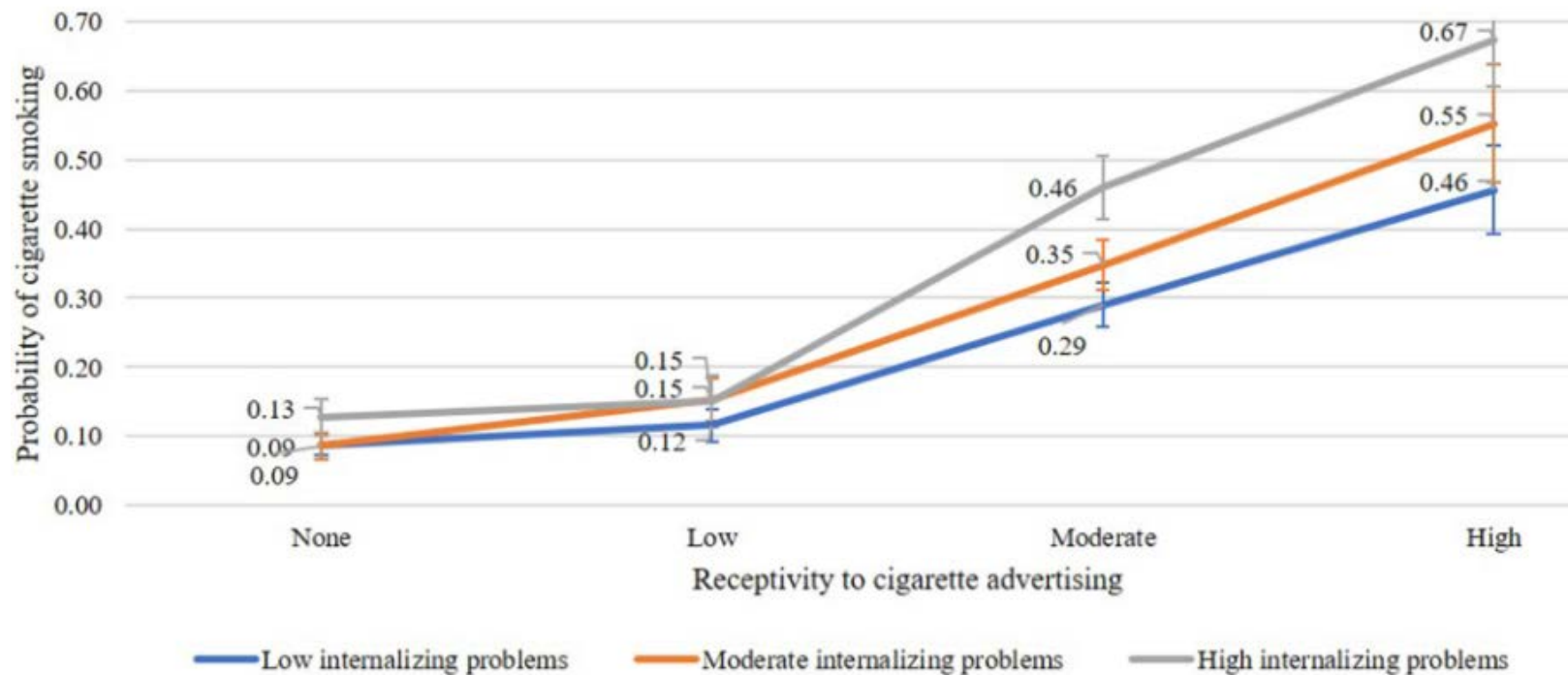
<https://www.cdc.gov/mmwr/volumes/67/wr/m6748a3.htm>

Number of states and territories that enacted laws prohibiting tobacco sales to persons aged <21 years United States, 2013–2019



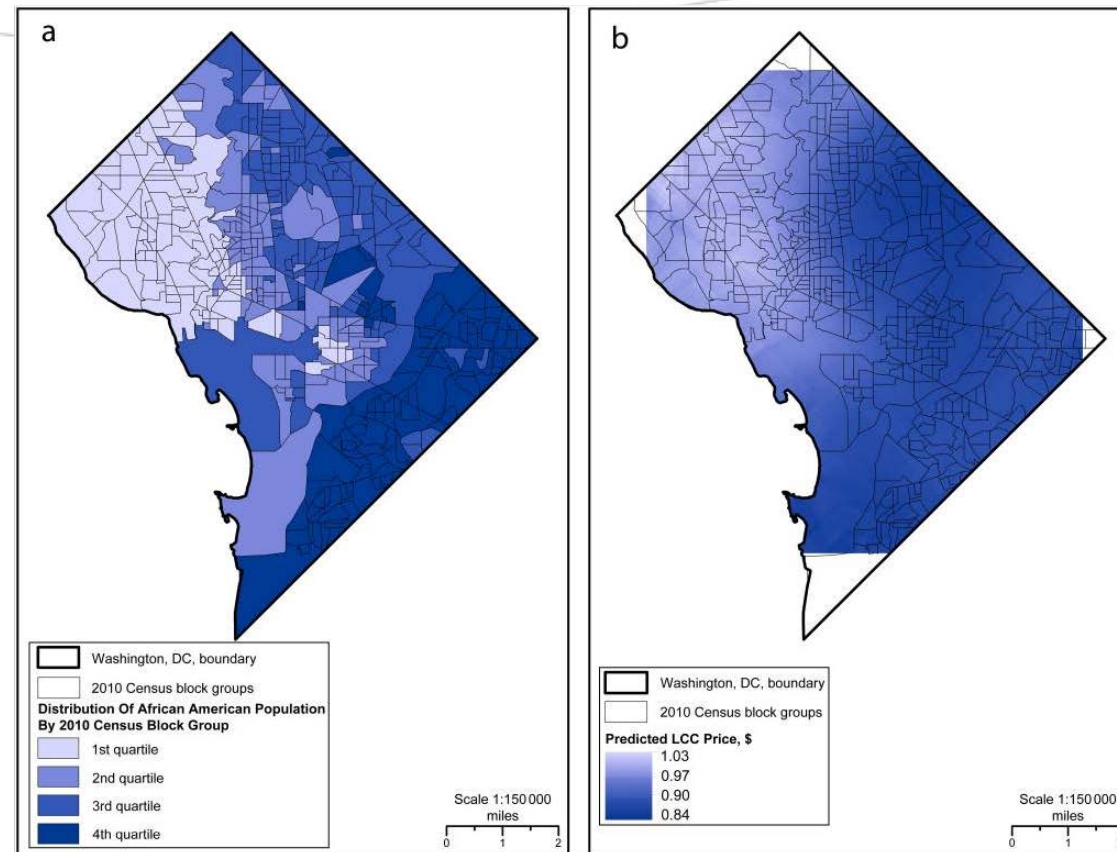
<https://www.cdc.gov/mmwr/volumes/69/wr/mm6907a3.htm>

Probability of cigarette use, by receptivity to cigarette advertising and internalizing problems



<https://www.tandfonline.com/doi/full/10.1080/10826084.2019.1688349>

Inverse relationship between proportion of (a) African Americans in the block group and (b) lower predicted price per little cigars & cigarillos: Washington, DC, 2011–2012



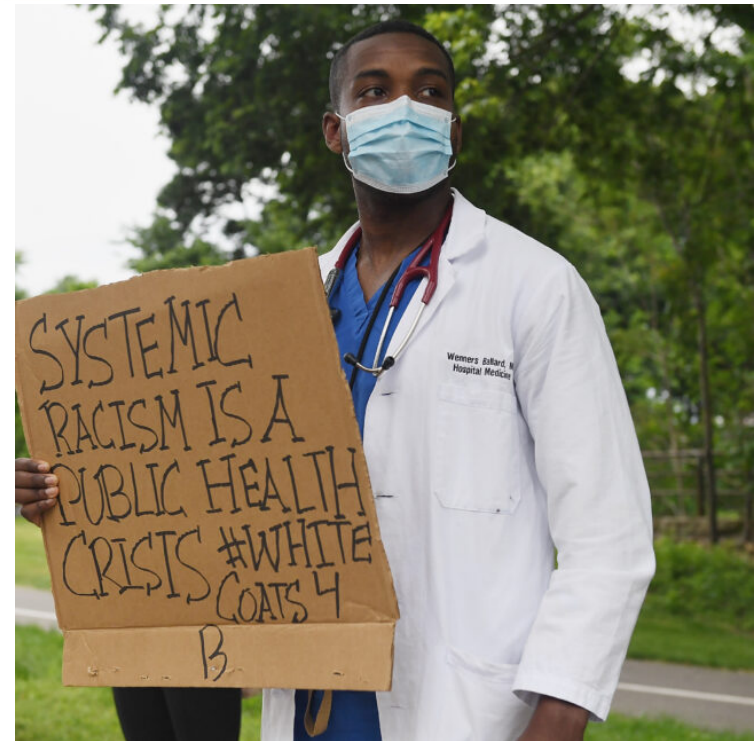
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3780734/>

In the News: Health Disparities

STAT

**‘The direct result of racism’: Covid-19
lays bare how discrimination drives
health disparities among Black people**

BY [MEGHANA KESHAVAN](#) JUNE 9, 2020



In the News: Health Disparities



Seniors In Low-Income Housing Live In Fear Of COVID Infection

By [Judith Graham](#) JUNE 26, 2020



In the News: Health Disparities

PATIENT ENGAGEMENT HIT

How Job, Household Type Fueled COVID-19 Racial Health Disparities

People of color were more likely to work in jobs putting them at risk for COVID-19, giving some context to current racial health disparities.

By [Sara Heath](#) December 02, 2020



In the News: Smokefree Multi-Unit Housing in San Francisco

San Francisco Chronicle

S.F. could become largest U.S. city to ban smoking in apartments. Fines could hit \$1,000 a day

Trisha Thadani | Nov. 30, 2020

**Bloomberg
Law**

San Francisco Moving to Ban Indoor Smoking in Apartments, Condos

BY JOYCE E. CUTLER

The BAY AREA REPORTER

SF supervisors OK apartment smoking ban with cannabis exemption

by John Ferrannini

Potential Research Topics

Example Areas of Research Focus:

- 💧 Protecting nonsmokers from secondhand smoke (SHS) exposure;
- 💧 Reducing demand for tobacco products through state or local level tax and pricing strategies;
- 💧 Reducing appeal of tobacco products through state or local level restrictions on advertising and marketing;
- 💧 Providing insurance coverage for tobacco dependence treatment; and
- 💧 Promising public and private tobacco prevention and control policy approaches.

Example Research Questions

- What communication strategies and messages are most effective for promoting tobacco use prevention and cessation within the context of emerging tobacco policy initiatives (e.g., smokefree public housing, raising minimum age for sale of tobacco)? How can these messages be best delivered and tailored to be sensitive to local contexts and challenges with high risk populations?
- What theoretical approaches can help guide the development and testing of novel, multi-level interventions (e.g., clinical, policy, community) to reduce the use of tobacco products in high risk populations?

More Research Questions

- 💧 How do concurrent patterns of cannabis and tobacco use, considering their temporal ordering and contingency and types of tobacco products, influence patterns of tobacco use with high risk populations? How do state policy changes and variability in cannabis legalization status affect tobacco use?
- 💧 How do health insurance tobacco cessation coverage policies, including Medicaid policies, influence access to and utilization of evidence-based tobacco dependence treatments by disparate populations?

Design, Analysis, and Sample Size Considerations for Policies Studies

- ◆ Investigators who wish to evaluate the effect of a policy on a health-related biomedical or behavioral outcome may propose a study design in which groups that are subject to the policy are compared to groups that are not subject to the policy.
- ◆ Designs might include:
 - ◆ A parallel group- or cluster-randomized trial,
 - ◆ A stepped-wedge group- or cluster randomized trial,
 - ◆ A multiple baseline design, or
 - ◆ Another quasi-experimental design.
- ◆ When participants are assigned in groups or clusters (e.g., families, clinics, schools, worksites, communities, counties, states), or receive part of their intervention in a group or cluster, and observations on individual participants are analyzed for between-group effects, special methods are required for analysis and sample size. Applicants must show that their methods are appropriate given their plans for assignment of participants and delivery of interventions. Additional information is available at <https://researchmethodsresources.nih.gov>.

The PhenX Toolkit

- ◆ **PhenX**: consensus measures for **Phen**otypes and **eX**posures
- ◆ The PhenX Toolkit is a catalog of measures related to health and disease, traits, and environmental exposures
- ◆ Measures are prioritized and protocols are recommended to serve as *common data elements* across studies
- ◆ Protocols for measures are freely available and downloadable on the Toolkit website
- ◆ Relevant Specialty Collections:
 - ◆ Tobacco Regulatory Research (TRR),
 - ◆ Substance Abuse and Addiction, and
 - ◆ Social Determinants of Health.



<https://www.phenxtoolkit.org>

NIMHD Mission and Interests

- ◆ NIMHD's mission is to lead scientific research to improve minority health and reduce health disparities <https://nimhd.nih.gov>.
- ◆ NIMHD's work touches the lives of millions of Americans burdened by disparities in health status and health care delivery, including racial and ethnic minority groups (Blacks or African Americans, Hispanics/Latinos, Asian Americans, and Pacific Islanders), rural populations, immigrants, and other population groups such as SGM.
- ◆ To accomplish this, NIMHD raises national awareness about the prevalence and impact of health disparities and disseminates effective individual, community, and population-level interventions to reduce and encourage elimination of health disparities.
- ◆ Our current priorities include:
 - ◆ Basic research,
 - ◆ Population-specific community-based participatory research, and
 - ◆ Clinical and health services research.

NIMHD Potential Interest Areas

- ◆ Potential interest areas [PAR-20-302](#): mainly population or community-based research & clinical.
- ◆ We also believe that research health outcomes and tobacco products policies could differ by:
 - ◆ populations groups,
 - ◆ across all ages,
 - ◆ by behavioral and modality use, and
 - ◆ access to different tobacco products.
- ◆ To that end we are interested in studies that will enhance recruitment and retention of minority and health disparity populations.
- ◆ Potential applicants are advised to consider multilevel studies ([NIMHD Research Framework](#)).

Dissemination and Implementation Science

- ◆ Dissemination and implementation of research are enhanced when needs, perspectives, and goals of the end-users are factored in from the beginning.
- ◆ All applications must include an overall strategy that builds upon rigorous dissemination and implementation science.

Research Strategy: Dissemination and Implementation

Innovation (Specific to this FOA)

- ◆ Does the overall strategy employ innovative approaches that build upon rigorous dissemination and implementation science?

Approach (Specific to this FOA)

- ◆ Investigators should include a well-designed plan for proactively disseminating and implementing research findings including:
 - ◆ A specific plan for identifying and engaging critical community partners in research,
 - ◆ Clearly described roles and responsibilities of key partners, and
 - ◆ Plans regarding the nature and extent of future collaborations.

COVID-19

- ◆ We understand in this environment of the COVID-19 pandemic that the broader health, social, cultural and economic conditions may impact the adoption and implementation of tobacco prevention and control policies. Many of the same populations who are most at risk for tobacco use and tobacco-related cancers are the same people who are disproportionately bearing the health burden of the current COVID-19 pandemic. Applications should reflect current conditions and may consider interactions between tobacco prevention and control policies and factors related to the pandemic. For further information on this topic, please reference Notice Number: [NOT-OD-21-026](#).

Read the FOAs Very Carefully!

- ◆ Open Date (**Earliest Submission Date**): October 12, 2020.
- ◆ **Application Due Dates:** Standard dates apply.
 - ◆ R01: February 5, June 5 and October 5;
 - ◆ R21: February 16, June 16 and October 16.
- ◆ **Letter of Intent Due Date:** 30 days prior to the application due date.
- ◆ Earliest Start Date: Standard dates apply.
- ◆ Expiration Date: September 8, 2023.
- ◆ Start the process early! Allow time for registration in the System for Award Management, eRA Commons, and Grants.gov.

Other Important Information

- ◆ Applications will be evaluated by reviewers with relevant expertise in health disparities and tobacco control.
- ◆ R01's maximum project period is 5 years, which require preliminary studies.
- ◆ R21's are 2-year grants, which are considered exploratory and do not require preliminary studies.
- ◆ Non-domestic (non-U.S.) Entities (Foreign Institutions) are not eligible to apply.
- ◆ Not intended to support studies of biological mechanisms or disease processes.
- ◆ Grants with direct costs \geq \$500,000 in any year require Program approval for submission
 - ◆ Submit materials to Program Director at least 8 weeks prior to receipt.
- ◆ Applications related to health economics are encouraged to consult NOT-OD-16-025
<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-16-025.html>

Questions?

Tobacco Control Policies to Promote Health Equity

Bob Vollinger

Tobacco Control Research Branch
National Cancer Institute

Bob.Vollinger@nih.gov; 240-276-6919

Mary Garcia-Cazarin

Tobacco Regulatory Science Program
Office of Disease Prevention

mary.garcia-cazarin@nih.gov; 301-451-2937

Priscah Mujuru

National Institute on Minority Health and Health Disparities

priscah.mujuru@nih.gov; 301-594-9765

Thank you!

- 💧 To receive information about future FOAs and other updates, you may sign up for the NCI's Behavioral Research Program's Listserv: cancercontrol.cancer.gov/brpsubscribe
- 💧 Join us on Twitter:

@NCIBehaviors, @NIHprevents, @NIMHD, @NCI_ImplSci
- 💧 Today's webinar and list of questions and answers (both leading up to and following the webinar) will be posted online: <https://cancercontrol.cancer.gov/brp/events/archive>

U.S. Department of Health & Human Services
National Institutes of Health | National Cancer Institute

tobaccocontrol.cancer.gov

1-800-4-CANCER

Produced December 2020