

DIRECTORY OF FUNDING SOURCES FOR COMMUNITY-BASED PARTICIPATORY RESEARCH

June 25, 2004 Edition

Prepared for the Conference on Improving the Health of Our Communities
Through Collaborative Research, June 28-30, 2004 in Portland, Oregon

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Promoting health through partnerships between communities and higher educational institutions

Northwest Health
FOUNDATION

TABLE OF CONTENTS

Listings that have an asterisk (*) have upcoming deadlines

INTRODUCTION	5
◇ HOW TO STAY ON TOP OF CBPR FUNDING OPPORTUNITIES	5
◇ HOW TO CITE THIS DOCUMENT	5
◇ HOW TO OBTAIN ADDITIONAL COPIES OF THIS DOCUMENT	5
◇ ABOUT COMMUNITY-CAMPUS PARTNERSHIPS FOR HEALTH	6
◇ ABOUT THE NORTHWEST HEALTH FOUNDATION	6
◇ ACRONYMS THAT ARE FREQUENTLY USED IN THIS DOCUMENT	6
FEDERAL FUNDING SOURCES	7
NATIONAL INSTITUTES OF HEALTH (NIH)	7
◇ *ENVIRONMENTAL JUSTICE: PARTNERSHIPS FOR COMMUNICATION	8
◇ *COMMUNITY-RESPONSIVE INTERVENTIONS TO REDUCE CARDIOVASCULAR RISK IN AMERICAN INDIANS AND ALASKA NATIVES	12
◇ *TRANSLATIONAL RESEARCH GRANTS IN BEHAVIORAL SCIENCE	13
◇ *COMMUNITY-PARTNERED INTERVENTIONS TO REDUCE HEALTH DISPARITIES	14
◇ *ENHANCING ADOLESCENT HEALTH PROMOTION ACROSS HIGH RISK BEHAVIORS	16
◇ *TRANSLATIONAL RESEARCH FOR THE PREVENTION AND CONTROL OF DIABETES	18
◇ *CANCER PREVENTION, CONTROL, BEHAVIORAL AND POPULATION SCIENCES CAREER DEVELOPMENT AWARD	20
◇ *ORAL HEALTH OF SPECIAL NEEDS AND OLDER POPULATIONS	21
◇ *MIDCAREER INVESTIGATOR AWARD IN PATIENT-ORIENTED RESEARCH	23
◇ *CROSS-DISCIPLINARY TRANSLATIONAL RESEARCH AT THE NIH	24
◇ *SOCIAL AND CULTURAL DIMENSIONS OF HEALTH	25
◇ NATIVE AMERICAN RESEARCH CENTERS FOR HEALTH	26
◇ *COMMUNITY NETWORKS TO REDUCE CANCER HEALTH DISPARITIES	27
◇ EXCELLENCE IN PARTNERSHIPS FOR COMMUNITY OUTREACH, RESEARCH ON HEALTH DISPARITIES AND TRAINING	31
◇ *UNDERSTANDING AND PROMOTING HEALTH LITERACY	33
◇ *THE SCIENCE AND ECOLOGY OF EARLY DEVELOPMENT	35
◇ *REDUCING MENTAL ILLNESS STIGMA AND DISCRIMINATION	36
◇ *PRESCRIPTION DRUG ABUSE	39

Listings that have an asterisk (*) have upcoming deadlines

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)	40
◇ PREVENTION RESEARCH CENTERS	41
◇ PUBLIC HEALTH RESEARCH: HEALTH PROTECTION RESEARCH INITIATIVE- INVESTIGATOR INITIATED RESEARCH	43
◇ PUBLIC HEALTH RESEARCH: HEALTH PROTECTION RESEARCH INITIATIVE- INSTITUTIONAL RESEARCH TRAINING GRANT	44
◇ PUBLIC HEALTH RESEARCH: HEALTH PROTECTION RESEARCH INITIATIVE- CENTERS OF EXCELLENCE IN HEALTH PROMOTION ECONOMICS CENTER CORE GRANT	45
◇ PUBLIC HEALTH RESEARCH: HEALTH PROTECTION RESEARCH INITIATIVE MENTORED RESEARCH SCIENTISTS DEVELOPMENT AWARD	46
◇ COOPERATIVE AGREEMENT FUNDING OPPORTUNITIES	47
◇ COMMUNITY-BASED PARTICIPATORY PREVENTION RESEARCH.....	49
◇ RACIAL AND ETHNIC APPROACHES TO COMMUNITY HEALTH(REACH) 2010	51
◇ PROGRAM TO FACILITATE ENVIRONMENTAL JUSTICE IN MINORITY AND UNDERSERVED COMMUNITIES	52
◇ AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY.....	53
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)	54
◇ AMERICAN INDIAN-ALASKA NATIVE HEAD START-UNIVERSITY PARTNERSHIPS.....	54
◇ CHILD CARE BUREAU RESEARCH SCHOLARS.....	55
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ).....	56
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA).....	58
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD).....	59
◇ *COMMUNITY OUTREACH PARTNERSHIP CENTERS.....	59
OTHER FUNDING SOURCES.....	61
AMERICAN CANCER SOCIETY.....	61
CALIFORNIA BREAST CANCER RESEARCH PROGRAM	62
◇ *COMMUNITY RESEARCH COLLABORATION AWARDS	
CALIFORNIA ENDOWMENT.....	65
◇ *LOCAL OPPORTUNITIES FUND AND COMMUNITIES FIRST	
CENTER FOR THE ADVANCEMENT OF HEALTH DISPARITIES RESEARCH.....	66
◇ *PILOT STUDY FUNDING	
MINORITY TRAINING PROGRAM IN CANCER CONTROL RESEARCH.....	67
MOTOROLA FOUNDATION.....	68

Listings that have an asterisk (*) have upcoming deadlines

NORTHWEST HEALTH FOUNDATION.....	69
◇ *ARTHRITIS IN FOCUS PROGRAM	69
*PACIFIC NORTHWEST PROSTATE CANCER RESEARCH SPECIALIZED PROGRAM OF RESEARCH EXCELLENCE	70
PFIZER.....	71
◇ PFIZER FACULTY SCHOLAR AWARD IN PUBLIC HEALTH	71
ROBERT WOOD JOHNSON FOUNDATION.....	72
◇ *ACTIVE LIVING RESEARCH	73
◇ *CLINICAL SCHOLARS PROGRAM.....	74
◇ *HEALTH & SOCIETY SCHOLARS PROGRAM.....	75
◇ *COMMUNITY HEALTH LEADERSHIP AWARD	76
SOCIOLOGICAL INITIATIVES FOUNDATION.....	77
CENTER FOR AIDS PREVENTION STUDIES	78
◇ TRAINEESHIPS IN AIDS PREVENTION STUDIES PROGRAM.....	78
◇ COLLABORATIVE HIV PREVENTION RESEARCH IN MINORITY COMMUNITIES PROGRAM.....	79
VHA HEALTH FOUNDATION.....	80
W.K. KELLOGG FOUNDATION	81
◇ *COMMUNITY HEALTH SCHOLARS PROGRAM.....	82
WACHOVIA FOUNDATION	83
FUNDING RESOURCE WEBSITES.....	84
READER FEEDBACK FORM	88

INTRODUCTION

Community-Campus Partnerships for Health (CCPH) and the Northwest Health Foundation are developing and publishing this directory of funding sources for community-based participatory research (CBPR) in the U.S. This first edition is being provided as a handout to participants of the Northwest Health Foundation's June 2004 conference on community-based collaborative research, and will be made available online shortly as a PDF document. Future editions of the directory will be also be made online as a searchable database

The funding sources included in this edition were identified through a number of means, including searching web sites, posting to several key listservs, and contacting individuals in CCPH's database who are involved in community-based participatory research. Included are public and private funding agencies that have recently funded CBPR and those that have active "requests for proposals" and "program announcements" that either explicitly fund CBPR or could fund CBPR. In addition to grant funding, we have also included funding for CBPR training programs and fellowships. We have tried to include the most relevant and helpful information for potential applicants, including descriptions, deadlines, contact information, and examples of previously funded CBPR projects. An annotated listing of funding resource websites is also included. *Listings that have upcoming deadlines are marked with an asterisk (*) in the table of contents, and are shaded in the directory.* We believe the information contained in this directory to be up-to-date and accurate at the time of printing. We also know there are funding sources missing from this directory, and we hope you will alert us to sources to include in the next edition!

We welcome your comments, additions and suggestions for the next edition of the directory. Please complete and return the reader feedback form at the end of this document. Thank you!

HOW TO STAY ON TOP OF CBPR FUNDING OPPORTUNITIES

In addition to the annotated listing of funding resource websites contained in this directory, we invite you to join a growing national network of CBPR practitioners by becoming a member of Community-Campus Partnerships for Health (CCPH) at www.ccph.info. Among other benefits, CCPH members receive a biweekly e-newsletter that contains announcements about funding, conferences, reports and other news of interest. We also encourage you to subscribe to the new CBPR Electronic Discussion Group (listserv) sponsored by CCPH and Toronto-based Wellesley Central Health Corporation at <https://mailman.u.washington.edu/mailman/listinfo/cbpr>

HOW TO CITE THIS DOCUMENT

Seifer SD, Kauper-Brown J and Robbins A. Directory of Funding Sources for Community-Based Participatory Research. Seattle, WA and Portland, OR: Community-Campus Partnerships for Health and The Northwest Health Foundation, June 25, 2004.

HOW TO OBTAIN ADDITIONAL COPIES OF THIS DOCUMENT

Additional copies of this directory may be downloaded and printed from www.ccph.info. For more information, email ccphuw@u.washington.edu or call (206) 543-8178

ABOUT COMMUNITY-CAMPUS PARTNERSHIPS FOR HEALTH

Community-Campus Partnerships for Health (CCPH) is a nonprofit organization that promotes health through partnerships between communities and higher educational institutions. Founded in 1996, we are a growing network of over 1000 communities and campuses. CCPH has members throughout the United States and increasingly the world who are collaborating to promote health through service-learning, community-based research, community service and other partnership strategies. These partnerships are powerful tools for improving health professional education, civic responsibility and the overall health of communities. Learn more about CCPH at www.ccpH.info

ABOUT THE NORTHWEST HEALTH FOUNDATION

The Northwest Health Foundation was founded in late 1997 from the net proceeds of the sale of PACC Health Plans and PACC HMO. An independent private foundation, the Northwest Health Foundation is committed to advancing, supporting, and promoting the health of the people of Oregon and Southwest Washington. From their very first day, they have taken a collaborative approach to understanding community health needs. Foundation Board and staff members have been actively building relationships with community groups and institutions interested in the Foundation's mission. To that end, they are engaged in an ongoing dialogue with members of the community, institutions and groups that can provide information and ideas on community health needs. Learn more about the Northwest Health Foundation at www.nwhf.org

ACRONYMS THAT ARE FREQUENTLY USED IN THIS DOCUMENT

CBPR	Community-Based Participatory Research
CCPH	Community-Campus Partnerships for Health
CDC	Centers for Disease Control and Prevention
HHS	US Department of Health and Human Services
NIH	National Institutes of Health
PA	Program Announcement
RFA	Request for Applications
RFP	Request for Proposals

FEDERAL FUNDING SOURCES

Name	National Institutes for Health
Contact	http://grants.nih.gov/grants/
Agency Description	The National Institutes of Health (NIH) is the principal health research agency of the Federal Government; it is a component of the Department of Health and Human Services. With headquarters in Bethesda, Maryland, the NIH is a large, complex organization composed of 27 distinct institutes and centers.
Type of funding provided	<p>The NIH awarding institutes use three major instruments to provide funds to organizations outside the NIH to accomplish program goals--grants, cooperative agreements, and contracts.</p> <p>Most applications for support are unsolicited and originate with the individual investigators who develop proposed plans for research or research training within an area of interest to the NIH. Occasionally, to hasten the development of a program or to stimulate submission of applications in an area of high priority or special concern, an institute will issue a Program Announcement (PA) to describe new, continuing, or expanded program interests, or issue an RFA inviting grant applications in a well-defined scientific area to accomplish a scientific purpose.</p> <p>Grants for health-related research and research training projects or activities make up the largest category of funding provided by the NIH. The NIH awards research grants for terms ranging from one to five years.</p> <p>Cooperative agreements are similar to grants in that they are awarded to assist and support research and related activities. However, they differ from grants in that the awarding institute or center has substantial involvement in carrying out the project's activities. The awarding institute typically issues a specific request for applications (RFA) describing the program, functions, and activities as well as the nature of the shared responsibilities.</p>

Name of Grant Program	Environmental Justice: Partnerships for Communication
Funding Agency	Centers for Disease Control and Prevention (CDC) (http://www.cdc.gov) National Institute of Environmental Health Sciences (NIEHS) (http://www.niehs.nih.gov/) National Institute for Occupational Safety and Health (NIOSH) (http://www.cdc.gov/niosh/)
Program Funding	The NIEHS will commit \$1.67 million in FY05 for 5-6 awards. The NIOSH will commit \$500,000 in FY05 for 2-3 awards. Project period can be up to four years at \$225,000 per year. This RFA will use the NIH Education Research Program grant (R25) award mechanism.
Contact Information	http://www.niehs.nih.gov/translat/envjust/envjust.htm
Funding Announcement Website	http://www.grants.nih.gov/grants/guide/rfa-files/RFA-ES-04-007.html
Funding Opportunity #	RFA-ES-04-007
Deadline	Letter of Intent: October 17, 2004 (not required) Application: November 17, 2004
Summary	The intent is to promote health research, education and intervention programs that address improved ways to serve low income, immigrant, and minorities who may be disproportionately exposed to environmental and occupational stressors.
Research Agenda	The two main objectives of this program are to: establish methods for linking members of a community, who are directly affected by adverse environmental/occupational conditions, with researchers and health care providers; and enable this partnership to develop appropriate research strategies to address environmental or occupational health problems of concern to impact public health and health policy.
Type of funding provided	Indirect costs will be paid at 8% of direct costs less appropriate exclusions.
Restrictions/ Requirements	At least one member of each of the following three personnel groups must have an active and meaningful role in both the development of the application and conduct of the proposed project: <ul style="list-style-type: none"> o A research scientist in environmental health sciences o A primary health care provider directly involved in a community affected by environmental or occupational hazard(s). o A community-based organization (CBO) in an area having an underserved population that is adversely affected by an environmental or occupational hazard. This CBO must work directly and regularly with the affected community. <p>Community-based organizations are especially encouraged to apply. Usually, only one award under this RFA will be funded at an institution or organization.</p>

EXAMPLES OF CBPR PROJECTS CURRENTLY FUNDED BY NIEHS OR NIOSH

Healthy Homes and Community for High Point Families (Principal Investigator James Krieger, Public Health – Seattle and King County, james.krieger@metrokc.gov): The primary aim of this project is to address multiple threats to health originating in the built, chemical, biological and social environments of Seattle's High Point public housing community. Because High Point is a community of low-income people of color, and these threats are not as prevalent in more affluent communities, they are environmental injustices. High Point is currently beginning a \$35 million federally-funded HOPE VI redevelopment. Redevelopment will result in substantial improvements in the built environment. All the old, deteriorated units will be replaced with new ones, which will be designed as healthy homes to promote the health of their occupants, including some units with enhanced features to address the needs of people with asthma and other allergic conditions. The community's physical layout will be revamped to provide opportunities for physical activity, social interaction, access to natural spaces, and enhancement of physical safety. Reconstruction will emphasize environmental sustainability. Often, resources are lacking to implement costly interventions in the built environment or redevelopment projects neglect other components of the environment. This project provides a unique opportunity to integrate strategies at the community level that address all dimensions of the environment by leveraging resources available through this RFA with HOPE VI funds. The proposed work offers an opportunity to test the hypothesis that an approach to environmental justice that integrates strategies across multiple environmental dimensions at the community level will result in positive changes in community health (and specifically the health of people with asthma); community cohesion, competence and capacity; and environmental sustainability. Community residents, community-based organizations, public health practitioners, environmental scientists, medical care providers and housing professionals have been collaborating to identify priority issues and advise on redevelopment activities. The proposed work will further develop this collaborative process through establishing a more formal organizational structure which defines the roles of each partner, equalizes power among partners, establishes appropriate decision-making and advisory groups, and specifies communication channels. The project will: 1) conduct community surveys, focus groups and key informant interviews to further characterize environmental issues and community-based assets, 2) develop additional strategies to address issues, 3) establish intergenerational teams of community members that will reach out across linguistic and cultural barriers to engage the entire community by organizing assessment, education, community events and projects to improve all dimensions of environmental quality, 4) develop "mutual housing agreements" through which the members of the community agree to engage in actions to benefit health and the environment in return for specific benefits provided by the community, 5) include environmental assessment and education in the context of routine medical care received by community residents, 6) conduct home visits to assess indoor environmental quality and support residents with education and resources to improve it. Throughout these activities, the project will support the capacity of residents to assess, understand and address environmental issues affecting High Point in order to become empowered to act on them.

Ethical Challenges in Lead Poisoning Prevention Research (Principal Investigator, Mark Farfel, Johns Hopkins University, mfarfel@jhspj.edu): Recent media attention on ethical, social, legal issues of CLP prevention research highlights the need for continuous and effective dialogue between communities and environmental health (EH) researchers about the aims, design, challenges, progress, and findings of research and ways to address these issues in the conduct and translation of research. The proposed project focuses on community involvement, capacity building, education, and empowerment in the context of CLP research conducted by the Kennedy Krieger Institute (KKI) and Johns Hopkins Bloomberg School of Public Health (JHBSPH). Specific aims are: 1) To build on existing infrastructure for sustained dialogue between EH researchers and community by creating a Community Board, building community capacity for research, and increasing researchers' awareness of community values, priorities, knowledge; 2) to conduct with community involvement in-depth interviews, focus groups and surveys, assessing, community knowledge/attitudes/perceptions about EH research and CLP research in particular, EH researchers' knowledge/attitudes/perceptions about the community; and 3) to create educational materials with community related to EH research and CLP studies, including educational materials/programs for community related to four CLP studies; (b) developing educational materials/programs for researchers to address gaps in their knowledge and understanding of community, its needs, concerns, culture, and points of view about research; and (c) evaluating the process of developing and implementing the educational materials and their community impact. The project, targeted to the E. Baltimore Empowerment Zone, engages residents, community organizations, and individuals with expertise in bioethics, health education, community mediation, and the application of social marketing techniques to the development of innovative educational materials, to improve health and environmental justice. We hypothesize that our approach can produce models for education of diverse communities and EH scientists.

Community Health Intervention with Yakima Agricultural Workers (Principal Investigator Matthew Keifer, University of Washington, mkeifer@u.washington.edu): The primary purpose of this project is to develop a permanent partnership that will empower the Hispanic agricultural worker community in the Yakima Valley, Washington State, to effectively identify, characterize and respond to the many occupational and environmental risks they face. The target population is the seasonal and migrant agricultural workers in the middle Yakima Valley. The Northwest Community Education Center/Radio KDNA, Heritage College, the Yakima Valley Farm Workers Clinic, and the University of Washington will partner in this multi-disciplinary project. This project will organize and sustain a community advisory board (CAB) comprised of unions, church groups, community members and other representative community groups. Through the guidance of the CAB a community process will develop a prioritized research and action agenda. The activities of the project will use a participatory action research approach as a means to obtain new perspectives and an ecological framework to identify and prioritize occupational and environmental health stressors. The plan will include frequent community communication and education, an interactive evaluation process, curriculum development for Heritage College students and ConneX summer trainees and further data collection by students and community members. Technical expertise will be tapped from the University of Washington Schools of Nursing and Public Health and Heritage College. Preliminary data collection will support the development of new research proposals. The products of this process will be a sustainable community-academic-clinical partnership, an empowered cadre of young people from the community and improved occupational and environmental health for Hispanic agricultural workers.

Healthy Food, Healthy Schools and Healthy Communities (Principal Investigator Robert Gottlieb, Occidental College, gottlieb@oxy.edu): The social and built environments affect food consumption patterns that influence disease occurrence and public health. Health disparities arise when environmental factors make it difficult to access healthy food choices. Access factors that influence dietary choices include the cost, availability and physical accessibility of healthy foods. Residents of neighborhoods that lack affordable sources of healthy food may experience higher rates of overweight and diabetes, resulting from differences in the consumption of fresh fruits and vegetables and whole grains versus foods that are high in calories, added fat, and sugars, and low in other nutrients. The local nutrition environments created by such

factors can, however, be changed if community members are actively involved in shaping community nutrition norms and influencing policies that increase the availability of affordable healthy foods. Such proactive intervention has the potential to reduce the health disparities for overweight and diabetes that plague low-income communities and communities of color. The goal of the project is to facilitate positive community-driven changes in local nutrition environments in schools and communities that suffer disproportionately from diet-related poor health conditions. The project will evaluate access factors in those schools and communities; raise nutrition, environmental and food access awareness; develop and implement intervention strategies; and assess the environmental and policy impact of those strategies. Activities include the training of low-income African-American and Latino students, parents, and residents to undertake community and school food assessments; the development of appropriate and feasible action plans to address poor nutrition environments and policies; and the creation of local community nutrition advisory councils to mobilize efforts to move intervention strategies forward. The project hypotheses are: 1) through participation in community and school food assessments and the development of community nutrition councils, school and community members will have increased awareness and knowledge of the health disparities related to lack of access to health-promoting foods; and 2) increased awareness and the development of community-driven strategies for environmental and policy change will in turn lead to improved nutrition environments that reduce risk factors for overweight and diabetes.

Name of Grant Program	Community-Responsive Interventions to Reduce Cardiovascular Risk in American Indians and Alaska Natives
Funding Agency	National Heart, Lung, and Blood Institute (NHLBI) (http://www.nhlbi.nih.gov)
Program Funding	A total of up to \$7.5 million in direct costs is available over the five-year period for the project. NHLBI will commit \$1.0 million in FY 2005. Direct costs of up to \$250,000 for the first year, \$425,000 for the second year, \$450,000 for the third year, \$475,000 for the fourth year, and \$275,000 for the fifth year. This RFA uses the cooperative agreement (U01) award mechanism.
Number of Awards	4 field centers
Length of Award	5 years
Funding Announcement Website	http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-04-023.html
Funding Opportunity #	RFA-HL-04-023
Deadline	Letter of intent: September 22, 2004 (not required) Application: October 22, 2004
Summary	Conduct five-year studies in American Indian/Alaskan Native (AI/AN) populations to test the effectiveness of behavioral interventions to promote the adoption of healthy lifestyles and/or improve behaviors related to cardiovascular (CV) risk, such as weight reduction, regular physical activity, and smoking cessation.
Research Agenda	Develop and test culturally appropriate interventions that could be incorporated into clinical programs of community health care systems or delivered through public-health approaches in Native communities.
Restrictions/ Requirements	Applications must include evidence of 1) strong scientific capabilities and 2) evidence of community involvement and support.

EXAMPLE OF A CBPR PROJECT CURRENTLY FUNDED BY NHLBI

Asthma Coalition on Community, Environment and Stress (Principal Investigator Rosalind Wright, rerjw@channing.harvard.edu): Our proposed Center for Reducing Asthma Disparities involves partnership between researchers at Harvard University and a network of Boston-area Community Health Centers (CHCs) affiliated with the non-profit community-based organization CCHERS (Center for Community Health Education, Research and Service). Broad specific aims are: 1. Conduct a community needs assessment to assess differences in perceptions about asthma etiology, disparities, and effective treatment between community representatives, CHC patients, and CHC providers. 2. Determine the role of socio/environmental exposures on asthma onset through study of a prenatally enrolled birth cohort. 3. Determine the role of genetics in modifying the risk of the social/physical environment by concurrent assessment of genetic factors thought to influence immune development and airway inflammation in early life. 4. Use a quasi-experimental design to evaluate the effectiveness of the research, training, and outreach components of our project in leading to significant changes in the ability of particular stakeholders to design and implement sound asthma intervention strategies. 5. Development of training programs at Harvard that provide masters and predoctoral students as well as postdoctoral fellows with experience and expertise in Community-Based Participatory Research focused on reducing asthma disparities. 6. Develop training and information dissemination materials for health center staff and community members (especially caregivers of children with asthma). CCHERS will take the lead in implementing Specific Aims 1, 4 and 6. In addition to building needed infrastructure to support partnership-based research and interventions aimed at reducing health disparities, this proposal has the potential to make significant contributions to the scientific literature with respect to health disparities and asthma.

Name of Grant Program	Translational Research Grants in Behavioral Science
Funding Agency	National Institute of Mental Health (http://www.nimh.nih.gov/) National Institute on Drug Abuse (http://www.nida.nih.gov/)
Program Funding	This application will use the National Institutes of Health (NIH) Research Project Grant (R01) award mechanism. Applicants for the Collaborative R01 Grant are strongly encouraged to familiarize themselves with the NIMH announcement (http://grants.nih.gov/grants/guide/pa-files/PA-01-123.html) and direct questions to program staff listed in this announcement.
Funding Announcement Website	http://grants.nih.gov/grants/guide/pa-files/PA-02-061.html
Funding Opportunity #	PA-02-061
Deadline	Standard application deadlines, available at http://grants.nih.gov/grants/dates.htm . Expiration date: February 10, 2005
Summary	Development of collaborative partnerships between scientists who study basic behavioral processes and those who study the etiology, diagnosis, treatment, and prevention of mental and behavioral disorders (including drug abuse and addiction) and the delivery of services to those suffering from those disorders.
Research Agenda	1) Encourage the systematic translation of basic behavioral theory, methods, and findings into research designed to reduce the burden of mental illness and behavioral disorders and 2) encourage basic behavioral scientists to seek a further understanding of behavioral processes through an exploration of how those processes are altered by mental and behavioral disorders.
Restrictions/ Requirements	All applications to this PA must demonstrate that a research partnership between basic behavioral scientists and clinical and/or services researchers exists or will be developed and nurtured.

Name of Grant Program	Community-Partnered Interventions to Reduce Health Disparities
Funding Agency	National Institute of Nursing Research (NINR) http://www.nih.gov/ninr
Program Funding	This PA will use the NIH R01 and R21 award mechanisms.
Funding Announcement Website	http://grants1.nih.gov/grants/guide/pa-files/PA-02-134.html
Funding Opportunity #	PA-02-134
Deadline	Standard application deadlines, available at http://grants.nih.gov/grants/dates.htm . Expiration date: June 14, 2005.
Summary	Focus of reducing health disparities through demonstrated partnerships with the target community(ies) throughout all phases of the research process.
Research Agenda	While the purpose of this initiative is to stimulate research utilizing community-partnered research interventions to reduce health disparities, preliminary studies that will lead to such studies are encouraged if such work is essential to achieve the overall purpose(s).
Relevant Reports	The NINR and the National Center on Minority Health and Health Disparities convened a meeting in November 2001 on Community-Partnered Interventions in Nursing Research to Reduce Health Disparities. The proceedings are available at http://grants1.nih.gov/ninr/news-info/pubs/interventions.pdf

EXAMPLES OF CBPR PROJECTS CURRENTLY FUNDED BY NINR:

Sister to Sister: Helping Low-Income Women Quit Smoking (Principal Investigator, Jeannette Andrews, University of South Carolina at Columbia, jandrews@mail.mcg.edu):

Tobacco use is strongly linked to coronary heart disease (CHD), the leading cause of death in women. African American women of lower socioeconomic status are known to have high smoking rates, disparities in smoking related diseases, and difficulty with cessation. Despite these inequities, sparse data exist describing effective interventions targeted to this population. Although not evaluated in African American women, research supports that intensive group tobacco cessation interventions produce the highest quit rates (24 - 48 percent) over self help (7 - 11 percent) and brief interventions (13 - 16 percent) with other populations. Social support and informal extended kin network, particularly with lay health advisors (LHA), are beneficial in targeted behavioral interventions to African American women for other risk reduction measures such as breast cancer screening; however this approach has not been effectively evaluated with tobacco cessation. With further exploration and knowledge, the investigator's goal is to develop and implement a nurse/LHA-managed smoking cessation intervention tentatively entitled, Sister To Sister: Helping Low-Income Women Quit Smoking. The proposed intervention will target mediating variables of social support, self-efficacy, and adaptive coping mechanisms utilizing an intensive group intervention managed by a nurse and LHA. A community advisory group consisting of informal and formal community leaders will be formed to assist with the recruitment and retention of LHAs. Community partnership(s) with businesses, health agencies, churches, and other organizations will provide a representative to the advisory group and resources such as physical space and incentives for LHA.

Community Child Health Research in Washington DC (Principal investigator Sharon Ramey, Georgetown University, sr222@georgetown.edu): This application is to develop a community-linked collaboration in the District of Columbia (DC) to plan a multi-site, multi-level study to investigate disparities in maternal and child health and, ultimately, to improve major outcomes among inner city, high risk African American women and their children. The leading partners are Georgetown University (including a new Center on Health and Education, the Center for the Study of Learning, and the National Center for Education in Maternal and Child Health), MedStar Health (the corporate entity that delivers many babies for high risk, low income African American women), and the D.C. Developing Families Center (a comprehensive, inner city family center that integrates a nurse-midwife model with an Early HeadStart program and case management services). The specific aims in Phase 1 are: (1) to develop a strong community-university collaboration to design and implement clinical research (Phase 2) to reduce health disparities; (2) to conduct exploratory studies to inform decision-making for Phase 2; (3) to provide interdisciplinary research training opportunities for minority scientists and clinicians; (4) to work with NICHD staff and other Phase 1 projects in planning; and (5) to advance the methods and theories related to the key clinical outcomes of fetal loss, low birthweight, prematurity, neonatal and infant mortality, and early childhood morbidity. The Georgetown-DC collaborative team offers expertise in prenatal care, parenting, child neglect and abuse, maternal depression, maternal substance abuse and smoking, early intervention for at-risk children, maternal intellectual disabilities, intergenerational poverty, early childhood care and education, family functioning, welfare reform, health services models for inner city families, maternal infectious diseases, developmental neuroscience, and neuroimaging of young children's brains. Two sample studies are proposed, along with new methodologies, to investigate how the complex interactions among genetic, biological, behavioral, and environmental variables influence key health outcomes.

Name of Grant Program	Enhancing Adolescent Health Promotion Across Multiple High Risk Behaviors
Funding Agency	National Institute of Nursing Research (NINR) (http://www.nih.gov/ninr) National Institute on Alcohol Abuse and Alcoholism (NIAAA) (http://www.niaaa.nih.gov) National Heart, Lung, and Blood Institute (NHLBI) (http://www.nhlbi.nih.gov)
Program Funding	This PA will use the NIH R01 award mechanism.
Funding Announcement Website	http://grants.nih.gov/grants/guide/pa-files/PA-02-159.html
Funding Opportunity #	PA-02-159
Deadline	Standard application deadlines, available at http://grants.nih.gov/grants/dates.htm . Expiration date: August 23, 2005
Summary	Research related to health promotion/risk reduction among adolescents.
Research Agenda	1) Identify the determinants of health promoting and health compromising behaviors among adolescents and 2) identify and evaluate interventions and methodologies that show promise for improving the health profiles of adolescents by assessing, preventing, reducing and or ameliorating high-risk behaviors. This PA will place emphasis on six priority health risk behaviors that contribute to the leading causes of mortality and morbidity among youth and adults: tobacco use, unhealthy dietary behaviors, inadequate physical activity, alcohol and other drug use, sexual behaviors, and unintentional (accidents) and intentional behaviors (firearm related injuries). As part of the national efforts to eliminate health disparities, proposals specifically targeting racial/ethnic minority populations are strongly encouraged. Research targeting other diverse groups of adolescents is also encouraged (e.g., sexual orientation, religious background, single parent families).
Restrictions/ Requirements	Investigators are required to target two or more of the high-risk behaviors in a single application.

EXAMPLE OF A CBPR PROJECT CURRENTLY FUNDED BY NIAAA

American Indian Pathways to Abstinence (Principal Investigator Paul Spicer, University of Colorado Health Sciences Center, paul.spicer@uchsc.edu): Alcohol problems among American Indians have received the lion 's share of research attention for good reason. Alcohol abuse and dependence are, without question, among the most significant public health problems in American Indian communities and understanding the causes and consequences of these disorders has been an important goal. Yet, in the rush to comprehend the difficulties that Indian people have with alcohol, researchers have also run the risk of losing sight of the strengths that Indian communities show when dealing with these same problems. This project seeks to explore some of these positive aspects of the American Indian experience with alcohol through a thorough exploration of the little understood, but often quite high, rates of remission from alcohol problems among Indian people in later life. It is hoped that by better understanding these dynamics in a random community sample of Indian people in the northern plains, this project will yield information that can be immediately applied in programmatic community efforts to address alcohol problems. Toward those ends, this project is proposed in partnership with the tribal council and its alcohol program and the research methods incorporate community input throughout to inform the design and conduct of the research as well as the interpretation of its findings. The project has four specific aims: 1) to investigate how problem drinking and abstinence are meaningfully construed and experienced by American Indian men and women; 2) to determine the factors that are relevant to understanding how alcohol-dependent men and women give up drinking and maintain their abstinence; 3) to establish a typology of pathways to abstinence in this community; and 4) to link characteristics of American Indian individuals with their pathways to abstinence. This research will employ a sample of all community members who met the lifetime criteria for alcohol dependence (DSM III-R/DSM-IV) in a prior study of psychiatric epidemiology in the same community. Preliminary data from this random community sample suggest that one half of those with a lifetime history of alcohol dependence did not meet the criteria for alcohol dependence in the year prior to the original psychiatric epidemiological interview. The goal of this research is to employ both qualitative and quantitative methods to understand this dynamic in order to ensure the validity of what is measured, by grounding measurements in local experience, and to rigorously test, using a careful measurement strategy, the hypotheses that emerge in the course of the qualitative inquiry.

Name of Grant Program	Translational Research for the Prevention and Control of Diabetes
Funding Agency	National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)(http://www.niddk.nih.gov) National Eye Institute (NEI)(http://www.nei.nih.gov) National Institute of Nursing Research (NINR) (http://www.nih.gov/ninr) Office of Behavioral and Social Sciences Research (OBSSR)(http://obssr.od.nih.gov) Agency for Healthcare Research and Quality (AHRQ) (http://www.ahrq.gov) Centers for Disease Control and Prevention – Division of Diabetes Translation (CDC) (http://www.cdc.gov) American Diabetes Association (ADA) (http://www.diabetes.org)
Program Funding	This PA will use the National Institutes of Health (NIH) research demonstration and dissemination project (R18) award mechanism. This mechanism is designed to support the testing and evaluation of interventions and activities that lead to application of existing knowledge to disease control and prevention.
Length of Award	The total project period for an application submitted in response to this PA may not exceed 5 years.
Funding Announcement Website	http://grants.nih.gov/grants/guide/pa-files/PA-02-153.html
Funding Opportunity #	PA-02-153
Deadline	Standard application deadlines, available at http://grants.nih.gov/grants/dates.htm . Expiration date: October 1, 2005
Summary	Solicit research to translate recent advances in the prevention and treatment of type 1 or type 2 diabetes into clinical practice for individuals and communities at risk.
Research Agenda	Clinical or behavioral studies to develop and test 1) improved methods of health care delivery to patients with or at risk of diabetes, 2) improved methods of diabetes self management, and 3) cost effective community-based strategies to promote healthy lifestyles that will reduce the risk of diabetes and obesity.

EXAMPLES OF CBPR PROJECTS CURRENTLY FUNDED BY NIDDK

Increasing Physical Activity Levels in Low-Income Women (Principal Investigator Barbara Speck, University of Louisville, bjspec01@louisville.edu): The specific aim of this pilot study is to reduce **community** environmental barriers to physical activity in medically underserved women. The mixed methodology includes quantitative (quasi-experimental, cohort design in which no treatment partitioning is possible) and qualitative (focus group). The setting for the proposed study is a church sponsored community center with a nurse managed clinic that is located in a low-income neighborhood. The center has facilities for safe physical activity (gymnasium and exercise equipment) that are currently underutilized by women. One point of contact for women is the food distribution program. The sample (comparison and intervention groups) for this study will be recruited from the group of women who participate in the food distribution programs. Subjects will have a routine physical examination by the advanced practice registered nurse (ARNP) in the health clinic. Pretest data will include psychosocial questionnaire, physiologic (cholesterol, blood pressure), and anthropometric measures. The intervention will be facilitated by the ARNP and will be guided by the Pender Health Promotion Model. The 6 month intervention will be two-fold: 1) provide culturally appropriate educational activities to increase women's comfort level at the community center, and 2) provide multiple culturally appropriate physical activity opportunities utilizing the gymnasium and exercise equipment. Pretest measures will be repeated at posttest. Outcome variables will be attendance at all events facilitated by the ARNP and biopsychosocial variables. A community-as-partner model will be integral in all phases of the study, from recruitment to dissemination of results. Results from this pilot study will be used to develop a proposal for an experimental study comparing the nurse and other health care provider-facilitated intervention with a control group. The long-term goal to establish physical activity opportunities for women at this community center that could be adapted at other community centers.

Rural Community Partnership to Promote Fitness by Age 5 (Principal Investigator Barbara Dennison, Mary Imogene Bassett Hospital, dennison@telenet.net): This proposal focuses on preventing the development of obesity among young, preschool-age children, by targeting the environment where children are increasingly spending time prior to the start of kindergarten-childcare centers (daycare, preschools, and Head Start centers). The theoretical frameworks of "Diffusion of Innovation" and "Social Marketing" will guide the development of this intervention by researchers and childcare center directors and staff. Support from community, medical, and educational organizations and collaboration with the local McDonald's restaurant, Price Chopper grocery stores, and SUNY-Cobleskill Culinary Institute will facilitate consistency of message. We propose to assess food and physical activity policies and environments at childcare centers, and then collaboratively develop innovative policy and environmental changes to promote healthy eating (especially snacking), decrease behaviors that encourage overeating, increase physical activity, and decrease TV/video viewing at these centers. We propose to develop and provide training sessions for staff at childcare centers that promote these policy changes and environmental innovations. As the primary outcome, we will evaluate the difference in the prevalence of child obesity at age 5, i.e., at the time of kindergarten entrance, between the intervention and the control communities. At the conclusion of this research project, a childcare center-based environmental approach to prevent the development of child obesity will have been developed, implemented, and evaluated. This obesity prevention program will be transferable to other childcare centers to improve the health of America's children.

Name of Grant Program	Cancer Prevention, Control, Behavioral and Population Sciences Career Development Award
Funding Agency	National Cancer Institute (NCI) (http://www.nci.nih.gov)
Program Funding	Salary up to \$75,000, plus fringe benefits. Up to \$30,000 per year will be provided for Research Development Support. This PA will use the NIH Cancer Prevention, and Control Career Development (K07) Award mechanism.
Length of Award	3-5 years
Funding Announcement Website	http://grants.nih.gov/grants/guide/pa-files/PAR-04-055.html
Funding Opportunity #	PAR-04-055
Deadline	Standard application deadlines, available at http://grants.nih.gov/grants/dates.htm . Expiration date: October 2, 2005
Summary	Support the career development of investigators who have made a commitment to focus their research endeavors on cancer prevention, control, behavioral and the population sciences.
Research Agenda	Continue to provide a mechanism to support specialized didactic study and mentored research in scientific areas relevant to cancer prevention, cancer control, and behavioral and population sciences research.
Type of funding provided	Funding is provided for protected time through salary and research support to individuals with a health professional or science doctoral degree.
Restrictions/ Requirements	Awards are not renewable. Candidates must have a Ph.D. degree, a health professional doctoral (M.D., Dr.PH., D.D.S., D.O., D.V.M., Pharm. D.) degree, or equivalent, or be a doctorally prepared oncology nurse; and must have a research or academic appointment in the sponsoring institution at the time of award. Must also be able to devote a minimum of 75 percent of full-time professional effort to the award.

Name of Grant Program	Oral Health of Special Needs and Older Populations
Funding Agency	National Institute of Dental and Craniofacial Research (NIDCR) (http://www.nidcr.nih.gov/) National Institute on Aging (NIA) (http://www.nia.nih.gov/)
Program Funding	This PA will use the NIH R01 award mechanism.
Funding Announcement Website	http://grants.nih.gov/grants/guide/pa-files/PA-04-031.html
Funding Opportunity #	PA-04-031
Deadline	Standard application deadlines, available at http://grants.nih.gov/grants/dates.htm . Expiration date: November 1, 2006
Summary	Encourage investigator-initiated clinical research focused on the oral health of special needs populations, including those with developmental or acquired physical or mental disabilities, people with mental retardation (MR), people living with HIV/AIDS, and frail or functionally dependent elders.
Research Agenda	Applicants are encouraged to consider nesting oral health projects in ongoing, funded observational studies of community-dwelling and institutionalized populations. Investigators are encouraged to form multidisciplinary research teams to address the prevention and treatment of oral, dental and craniofacial diseases and conditions and to address the improvement in quality of life for people with special needs. People with special needs or their advocates should be included in all phases of the research whenever possible.

EXAMPLES OF CBPR PROJECTS CURRENTLY FUNDED BY NIDCR AND NIA

Rochester Collaborative to Reduce Oral Health Disparities (Principal Investigator Ronald Billings, University of Rochester, ron_billings@urmc.rochester.edu): The partnership of Eastman Dental Center with the City of Rochester and Rochester City Schools to prevent or reduce disparities in oral health began in 1915 with a gift from George Eastman enabling the creation of the Rochester Dental Dispensary. Today, that partnership extends to the University of Rochester Medical Center, including the School of Medicine and Dentistry. However, despite this rich history of collaboration and an extensive network of community-based oral health facilities, fewer than 30% of children from the most impoverished neighborhoods in the city receive regular oral health care. Further, little is known about disparities in oral diseases or dentofacial disorders among Rochester-dwelling Hispanic families from Puerto Rico and Central America. On the basis of regularly scheduled oral health surveys of Rochester school children, a comprehensive database on the distribution of dental caries has been compiled. However, little data on caries prevalence or incidence by race or ethnic group are available. Similarly, while we know that fewer than 30% of Medicaid eligible Rochester children utilize oral health care services, there are no data on barriers to utilization of the abundant and conveniently located neighborhood and school-based oral health care facilities, nor have effective interventions been developed to improve utilization. Little attention has been given to cultural and behavioral characteristics of minorities that may profoundly influence utilization. Given the rich infrastructure and abundant resources available to us, we have formed a community partnership and a multidisciplinary research collaborative to undertake research on preventing or reducing oral health disparities. In this proposal, we describe three specific aims to: 1) organize research teams; 2) link research and community partners; and 3) refine research questions and design studies that will address the following four lines of research: 1) Assess

the distribution of oral disease/disorders, with emphasis on dental caries; investigate factors associated with any excess morbidity observed in Rochester-dwelling Hispanic children and contrast findings with matched cohorts of African-American and Caucasian children; 2) Determine the impact of existing oral health care programs on disparities in oral disease morbidity; 3) Identify barriers to effective utilization of the oral health care system; and, 4) Develop intervention strategies that will prevent or reduce disparities in both the levels of oral diseases as well as in access to, and effective utilization of, the oral health care system.

Michigan Center for Urban African-American Aging (Principal Investigator James Jackson, University of Michigan,, jamessj@umich.edu: This is an application to continue the Michigan Center for Urban African American Aging Research (MCUAAAR) at the University of Michigan and Wayne State University. The overall objective of this proposed resource center is to foster high quality scholarly and empirical training, research, and interventions focused upon health promotion and health among older racial and ethnic minority populations. This application builds upon the work and expertise of faculty and students in these two state institutions to empirically investigate African American health inequalities over the life-course. We have been fortunate in developing a knowledgeable group of research personnel and attracting to each university a large number of multi-ethnic faculty and graduate students with interests in the study of aging and human development in black and other minority populations. We propose to continue the MCUAAAR as an administrative, training, and scientific research organization among the University of Michigan's Program for Research on Black Americans (PRBA) and Life-Course Development (LCD) at the Institute for Social Research, School of Nursing, School of Public Health, the Institute of Gerontology, School of Nursing and Urban Studies Center at Wayne State University, and community based organizations (CBO) in the greater Detroit Metropolitan area. This proposed minority aging resource center builds on other cooperative research and administrative arrangements between UM, WSU and community based organizations. The proposed resource center will contain four interacting components: 1) the Administrative Core will provide administrative support, facilitate intellectual interchange, and provide overall coordination within the proposed Center and with other university units and community health service sites; 2) the Community Liaison Core will strengthen existing community research and service relationships, lead in the research on the "science" of community participant involvement, and provide sources of cooperating community respondents for the proposed pilot research and intervention efforts; 3) the Investigator Development Core will identify, select, and mentor multi-disciplinary and multi-cultural investigators interested in research and interventions on the health of minority elders and support efforts to develop a "science" of mentoring minority investigators; and, 4) the Measurement Core will serve as a training and research focal point and assume leadership in refining and honing the research interests of all the investigators, but especially young investigators conducting pilot studies.

Name of Grant Program	Midcareer Investigator Award in Patient-Oriented Research
Funding Agency	Multiple NIH institutes and centers
Program Funding	\$50,000 per year. This Program Announcement will use the NIH K24 award mechanism.
Length of Award	3-5 years; this award may be renewed one-time
Funding Announcement Website	http://grants.nih.gov/grants/guide/pa-files/PA-04-107.html NOTE TO APPLICANTS: Applicants submitting competing renewals or amended applications for the July 1, 2004 receipt date should follow the guidelines in PA-00-005 http://grants.nih.gov/grants/guide/pa-files/PA-00-005.html This program announcement, PA-04-107, will supersede PA-00-005 and apply to all K24 applications submitted on or after the October 1, 2004 deadline.
Funding Opportunity #	PA-04-107
Deadline	Standard application deadlines, available at http://grants.nih.gov/grants/dates.htm . Expiration date: April 1, 2007
Summary	Provide support for clinician investigators to allow them protected time to devote to patient-oriented research (POR) and to act as research mentors primarily for clinical residents, clinical fellows and/or junior clinical faculty.
Restrictions/ Requirements	The participating NIH institutes and centers may have distinctive guidelines and requirements for this announcement in order to accommodate the career needs of researchers working in fields related to their specific research missions.

Name of Grant Program	Cross-Disciplinary Translational Research at the National Institutes of Health
Funding Agency	National Institute on Drug Abuse (NIDA) (http://www.nida.nih.gov) National Cancer Institute (NCI) (http://www.nci.nih.gov)
Program Funding	This PA uses the NIH research project grant (R01), small grant (R03), and exploratory/developmental (R21) award mechanisms.
Funding Announcement Website	http://grants.nih.gov/grants/guide/pa-files/PA-04-109.html
Funding Opportunity #	PA-04-109
Deadline	Standard application deadlines, available at http://grants.nih.gov/grants/dates.htm . Expiration date: May 31, 2007
Summary	The purpose of this PA is to foster research that will have a practical impact on the treatment and prevention of drug abuse through the development of new research technologies that are based on existing basic and/or clinical research knowledge, and technology transfer knowledge.
Research Agenda	It is envisioned that the research conducted under this PA will primarily use laboratory studies with human volunteers. However, it is possible that preclinical research studies may be relevant to the objective of this PA and, as such, may be a logical component of the work plan of an application.

Name of Grant Program	Social and Cultural Dimensions of Health
Funding Agency	Office of Behavioral and Social Sciences Research (http://obssr.od.nih.gov/) Multiple NIH institutes and centers
Program Funding	All institutes and centers participating in this PA will accept applications for NIH investigator-initiated research project grant (R01) awards.
Funding Announcement Website	http://grants.nih.gov/grants/guide/pa-files/PA-02-043.html
Funding Opportunity #	PA-02-043
Deadline	Standard application deadlines, available at http://grants.nih.gov/grants/dates.htm .
Summary	The goal of this PA is to encourage further development of health-related social sciences research relevant to the missions of the NIH Institutes and Centers. This program announcement is based upon recommendations submitted to the NIH in conjunction with the conference entitled "Toward Higher Levels of Analysis: Progress and Promise in Research on Social and Cultural Dimensions of Health," June 27-28, 2000, Bethesda, Maryland. The summary is posted at http://obssr.od.nih.gov/Conf_Wkshp/higherlevel/conference.html .

Name of Grant Program	Native American Research Centers for Health (NARCH)
Funding Agency	National Institute of General Medical Sciences (NIGMS) http://www.nigms.nih.gov/ Indian Health Service (IHS) http://www.ihs.gov/ Agency for Healthcare Research and Quality (AHRQ) http://www.ahrq.gov/
Program Funding	\$ 2.2 million in FY 2005. Direct costs not to exceed \$800,000 in the first year.
Length of Award	Up to 4 years
Contact Information	More information: http://www.ihs.gov/MedicalPrograms/Research/narch/documents/04-3867.htm Clifton Poodry, Ph.D. National Institute of General Medical Sciences Telephone: 301-594-3900 FAX: 301-480-2228 Email: poodryc@nigms.nih.gov
Funding Announcement Website	http://grants.nih.gov/grants/guide/notice-files/NOT-GM-04-107.html
Funding Opportunity #	NOT-GM-04-107
Deadline	June 18, 2004
Summary	Native American Research Centers for Health (NARCH) initiative will support partnerships between American Indian/Alaska Native (AI/AN) Tribes or Tribally-based organizations such as the National Indian Health Board and Area Health Boards, and institutions that conduct intensive academic-level biomedical, behavioral and health services research.
Research Agenda	Conduct research and research training to meet the needs of American Indian/Alaska Native (AI/AN) communities.
Restrictions/ Requirements	The proposed NARCH must be a working partnership of the AI/AN organization and of the research-intensive institution. Applicants eligible to receive a NARCH award are the AI/AN organizations of the partnerships.

EXAMPLE OF A CBPR PROJECT FUNDED UNDER THIS ANNOUNCEMENT

Great Lakes Native American Research Center for Health

Collaborative Partners: Great Lakes Inter-Tribal Council, Wisconsin Tribes, University of Wisconsin – Milwaukee, University of Wisconsin Medical School, University of Wisconsin – Stevens Point, Mayo Clinic, Wisconsin Indian Education Association

Goals: Encourage cooperative research linked to reducing health disparities, Increase the number of AI/AN students, scientists, health professionals and organizations engaged in biomedical, clinical and behavioral research, and Build capacity of both academic institutions and GLITC to work to reduce distrust by AI/AN communities toward research

Examples of current research projects:

Obesity Prevention in AI Youth

- Assess the prevalence of obesity and cardiovascular risk factors in AI children
- Model familial and environmental determinants of obesity
- Develop community-based programs for the prevention of obesity and its sequelae, cardiovascular disease and diabetes

Improving AI Cancer Surveillance and Data Reporting in Wisconsin

- Develop tribe-based cancer profiles among Wisconsin Tribes
- Develop methods to improve accuracy and reporting of cancer cases
- Assess completeness and accuracy of cancer cases reported to the Wisconsin Cancer Reporting System

Reproductive Health - Outcomes and Cost-Effectiveness Among Native Americans in Wisconsin

- Provide Native American Tribes in Wisconsin with baseline data on reproductive outcomes including prematurity, high and low birth weight in relation to length of gestation, birth defects, infant mortality and respiratory conditions in infancy
- Examine association between potential risk and protective factors and select infant outcomes
- Provide a cost-effectiveness and analysis estimating the direct and indirect costs and benefits of interventions

Name of Grant Program	Community Networks to Reduce Cancer Health Disparities
Funding Agency	National Cancer Institute (NCI) (http://www.nci.nih.gov/)
Program Funding	NCI will commit \$24 million in FY 2005. Up to \$1.75 million per year for a large scale program (headquarters and four or more geographic areas), up to \$1.0 million per year for a regional program (headquarters and 2-3 geographic areas) and up to \$0.5 million per year for a local program (headquarters and one geographic area). This RFA will use the NIH cooperative agreement (U01) award mechanism.
Number of Awards	18-22
Length of Award	Up to 5 years
Contact Information	Funding agency website: http://www.hhs.gov/
Funding Announcement Website	http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-05-012.html
Funding Opportunity #	RFA-CA-05-012 (see addenda NOT-CA-04-017 and NOT-CA-04-018)
Deadline	Letter of Intent: June 14, 2004 (not required) Application: July 13, 2004
Summary	The purpose of the Community Networks Program is to reduce cancer health disparities by conducting community-based participatory education, training, and research among racial/ethnic minorities (e.g., African Americans, Hispanics, Asians, Pacific Islanders, and Native Americans/Alaska Natives) and underserved populations (e.g., Appalachian, rural, low socioeconomic status and other underserved populations).
Restrictions/ Requirements	Applicants should have a documented history of involvement with the community and have qualified staff to direct the program. Organizations that must rely primarily on consultants to conduct the project are ineligible.

EXAMPLES OF CBPR PROJECTS CURRENTLY FUNDED BY NCI

Deep South Network for Cancer Control (Principal Investigator Edward Partridge, University of Alabama at Birmingham): The Deep South Network for Cancer Control proposes to build upon our considerable experience in working with the African-American population in the Deep South. The proposal will focus on two poor rural areas of Alabama and Mississippi, the Black Belt of Alabama and the Delta of Mississippi, and two urban areas, Jefferson Metro and Hattiesburg/Laurel Metro. Proven methods for building community infrastructure, the Community Health Advisor (CHA) model and community coalition building will be utilized. The CHAs will be further trained as research partners (CHARPs). This community infrastructure will then be used to increase cancer awareness in this hard to reach population. The community infrastructure will be linked to established academic investigators via a semi-annual meeting to be called the Deep South Institute for Cancer Control. This linkage will be utilized to increase African-American participation in clinical trials using mutually developed recruitment strategies. In addition, a Minority Training Program will also be developed with recruitment at all levels. A Developmental Research Program will be developed to stimulate community based research particularly from the minority trainees and the community

partners. The combination of these linkages and programs within the Institute will lead to significant increases in investigator initiated funded community based research. Our specific aims are as follows: (1) Develop new and enhance existing community infrastructures to promote cancer awareness among African-Americans in the Deep South utilizing the CHA model and coalition building. (2) Establish a Deep South Institute for Cancer Control for the initial purpose of linking academic institutions and investigators, and to serve as the formal structure for accomplishing Specific Aims 3-7. (3) Utilize the Deep South Institute for Cancer Control to link the academic/clinical infrastructure to the community-based infrastructure developed through the CHA model and coalition building. (4) Establish a formal Minority Investigator Training Program utilizing the resources identified and developed through the Deep South Institute for Cancer Control. (5) Promote African-American participation in existing and future clinical trials utilizing the resources and linkages established as part of the Deep South Institute for Cancer Control. (6) Plan and institute collaborative developmental research projects utilizing the resources and linkages established in the Deep South Institute for Cancer Control. (7) Develop, through the resources and linkages of the Deep South Institute for Cancer Control, collaborative investigator-initiated grants competitive for extramural funding. (8) Conduct evaluations to monitor process, impact and outcomes, and modify programs as necessary to achieve success.

Sustaining Breast Cancer Control with Community Stylists (Principal Investigator, Ruth Browne, Arthur Ashe Institute for Urban Health, ruth.browne@downstate.edu): This proposal is submitted by the Arthur Ashe Institute for Urban Health located in Brooklyn, New York. The purpose of the breast cancer control project is to utilize beauty salon hair stylists, an indigenous group of community confidants, to influence the breast health behaviors of a defined under served population of women. The target communities are within Kings County (Brooklyn), New York, an area that is predominantly minority and low income. The project's goal is to examine the efficacy of a training model on breast cancer control in a predominantly poor minority community utilizing a community trustee - hair stylists, as information broker. Specifically, the project is designed to: 1. To conduct a needs assessment focus group utilizing a convenience sample of 10 stylists who were participants in a salon-based health education project. 2. To select and train community-based professional stylists (as messengers) in specific knowledge, attitudes and skills that will enable their delivery of breast cancer control messages to their customers. 3. To examine, via a randomized controlled trial, the impact of stylist delivered breast cancer control messages on the breast health behaviors (mammography, CBE, BSE) and stage of change of beauty salon customers. 4. To develop a portable stylist training-communications package (port-a-paks with training video) to enable the ongoing training of stylists, and conduct, via a controlled trial, an outcome evaluation of breast health behaviors of salon customers comparing method of stylist training (video versus live-training). 5. To organize a community-based Health and Beauty Council to continue the stylist training program in support of the intervention. Research indicates that the medically under served black woman still bears the greatest breast cancer mortality burden in the nation, medically under served women report much lower screening prevalence rates, and there continue to be women who are not screened or who are not screened regularly. Studies define the problem of lower screening prevalence rates as tied to (1) failure to reach the medically under served, (2) inadequacy of approaches given the cultural expectations and experiences of women to be served, and (3) absence and/or limitations of strategies that sustain the screening behaviors of women. The intent-to-treat analysis will use these dichotomous outcome variables and the group comparisons will be performed using the methods of loglinear methods with a two-level nested design.

Community Randomized Trial of Hispanic Cancer (Principal Investigator Beti Thompson, Fred Hutchinson Cancer Research Center, bthompso@fhcrc.org): Hispanics are the fastest growing minority group in the U.S. and also have the highest poverty rates in the U.S. They have higher rates of certain types of cancer, are less likely to have cancer screening, and tend to have less knowledge about cancer and cancer prevention than Non-Hispanics. Cancer rates are increasing in this group. This application builds on two years of developmental work in a community that is 65 percent to 75 percent Mexican-American. The overall goals of this proposed project are to increase cancer prevention lifestyle behaviors, specifically to decrease fat consumption, increase fruit and vegetable consumption, and increase smoking cessation rates; and to increase

colorectal cancer screening. Twenty communities in the lower Yakima Valley, which has a 40 percent to 50 percent Hispanic population, will be recruited for participation. After an in-person randomized household survey of approximately 100 households per community, communities will be matched and randomized within blocks to an intervention or control condition. In intervention communities, a community board will be established, will hire a field coordinator, mobilize the community, and plan intervention activities, with FHCRC staff serving as facilitators, and local project staff hired to assist the Boards. Community-wide events will be conducted to raise consciousness and increase knowledge about cancer prevention and access to screening. These will be pilot-tested in our developmental study community. Individual activities will focus on one-to-one outreach where volunteers and community people will discuss behavior changes that may decrease the risks of contracting cancer. A nested study will be included to assess the efficacy of an intensive, individual intervention to change dietary behavior among groups of women in the intervention communities. After intervention, another cross-sectional survey will be conducted. Primary outcomes are changes in the behaviors defined in the primary aims. A score of combined changes will also be generated. The sample sizes take into account intraclass correlation and are sufficient to examine differences among Hispanics as well as the entire Valley population. The analysis is based on intent to treat.

Name of Grant Program	Excellence in Partnerships for Community Outreach, Research on Health Disparities and Training (Centers of Excellence-Resource-Related Research Grants)
Funding Agency	National Center for Minority Health and Health Disparities (NCMHD) http://www.ncmhd.nih.gov
Program Funding	The NCMHD intends to commit approximately \$1.0 million in FY2004 to fund 3 to 4 new grants in response to this RFA. An applicant may request a project period of up to three years and a budget for direct costs of up to \$275,000 per year. This RFA will use the NIH Resource-Related Research project (R24) award mechanism.
Funding Announcement Website	http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-04-002.html
Funding Opportunity #	RFA-MD-04-002
Deadline	Letter of intent: March 19, 2004 Application: April 19, 2004
Summary	Resource-Related Research Grants (R24) under a continuing program for Project EXPORT: Centers of Excellence, Excellence in Partnerships for Community Outreach and Research on Disparities in Health and Training. The purpose of this grant is to augment and strengthen the institutional infrastructure and capacity to conduct research (basic, clinical, behavioral, and/or social sciences) aimed at addressing and ultimately eliminating health disparities.
Research Agenda	The objectives of this initiative are to 1) build research capacity for health disparities research in minority-serving and other designated institutions; 2) promote the participation of health disparity groups in biomedical and behavioral research and prevention and intervention activities; and, 3) promote planning for the conduct of minority health and/or other health disparities research.
Type of funding provided	Funds may be requested for personnel, such as faculty release time and support for a program director and staff; and consultant services, including external advisors and collaborators. Support will be provided for pilot research projects, research infrastructure, or students. All requested items must be related to needs for a 36-month planning activity.

EXAMPLES OF CBPR PROJECTS CURRENTLY RECEIVING FUNDING FROM NCMHD

Center for the Study of Asian-American Health (Principal Investigator Mariano Rey, New York University, mariano.rey@med.nyu.edu): Asian Americans are the fastest growing population in New York City and the USA. A large segment of this population faces extreme social, language and cultural barriers to health care. The mission of the proposed Center for the Study of Asian American Health is to reduce health disparities in the Asian population in New York City. The Center will create a comprehensive network of community-organizations, community leaders, academic medical centers, and health care institutions that will identify health priorities and reduce health disparities. The network will develop pertinent research, implement community outreach programs, health professional and community-based training. The New York University School of Medicine will be the Lead Applicant for this Center which will fall under the NYU Institute of Urban and Global Health. The Lead Partners of the Center will be Bellevue Hospital, Gouverneur Hospital, and the Charles B. Wang Community Health Center. Other important Partners in the areas of outreach and training will include about twenty Asian American community organizations. There are four major core components of the Center: Administration, Research, Outreach and Training. The

Administration Core will organize and implement all activities of the Center and give it guidance. The Research Core will focus initially on 4 health disparities areas: mental health, hepatitis and hepatic cancer, communication barriers, and musculoskeletal diseases. As new research priorities emerge in later years, grant money will be used to develop pilot projects focused on these issues. The Outreach Core will reach out to the more established Chinese community as well as to other Asian ethnic minority communities in NYC. Specific programs will be dedicated to providing health education, and recruitment of study participants to conduct community-participatory research programs. The Training Core will encourage health professionals to work in Asian health disparities research. Academic partners will cultivate the research skills of community health providers, enabling them to develop their own research skills of community health providers, enabling them to develop their own research protocols and grants. Charles B. Wang Community Health Center staff will provide an environment to mentor medical students, residents, junior faculty, clinical nurses, and public health graduate students in applied community health practice and education.

FAMU and Harvard Center for Health Care Disparities (Cynthia Hughes-Harris, Florida A&M University, cindy.hughesharris@famuedu): We propose to establish an exploratory Center (P20) for Health and Health Care Disparities that uses research, training, community partnerships, coalition building and SOCIAL TRANSFORMATION to create models for eliminating health disparities in both rural and urban communities. Social transformation is a fundamental change in the attitudes, beliefs and behaviors of a society such that the laws, practices, policies and activities of individuals change to reflect a new or different cultural norm. Cultural activism develops a community by connecting diverse people and converting them from spectators to activists in an effort to transform the health, social, and political environment of a community. This proposal is a joint submission by Florida A & M University (FAMU) and Harvard University School of Public Health (HSPH). FAMU, a designated institution, is the applicant, and HSPH is the collaborating institution. Our Center, the "Center for Healthy Options and Innovative Community Empowerment" (CHOICE), is a collaborative research and dissemination partnership that represents an exciting opportunity to harness the strengths of two outstanding American institutions, one a HBCU (historically black college or university) with cutting edge health professional schools and the other an Ivy League school of public health. The partnership is enhanced by an affiliation with Florida State University Medical School (FSU) as well. FSU has the newest medical school in the country and provides leadership for one of the Center's pilot projects. CHOICE has a special relationship with two communities, Gadsden County, Florida (a rural community of indigent people, the majority African American and many farm laborers), and the urban neighborhood of Roxbury, Boston's poorest predominately African American neighborhood. Each of our Universities has an historic and productive working relationship with residents, community agencies (including health centers) and the local governments on which to build. Our theme is "Eliminating Health Disparities through Research, Training, Community Outreach, Coalition Building and Social Transformation." CHOICE has a focus on health promotion and disease prevention among African Americans in both urban and rural communities. Our theme reflects a commitment to community leadership in setting a research agenda, carrying out that agenda and translating research into action. CHOICE is comprised of seven cores/components, 1) Administrative Core, 2) Community Outreach and Dissemination Component, 3) Training Component, 4) Research Component, 5) Collaboration Research Project, 6) Pilot Project: Infant Mortality in Gadsden County, and 7) Pilot Project: Racial and Ethnic Environmental Approach to Community Health (REEACH).

Name of Grant Program	Understanding and Promoting Health Literacy
Funding Agency	Agency for Healthcare Research and Quality (AHRQ) (http://www.ahrq.gov/) National Library of Medicine (NLM) (http://www.nlm.nih.gov/) Office of Behavioral and Social Sciences Research (OBSSR) (http://obssr.od.nih.gov/) Multiple NIH Institutes
Program Funding	These PAs use the NIH R01 award mechanism and the NIH RO3 award mechanism. For the RO3, a project period of up to two years and a budget for direct costs of up to two \$25,000 modules or \$50,000 per year may be requested.
Funding Announcement Website	RO1: http://grants.nih.gov/grants/guide/pa-files/PA-04-116.html RO3: http://grants.nih.gov/grants/guide/pa-files/PA-04-117.html
Funding Opportunity #	PAR-04-116
Deadline	Letter of Intent: September 13, 2004; September 13, 2005; September 13, 2006 (not required) Application: October 13, 2004; October 13, 2005; October 13, 2006
Summary	The goal of these Program Announcements is to increase scientific understanding of the nature of health literacy and its relationship to healthy behaviors, illness prevention and treatment, chronic disease management, health disparities, risk assessment of environmental factors, and health outcomes including mental and oral health. Increased scientific knowledge of interventions that can strengthen health literacy and improve the positive health impacts of communications between healthcare and public health professionals (including dentists, healthcare delivery organizations, and public health entities), and consumer or patient audiences that vary in health literacy, is needed. Such knowledge will help enable healthcare and public health systems serve individuals and populations more effectively, and employ strategies that reduce health disparities in the population.
Research Agenda	A wide variety of research approaches are encouraged under this PA including applied research addressing issues pertinent to health literacy practices (e.g., systems level interventions) and research-in-practice (e.g., active potential end users participate as supportive research partners). Federally Qualified Health Centers (FQHCs) and the Indian Health Service (IHS) through its direct federal programs, Tribal programs and urban programs and may provide a valuable resource to applicants, particularly those that have an active collaboration with colleges and universities.

EXAMPLES OF CBPR PROJECTS CURRENTLY OR RECENTLY FUNDED BY NLM

Multilingual Health Education Resource Project (Principal Investigator Mary Alice Gillispie, Family Health Care Center, magillispie@healthwaysoftware.com): As a federally qualified community health center, the applicant has as its core function to provide primary healthcare services to vulnerable populations. Access to health information is a basic healthcare need. The goal of this project is to contribute to the development of a free on-line multilingual multimedia digital library of health information. The focus of the work in this project is to build upon existing high quality multilingual written resources that have already been developed and put on-line by the NSW (New South Wales) Multicultural Health Communication Service (MHCS) of Australia. The project work will include the development of a community committee to identify the MHCS written materials that deal with topics and languages that are most critical to meet the health information needs of new refugees in the community. A development team will work with the local partners, MHCS and members of the target refugee community to create web-based multimedia versions of this written material. A minimum of four written documents will be developed into at least four languages for a total of at least sixteen individual multimedia software files. These will be created using Macromedia multimedia software. A website will be created that will link with the community health information website (Healthy Communities Without Borders - www.hcwb.org) to assist end users in accessing the materials. Training for key staff at the performance sites will be provided to ensure that there is a clear awareness of the new materials and an understanding of how to access other quality multilingual on-line health information. Since this project is a key step to understanding how information technology can be better used to meet the health information needs of non-English speaking community members, a strong emphasis will be placed on evaluation activities. The evaluation will include an assessment of target users engagement in the software and whether any knowledge, skills or attitude changes occurred. Evaluation of the implementation strategies and perceived usefulness at each of the four performance sites will also be carried out.

Women to Women: Community Health Information Project (Principal Investigator Jeffrey Huber, Texas Women's University, jhuber@twu.edu): The overall goal of the proposed project, is to facilitate information access at select community-based women's health agencies in Houston, Texas. This is a collaborative effort involving Texas Woman's University, Houston Academy of Medicine-Texas Medical Center Library, Houston Area Women's Center, The Rose, El Centro de Corazon, and the Lesbian Health Initiative at Montrose Clinic. Specific objectives of this outreach initiative include creating a local health information network with Texas Woman's University as its hub, training women's health agency staff to use electronic information resources to enhance their job performance, providing consumer health information support to clients at these women's health facilities, and increasing awareness of National Library of Medicine products and services. To achieve these objectives, Internet-connected workstations will be placed at each participating community-based women's health agency. A project Web page will be created to facilitate information access and training. Training sessions will be conducted for agency staff on site. Agency staff in turn will train their clients as appropriate. Training sessions will include pre- and post- evaluation. In addition, a focus group consisting of representatives from each participating women's health agency will be conducted at the end of the project to assess overall project effectiveness.

Name of Grant Program	The Science and Ecology of Early Development (SEED)
Funding Agency	National Institute of Child Health and Human Development (NICHD) (http://www.nichd.nih.gov/) National Institute on Drug Abuse (NIDA) (http://www.nida.nih.gov/)
Program Funding	This PA will use the NIH Research Project Grant (R01) and Small Grant (R03) award mechanisms.
Funding Announcement Website	http://grants.nih.gov/grants/guide/pa-files/PA-04-113.html
Funding Opportunity #	PA-04-113
Deadline	Applications will be accepted at the standard application deadlines, available at http://grants.nih.gov/grants/dates.htm . Expiration date: November 2, 2007.
Summary	This initiative solicits studies that focus specifically on research on the social, economic, cultural, and community-level factors that affect developmental processes and outcomes for children living in poverty, and that draw on current theoretical and methodological advances in social, behavioral, and biobehavioral research. It is the intention of the SEED program to support projects that will accumulate information that not only furthers the scientific understanding of child development from an ecological perspective, but also informs public policy.

EXAMPLE OF A CBPR PROJECT CURRENTLY FUNDED BY NICHD

Community Maternal and Child Health – Eastern North Carolina (Principal Investigator John Thorp, UNC-Chapel Hill, john_thorp@med.unc.edu) : Maternal and child health disparities in infant mortality, preterm birth, and access to health care persist as important problems in North Carolina, and disproportionately affect people in the predominantly rural Eastern part of the state. The investigations proposed build upon a five-year collaboration among the Eastern NC Baby Love Plus Consortium, the UNC Cecil G. Sheps Center for Health Services Research, and the UNC Department of Maternal and Child Health. We propose to increase research and intervention capacity toward understanding and eliminating health disparities in rural North Carolina by developing a community-linked collaboration, and by implementing pilot studies aimed at understanding community influences on maternal, infant, and child health. In this proposal, the collaborative research planning process and its successful implementation are given equal weight in achieving our goals. The formative process includes the development of unique training opportunities for the community partners and other minority investigators to improve community infrastructure for conducting health disparity research and intervention. The process will also provide opportunities for University investigators to increase their networks and competence to work in rural NC communities. Suggested pilot studies aim to formulate collaborative research questions with the community that can be answered through current data collection efforts of the Baby Love Plus Evaluation, and to utilize geographic information systems to explore community socio-environmental context. Ultimately, we present a process for a reasonably paced, systematic development of a full-scale community-partnered multi-level research project.

Name of Grant Program	Reducing Mental Illness Stigma and Discrimination
Funding Agency	National Institute of Mental Health (NIMH) (http://www.nimh.nih.gov) Center for Mental Health Services (CMHS) (http://www.mentalhealth.samhsa.gov/)
Program Funding	This PA will use the NIMH collaborative R01 award mechanism.
Funding Announcement Website	http://grants.nih.gov/grants/guide/pa-files/PAR-04-112.html
Funding Opportunity #	PAR-04-112
Deadline	Standard application deadlines, available at http://grants.nih.gov/grants/dates.htm . Expiration date: November 2, 2007.
Summary	Funding for partnerships between (1) consumer and/or advocate organizations, communities, or state and local agencies with hands-on expertise in developing and implementing stigma reduction programs and strategies, and (2) social, behavioral, and/or communication scientists with expertise in stigma research design and methodology. These partnerships would undertake studies that will: assess the effectiveness of existing stigma and discrimination reduction programs and approaches; examine how, why, and for whom existing programs or approaches work; develop innovative new programs and approaches; and provide a better understanding of the impact of varied media, both positive and negative, on attitudes and beliefs about mental illness, and in perpetuating and changing mental illness stigma and discrimination.
Research Agenda	The types of research can range from full-scale effectiveness studies that are grounded in requisite preliminary research, to small-scale pilot, exploratory, and/or developmental studies to, for example, develop and test new measures to assess program outcome. Also of interest are public education strategies, personal contact approaches, targeted public education, and media-oriented and other types of mental health awareness campaigns, and multifaceted campaigns that combine several types of approaches, as well as other innovative approaches. The programs and approaches might also target the general public, specific demographic groups (e.g., older adults, children and adolescents, racial and ethnic minority groups, and rural Americans), or specific stakeholder groups (e.g., mental health service providers, law enforcement officers, and employers). Multi-method studies combining qualitative and quantitative approaches are encouraged.
Restrictions/ Requirements	This PA requires a formal collaboration between individuals, groups, or organizations with hands-on experience in developing anti-stigma and discrimination campaigns, and researchers with expertise in research design and implementation.

EXAMPLES OF CBPR PROJECTS CURRENTLY FUNDED BY NIMH

Latino MSM Community Involvement: HIV Protective Effects (Principal Investigator, Jesus Ramirez-Valles, University of Illinois Chicago, valles@uic.edu): Community involvement has played a central role in the fight against HIV/AIDS since the beginning of the epidemic. Volunteers and activists led the first prevention and care efforts in their communities. In the process of mobilizing, they became educated about HIV/AIDS, developed a sense of community and a positive self-identity, and mobilized their social support to cope with the epidemic. Thus, individuals' community involvement has critical public health implications. First, through their involvement in HIV/AIDS-related organizations, individuals develop a positive sense of themselves and become educated about HIV/AIDS. Second, via this involvement individuals affect change in their communities. Yet, research and prevention programs have overlooked community involvement as a mechanism to reduce HIV/AIDS sexual risk behavior among minority gay/bisexual men. The overall goal of the proposed research program is to investigate the protective effects of community involvement in HIV/AIDS-related groups and organizations for HIV/AIDS sexual risk behavior among Latino gay/bisexual men. The specific aims include: 1. Examine the protective effects of community involvement in HIV/AIDS for Latino gay/bisexual men's sexual risk behavior. We will test the moderating effects of community involvement on the association between three socio-structural risk factors (i.e., poverty, racism, and homophobia) and sexual risk behavior. 2. Refine and test a model of the mediating factors (i.e., peer norms, self-efficacy, positive self-identity, and alienation) of the association between community involvement and HIV/AIDS sexual risk behavior. 3. Examine the socio-cultural barriers to and facilitators of Latino gay/bisexual men's community involvement in HIV/AIDS. This research will be conducted in three phases in Chicago and San Francisco. 1. Using life history methods we will define the concept of community involvement in HIV/AIDS and refine our theoretical models. 2. We will develop and test measures. 3. We will test the protective effects community involvement (Aim 1), the model of the mediating factors (Aim 2), and the barriers/facilitators for community involvement (Aim 3) in a cross-sectional survey of Latino gay/bisexual men (N=600).

Community Partnerships to Prevent Urban HIV Risk (Principal Investigator Mary McKay, Mt. Sinai School of Medicine, mary.mckay@mssm.edu): The primary aim of the proposed project is to advance scientific knowledge about research/community partnerships that can serve as the foundation for local adaptation, delivery, and testing of evidence-based prevention programs for inner-city African American and Latino adolescents. More specifically, we propose to examine factors that influence urban parents willingness to collaborate in the delivery of an intervention designed to reduce adolescent pregnancy, STDs and HIV infection among inner-city minority youth (Be Proud! Be Responsible!; Jemmott, Jemmott & Fong, 1998). In addition, we intend to test the impact of a community mentorship and training component on the implementation of Be Proud! Be Responsible! within urban middle schools, as well as, on youth sexual risk intentions and behavioral outcomes. The proposed project will involve a sample of urban parents (n=300) representing 10 inner-city middle schools that will be trained to deliver Be Proud! Be Responsible! in order to support health promotion and risk reduction efforts within their community. Parents nested within their child's randomly selected school (150 parents within 5 schools considered the experimental condition block of schools will receive a community collaborative training meant to increase theoretically derived characteristics, including: 1) positive intention to become a HIV educator; 2) HIV prevention knowledge; 3) salience of involvement in prevention activities; 4) positive attitudes, normative beliefs and expectancies about HIV prevention efforts and 5) self-efficacy around community participation and leadership. In addition, these 150 parents will receive mentorship from community parents who are currently involved in local HIV prevention efforts in order to reduce any environmental obstacles to program delivery. The remaining 150 parents nested within 5 separate randomly selected schools (the comparison condition block of schools) will receive standard preparation and training of Be Proud! Be Responsible! Following the training in each of the two study conditions, parents will then be involved in the delivery of the program to 400 youth (6th and 7th graders) in one of the schools in their respective block (not their child's school) in each of the two study conditions (total n=800). The specific aims of the present study are: 1) to examine factors that influence the extent to which urban parents collaborate with university-based researchers and middle schools

in the delivery of an evidence-based adolescent sexual risk behavior prevention program; 2) to develop and test the impact of a community collaboration training and mentoring system for an existing sexual risk reduction intervention on delivery within urban middle schools; 3) to test the impact of the community collaboration training and mentoring on adolescent sexual risk taking, We believe that the proposed project could result in substantial knowledge regarding the necessary ingredients to create and sustain community/university partnerships focused on promoting youth health and preventing health risk, as well as, the potential added benefits of community collaboration on prevention program outcomes. The long-term goal of this proposed research is to develop a practical, effective, and cost efficient community "add on" component that can be used across a number of health outcomes.

Name of Grant Program	Prescription Drug Abuse
Funding Agency	National Institute on Drug Abuse (NIDA) (http://www.nida.nih.gov/)
Program Funding	This PA will use the NIH research project (R01), small research grant (R03), and exploratory/developmental research grant (R21) award mechanisms.
Funding Announcement Website	http://grants.nih.gov/grants/guide/pa-files/PA-04-110.html
Funding Opportunity #	PA-04-110
Deadline	Standard application deadlines, available at http://grants.nih.gov/grants/dates.htm . Expiration date: January 3, 2008
Summary	This PA encourages research aimed at understanding and reducing prescription drug abuse while supporting appropriate medical use of therapeutic agents with abuse liability.

EXAMPLE OF A CBPR PROJECT CURRENTLY FUNDED BY NIDA

Community Organizations in Syringe Exchange in Springfield (Principal Investigator Susan Shaw, Hispanic Health Council susans@hispanichealth.com): Syringe exchange programs (SEPs) have proven to be among the most controversial public health HIV prevention efforts, despite demonstrated scientific evidence of their effectiveness in lowering risk and infection among injection drug users. Community opposition to SEPs in some locales has been sufficient to block initiation of SEPs and, elsewhere, to shut down existing programs. Given the demonstrated effectiveness of SEPs as an HIV prevention method, this study seeks to understand why they have not received universal support. The proposed study will examine the social ecology of minority communities in Springfield, Massachusetts, a city that lacks pharmacy access to sterile syringes and needle exchange, to understand the social and physical dynamics of HIV risk. Between 1997 and 2001, Springfield moved from having the 49th highest AIDS rate in the nation (among metropolitan statistical areas) to the 11th highest AIDS rate. Community-based organizations in Springfield have historically failed to support needle exchange as an HIV prevention measure, believing that it is analogous to "giving a cocktail glass to an alcoholic." By directing our attention to community-based organizations we seek to identify contextual environmental factors that promote or impede the effectiveness of HIV prevention interventions for drug-using populations. Existing studies of the implementation of needle exchange fail to account for the institutional factors that facilitate or impede such programs, including the support or opposition of key community organizations. We propose to examine the reasons for grassroots mobilization against needle exchange in Springfield through in-depth interviews with community organization staff and other stakeholders. We further propose a limited community survey to determine the degree to which community organizations represent community attitudes, and vice versa. The specific aims of the proposed study are as follows: 1. To understand the social, historical and political dynamics of community opposition to needle exchange in Springfield, Massachusetts; 2. To explore the role of community institutions in supporting or opposing legal needle exchange as an HIV prevention measure; 3. To examine community opinions on needle exchange and other aspects of IDU-targeted HIV prevention through quantitative surveys.

Name	Centers for Disease Control and Prevention (CDC)
Contact	1600 Clifton Rd, Atlanta, GA 30333 tel: (404) 639-3311 Public Inquiries: (404) 639-3534 or (800) 311-3435 Email through their website at http://www.cdc.gov/netinfo.htm http://www.cdc.gov/ http://www.cdc.gov/funding.htm
Agency Description	The CDC is recognized as the lead federal agency for protecting the health and safety of people - at home and abroad, providing credible information to enhance health decisions, and promoting health through strong partnerships. CDC serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.

Name of Grant Program	Prevention Research Center (PRC) Program
Funding Agency	National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (www.cdc.gov)
Program Funding	For the current fiscal year, the PRC program provided approximately \$42 million in competitive, peer-reviewed cooperative agreements to 28 academic centers through both core funding and special interest project mechanisms.
Number of Awards	28
Length of Award	5 years
Contact Information	www.cdc.gov/prc
Deadline	In spring 2003, CDC published program announcement 04003 for core PRC funding to occur in two separate rounds. The first round was open to the 28 currently funded PRCs; applications were submitted on June 16, 2003. A second round of competition began on November 26, 2003, and was open to all eligible applicants. Applications were due on March 1, 2004. The funds will be awarded to the 28 successful applicants on September 30, 2004, and will be for a five year funding period. Currently, the PRC program does not plan to announce another competition for PRC core funding until the end of this next five-year cooperative agreement cycle.
Summary	The PRC Program is a network of 28 academic centers, public health agencies, and community partners conducting applied research and practice in chronic disease prevention and control. The PRC program is CDC's largest extramural research program and the only Congressionally mandated research network involving community and health agency collaborators.
Research Agenda	The community-based research strives to develop disadvantaged communities' long-term capacity for addressing their health issues and some of the socioeconomic factors associated with those issues. Health disparities and the objectives of Healthy People 2010 are a particular emphasis of PRC research.
Type of Funding Provided	Each PRC receives resources from CDC to establish and maintain its core infrastructure, and to support at least one core research project with related training and evaluation activities. CDC selects and renews funding for the PRCs through a competitive external peer review process. The PRCs are then managed as CDC cooperative agreements, and awards are made for five years. Since 1993, the PRCs have also been eligible to apply for Special Interest Projects (SIPs), funded by various divisions throughout CDC as well as other agencies in the Department of Health and Human Services. The SIPs supplement the PRCs' core funding and support projects in health promotion and disease prevention research. SIP announcements are released annually, based on the availability of funds, and are announced in the Federal Register. Only currently funded PRCs are eligible to apply.
Restrictions or requirements	The Congressional mandate requires that each PRC is housed in a school of public health or a school of medicine or osteopathy with a preventive medicine residency.

EXAMPLES OF CBPR PROJECTS CURRENTLY FUNDED BY THE PRC PROGRAM

Reducing Smoking among Appalachian Teens (West Virginia University's Prevention Research Center): The American Lung Association's (ALA) quit smoking program for teens, Not-on-Tobacco, was proven successful for students in urban schools. The West Virginia University's Prevention Research Center completed a 5-year project to test N-O-T among teens in rural Appalachian schools. The student participants (more than 250) learned techniques to reduce stress, handle peer pressure, control nicotine cravings, eat well, and engage in regular exercise. After three months, the quit rate was almost 4 times higher for N-O-T students than for comparison students. As a result, many participating schools are maintaining the program, and the ALA is distributing N-O-T to schools in Appalachian states. Throughout the country, N-O-T is now being used in 47 states. Further, the University of North Carolina's Center for Health Promotion and Disease Prevention is now collaborating with its West Virginia colleagues on five similar projects with American Indian communities in North Carolina, where smoking rates are among the highest in the nation. N-O-T recently received nationwide recognition from the Substance Abuse & Mental Health Services Administration designating it a Model Program. As a Model Program, SAMHSA will provide support for the provision of "materials, training, and technical assistance for nationwide implementation."

Motivating Adult Residents for Community Health Promotion (Saint Louis University Prevention Research Center): The Saint Louis University Prevention Research Center is helping residents of Missouri's Ozark and Bootheel regions reduce their risk for chronic disease. With the help of local coordinators, the researchers established and trained 12 community coalitions in the regions. The coalitions joined businesses, organizations, schools, and medical facilities in sponsoring health promotion through health fairs (which have attracted more than 10,000 school children and their families), health screenings (for cholesterol and blood pressure), health education programs, and other activities. Residents increased their level of physical activity by using one of the 25 coalition-built community walking trails or participating in coalition-sponsored physical activity classes or sports teams. In fact, physical activity was nearly 7 percent greater among people who had walking trails available than among people in a control community. The coalitions also helped establish smoke-free policies.

Promoting Healthy Aging (University of Washington Health Promotion Research Center): The University of Washington Health Promotion Research Center focuses on healthy aging. In 1993, the center collaborated with the Group Health Cooperative of Puget Sound and Senior Services of Seattle/King County to develop a physical activity program for seniors. The program emphasizes activities to increase endurance, strength, balance, and flexibility. The pilot study showed that participants improved significantly in almost every area tested—from physical and social functioning to levels of pain and depression. The health care costs of participants who attended at least once a week were significantly reduced. A recent economic analysis of Medicare enrollees showed that those participating in LFP at least once per week had significantly fewer hospitalizations (by 7.9%), and lower healthcare costs (by \$1057) than non-participants. The program is now being offered at 64 community sites in six states. The National Council on Aging recognizes the program as one of the top 10 physical activity programs for U.S. seniors.

Name of Grant Program	CDC Public Health Research: Health Protection Research Initiative- Investigator Initiated Research
Funding Agency	Centers for Disease Control and Prevention (CDC) (http://www.cdc.gov)
Program Funding	The CDC intends to commit up to \$14,000,000 in FY 2004 funds for 20 to 40 new grants in response to this RFA. The award provides up to three consecutive 12-month budget periods within a project period of up to 3 years with a budget for direct costs of up to \$300,000 per year. This RFA will use the RO1 award mechanism.
Funding Announcement Website	http://grants1.nih.gov/grants/guide/rfa-files/RFA-CD-04-002.html
Funding Opportunity #	RFA-CD-04-002
Deadline	June 22, 2004
Summary	Public health research funds to support innovative public health research that addresses priority health protection issues. Health protection should be interpreted to include activities that 1) promote health and/or prevent disease, injury, or disability or 2) protect people from health threats including infectious, environmental, and terrorist threats. This RFA focuses specifically on health promotion in the workplace.
Research Agenda	Priority will be given to those applications that emphasize the design and evaluation of interventions and identification of determinants affecting the successful implementation of evidence-based cost-effective health promotion interventions in the workplace or that have impact on the workplace.

Name of Grant Program	CDC Public Health Research: Health Protection Research Initiative-Institutional Research Training Grant
Funding Agency	Centers for Disease Control and Prevention (CDC) (http://www.cdc.gov)
Program Funding	CDC intends to commit approximately \$4,000,000 in FY 2004 to fund 2 to 4 new grants. An applicant may request up to three consecutive 12-month budget periods within a project period of up to 3 years. This Institutional research training grant is the first award of this type offered by CDC and it is not renewable.
Funding Announcement Website	http://grants1.nih.gov/grants/guide/rfa-files/RFA-CD-04-003.html
Funding Opportunity #	RFA-CD-04-003
Deadline	June 21, 2004
Summary	Funds for institutional training grants to eligible institutions to develop or enhance training programs to provide research training opportunities for individuals, selected by the institution, who are training for careers in specified areas of health protection research. Within the expanded framework of public health research, recruiting individuals from racial or ethnic underrepresented groups is a high priority.

Name of Grant Program	CDC Public Health Research: Health Protection Research Initiative-Centers of Excellence in Health Promotion Economics Center Core Grant
Funding Agency	Centers for Disease Control and Prevention (CDC) (http://www.cdc.gov)
Program Funding	CDC intends to commit approximately \$1,000,000 in FY 2004 to fund 1 new grant in response to this RFA. An applicant may request up to three consecutive 12-month budget periods within a project period of up to 3 years. This RFA will use the Research Center Core (P30) grant award mechanism.
Funding Announcement Website	http://grants1.nih.gov/grants/guide/rfa-files/RFA-CD-04-004.html
Funding Opportunity #	RFA-CD-04-004
Deadline	June 21, 2004
Summary	Funds to provide core support for the establishment of Centers of Excellence in Health Promotion Economics. The primary objective of this funding is to establish Centers of Excellence in Health Promotion Economics that would explore economic solutions to developing, evaluating, and implementing health promotion guidelines, recommendations, programs, and policies; and to evaluate their cost-effectiveness, consequently improving upon all aspects of health promotion-related efforts. Priority will be given to strategies that employ health promotion economics to address major actual causes of death in the United States, e.g., obesity, diabetes, poor nutrition, and lack of adequate physical activity.

Name of Grant Program	CDC Public Health Research: Health Protection Research Initiative Mentored Research Scientist Development Award
Funding Agency	Centers for Disease Control and Prevention (CDC) (http://www.cdc.gov)
Program Funding	The CDC intends to commit up to \$10,000,000 in FY 2004 funds for approximately 20 new grants in response to this RFA. The award provides up to three consecutive 12-month budget periods within a project period of up to 3 years. An applicant may request a budget for direct costs of up to \$300,000 per year. This RFA will use the K01 award mechanism.
Funding Announcement Website	http://grants1.nih.gov/grants/guide/rfa-files/RFA-CD-04-001.html
Funding Opportunity #	RFA-CD-04-001
Deadline	June 22, 2004
Summary	Public health research funds to support the development of a qualified and experienced cadre of independent public health researchers to address priority health protection issues. Applicants are encouraged to seek career development strategies that include close collaboration with members of the study population and colleagues from non-academic sectors including public health agencies, healthcare organizations, schools, or businesses.
Requirements/Restrictions	At least 75 percent of the recipient's full-time professional effort must be devoted to the goals of this award.

Name of Grant Program	Cooperative Agreement Funding Opportunities
Funding Agency	Centers for Disease Control and Prevention, through cooperative agreements with the national organizations listed below
Funding Announcement Website	http://www.cdc-cafunding.org/start.htm
Description and Eligibility	<p>The national associations below each have a cooperative agreement (CA) with CDC that supports extramural projects including research and non-research activities. Members are eligible to participate in the cooperative agreement funding cycle.</p> <p>Association of American Medical Colleges (AAMC) is a nonprofit association that currently represents the nation's 126 accredited medical schools, nearly 400 teaching hospitals and various academic and scientific societies. To receive funding through the AAMC-CDC cooperative agreement, the Principal Investigator must be on staff at one of the accredited medical schools, teaching hospitals or societies that the AAMC represents. To find out if you are eligible to apply through the AAMC please contact Tammi Simpson at cdc@aamc.org.</p> <p>Association of Schools of Public Health (ASPH) is the only national organization representing the deans, faculty, and students of this nation's 34 accredited schools of public health, and accredited graduate programs in public health, and the 8 schools moving towards accreditation, in the United States and Puerto Rico. All fully appointed faculty at one of the 34 accredited SPH are eligible to apply through the Cooperative Agreement funding mechanism; adjunct professors are not eligible to serve as Principal Investigators. For other questions regarding eligibility, please contact Tamara Burnette at grants@asph.org.</p> <p>Association of Teachers of Preventive Medicine (ATPM) is a multidisciplinary professional association of health promotion and disease prevention educators and researchers. ATPM members include physicians, health services researchers, public health professionals, nurses, residents and students within academic departments and programs, health agencies, and graduate programs of public health. For eligibility requirements, please contact Alisen James at ajames@atpm.org.</p>
Type of funding provided	2004 Research and Non-Research Funding Opportunities through the CDC cooperative agreements included 20 projects through individual research project areas; 7 projects through individual non-research project areas; and opportunity to submit investigator initiated projects.
Deadline	Deadlines for submissions for the 2004 funding cycle have past.
Specific areas of focus	Projects address a range of health issues; length of awards range from 1-3 years; and general funding level per year ranges from \$80,000 to \$600,00.

EXAMPLE OF A CBPR PROJECT FUNDED BY THE COOPERATIVE AGREEMENT MECHANISM

Examining Community-Institutional Partnerships for Prevention Research (Principal Investigator Sarena D. Seifer, University of Washington and Community-Campus Partnerships for Health, sarena@u.washington.edu): The project aims to identify and synthesize what is known about community-academic collaborations in prevention research and develop and evaluate strategies to foster community and institutional capacity for participatory research at national and local levels. The project's ultimate goal is to facilitate approaches for effectively translating community interventions in public health and prevention into widespread practice at the community level. The project involves nine partner organizations: , CDC Prevention Research Centers National Community Committee, Community-Based Public Health Caucus of the American Public Health Association, Community-Campus Partnerships for Health at the University of Washington School of Public Health and Community Medicine, Community Health Scholars Program, Detroit Community-Academic Urban Research Center, Harlem Health Promotion Center, New York Urban Research Center, Seattle Partners for Healthy Communities and Yale-Griffin Prevention Research Center. The measurable outcome objectives of this collaborative project are to:

1. identify and synthesize lessons learned about developing successful community-institutional collaborations in prevention research (year 1);
2. identify the key issues that emerge from what is known concerning factors that can facilitate and impede successful community-institutional relationships and outcomes (year 1);
3. develop a strategic plan to foster community and institutional capacity for participatory approaches to prevention research at national and local levels (year 1); and
4. implement and evaluate one or more strategies to foster community and institutional capacity for participatory approaches to prevention research at national and local levels (year 2).

Name of Grant Program	Program Announcement 02003: Community-Based Participatory Prevention Research
Funding Agency	Office of Extramural Research, Public Health Program Office, Centers for Disease Control and Prevention
Funding Announcement Website	http://www.phppo.cdc.gov/od/oser/prGrants.asp
Description and Eligibility	<p>The purpose of the program is to stimulate investigator-initiated participatory research on community-based approaches to prevention. Findings from these projects should advance the practice of public health and policy in order to promote health and reduce disease, disability, and injury. Specifically, this announcement seeks to support multi-disciplinary, multi-level, participatory research that will enhance the capacity of communities and population groups to address health promotion and the prevention of disease, disability and injury. Multi-level research involves interventions directed at two or more levels, such as individual, family, neighborhood, organizational, broader community (e.g., city, county, state), environmental and/or policy or legislative levels.</p> <p>Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, and State and local governments or their bona fide agents. The following are additional applicant requirements: a) a principal investigator who has conducted research, published the findings in peer-reviewed journals, and has specific authority and responsibility to carry out the proposed project; b) demonstrated experience (on the applicant's project team) in conducting, evaluating, and publishing prevention research in peer-reviewed journals; and c) effective and well-defined working relationships within the performing organization and with partnering communities (including public health agencies) that will ensure implementation of the proposed activities.</p>
Type of funding provided	25 grants totaling \$11.4 million were announced in October 2002. The grantees received an average of \$450,000 in the first year of a 3 year initiative.
Deadline	This program awarded grants in fiscal year 2002
Specific areas of focus	While the direction of the research must be guided by the expressed needs and interests of the community engaged in the study, this program is especially targeted to supporting cross-cutting research (i.e. research that considers interventions or methods that would now or in the future be applicable to more than one health condition).

EXAMPLES OF CBPR PROJECTS BY THE ABOVE MECHANISM

Poder es Salud / Power for Health (Principal Investigator, Stephanie Ann Farquhar, Portland State University): The goal of this project is to increase the capacity of members of the African American and Latino communities in Multnomah County, Oregon, to identify health issues and address health promotion and disease prevention, through the intervention of Community Health Workers (CHWs) who use Popular Education. By focusing on the implementation of an approach to conducting participatory research and program development, Poder es Salud/Power for Health will indicate how to increase participation of community members in defining the research questions, conducting and analyzing the research, and interpreting and applying the research findings. Poder es Salud/Power for Health assesses the impact of the participatory approach in these two communities by measuring change in the level of community social capital. The specific aims of Poder es Salud/Power for Health are:

To identify culturally-specific elements of an effective CHW intervention in the African American and Latino communities; to identify supportive policies and environments that allow CHWs and community members to effectively identify and address health issues; and to determine how social capital both influences and results from an effective participatory approach to identifying and addressing health promotion and disease prevention.

Participatory School-Based Health Center Research (Principal Investigator Claire Brindis University of California, San Francisco): This project will utilize new student and school staff participatory research methods to conduct student health research. The project builds on a five-year history of collaborative evaluation research of eight SBHCs in Alameda County. Through this participatory effort, UCSF and the SBHCs have developed and implemented an evaluation that measures prioritized student and client health outcomes. This proposed project will increase the capacity of not only the SBHCs, but also Student Research Teams and Coordinated School Health Teams to engage in the research process to improve health programs, to disseminate findings, and to translate the findings into programmatic recommendations that can be widely disseminated. The anticipated outcomes of the project are to: 1) Improve the capacity of SBHCs, students, and schools to engage in participatory research, 2) Improve the quality and breadth of school health programs, and 3) Improve client and student health outcomes

Name of Grant Program	Racial and Ethnic Approaches to Community Health (REACH) 2010
Funding Agency	National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention http://www.cdc.gov
Program Funding	In fiscal year 2003, CDC funded 35 REACH 2010 projects and supported the new emphasis on projects in American Indian and Alaska Native communities. Funding for REACH 2010 in 2004 will be \$37.3 million.
Contact Information	http://www.cdc.gov/reach2010
Summary	<p>(REACH) 2010 is the cornerstone of CDC's efforts to eliminate racial and ethnic disparities in health. Launched in 1999, REACH 2010 is designed to eliminate disparities in the following six priority areas: cardiovascular disease, immunizations, breast and cervical cancer screening and management, diabetes, HIV/AIDS, and infant mortality. The racial and ethnic groups targeted by REACH 2010 are African Americans, American Indians, Alaska Natives, Asian Americans, Hispanic Americans, and Pacific Islanders.</p> <p>REACH 2010 supports community coalitions in designing, implementing, and evaluating community-driven strategies to eliminate health disparities. Each coalition comprises a community-based organization and three other organizations, of which at least one is either a local or state health department or a university or research organization.</p> <p>In FY 2000, Congress appropriated \$30 million to support REACH 2010, a 5-year demonstration project that supports community coalitions in designing, implementing, and evaluating community-driven strategies to eliminate health disparities. In FY 2001, Congress appropriated \$35 million to continue REACH 2010 projects and add a new emphasis on the American Indian and Alaska Native communities. Currently, there are 33 community projects, which includes two projects funded by the California Endowment.</p>
Research Agenda	REACH 2010 grantees are using local data to implement interventions that address one or more of the six priority areas and target one or more racial and ethnic groups. The activities of these community coalitions include continuing education on disease prevention for healthcare providers, health education and health promotion programs that use lay health workers to reach community members, and health communications campaigns.

Name of Grant Program	Program to Facilitate Environmental Justice in Minority & Under Served Communities
Funding Agency	Centers for Disease Control and Prevention (www.cdc.gov) Agency for Toxic Substances and Disease Registry (ATSDR) (www.atsdr.cdc.gov)
Program Funding	\$125,000
Number of Awards	1
Length of Award	5 years
Contact Information	Stephanie Miles-Richardson, D.V.M., Ph.D. srm7@cdc.gov (404) 498-0111
Funding Announcement Website	http://www.cdc.gov/od/pgo/funding/FAFBG.pdf pg. 19
Funding Opportunity #	Program announcement number 04021 CFDA number 93.161
Deadline	May 1, 2004
Summary	The purpose of this program is to assist minority educational institutions in expanding and enhancing educational and research opportunities related to exposure to hazardous substances in the environment, and providing education and information to African American, Hispanic, and other minority and low income communities that are affected by hazardous waste sites and that have environmental justice concerns.
Research Agenda	This announcement follows a successful 5-year project period, which included the development of culturally competent environmental health instructional materials for health professionals, and maintenance and distribution of environmental justice related resources. Community-based workshops on Geographic Information Systems (GIS) were conducted and strategies for assisting communities in identifying the needs of “at risk” populations were also identified. During this second 5-year period, the project will continue to conduct outreach to diverse groups and organizations that focus on minority health, environment, and education with the goal of facilitating collaborations and partnerships. Strategies developed during the first program period will be implemented, evaluated, and expanded.
Restrictions/ Requirements	Eligible applicants include: Historically Black Colleges and Universities (HBCUs) and Hispanic Serving Institutions (HSIs) with documented expertise in addressing environmental justice concerns of minority and under served communities.

Name	Agency for Toxic Substances and Disease Registry (ATSDR) Centers for Disease Control and Prevention (CDC)
Contact	http://www.atsdr.cdc.gov/ View the Federal Assistance Funding book at http://www.cdc.gov/od/pgo/funding/FAFBG.pdf Telephone: (770) 488-2700
Agency Description	ATSDR is directed by congressional mandate to perform specific functions concerning the effect on public health of hazardous substances in the environment. These functions include public health assessments of waste sites, health consultations concerning specific hazardous substances, health surveillance and registries, response to emergency releases of hazardous substances, applied research in support of public health assessments, information development and dissemination, and education and training concerning hazardous substances.
Type of funding provided	ATSDR occasionally provides funds to health departments, universities, nonprofit groups, or vendors to conduct activities, sponsor meetings or provide needed services which support ATSDR's mission. Grants, cooperative agreements, and contracts for the Agency for Toxic Substances and Disease Registry are processed through the Procurement and Grants Office at the Centers for Disease Control and Prevention.
Restrictions or requirements	In general, assistance is provided to nonprofit organizations and institutions, including faith-based and community-based entities, State and local governments, their agencies, Indian Tribes or tribal organizations, and occasionally to individuals. For-profit organizations are eligible to receive awards under financial assistance programs unless specifically excluded by legislation.

Name of Grant Program	American Indian-Alaska Native Head Start-University Partnerships
Funding Agency	U.S. Department of Health and Human Services Administration for Children and Families (ACF) Office of Planning, Research and Evaluation (OPRE) http://www.acf.hhs.gov/programs/opre
Program Funding	Total Program funding is \$1,000,000. Grants will not exceed \$200,000 each the first year, and will not exceed \$200,000 each the second through third 12 month period.
Number of Awards	4-6 projects
Length of Award	Up to 3 years
Funding Announcement Website	http://www.acf.hhs.gov/grants/open/HHS-2004-ACF-OPRE-YF-0002.html
Funding Opportunity #	HHS-2004-ACF-OPRE-YF-0002
Deadline	June 7, 2004.
Summary	Funds are provided for American Indian-Alaska Native Head Start-University Partnerships to build model research partnerships between American Indian-Alaska Native program staff, members of tribal communities, and researchers.
Research Agenda	Research partnerships are intended to expand on the strengths of the researchers and grantee partners who constitute the partnerships in order to benefit the larger Head Start and early childhood community.
Restrictions/ Requirements	An important element of this announcement is the requirement that researchers demonstrate a partnership or partnerships with Head Start or Early Head Start programs as part of all research efforts, including the development, piloting, refinement, training, and use of measures.

Name of Grant Program	Child Care Bureau Research Scholars
Funding Agency	U.S. Department of Health and Human Services' Administration for Children and Families (ACF), Administration on Children, Youth, and Families (ACYF), Child Care Bureau (CCB) http://www.acf.hhs.gov/programs/ccb
Program Funding	Total Program funding is \$120,000 per year. Grants will be awarded for up to \$30,000 each the first year, and up to \$20,000 each the second year not exceeding \$50,000 for the project period.
Number of Awards	4
Length of Award	2 years
Funding Announcement Website	http://www.acf.hhs.gov/grants/open/HHS-2004-ACF-ACYF-YE-0006.html
Funding Opportunity #	HHS-2004-ACF-ACYF-YE-0006
Deadline	June 28, 2004
Summary	The CCB Research Scholar Grants are designed to increase the number of graduate students conducting dissertation research on child care issues that are consistent with the Bureau's research agenda.
Research Agenda	The Bureau's FY 2004 child care research agenda will continue ongoing projects and launch new research initiatives. The CCB's research agenda supports activities that will generate knowledge about child care services and programs and to inform policy decisions and solutions. They intend to improve their capacity to respond to questions of immediate concern to policymakers, strengthen the child care research infrastructure, and increase knowledge about the efficacy of child care policies and programs in providing positive learning and school readiness outcomes for children and employment and self-sufficiency outcomes for parents.
Restrictions/ Requirements	No individual educational institution will be funded for more than one candidate unless applications from different universities or colleges do not qualify for support. Eligible applicants are institutions of higher education acting on behalf of graduate students who are pursuing a doctorate and who are completing a dissertation on child care issues.

Name	Agency for Healthcare Research and Quality
Contact	Mable L. Lam, Grants Management Officer Telephone: (301) 427-1448 http://www.ahrq.gov/fund/funding.htm
Agency Description	AHRQ is the Federal Government's focal point for research to enhance the quality, appropriateness, and effectiveness of health care services and access to those services. AHRQ accomplishes these goals through the establishment of a broad base of scientific research on the organization, financing, and delivery of health care services, and through the promotion of improvements in clinical practice.
Type of funding provided	AHRQ uses mechanisms of grants, cooperative agreements, and contracts to carry out research projects, demonstrations, evaluations, and dissemination activities. AHRQ also supports small grants, conference grants, and training through dissertation grants and National Research Service Awards to institutions and individuals. The vast majority of AHRQ grants and cooperative agreements are investigator-initiated. Areas of specific interest for grants and cooperative agreements are announced in the NIH Guide for Grants and Contracts. AHRQ also awards contracts for specific research activities. A contract is an agreement, initiated by the Government, that is used to acquire an identifiable product or service, under specified terms.
Relevant Reports	Community-Based Participatory Research. Conference Summary. July 2002. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/about/cpcr/cbpr/ The Role of Community-Based Participatory Research: Creating Partnerships, Improving Health. AHRQ Publication No. 03-0037, June 2003. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/research/cbprrole.pdf

EXAMPLES OF CBPR PROJECTS CURRENTLY FUNDED BY AHRQ

A Neighborhood Health Center-Based Research Network (Principal Investigator Karen Lasser, Cambridge Health Alliance, klasser@challiance.org): We seek category-I funding to develop a primary care practice-based research network (PBRN) at Cambridge Health Alliance with the following specific aims: 1) to study the health care needs of a diverse population of minority and low-income patients served by community health centers; 2) to develop research ideas from a cohesive, mission-driven group of practicing primary care providers and from the communities they serve; 3) to use electronic data collection to aggregate practice-derived data; 4) to develop systems to facilitate the translation of research findings into practice; 5) to implement and study rapid cycle quality improvement projects; and 6) to identify potential external sources of funding support. We will garner support for the PBRN and will solicit research and quality improvement ideas from practicing primary care providers by conducting site visits to every Cambridge Health Alliance-affiliated neighborhood health center. We will also conduct focus groups with primary care providers, and will create an e-mail list-serve to discuss research ideas as well as to disseminate new research findings. We will form a committee charged with identifying research developments that are relevant to our community health center patient population. To ensure a patient voice in the research process, we will actively involve a community advisory board. Our PBRN will involve trainees, residents, and general medicine fellows. We will also draw upon the resources of the greater Harvard medical community by creating a research advisory board comprising senior general internal medicine faculty, and will consult with well-established PBRN network directors for technical assistance. The principal investigator will receive training in how to query EPIC, the ambulatory electronic medical record, and in how to transform data into a SQL structure for SAS reporting. The principal investigator and co-network director will work with primary care providers to create templates in the electronic medical record that facilitate data aggregation for quality improvement efforts and for research.

Improving Diabetes Care Collaboratively in the Community (Principal Investigator Marshall Chin, University of Chicago, mchin@medicine.bsd.uchicago.edu) The long-term objective of this research is to improve the quality of care and health outcomes of indigent, vulnerable patients with diabetes who receive their care at rural and urban community health centers (CHC), critical sites of primary care for 10 million Americans who reside in medically underserved areas. The research should also inform efforts to manage other chronic diseases in these settings, and it is important in its own right since diabetes affects 10 million patients, costs 100 billion dollars annually, and causes significant complications including retinopathy, nephropathy, neuropathy, and cardiovascular disease. Investigators will test 2 models of quality improvement applied to diabetes care in CHCs: (1) a collaborative approach incorporating intensive, extended training in total quality management and a chronic disease model, group brainstorming and problem-solving, and development of skills in provider-patient communication; and (2) a control model consisting of basic, brief training in total quality management and a chronic disease model. They hypothesize that the intensive collaborative approach will prove more effective in improving diabetes care. By the end of project year 1, 40 CHCs in the MidWest Clinicians' Network (MWCN), a not-for-profit organization of 70 CHCs serving indigent vulnerable patients in 10 Midwestern states, will receive basic training in total quality management and a chronic disease model. At the end of year 1, the 40 CHCs will be randomized either to the intensive intervention or usual care. All CHCs will also receive feedback of data. Investigators will use hierarchical regression models to compare the 2 quality improvement approaches across several process and outcome measures such as rates of referral for dilated ophthalmological examination and values of glycosylated hemoglobin. They will also perform case studies of the CHCs to describe the barriers and facilitators of implementing the collaborative intervention, as well as the individual interventions made at each CHC. This proposal builds on an established research relationship among the principal investigator, Marshall Chin, MD, MPH, the University of Chicago, and MWCN. While the interventions are designed to succeed in the particularly challenging CHC setting, the findings should be generalizable to health systems with more resources and to other chronic diseases.

Name	Health Resources and Services Administration (HRSA), Department of Health and Human Services
Contact	Health Resources and Services Administration U.S. Department of Health and Human Services Parklawn Building 5600 Fishers Lane Rockville, Maryland 20857 http://www.hrsa.gov/ http://www.hrsa.gov/grants/preview/
Average Number of Grants	In FY 2004, HRSA expects to award approximately \$6 billion through more than 100 programs, each with its own application availability and deadline, eligibility and award criteria.
Specific areas of focus	HRSA awards grants and cooperative agreements that expand and improve <ul style="list-style-type: none"> • Primary health care for medically underserved people • Health and related services for people with HIV/AIDS • Maternal and child health • Health professions training and education • Rural health • Telemedicine • Organ donation

Name of Grant Program	Community Outreach Partnership Center (COPC) Program
Funding Agency	US Department of Housing and Urban Development (HUD) (http://www.hud.gov)
Program Description	To provide funds to community colleges, four-year colleges, and universities to establish and operate a COPC to address the problems of urban areas.
Program Funding	Up to \$5.5 million for approx 13 COPC New Grants and \$1.4 million for approx 7 COPC New Directions Grants. New Grants will be awarded to applicants who have never received a COPC grant. The maximum amount an applicant can request for award is \$400,000 for a three-year period. New Directions Grants will be awarded to applicants who have previously received a COPC grant to undertake new directions in their activities. The maximum amount an applicant can request for award is \$200,000 for a two-year period.
Contact Information	Office of University Partnerships within HUD's Office of Policy Development and Research, www.oup.org
Funding Announcement Website	http://www.oup.org/about/copcapps.html
Funding Opportunity #	The Federal Register Number is FR-4900-N-26. The OMB Approval Number for this program is 2506-0180.
Deadline	July 9, 2004
Research Agenda	COPC Programs may combine outreach activities with research (if applicable) and work with communities and local governments to address the multidimensional problems that beset urban areas. Research activities must have a clear near-term potential and practical application for solving specific, significant urban problems in designated communities and neighborhoods, including evaluation of the effectiveness of the outreach activities and how they relate to HUD programs.
Restrictions/ Requirements	Eligible Applicants: Public and private nonprofit institutions of higher education granting two- or four-year degrees and accredited by a national or regional accrediting agency recognized by the U.S. Department of Education. Both the COPC New Grants and the New Direction Grants have matching requirements.
Related Reports and Resources	Archived June 2004 webcast about HUD University programs: http://www.hud.gov/webcasts/archives/supernofa04.cfm#outreach0607 Copies of winning grant proposals: http://www.oup.org/about/copcwin.htm

EXAMPLE OF A COPC FUNDED PROGRAM

Medical College of Wisconsin (Principal Investigator Cheryl Maurana, 414-456-8291): In fiscal year 2000, the Medical College of Wisconsin received a Community Outreach Partnership Centers Program New Grant of \$398,037 to work with its community partners on improving the quality of life for the residents of 18 public housing developments in Milwaukee, Wisconsin. MCW, which is the largest private medical school in the United States, will be helping to address six community-identified concerns: community organizing and leadership development; violence prevention; health education; economic development; home safety; and homeownership. Among the activities MCW will undertake with its community partners are:

Implementing a Community Advocates program to provide public housing residents with the knowledge, skills, and resources to affect positive change in their communities;

Preventing youth violence through a Parents Helping Parents program to improve public housing residents' parenting skills and through domestic violence programs for public housing staff, on-site health care and social service providers;

Bringing public housing residents together to develop strategies to increase safety in their buildings and immediate neighborhoods;

Increasing housing residents' ability to read, comprehend, and act on basic health care information through a Health Literacy program; and

Expanding MCW's existing Chat and Chew program, a learning exchange program in which housing residents learn from medical students' health presentations on community-identified topics, and the students learn about issues of health in a low-income minority community from the residents themselves.

MCW's efforts combine the strengths of seven departments, 14 centers and offices, and five student organizations. Community partners include the Housing Authority of the City of Milwaukee, S.E.T. Ministry, Inc., Housing Authority Resident Organizations and Councils, the Private Industry Council of Milwaukee, the Boys and Girls Club of Greater Milwaukee, the Parklawn YMCA, the Silver Spring Neighborhood Center, and Neighborhood Housing Services. Over \$1 million in matching funds is being donated to the project.

OTHER FUNDING SOURCES

Name	American Cancer Society (ACS)
Contact	1-800-ACS-2345 (1-800-227-2345) http://www.cancer.org http://www.cancer.org/docroot/RES/RES_5.asp?sitearea=RES
Description	<p>The American Cancer Society is the largest non-government funder of cancer research in the United States. Since their Research Program began in 1946, the ACS has devoted more than \$2.5 billion to cancer research.</p> <p>The Society's research program focuses on beginning investigators, a program of targeted research, and an enhanced commitment to psychosocial and behavioral, health services, health policy, epidemiological, clinical and cancer control research. In response to identified needs in clinical oncology, the Society also sponsors grants in support of training for health professionals seeking to develop their clinical expertise and/or their ability to conduct independent research. Grants are available for independent investigators, mentored training and career development, predoctoral training, professorships, special initiatives, and international research programs.</p>

Name of Grant Program	California Breast Cancer Research Program (CBCRP) Community Research Collaboration (CRC) Awards
Funding Agency	California Breast Cancer Research Program
Contact Information	<p>Funding agency website: http://www.cbcrp.org/ Cathyn Fan, Phone 510 987-0646, cathyn.fan@ucop.edu Walter Price, Phone 510 987-9886, walter.price@ucop.edu Main Phone 510 987-9884 or 888 313-2277</p> <p>Technical assistance workshops are being conducted throughout California: http://www.cbcrp.org/community/workshop.php</p>
Funding Announcement Website	http://www.cbcrp.org/apply/crcCall/
Deadline	November 4, 2004
Program Description	<p>CBCRP is a state-funded breast cancer research funding organization administered by the University of California Office of the President in Oakland. The mission is to eliminate breast cancer by leading innovation in research, communication, and collaboration in the California scientific and lay communities. The CBCRP Council consisting of breast cancer survivors and advocacy groups, scientists, clinicians, and industry representatives guides the CBCRP. Since 1995, the organization has funded over 569 breast cancer research grants totaling nearly \$150 million to CA researchers and community groups addressing several priority areas using several different award types.</p>
Research Agenda	<p>The CRC award, developed in 1997, requires a partnership between community members (such as a breast cancer advocacy organization, a community clinic or organization serving women with breast cancer, or a member of a California community affected by breast cancer) and experienced research scientists. CRC award applications must identify and address one of these priority issues:</p> <ol style="list-style-type: none"> 1. The Community Impact of Breast Cancer: The Social Context 2. Etiology and Prevention: Finding the Underlying Causes 3. Biology of the Breast Cell: The Basic Science of the Disease 4. Detection, Prognosis and Treatment: Delivering Clinical Solutions
Type of funding provided	<p>The CRC Pilot Research award is for a maximum of \$100,000 in direct costs for an 18-month project. Indirect costs, over the direct cost limit, are also available. The Pilot Research award supports the initial phase of the project, including feasibility of methods, strengthening collaborations, development of tools and methods, and/or collecting pilot data.</p> <p>The CRC Full Research award is for a maximum of \$500,000 in direct costs for a three-year project. Indirect costs, over the direct cost limit, are also available. The Full Research award is for projects with a fully</p>

	developed research plan with supporting preliminary data, carried out by a well integrated team of scientific and community members with a previous work relationship. Typically, the plan supports the completion of the research plan developed and initiated during the Pilot award, although a previous Pilot award is not a requirement for the Full award application.
Restrictions/ Requirements	A team consists of a California-based community organization (formal or informal) and an experienced scientific researcher (working in an appropriate research discipline or setting). The community organization must identify one member who will act as “Co-Principal Investigator” for the purposes of the study. This partnership must work together in all phases of the collaborative research project. Evidence of the participation of broad community involvement throughout the entire project MUST be present.

EXAMPLES OF CBPR PROJECTS FUNDED BY THE CBCRP

Reducing Disparities among Korean American Women: The focus of this proposal is the low mammography rescreening rate among Korean American (KA) women served by KHEIR through "Cancer Detection Programs: Every Woman Counts" (previously known as Breast Cancer Early Detection Program - BCEDP). This is a concern, given that all the evidence on the effectiveness of mammography in reducing mortality is based on repeat screening at regular intervals. An intervention that is developed for and with significant input from KA women will be culturally sensitive and tailored towards the specific needs of this group, and therefore most likely to be effective in increasing regular screening. We will explore misconceptions and barriers to regular screening among KA women, facts that may encourage women to get screened on a regular basis and how to best convey this information to KA women. Based on suggestions and feedback from KA women we will then develop one or more interventions and pilot test each intervention with 50 KA women who are due for rescreening. We will compare their rescreening rates with that of women who have not received any intervention (usual care), debrief women to find out if they perceived the intervention as helpful, and estimate how expensive it will be to implement the intervention on an ongoing basis. This project is innovative in its focus on low-income KA women, who are underserved and underscreened. Other innovative features are our focus on repeat screening, the utilization of an established and very successful outreach program, and the collaboration between a well established research program at UCLA and KHEIR, the largest KA nonprofit organization in California. Finally, our focus on intervention development is innovative, given that most studies among Asian women are limited to survey research.

Network-Based Intervention for Chamorros in Southern CA : This three-year, community-based research project applies social network theory to test the effectiveness of a tailored, Chamorro lay health leader intervention to increase breast cancer screening rates among Chamorro women age 50 years and older in the counties of Los Angeles and Orange. The study employs a quasi-experimental (intervention and control group), prospective cohort, pretest/posttest design, with Chamorro women from Northern California (specifically Alameda, Solano and Santa Clara Counties) agreeing to serve as the comparison group. This project hypothesizes that the intervention will significantly increase the rates of appropriate breast cancer screening (baseline and regular breast self-examination, clinical breast examination, and mammography), and that the increased screening rates will be related to increased diffusion of information and skills through naturally-occurring social networks of Chamorro women. During the three-year period, we will undertake the following major activities: 1) identification of Chamorro women 50+ years old who are linked to each other through close social (family and friendship) ties; 2) training of 20 Chamorro lay leaders in breast cancer information and screening (modeled after ACS’ Special Touch and the Wai’anae Cancer Research Project’s lay leader training programs); 3) implementation of lay leader-led small-group events to educate women about

BSE, CBE and mammography; 4) linkage with other projects (OCAPICA's Promoting Access To Health Project) to facilitate screening services for interested women; 5) follow-up measurement of women after 1 ½ years of intervention to measure changes in women's behavior and diffusion of those behaviors through social networks; and 6) dissemination of materials and training to Chamorro women in the bay area (who served as the "controls") as well as to other Chamorro and Pacific Islander communities (through our network of professional and community contacts). This study continues a close community-based collaboration established five years ago between Guam Communications Network, Inc., and the University of California, Irvine, and broadens it to include two other Chamorro social groups, the Famalao'an (Chamorro for "the women") and the Bay Area Women's Social Club. While this study will provide vital information on breast health promotion for Chamorro women, we also believe the results will help in the development of the successful strategies for the promotion and evaluation of breast cancer screening to ethnic minority women who are from relatively smaller, tightly-knit communities across California.

Name of Grant Program	Local Opportunities Fund and CommunitiesFirst
Funding Agency	The California Endowment http://www.calendow.org
Contact Information	21650 Oxnard St., Suite 1200 Woodland Hills, CA 91367 Tel: (800) 449-4149 Fax (818) 703-4193 E-mail: questions@calendow.org
Funding Announcement Website	http://www.calendow.org/opportunities/index.stm
Program Description	<p>Local Opportunities Fund: designed to provide resources to grassroots organizations that address important health issues on a local level. The maximum grant amount for the program is \$50,000. There are three application deadlines per year in January, May and September. The next application deadline is: September 13, 2004. Contact Info: (800) 449-4149, ext 3540; LocalOpportunitiesFund@calendow.org</p> <p>CommunitiesFirst: Created to provide communities and organizations with a vehicle to address persistent and/or emerging health issues using community driven-approaches. CommunitiesFirst accepts applications year-round. Contacts: (800) 449-4149 x 3311; CommunitiesFirst@calendow.org</p>

Name of Grant Program	Pilot Study Funding
Funding Agency	Center for the Advancement of Health Disparities Research (CAHDR), a collaborative partnership between the University of Washington (UW) and the University of Hawaii at Manoa (UHM) Schools of Nursing http://www.son.washington.edu/centers/hdc/
Contact Information	Laura J. Mason Program Operations Manager ljmason@u.washington.edu Box 357263, HSB T519a Seattle WA 98195 (206) 616-6360
Funding Announcement Website	http://www.son.washington.edu/centers/hdc/pilots.asp
Deadline	Next call for proposals will be Winter 2005.
Program Description	Program provides funding to faculty and post-doctoral fellows at the University of Washington and the University of Hawaii at Manoa Schools of Nursing. The Center awards \$10,000 for a one year study directed toward better understanding or reducing health disparities and developing methods for culturally sensitive interventions to eliminate health disparities.
Restrictions/ Requirements	Eligible investigators include: 1. A new investigator (faculty or post-doctoral fellows at UW or UMH Schools of Nursing) who has not been a Principal Investigator in the past, or who is not currently funded by a DHHS research project grant (e.g., RO1 or R15); 2. An established investigator (faculty or post-doctoral fellows at UW or UMH Schools of Nursing) who wishes to develop skill and expertise in conducting minority health/health disparities research, and for whom this area represents a clear and distinct departure from their ongoing research interests.

Name of Grant Program	Minority Training Program in Cancer Control Research (MTPCCR)
Funding Agency	National Cancer Institute (NCI) (http://www.nci.nih.gov)
Contact Information	Pamela A. Ratliff, MPA MTPCCR Program Coordinator UCSF Comprehensive Cancer Center 74 New Montgomery Street, Suite 200, Box 0981 San Francisco, CA 94143-0981 415/597-8161 (voice) / 415/597-4667 (fax) / pratloff@cc.ucsf.edu
Funding Announcement Website	http://cc.ucsf.edu/mtpccr/
Deadline	February 23, 2004
Program Description	The purpose of the MTPCCR, a joint program of the UCSF Comprehensive Cancer Center and the UCLA School of Public Health, is to increase ethnic diversity in the field of cancer control research by encouraging minority students in master's level health programs as well as master's trained health professionals to pursue a doctoral degree and a career in research.
Type of funding provided	The MTPCCR consists of three components: a Summer Institute, Paid Internships, and Doctoral Application Support Awards.
Restrictions/ Requirements	Minority students attending a master's level health program at ANY academic institution as well as master's trained health professionals are encouraged to apply.

Name	Motorola Foundation
Contact	http://www.motorola.com/MotorolaFoundation/
Agency Description	The Motorola Foundation was established in 1953 primarily to support leading universities in the United States. Today, the Motorola Foundation provides funding to higher education as well as a multitude of primary and secondary education programs. The foundation goal is to augment the level of education for youth. Where appropriate, the focus will be on math, science, and engineering education. Emphasis is also placed on assisting human services, primarily through support to local United Way organizations. The Motorola Foundation provides funding to communities where Motorola has a major operating presence.
Specific areas of focus	<p>Global Priority Giving Areas</p> <ul style="list-style-type: none"> • Universities - engineering/ technical/science programs. • Programs reaching traditionally under-represented groups in the areas of math, science, engineering and business. • Programs providing technical assistance, research and statistical information on the state of science and engineering education. • Strengthening science and mathematics education at the pre-collegiate level. • Programs that support the protection and preservation of the environment.
Restrictions or requirements)	<p>The Motorola Foundation does not lease or donate Motorola products or equipment.</p> <p>In order to direct our resources towards projects and programs that are within priority giving areas, the Motorola Foundation does not contribute to the following:</p> <ul style="list-style-type: none"> • Individuals (including scholarships, or other forms of financial assistance) • Political or lobbying organizations, candidates or campaigns • Endowment Funds • Sports sponsorships • Fund-raising events, conferences or benefits, including sponsorships, dinners, tickets or courtesy advertising • National health organizations or their local chapters • Organizations dedicated to fighting specific diseases, e.g. cancer, lung, heart, etc. • Capital fund drives • Trade Schools • Private Foundations described under IRS Code Section 509(a) • Media Projects

Name	Northwest Health Foundation
Contact	Northwest Health Foundation 1500 SW First Avenue, Suite 850 Portland, OR 97201 Phone (503) 220-1955 Fax (503) 220-1335 nwhf@nwhf.org http://www.nwhf.org
Current Calls for Proposals	<p>Arthritis In Focus Initiative In 2002, Northwest Health Foundation announced a commitment of \$1.5 million over three years to fund clinical, translational and public health research projects in arthritis and rheumatic diseases. The aim of this focused-funding initiative is to improve the quality of life for people with arthritis who live in Oregon and Southwest Washington by understanding and reducing the negative impact of arthritis and other rheumatic conditions. The 2004 Call for proposals will be released soon.</p> <p>Medical Research Grants The Medical Research Grants Program (MRG) does not restrict the disease area or health topic to be researched. The type of research includes clinical, translational, epidemiological, and other types of research. Deadline: August 27, 2004.</p> <p>Student Research Awards This program responds to the need of students at the undergraduate and graduate levels to engage in meaningful research. Awards under this program are made for \$100-\$3,000. All types of research projects are eligible for support under this program. Applications may be submitted at any time during the year.</p>
Specific areas of focus	Mission of supporting innovative projects to advance, support and promote the health of the people of Oregon and southwest Washington The Foundation is open to innovative projects that address: <ul style="list-style-type: none"> • Health protection • Quality of health care • Access to health care • Basic and applied biomedical, health, and socio-behavioral research • Education for health professionals and consumers • Mental health The foundation is focused on Oregon and Southwest Washington.

Name	Pacific Northwest Prostate Cancer Research Specialized Program of Research Excellence (SPORE)
Contact	Megan Fairweather SPORE Administrator (206) 667-2716 mfairwea@fhcrc.org http://fhcrc.org/phs/prostate_spore/
Program Description	<p>The purpose of the Developmental Research Program component of the Pacific NW Prostate Cancer SPORE is to support developmental projects and pilot studies in prostate cancer research. The program is designed to create a flexible means of exploring basic research and clinical research for potential translational research projects.</p> <p>This program is most interested in research proposals submitted by basic or population scientists and clinical investigators who are seriously interested in developing new approaches to prevention and treatment of prostate cancer.</p>
Type of funding provided	Funds may be used for personnel (postdoctoral fellows, students, and technical personnel), supplies, necessary equipment, and other justifiable expenses. However, the primary intent of this program is not to provide salary support for established principal investigators. The award period will be one year.
Deadline	September 1, 2004
Specific areas of focus	Priority for funding will be given to proposals for studies that are multidisciplinary, likely to lead to submission of grant applications for independently funded investigations, and have translational potential. The highest priority for funding will be given to translational research projects demonstrating collaboration between clinicians and research scientists. New applications will be given higher priority than submissions for continuation of ongoing projects, and priority will also be given to projects with budgets of \$50,000 or less (direct costs).
Restrictions/ requirements	<p>Those eligible to apply include all investigators at the Fred Hutchinson Cancer Research Center (FHCRC), University of Washington (UW), University of British Columbia (UBC), Institute for Systems Biology (ISB), Oregon Health & Science University (OHSU), and others with an affiliation with the Program in Prostate Cancer Research (PPCR) or the PNW Prostate Cancer SPORE.</p> <p>Application is limited to faculty who are eligible to apply for NIH R01 grants. Priority will be given to investigators new to the field of prostate cancer; entry-level faculty with evidence of exceptional talent during post-doctoral residency, or fellowship training; and senior faculty with a track record for conducting significant original research.</p>

Name of Grant Program	Pfizer Faculty Scholar Award in Public Health
Funding Agency	Pfizer, Inc. Medical and Academic Partnerships Grant & Award Programs
Program Funding	\$65,000 per year
Number of Awards	1-2
Length of Award	Up to 2 years
Contact Information	http://www.promisingminds.com 1-800-201-1214
Funding Announcement Website	http://www.promisingminds.com/scholars_grants/public_health.asp
Deadline	January 9, 2004
Summary	Career development awards intended to support the development and career track of junior faculty in Public Health interested in pursuing community-based, Public Health practice research. These awards are also intended to foster collaborative partnerships between accredited schools of Public Health and state and local departments of Public Health.
Restrictions/ Requirements	Junior faculty with a doctoral degree employed by accredited school/program of Public Health at time of application, who will be mentored by a faculty member experienced in practice-based research who is not member of this award's Academic Advisory Board are encouraged to apply.

Name	Robert Wood Johnson Foundation
Contact	PO Box 2316 College Road East and Route 1 Princeton, NJ 08543-2316 (888) 631-9989 http://www.rwjf.org/applying/index.jhtml
Average Grant Size	\$1,200 to \$50,000,000
Average Number of Grants	Approximately 900 awards are made each year.
Type of funding provided	The Foundation funds projects of many types, including service demonstrations, the gathering and monitoring of health-related statistics, training and fellowship programs, policy analysis, health services research, technical assistance, public education, communications activities, and evaluations.
Restrictions or requirements	In general, the Foundation gives preference to applicants that are public agencies or are tax-exempt under Section 501(c)(3) of the Internal Revenue Code. The foundation does not fund: <ul style="list-style-type: none"> • ongoing general operating expenses or existing deficits • endowment or capital costs • basic biomedical research, research on drug therapies or devices • international programs and institutions • direct support of individuals • lobbying of any kind <p>Rarely makes grants for conferences, unless they relate clearly to the Foundation's goals, or for publications and media projects, except those that grow out of one of our grant programs.</p>

Name of Grant Program	Active Living Research – Round 3 (Formerly Active Living Policy & Environmental Research)
Funding Agency	Robert Wood Johnson Foundation http://www.rwjf.org
Program Funding	Up to \$150,000
Length of Award	Up to 2 years
Contact Information	Active Living Research Program San Diego State University 3900 Fifth Avenue, Suite 310 San Diego, CA 92103 Phone: (619) 260-5534 Fax: (619) 260-1510 E-mail: ALR@projects.sdsu.edu
Funding Announcement Website	www.activelivingresearch.org
Deadline	September 1, 2004
Summary	Active Living Research is a \$12.5 million national program to stimulate and support research that will identify environmental factors and policies that influence physical activity.
Type of funding provided	Grant funds may be used for project staff salaries, training, consultant fees, data collection and analysis, dataset procurement, meeting costs, project-related travel, supplies, computer software and other direct expenses essential to the proposed project, including a limited amount of equipment.

Name	Robert Wood Johnson Clinical Scholars Program
Funding Agency	Robert Wood Johnson Foundation
Contact	National Program Office 30 Alta Road Stanford, CA 94305 Phone (650)566-2337; Fax (650)566-2340 rwjcspadmin@stanford.edu http://rwjcsp.stanford.edu/
Program Description	<p>Over the past thirty years, the Robert Wood Johnson Clinical Scholars Program (CSP) has trained almost 1,000 physicians from varied disciplines, many of whom have become the nation's leaders in health and health care. The CSP is designed to augment clinical training by providing new skills and perspectives necessary to achieving leadership positions both within and outside the walls of academia in the 21st Century. The CSP stresses training in the quantitative and qualitative sciences underlying health services research important to improving health and medical care systems. In the program's newest iteration, there will be, in addition, emphasis on community-based research and leadership training. The goal is the integration of Scholars' previous clinical training with those of program development and research methodology to find solutions for issues in public policy, community intervention and health services research. The program offers graduate-level study and research as part of a university-based, postresidency training program.</p> <p>The four CSP sites are University of California, Los Angeles; University of Michigan; University of Pennsylvania; and Yale University.</p>
Type of funding provided	Two-year fellowship, with the possibility of a third year
Deadline	The application forms for appointments to begin July 1, 2006 will be available in summer 2004, via the web site and the National Program Office.
Specific areas of focus	Health policy, health services, and CBPR
Restrictions or requirements)	<p>In order to be eligible for the Robert Wood Johnson Clinical Scholars Program, physicians must:</p> <ul style="list-style-type: none"> • Be committed to a career consonant with the Program's purposes and priorities. • Be highly regarded as physicians by those responsible for their clinical training. • Plan to complete the clinical requirements of their residency/fellowship training by date of entry into the program (except surgeons). • Be U.S. citizens or permanent residents who are training in any of the medical/surgical specialty fields <p>Applicants whose stipends will be supported or supplemented by other sources will not be considered.</p>

Name	Robert Wood Johnson Health & Society Scholars Program
Funding Agency	Robert Wood Johnson Foundation
Contact	Phone: (800) 734-7635 Fax: (609) 419-8348 E-mail: hss@rwjf.org Gerard P. Lebeda, Program Coordinator http://healthandsocietyscholars.org/
Program Description	<p>The program is designed to build the field of population health, which takes a broad approach to understanding why some groups of people are healthy and others are not. The goal of this interdisciplinary program is to improve health by training scholars to:</p> <ol style="list-style-type: none"> 1. Investigate rigorously the connections among biological, behavioral, environmental, economic and social determinants of health. 2. Develop, evaluate and disseminate knowledge and interventions based upon integration of these determinants. <p>Each year the program will enable up to 18 outstanding individuals who have completed doctoral training to engage in an intensive two-year program at one of six nationally prominent universities.</p> <p>Participating universities are:</p> <ul style="list-style-type: none"> ▪ Columbia University ▪ Harvard University ▪ University of California, San Francisco and Berkeley ▪ University of Michigan ▪ University of Pennsylvania ▪ University of Wisconsin
Type of funding provided	Two-year fellowship. Scholars will receive an annual stipend of \$74,000 for year one and \$77,000 for year two.
Deadline	October 15, 2004
Restrictions or requirements)	<p>To be eligible, an applicant must:</p> <ul style="list-style-type: none"> ▪ Have completed doctoral training by the time of entry into the program (August 2005) in one of a variety of disciplines, ranging from the behavioral and social sciences to the biological and natural sciences and health professions. ▪ Have significant research experience. ▪ Clearly connect his or her research interests to substantive population health concerns. ▪ Be a U.S. citizen or permanent resident.

Name	Robert Wood Johnson Community Health Leadership Award
Funding Agency	Robert Wood Johnson Foundation
Contact	30 Winter Street, Suite 920 Boston, MA 02108 Phone: 617.426.9772 Fax: 617.654.9922 http://communityhealthleaders.org/
Program Description	<p>This national award recognizes individuals whose innovation, accomplishment and compassion often go unrecognized. It seeks individuals whose leadership goes beyond caring and commitment. Nominees must be catalysts for change and have significant impact upon the larger community.</p> <p>Each year, CHLP honors ten outstanding individuals who overcome daunting odds to expand access to health care and social services to underserved and isolated populations in communities across the United States.</p>
Type of funding provided	Each leader is awarded \$120,000: \$105,000 for program support and \$15,000 as a personal stipend.
Deadline	The nomination process begins with a Letter of Intent (LOI). The LOI can be sent at any time during the year but is due no later than September 22, 2004. Nominators of selected candidates will receive full nomination packages. Completed nominations are due in our office by November 10, 2004.
Specific areas of focus	The award money can be used flexibly to sustain and/or strengthen the Leader's community health efforts as long as it is permissible under the 501 (c) (3) tax code. The Leader may choose to support ongoing initiatives or a new program that is an outgrowth of their current work. Leaders are strongly encouraged to consider using the award to leverage other resources.
Restrictions or requirements)	Community-based health providers and advocates in mid-career who have created or significantly improved health programs in local communities where healthcare needs have been ignored and unmet, are eligible to be nominated. Nominees must be a must be a United States citizen or permanent resident of the 50 United States, DC or Puerto Rico. They must be currently working in their own local community (not on a national or international level) in affiliation with a nonprofit or government agency, on a three-quarter to full-time basis.

Name	Sociological Initiatives Foundation
Contact	The Sociological Initiatives Foundation c/o Prentice Zinn, Administrator Grants Management Associates 77 Summer Street, Suite 800 Boston, Massachusetts, 02110-1006 USA V 617 - 426 - 7080x307 F 617 - 426 - 7087 pzinn@grantsmanagement.com http://www.grantsmanagement.com/index.html
Average Grant Size	Grant sizes normally range from \$5,000 to \$15,000.
Average Number of Grants	9 per year
Type of funding provided	Preference will be given to projects that address institutional rather than individual or behavioral change and/or research and initiatives that provide insight into sociological and linguistic issues that may be useful to specific groups and or communities.
Deadline	August 15, 2004.
Specific areas of focus	The geographic focus is limited to the United States.
Restrictions or requirements	Preference is given to providing support in areas that tend to be under-funded and for projects of a size where a Sociological Initiatives Foundation grant can make a difference. Grants are restricted to organizations that are tax-exempt under Section 501(c) 3 of the Internal Revenue Code and classified as "not a private foundation" under section 509(a). The Sociological Initiatives Foundation does not make grants directly to individuals for any purposes. No awards are made for dissertation research, honoraria or political purposes. The Foundation does not provide operating support or capital grants.

Name of Grant Program	Traineeships in AIDS Prevention Studies (TAPS) Program
Funding Agency	Center for AIDS Prevention Studies (CAPS) University of California, San Francisco (UCSF) AIDS Research Institute (ARI) http://www.caps.ucsf.edu
Contact Information	Rochelle Hartwig Center for AIDS Prevention Studies TAPS Fellowship Program 74 New Montgomery St., Suite 600 San Francisco, CA 94105 Tel: (415) 597-9260 Fax: (415) 597-9213 E-mail: RHartwig@psg.ucsf.edu
Funding Announcement Website	http://www.caps.ucsf.edu/tapsindex.html
Deadline	December 1, 2004
Program Description	The program is inviting applications for two- and three-year postdoctoral fellowships in studies relating to the prevention of AIDS.
Restrictions/ Requirements	To be eligible for the fellowship, applicants must have a PhD, MD, or equivalent degree. The most important selection criteria will be evidence of superior qualifications and productivity, and career goals that can clearly benefit from the fellowship program. Candidates who are members of a minority ethnic group are strongly encouraged to apply.

Name of Grant Program	The Collaborative HIV Prevention Research in Minority Communities Program
Funding Agency	Center for AIDS Prevention Studies (CAPS) University of California, San Francisco (UCSF) AIDS Research Institute (ARI) http://www.caps.ucsf.edu
Contact Information	Barbara VanOss Marín, PhD Tel: (415) 597-9162 Fax: (415) 597-9213 E-mail: bmarin@psg.ucsf.edu
Funding Announcement Website	http://www.caps.ucsf.edu/capsweb/projects/minorityindex.html
Deadline	January 14, 2005
Program Description	The program is designed to assist investigators already conducting HIV-prevention research with ethnic minority communities to improve their programs of research and obtain additional funding for their work. The goals of the program are: <ul style="list-style-type: none"> ▪ To increase the quantity and quality of HIV-prevention research targeting vulnerable ethnic minority populations. ▪ To develop theory-based, culture-specific research methods for effective HIV-prevention interventions. ▪ To increase the number of minority group members among principal investigators funded by the NIH, CDC and other agencies.
Restrictions/ Requirements	The program is designed for scientists in tenure-track positions or investigators in research institutes who have not yet obtained RO1 funding from the NIH or an equivalent agency. Criteria that will be considered in selecting scientists for this program: <ul style="list-style-type: none"> ▪ Commitment to HIV and minority research, past and present. ▪ Prior work with underrepresented minorities and community based organizations. ▪ Cultural sensitivity and understanding. ▪ Past experience conducting research/writing papers. ▪ Quality of letters of recommendation from colleagues and mentors. ▪ Support from home institution (<i>e.g.</i>, time off for research, seed money)

Name	VHA Health Foundation
Contact	220 E. Las Colinas Blvd. Irving, TX 75039-5500 (877) 847-1450 (972) 830-0422 (972) 830-0332 Fax vhahealthfoundation@vha.com
Foundation Description	This public foundation was created by VHA Inc. – a nationwide network of community-owned health care systems and their physicians – to encourage leadership and innovation promoting and disseminating new effective models of health and health care. Efforts benefit VHA member health care organizations as well as non-members.
Current Call for Proposals	Through a competitive process, the Foundation will award grants to health care providers that can demonstrate a novel and/or better approach to solving a problem or need related to health or health care. http://vhahealthfoundation.org/vhahf/callforproposals.asp
Type of funding provided	Six to eight grants will be awarded in the range of \$100,000 to \$250,000. Activities pertaining to the grant must be concluded no later than December 31, 2005. The applicant organization must match at least 50 percent of Foundation funding (includes cash and/or in-kind services).
Deadline	June 22, 2004
Restrictions/ requirements	Grants are available to U.S. health care providers, including hospitals, health care systems, clinics and medical practices. Local partnerships are encouraged to apply, with a health care provider serving as lead agency. The VHA Health Foundation will not consider requests for projects focused exclusively on research and education.

Name	W.K. Kellogg Foundation
Contact	http://www.wkkf.org/Grants/
Specific areas of focus	Grants are made in the four areas of: Health, Food Systems and Rural Development, Youth and Education, and Philanthropy and Volunteerism.
Restrictions or requirements	<p>To be eligible for a grant, the organization or institution, as well as the purpose of the proposed project, must qualify under regulations of the United States Internal Revenue Service as a 501c3 organization.</p> <p>The Foundation generally does not make loans and does not provide grants for:</p> <ul style="list-style-type: none"> • operational phases of established programs; • capital purposes (purchasing, remodeling, or furnishing of facilities and equipment, except as part of a programmatic effort); • separate budget line items labeled as "indirect or overhead costs"; • conferences; • films, television, or radio programs unless they are an integral parts of a project or program already being funded; • endowments or development campaigns; • religious programs; or • individuals.

Name	Community Health Scholars Program (CHSP)
Contact	Saundra Bailey, Program Administrator CHSP National Program Office University of Michigan School of Public Health 109 Observatory St., M4142 SPHII Ann Arbor, MI 48109-2029 Phone: (734) 647-3065 Fax: (734) 936-0927 Email: chsp@umich.edu http://www.sph.umich.edu/chsp/
Funding Agency	W.K. Kellogg Foundation
Program Description	The Community Health Scholars Program (CHSP) is a post-doctoral fellowship program designed to meet the growing needs of schools of public health and other health professions for faculty with community competency. The CHSP post-doctoral program enables scholars to develop and enhance skills in working with communities and engaging in community-based participatory research at institutions where these skills are present. Training sites are at Johns Hopkins University, the University of Michigan, and the University of North Carolina.
Type of funding provided	<ul style="list-style-type: none"> ▪ Two year fellowship award of \$50,000 per year, including fringe benefits. ▪ Research fund of \$10,000 per Scholar per year. ▪ \$5000 research fund to take to next academic position. ▪ A moving allowance of up to \$3000.
Deadline	December 7, 2004
Specific areas of focus	Community-based participatory research
Restrictions or requirements	<p>Eligibility Requirements:</p> <ul style="list-style-type: none"> ▪ Applicant must be a United States Citizen. ▪ Applicant must have completed all formal requirements for professional and post-professional training at the doctoral level by the date of entry into the Program. ▪ Applicant must be committed to a scholarly career as a faculty member in a health professional school, with emphasis on schools of public health. ▪ Applicant must be highly regarded as a professional by those responsible for his/her education and training. <p>Other Considerations:</p> <ul style="list-style-type: none"> ▪ Applications are welcome from junior faculty ▪ Women and other underrepresented groups are encouraged to apply. ▪ Scholars may not hold other training fellowships or be enrolled full time in another degree program during their tenure in this Program.

Name	Wachovia Foundation
Description	A private foundation that is funded annually by Wachovia Corporation. Mission is to build strong and vibrant communities, improve the quality of life, and make a positive difference where we work and live.
Contact	http://www.wachovia.com/inside/page/0,,139_414_430,00.html
Deadline	Wachovia Foundation contributions are coordinated through regional Wachovia Community Affairs offices. Application materials are online: http://www.wachovia.com/inside/page/0,,139_414_430_434,00.html
Specific areas of focus	<p>Four primary areas:</p> <ul style="list-style-type: none"> ▪ Education ▪ Community Development ▪ Health and Human Services ▪ Arts and Culture
Restrictions or requirements	<p>To be considered for grant funding, organizations must:</p> <ul style="list-style-type: none"> ▪ Have a non-profit tax-exempt classification under section 501(c)(3) of the Internal Revenue Code ▪ Be located or provide service in Wachovia’s markets ▪ Have broad community support and address specific community needs ▪ Demonstrate fiscal and administrative stability ▪ Align with one or more of the Foundation’s focus areas: Education, Community Development, Health/Human Services, and Arts/Culture

Funding Resource Websites

- **American Association of Fund-Raising Counsel**
(<http://www.aafrc.org/>)
- includes highlights of AAFRC's annual "Giving USA" report, which provides an overall snapshot of U.S. giving from all sources.
- **American Philanthropy Review**
(<http://www.charitychannel.com/>)
- includes reviews of periodicals, books, and software on fund-raising, written by volunteers from the fund-raising field.
- **Catalog of Federal Domestic Assistance**
(<http://12.46.245.173/cfda/cfda.html>)
- a government-wide compendium of Federal programs, projects, services, and activities which provide assistance or benefits to the American public.
- **Chronicle of Philanthropy**
(<http://philanthropy.com/>)
- biweekly newsletter that includes information on fundraising, philanthropy and government, nonprofit management, grantmakers, and job announcements.
- **Coalition for Health Funding**
(<http://www.aamc.org/advocacy/healthfunding/start.htm>)
- is a nonprofit alliance of 40 national health organizations that works in a nonpartisan fashion to ensure that health discretionary spending remains highly visible as Congress and the Administration set federal budget priorities
- **Community-Campus Partnerships for Health**
(<http://www.ccph.info>)
-publishes the biweekly e-newsletter Partnership Matters that announces new grant opportunities at: <http://depts.washington.edu/ccph/guide.html#PartMatters>
-maintains a CBPR Resources website at <http://depts.washington.edu/ccph/commbas.html>
-maintains a Funding Resources website at: <http://depts.washington.edu/ccph/links.html#Funding>
- **Community Health Funding Report**
(<http://www.cdpublications.com/>)
- highlights funding sources for a wide range of health care concerns, including substance abuse, teen pregnancies, minority health care, maternal/child health, chronic illness, mental health, and AIDS programs.
- **Community Foundation Locator**
(<http://www.cof.org/Locator/index.cfm?menuContainerID=34&crumb=2>)
- from the Council on Foundations, allows users to click a U.S. map in order to locate contact and Web site information on community foundations nationwide.
- **CRISP (Computer Retrieval of Information on Scientific Projects)** is a biomedical
(<http://crisp.cit.nih.gov/>)
-database system containing information on research projects and programs supported by the Department of Health and Human Services, including the National Institutes of Health, Centers for Disease Control and Prevention, Food and Drug Administration (FDA), Health Resources and Services Administration and Agency for Health Care Research and Quality.

- **Education Grants Alert**
 (<http://www.aspenpublishers.com/Default.asp?cookie%5Ftest=1>)
 - comprehensive source of funding opportunities for K-12 grantseekers.
- **Education Update**
 (<http://fundingopps2.cos.com/news/education/>)
 - Link to the Community of Science Funding News webpage, which provides information on new and updated research grant information in more than 20 categories.
- **eSchool News School Funding Center** (<http://www.eschoolnews.com/erc/funding/>)
 - information on up-to-the-minute grant programs, funding sources, and technology funding.
- **Federal Interagency Working Group on CBPR**
 (<http://www.niehs.nih.gov/translat/IWG/iwghome.htm>)
 - works to strengthen communication among federal agencies with an interest in supporting community-based participatory research (CBPR) methodologies in the conduct of biomedical research, education, health care delivery, or policy.
- **Forum of Regional Associations of Grantmakers**
 (<http://www.givingforum.org/>)
 - includes links to grantmakers in different regions of the U.S.
- **The Foundation Center**
 (<http://www.fdncenter.org/>)
 - serves the information needs of grantseekers and grantmakers.
- **Foundation Resource Guide**
 (<http://www.oup.org/funding/>)
 - searchable directory of foundation funding sources for community-university partnerships, prepared by HUD's Office of University Partnerships
- **Foundation News and Commentary**
 (<http://www.cof.org/>)
 - bimonthly publication that serves as a vehicle for information, ideas, analysis, and commentary relevant to effective grantmaking.
- **Fundsnet Online Services**
 (<http://www.fundsnet services.com/>)
 - a comprehensive website dedicated to providing nonprofit organizations, colleges, and universities with information on financial resources available on the Internet.
- **Grantmakers in Health**
 (<http://www.gih.org/>)
 - is a resource for grantmakers and others seeking expertise and information on the field of health philanthropy.
- **The Grantmanship Center**
 (<http://www.tgci.com/>)
 - lists new grant announcements daily from the federal government's online Federal Register.

- **Grants.gov**
 (<http://www.grants.gov/>)
 -Grants.gov is a free federal resource that is the single access point for over 900 grant programs offered by 26 Federal grant-making agencies. Potential applicants can search for grants across a wide range of categories, view information specific to grant opportunities and eligibility, register to receive notification of new grant opportunities via email and apply for grants electronically.
- **GRANTSNET**
 (<http://www.hhs.gov/grantsnet/>)
 - provides access to an Internet mechanism that can search and obtain information about applying for and administering grants from the US Department of Health and Human Services and other agencies.
- **Grantionary**
 (<http://www.eduplace.com/grants/help/grantionary.html>)
 - is a list of grant-related terms and their definitions.
- **Guide for Health-Related Nonprofit Organizations: A Guide to Non-Research Funding**
 (<http://www.lib.msu.edu/harris23/grants/2health.htm>)
 - profiles more than 500 private and corporate health-related funders.
- **Health and Environment Funder's Network**
 (<http://www.hefn.org/>)
 - is a primarily virtual network for funders working at the interface of human health and environmental or ecological health. The site's public page assists organizations in identifying funders engaged with these issues.
- **Health Grants and Contracts Weekly**
 (<http://www.lrpdartnell.com/cgi-bin/SoftCart.exe/scstore/p-9506.ASP.html?L+scstore+vtpo0867>)
 - reveals every health-related grant competition issued each week from all federal agencies, as well as many agencies not normally associated with funding in the health arena.
- **Healthy Youth Funding Database** (<http://www.ncsl.org/programs/health/pp/schhlthfund.htm>)
 - formerly known as the Adolescent and School Health Funding Database, this resource contains information on federal, foundation, and state-specific funding sources for school health programs.
- **Jargon Files**
 (<http://www.emcf.org/pub/jargon/index.htm>)
 - contains print and online resources for eliminating the use of jargon in publications, grant proposals, presentations, and so forth.
- **National Grants Management Association**
 (<http://www.ngma-grants.org/>)
 - comprised of Federal and state granting agencies, college and university grantee officials, and other private organization representatives responsible for grants management. NGMA also publishes a quarterly journal and monthly newsletter.
- **National Rural Funders Collaborative**
 (<http://www.nrfc.org/>)
 - is a partnership of national and regional funders and investors, grass roots practitioners, policymakers, and public sector agencies working together to expand resources for communities and families in rural areas facing persistent poverty.

- **National Information Center on Health Services Research and Health Care Technology (NICHSR) at the National Library of Medicine** (<http://www.nlm.nih.gov/nichsr/nichsr.html>)
- works to improve "the collection, storage, analysis, retrieval, and dissemination of information on health services research, clinical practice guidelines, and on health care technology, including the assessment of such technology." Their website includes information on grants and funding websites.
- **National Institutes of Health Center for Scientific Review (CSR)** (<http://www.csr.nih.gov/>)
-The Center for Scientific Review (CSR) serves as the central receipt point for all research and training grant applications submitted to the NIH and provides the scientific merit review of most research grant and fellowship applications submitted to the NIH. The center has released new information on its website regarding NIH grant application reviews. Images of Peer Review-- Investigators who have never served as reviewers often wonder what actually happens at a study section meeting. To show you reviewers in action, studying and debating the applications, the CSR recruited a professional photographer to produce an exhibit entitled "Images of Peer Review." To learn more and see these photos, go to the CSR website (<http://www.csr.nih.gov>) and click on the "Images of Peer Review" link under the What's New section.

A Video on Peer Review at NIH-- The CSR has produced a video of a mock study section meeting to provide an inside look at how NIH grant applications are reviewed for scientific and technical merit. The video shows how outside experts assess applications and how review meetings are conducted to ensure fairness. The video also includes information on what applicants can do to improve the chances their applications will receive a positive review. To view the video via the Web go to: <http://www.csr.nih.gov/Video/Video.asp>

A list of useful website links to information about the NIH grants program and the peer review process is available at: <http://www.csr.nih.gov/Video/Video.asp>.

- **Partners in Information Access for the Public Health Workforce** (<http://phpartners.org/grants.html>)
- is a collaboration of U.S. government agencies, public health organizations and health sciences libraries that work to Organize and deliver public health resources so they are easier to find and use. Their website includes information on opportunities for fellowships, grants and other awards, including awards from members of the Partners project.
- **Philanthropy News Digest-K-12 Funding Opportunities** (<http://fdncenter.org/funders/>)
- K-12 Funding opportunities with links to grantseeking for teachers, learning technology, and more.
- **Philanthropic Capacity Building Resource Database** (<http://www.humaninteract.org/pcbrdatabase.htm>)
- offers information on nearly 200 capacity-building programs (including their structure, funding, evaluation, and type of work) offered by various U.S. foundations.
- **Philanthropy Search** (<http://www.philanthropysearch.com/>)
- bills itself as the Web's "first search engine serving the nonprofit and philanthropic sector."
- **RFP Bulletin** (<http://fdncenter.org/pnd/rfp/index.jhtml>)
- is published weekly in conjunction with the posting of Philanthropy News Digest on the web. Each RFP listing provides a brief overview of a current funding opportunity offered by a foundation or other grantmaking organization.

**DIRECTORY OF FUNDING SOURCES FOR
COMMUNITY-BASED PARTICIPATORY RESEARCH
June 25, 2004 Edition
Reader Feedback Form**

*Please help us improve future editions of the directory by using this feedback form
Thank you in advance!*

1. Please check the one category that best describes you:

- Community-based organization staff
- Hospital staff
- Local health department staff
- Private funding agency staff
- Federal agency staff
- State agency staff
- College- or university-based researcher
- College or university student
- Other – please indicate: _____

2. Please assess sections in the directory to help us identify how useful they are to you. On a scale of 1 to 5 with 1 being “not very useful” and 5 being “very useful,” please assess each section:

	1 – not very useful	2	3	4	5 – very useful
Funding opportunity descriptions					
Funding opportunity details (e.g. deadline, website, restrictions, etc.)					
Examples of previously funded research projects					
Resources/websites					

3. Are there additional sections or funding sources that should be included in the directory? For example, are there funding sources that have supported CBPR that are not included in the directory?

4. Please share any comments and suggestions on the format and organization of the directory

5. Please share any other comments and suggestions on the directory

Please return this feedback form to Jen Kauper-Brown by FAX (206-685-6747), e-mail (jenbr@u.washington.edu) or snail mail (UW Box 354809, Seattle WA, 98195-4809)