



Research Opportunity Announcement

Alliance for Community Engagement- Climate and Health (ACE-CH)

Introduction

Effects of climate change (CC), whether as a result of natural occurring changes to weather systems or human activity, are felt across the United States and across the globe more frequently. Extreme weather events of rising global temperatures, heat waves, brushfires, and flooding are increasing. The World Health Organization describes CC as the biggest threat to human health and well-being in the 21st century. It is postulated that both short-term and long-term impacts would lead to increases in the incidence of chronic diseases including cardiovascular disease, respiratory conditions, and ultimately impact health of all people. **Certain populations will be most at risk for health effects as result of CC: groups that are economically disadvantaged, communities of color, immigrant groups (including those with limited English proficiency), Indigenous peoples, women, children and pregnant persons, older adults, vulnerable occupational groups, persons with disabilities, and persons with preexisting or chronic medical conditions.** Cumulative exposures to multiple environmental and adverse social conditions will further exacerbate diseases in these groups.

To understand the future trajectory of the impacts and vulnerability to CC requires knowledge of population-level dynamics and broad engagement with communities. Community-engaged research allows the ability to discern community-level and individual-level impacts of CC. Community-based engaged research for climate change enables/facilitates identifying relevant community-level impacts of CC and informs the development locally-driven solutions that are effective and sustainable in addressing the disproportionate effects of CC in/on the engaged communities. Therefore, community involvement and voices will be critically important to advance a biomedical research agenda to address challenges associated with CC.

The [Climate and Health \(CH\) Initiative](#) is a National Institutes of Health (NIH)-wide research effort established to address the effects/implications of climate change on the health of populations and create the evidence base to inform the response needed to improve health outcomes. Health Effects Research, Health Equity, Intervention Research, and Training and Capacity Building are key focus areas of the CH initiative. The initiative will bring together NIH-funded CH researchers and scientific-, community-, and interagency-partners to form a CH community of practice (CH-COP) research network committed to advancing the science of climate change and health. It is envisioned that the CH-COP will catalyze transdisciplinary research approaches to address multiple and emerging climate threats to human health, particularly in national and global populations most at risk. Through the overarching CH initiative, the NIH intends to fund the Alliance for Community Engagement (ACE-CH), a platform that will maximize community engagement to facilitate CH research and achieve climate justice and health equity.

Alliance for Community Engagement- Climate and Health (ACE-CH) seeks to empower communities across the US participate in community-engaged research and to contribute assets to understand factors that contribute to health inequities related to CC; to measure the needs of the impacted communities across multiple sectors most likely to be affected by CC; implement effective strategies to assess community knowledge, attitudes and beliefs about health impacts of CC and the health co-benefits of CC mitigation and adaptation; address misinformation and disinformation in the community; and finally, build trust and strong partnerships across various stakeholders that encourage CC adaptation and mitigation, exchanges knowledge, improves awareness of local CC issues. Characterizations of vulnerability should consider how populations of concern experience disproportionate, multiple, and complex risks to their health and well-being in response to CC.

With this ROA, NIH is soliciting applications from teams to conduct community-engaged research focused on CC impacts on health and, the co-benefits of identifying the mitigation of CC risks, vulnerabilities and adaptation

Authority

This Research Opportunity Announcement (ROA) is issued with the goal of establishing an “Other Transactions” (OT) subaward agreement pursuant to 42 U.S.C. § 285b-3.

Objectives

The overarching goal of the ACE-CH is to build strong, sustainable, and representative community engagement research partnerships at the intersection of CC and health across the US. A primary goal of this initiative is to focus on communities that are cumulatively and disproportionately affected by social determinants of health, health disparities, and CC. Additionally, the ACE-CH will collaborate in parallel with the NIH-funded Research Coordinating Center (RCC) that is being established to support the development of an NIH-wide CH Community of Practice by managing and supporting current and future CC and health research and capacity building efforts.

The research team proposed in response to this ACE-CH ROA should include the relevant expertise, experience and collaborative partnerships that will address the primary objectives of the ACE-CH: (1) support community-engaged research and outreach focused on CC and health (2) assess the potential multi-level impact of current CC-induced stressors on systems in various sectors (including but not limited to health) in the community (3) assess community knowledge, attitudes and beliefs about the health impacts of CC, and co-benefits of mitigation and adaptation (4) identify, develop, and/or test feasible and acceptable community-engaged strategies to enhance the adoption, integration, and/or sustainability of effective climate-related health interventions or tools (e.g., early warning systems, other forecasting tools, disaster preparedness, response, and recovery, etc.) (5) build strong partnerships with diverse CH subject matter experts across research and practice partners (e.g., community health workers, local health departments, meteorological agencies, local and regional planning officials, and other experts in health or other sectors) in order to create collaborative teams to conduct innovative transdisciplinary CH research in the future.

ACE-CH teams are expected to address:

- **Assessment of health needs of the communities and groups** that would be impacted by CC focusing on those with the greatest disadvantage and susceptibility to climate-related health

hazards both in the near-term (e.g., extreme weather events, wildfires) and in the longer-term (e.g., sea-level rise, food insecurity, changing patterns of heat and infectious agents);

- **Health impact assessment of local and regional assets available to prevent and deal with the evolving health dimensions of CC stressors across multiple sectors of the population (e.g., asset mapping, predictive models, partnership audits, regional plans, etc.);**
- **Formative research to identify the needed CH relevant communications** (i.e., needs assessments, developing communications content and dissemination strategies targeted to the at-risk communities, evaluating the effectiveness of communication efforts, enhance research reciprocity) working in close collaboration with community partners, health service providers, public health agencies, policymakers and other stakeholders as appropriate;
- **Implementation and dissemination research** to enhance the adoption, integration, and sustainability of evidence-based adaption and mitigation interventions (e.g., tools, programs, policies) to create resilient communities across a variety of community settings, working in close collaboration with community partners, health service providers, public health agencies, policymakers, community-based organizations, health advocacy groups, environmental justice and climate justice groups and other stakeholders as appropriate;
- **Capacity building in the communities for Disaster** in response to, and during recovery from health emergencies;
- **Collaborative engagement with the CH RCC and other members of the CH Community of Practice** to promote partnerships between scientists, community organizations and stakeholders with the ACE-CH related community engagement activities.

Throughout these activities, the teams are expected to:

- **Ensure inclusive participation and broad engagement of underserved and racial/ethnic minority and rural populations** with the greatest vulnerability to the impacts of CH including, but not limited to, groups that are economically disadvantaged, communities of color, immigrant groups, women and children, older adults, and those with preexisting medical conditions with respect to promoting:
 - **Development and ongoing engagement of community stakeholders** to be involved in planning activities, partnership identification and development, and sustainable coalitions in support of the needed research, communications, evaluations, and associated ACE-CH activities;
 - **Diversity of the workforce** of staff and research teams;
 - **Diversity of the participants** included in the research studies.
- **Define and strive to implement ethical standards** that promote values essential to collaborative community-engaged research, such as mutual respect, trust, accountability, fairness and protection of individuals and communities from unintended harms;
- **Promote collaboration** with a variety of community-based organizations, including social service agencies, grassroots organizations, schools, faith-based organizations, and health care systems. **Explore and promote** strategies, approaches, structured administrative and

management processes (e.g., payments, oversight) and best practices for **fundamental inclusivity** of populations in the planning and implementation of research in response to CH-related extreme events and health emergencies.

Scope

Using rigorous scientific approaches, the ACE-CH intends to foster, coordinate, and sustain community engagement in support of CH research that will identify and promote the most impactful interventions, with emphasis on health equity. Proposals to disseminate and implement effective, community engagement strategies to increase education, awareness, assessment of health impacts and adaptation/mitigation strategies, and inclusion of underserved communities in research designed to advance CH research are invited, with a specific emphasis on projects that:

- Outline collaborative synergies that utilize existing trusted partnerships-including community-based organizations and leverage extant community resources and capabilities to develop, execute, and/or expand a rapid community-engaged action plan that addresses both near-term and long-term research of CH and health through a lens of health equity;
- Outline collaborative synergies that build new partnerships such as health care and research networks (e.g., community partners, health service providers, public health agencies, faith-based organizations, non-profit organizations, policymakers and other stakeholders as appropriate) and leverage extant community and health care resources and capabilities to develop, execute, and/or expand a rapid community-engaged action plan that addresses both near-term and long-term health impact of climate change;
- Initiate investigations that test new and promising strategies to promote understanding, trust and participation in climate change science, as well as advancing communication strategies that help to dispel misinformation and disinformation;
- Outline collaborative strategies that further timely and effective community engagement that will support needed health research and interventions for climate related health emergencies (e.g., wildfires, hurricanes, flooding, etc.).

ACE-CH Research Examples

All applications should address the ACE-CH objectives to (1) support community-engaged research and outreach focused on CC and health (2) assess the potential multi-level impact of current CC-induced stressors on systems in various sectors (including but not limited to health) in the community (3) assess community knowledge, attitudes and beliefs about the health impacts of CC, and co-benefits of mitigation and adaptation (4) identify, develop, and/or test feasible and acceptable community-engaged strategies to enhance the adoption, integration, and/or sustainability of effective climate-related health interventions or tools (e.g., early warning systems, other forecasting tools, disaster preparedness, response, and recovery, etc.) (5) build strong partnerships with diverse CH subject matter experts across research and practice partners (e.g., community health workers, local health departments, meteorological agencies, local and regional planning officials, and other experts in health or other sectors) in order to create collaborative teams to conduct innovative transdisciplinary CH research in the future.

Illustrative research examples include, but are not limited to the following:

1. Expanding rapid deployment of appropriate methodologies to determine and address community-level awareness and understanding of CC and health as well as community-based perceptions of the effect on their families and the larger community.
 - a. What have been the recent trends in experiences, awareness, attitudes, fears, beliefs, and knowledge about risks of CC? Hospitalization due to symptoms due to for example heat stress, smoke from bush fires, infections from floods? Exacerbation of existing medical conditions or allergies due to weather related event? deaths due to extreme weather events? Structural factors and social determinants that influence resilience, adaptation or mitigation, and behavior changes that affect susceptibility to CC?
 - b. What have been the current trends in awareness, knowledge and understanding related to mitigation efforts, and, participation in the planning and execution of these efforts?
 - c. What and who are the sources of trusted information? What are promising strategies to address misinformation and disinformation regarding CC?
 - d. What are the drivers of skepticism, misinformation, and mistrust? What are promising practices for education, awareness and community involvement in addressing CC?
 - e. What strategies, approaches, structured administrative and management processes (e.g., payments, oversight) and best practices are available to help guide the inclusivity of at-risk populations in the planning and implementation of research in response to CC-related extreme events and health emergencies?
2. Examination of effective strategies for collaborating with a variety of community-based organizations (e.g., community partners, health service providers, public health agencies, faith-based organizations, policymakers and other stakeholders as appropriate etc.) and different components of systems to increase awareness, education, and trust in climate change research focusing on disproportionately affected communities.
3. Examination of appropriate constructs in health behavior change theories and constructs (e.g., motivation) for those living within underserved communities that can be leveraged in the development of information, messages, and outreach in improving knowledge about climate change, impacts of weather-related illnesses, tribal ecological knowledge, local knowledge, etc.
4. Testing the differential effects of multimedia approaches (e.g., social media, radio, print, infographics) to communicate effectively about the changing climate and health impacts of CC, and how to mitigate the changing climate and impacts of CC. At the conclusion of the assessments, provide information about opportunities to participate in mitigation and adaptation, and assess willingness to serve as a community leader or community scientist
5. Assessing the impact of key social determinants of health ([SDOH](#)) at local and regional level in adapting and resilience to climate change. Implement and evaluate strategies to address barriers.

6. Using survey methodology (for example, telephone, online assessment or other suitable method) to understand and monitor climate change and health awareness in the communities.

Respondents/research teams should describe the following within their applications:

- Track record of community engagement research work combined with expertise in environmental health and/or expertise in climate change related research including but not limited to current activities within racial/ethnic minority communities and their record(s) of accomplishments working with various communities such as planning, evaluating, problem solving, user experience, project management, education and training, communication and quality management
- Specific plans to develop and manage a flexible model that can be adapted to meet the needs of a variety of “external users” including research institutions, hospitals and clinics, public health officials, community-based organizations, national organizations and/or other stakeholders with a vested commitment to addressing climate change impacts on communities that might be already burdened by health disparities and impacts of SDOH
- Experience and expertise in community consultations and/or initiatives that advance evidence-based strategies on a variety of topics related to inclusive participation, communications and outreach, environmental health disparities research, and other community topics
- The ability to foster relationships, collaborate, and promote health equity with the Community Engagement Alliance (CEAL), NIEHS funded community engagement cores, and other federally funded or private entities conducting climate change and health research, community partners, network partners, and NIH staff to support the objectives of the ACE-CH initiative
- Experience cultivating and maintaining relationships with community stakeholders to achieve mutually agreed upon objectives
- Their track record in dissemination and implementation research or activities resulting in demonstrable positive community impact

CETAC

Awardees of this funding opportunity are required to work with Westat, Inc., NHLBI’s awardee serving as the Community Engagement Technical Assistance Center (CETAC). The purpose of the CETAC is to provide overall support, technical assistance, and community engagement resources to increase the capacity of the CEAL Alliance and ACE-CH Awardees to address CH activities and to ensure that the research teams can continue to convene an alliance to synergize and benefit from cross-learning. The CETAC will support the ACE-CH awardees by assigning site liaisons to monitor workplan progress, identify challenges and gaps, and assist awardees to compile data using timely and low-burden submission processes.

Eligibility

Applications are being solicited from individual and organizations with expertise in community engagement and demonstrated experience and interest in working to address health inequities related to CC. Anticipated eligible organization will include the following:

- Public/State Controlled Institution of Higher Education
- Private Institution of Higher Education
- Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)
- Nonprofit without 501(c)(3) IRS Status (Other than Institution of Higher Education)
- Small Business
- For-Profit Organization (Other than Small Business)
- State and Local Government (county, city, township)
- Public health agencies
- Indian/Native American Tribal Government (Federally Recognized)
- Special district governments
- Independent school districts
- Public housing authorities/Indian housing authorities
- Indian/Native American Tribally Designated Organization (Native American tribal organizations (other than Federally recognized tribal governments)
- U.S. Territory or Possession
- Indian/Native American Tribal Government (Other than Federally Recognized)
- Regional Organization

Special Award Terms

The complete terms and conditions of each Other Transaction (OT) subaward issued under this ROA are subject to negotiation and will be contained in the Agreement entered between Westat (on behalf of NHLBI) and the ACE-CH Awardee. This Special Award Terms section is provided for informational purposes only in order to provide prospective applicants with an understanding of key expectations and terms that may differ from traditional NIH award mechanisms.

Payment Schedule

NHLBI funds issued under the OT or sub-OT Agreement will be disbursed through Westat (CETAC) based upon submission of monthly progress reports to CETAC with demonstrated progress towards work-plan milestones as well as attendance at regularly scheduled meetings with CETAC Liaisons.

Milestone-Based Workplan

All ACE-CH research teams are required to submit a draft milestone-based workplan in response to this ROA (see below). The workplan should include a description of operational milestones, completion criteria, and expected start and completion dates. An “Operational Milestone” is an objective, measurable event that is indicative of project progress occurring as proposed in the

application. NHLBI, with the assistance of CETAC, will review and approve the milestone-based work plan for inclusion in the sub-OT Agreement.

Roles & Responsibilities

The ACE-CH Awardee will:

- Develop and address project specific milestones and anticipated outcomes of the proposed research.
- Collect metrics to demonstrate impact and outcomes throughout the project period of performance as well as the potential for sustainability beyond the project time frame.
- Work with CETAC to develop and execute a data sharing/use agreement prior to the transfer of data to Westat. Westat and each ACE-CH awardee will reach mutual agreement on the data use process outlined in the final data sharing/use agreement.
- Work with the CEAL Alliance and CETAC to ensure core data collection strategies, common data elements, and assessment of standardized key variables.
- Provide representatives to participate in CEAL Alliance Steering Committee meetings, Work Groups, Interest Groups and/or other ad-hoc meetings.
- Submit quarterly reports as requested by CETAC.
- Participate in bi-monthly and/or quarterly project monitoring meetings with CETAC.

The CETAC will:

- Support ACE-CH awardees by monitoring workplan progress; identifying challenges and gaps, and identifying resources to address challenges as appropriate
- Provide technical assistance/support in evaluation and communications to advance the milestone driven phases of project execution for ACE-CH awardees
- Work with CEACR to provide support to ACE-CH awardees in enhancing their strategies in community engaged research
- Assist awardees in compiling data using timely and low-burden submission processes
- Work with each ACE-CH Awardee to develop and execute data sharing/use agreement to facilitate data sharing with NIH CH initiative RCC
- Provide scientific and logistical support to NHLBI and this project as a whole on emerging scientific needs related to these topics, including convening working groups and committees
- Construct and maintain a database for the broader CH Community of Practice outlining the identified research priorities and associated communities and where possible, identify potentially effective local partners for further research to understand and mitigate these threats
- Oversee ACE-CH sub-OT awards, including distribution of tranche funding tied to submission of quarterly reports
- Conduct an evaluation of the overall ACE-CH awardees

NHLBI (NIH) will:

- Provide ultimate oversight of the ACE-CH operations through the ACE-CH governance structure and provide oversight and guidance to CETAC

Award Criteria and Selection Information

Applicants are encouraged to be creative and innovative in leveraging their track record of Community-engaged research, climate change and health impact in racial/ethnic minority communities.

Multiple awards are expected. Awardees will be selected through an objective review process that will evaluate the following criteria: 1) proposal responsiveness to the objectives of this funding announcement; 2) innovation of the specific proposed strategies; 3) feasibility and rapid potential impact of proposed activities; and 4) value for dollar.

Awardees may be awarded sub-OT agreements pursuant to the NHLBI's OT authority at 42 USC 285b-3 and the NIH Office of the Director authority at 42 USC 282(n), and funded through contributions from other NIH Institutes and Centers. The NIH reserves the right to:

- select for negotiation all, some, one, or none of the proposals received in response to this ROA;
- segregate portions of resulting awards into components and their associated budget that differ from those that have been proposed;
- accept proposals in their entirety or to select only portions of proposals for award;
- fund projects in increments and/or with options for continued work at the end of one or more phases; • fund projects of two or more applicant entities as part of a reorganized, consolidated consortium operating under an article of collaboration, teaming arrangement, or other means acceptable to the NHLBI;
- request additional documentation (certifications, etc.); and
- remove proposers from award consideration should the parties fail to reach a finalized, fully executed agreement, or the proposer fails to provide requested additional information in a timely manner.

Proposal Process

Submission in response to this ROA occurs in two stages. Stage 1 requires submitting a Letter of Request to NHLBI for review (see [>\\$500k process](#) on NHLBI web site). Applicants receiving NHLBI permission to proceed to Stage 2 will then prepare and submit a full proposal through eRA ASSIST.

STAGE 1 – ACE-CH Initial Eligibility and Preliminary Review

NHLBI will review the *Letter of Request* and determine whether the applicant should proceed with completing the full proposal submission. The NHLBI may request additional information be provided by the applicant to complete their initial eligibility and preliminary review. These requests will be sent to the applicant via email. Applicants are strongly encouraged to provide the requested information in a

timely manner to prevent any potential delays in the review process. Proposals that do not meet the initial ACE-CH ROA program and eligibility criteria will be rejected.

Stage 1 will be patterned after the NHLBI >\$500K process (<https://www.nhlbi.nih.gov/grants-and-training/policies-and-guidelines/applications-with-direct-costs-of-500000-or-more-in-any-one-year>) that includes a Letter of Request outlining major elements of the proposed core, personnel, budget, and feasibility.

In order for the NHLBI to make an informed decision about whether to accept a proposed application for review, the *Letter of Request* (see link above) should not exceed five (5) pages and should include:

- The proposed project title
- The anticipated solicitation (Research Opportunity Announcement)
- The anticipated application receipt date
- The expected start date to launch ACE-CH
- The key personnel (the eRA Commons user id must be included for the PI or contact PI)
- The submitting organization or institution
- Brief description of the overall goals of the ACE-CH, rationale, and how the program will support the overall ACE-CH research mission
- Brief description of the main ACE-CH activities and how they will be accomplished
- Brief description of any prior work or preliminary work in this area
- Brief description of the program and project management approach and plan, with particular attention to how objectives will be planned, monitored, reported, and, when appropriate, shared with stakeholders
- Brief description of personnel including their relevant expertise and history in conducting the type of activities
- Demonstrated ability to operate in a highly collaborative and flexible manner as required by the Other Transaction mechanism
- Direct and total costs by phase of the project – generally a one-paragraph description of major sources of costs in the study using one of the three tables provided via the following link: https://www.nhlbi.nih.gov/files/docs/500K%20Budget%20Tables_2018-09-17.xlsx
- Specify (1) any funding provided by other entities (federal agencies, foundations, companies), and (2) any goods or services (and their value) provided by any of these parties that will support proposed activities under this ROA.
- A description of any anticipated agreements with third-parties relevant to the proposed project, including details about any provisions or restrictions related to intellectual property, publication, and data sharing.

STAGE 2 - Full Proposal

If upon review of the Letter of Request the NHLBI determines the proposed research to be in scope and hold significant promise for achieving the objectives of this ROA, the applicant will be invited to submit a full proposal. The full proposal will be submitted via eRA ASSIST following instructions that will be provided to the applicant. The full proposal should include information in the following areas:

- Additional administrative information about the applicant and institution or organization (name, address, entity and Principal Investigator NIH Commons Registration information), including SAM information and DUN and Bradstreet number, human and animal assurance approvals as appropriate.
- **Project Plan** uploaded as searchable PDF format in a font size of 11 or 12 point and font type of Arial or Times New Romans. Margins must be 1-inch wide (top, bottom, left, and right). The project plan must not exceed 30 pages in length. Biosketches must not exceed five (5) pages in length and are not counted in the page limit. Also excluded from the page limitation are cover sheets, letters from collaborators and consultants, and representation and certification documents.

Project Plan

The Project Plan should generally include the following elements:

- **Project Summary:** Description of the overall goals of the ACE-CH and the activities that will support its dissemination and implementation.
 - Detailed description of how each objective will be met and how progress will be monitored. Applicant should describe how innovative practices and approaches will be used to accomplish the objectives.
 - Milestone-based Workplan that includes a description of operational milestones, completion criteria, and expected start and completion dates.
 - Financial Contingency Plan: Potential risks, mitigation strategies, and associated costs, including a description of a viable source to cover these costs (other than NHLBI and not including co-funding).
 - Team Organization: Team structure, leadership and communications plan, including biosketches of individuals identified as the principal investigator and all key personnel.
 - Resources and Environment: Resources available to the project and environment in which the activities will be performed.
 - References from previous research or literature.
- **Budget** reflecting the total cost proposed, accounting for cost share amounts offered by the applicant. It is expected 25% of the budget be committed to community settings where there is greatest impact as a result of health disparities, SDOH and climate change. (If proposing F&A, include a negotiated federal rate approval).

Milestone-Based Workplan

All ACE-CH research teams are required to submit a draft milestone-based workplan in response to this ROA. The workplan should include a description of operational milestones, completion criteria, and expected start and completion dates. An “Operational Milestone” is an objective, measurable event that is indicative of project progress occurring as proposed in the application. NHLBI, with the assistance of CETAC, will review and approve the milestone-based work plan for inclusion in the sub-OT Agreement.

Budget

The Budget section of the application is not subject to page limitations and must provide a realistic, fully justified budget narrative and detailed cost proposal for performing the work over a 24 month proposed project period (September 01, 2022 – August 31, 2024) to accomplish project objectives.

Funding will be obligated annually through CETAC. Subject to NHLBI program staff review and approval, additional annual funding will be awarded based on achievement of planned project schedule objectives.

The budget proposal should include the following sections:

Detailed budget. Provide the overall expected cost for each of the following categories using a detailed, line-item budget approach, which rolls up into the following budget categories:

- Personnel
- Equipment
- Travel
- Subawards/subcontracts/consultants
- Other direct costs
- Total cost (with indirect costs included)
- Proposed Cost Share contribution

Detailed Budget Justification which includes the following:

- Plan for issuing timely payments to community/primary care partners. The plan should detail how processes may differ for different partner types/agreements.
- Description of community partners, including partner type (public health departments, community service organizations, academia, grassroots organizations, social service systems, faith-based organizations, health systems, safety-net clinics, schools, and other partners).

For best consideration, initial Stage 1 Letters of Request should be submitted via email by **June 30, 2022, 5 PM EST** to NHLBI_OTA@mail.nih.gov with a copy to CETAC@westat.com. If invited to submit a Stage 2 full proposal, the applicant will be provided specific instructions.

Financial and administrative questions should be addressed to Erynn Huff, JD, NHLBI Agreements Officer, erynn.huff@nih.gov.

Technical questions should be addressed to Nishadi Rajapakse, PhD, MHS, Program Director, chandima.rajapakse@nih.gov.