NIH GUIDE

For Grants and Contracts

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The NIH Guide announces scientific initiatives and provides policy and administrative information to individuals and organizations who need to be kept informed of opportunities, requirements, and changes in extramural programs administered by the National Institutes of Health.

VOL. 15, NO. 23, OCTOBER 31, 1986

Vol. 15, No. 23, October 31, 1986

NOTICES

DATED ANNOUNCEMENTS (RFPs and RFAs AVAILABLE)

NOTICES

NIH GRANTS ADMINISTRATION CONFERENCE

P.T. 42; K.W. 1014002

National Institutes of Health

On December 15 and 16, 1986, the Ohio State University will be the host of the midwest regional NIH Grants Administration Conference. The purpose of the conference is to provide information to sponsored programs administrators, their staff, and investigators on the policies and procedures affecting research grants offered by the National Institutes of Health (NIH). The intended audience is biomedical research-oriented staff of small businesses, for-profit, hospitals, universities, and research institutes of the midwest geographic regions. The conference program offers a comprehensive review of NIH grant development and administration. Topics for the 2-day conference will include sessions on: the development of the typical Institute budget, and how that merges into program priorities; qualities of a sound scientific proposal; issues affecting peer review assignment and evaluation; trends in competing grant applications; changes in PHS prior approval; Small Business Innovation Research (SBIR); animal welfare; and many others. The conference participant will have the opportunity to meet with eighteen NIH representatives and in addition receive further information resources.

For further information, please call or write:

NIH Grants Administration Conference
Office of Sponsored Programs Development
The Ohio State University
1314 Kinnear Road
Columbus, Ohio 43212-1194
Telephone: (614) 292-4284

FEDERAL HUMAN NUTRITION RESEARCH AND INFORMATION MANAGEMENT (HNRIM) SYSTEM DATA BASE NOW AVAILABLE TO THE PUBLIC

P.T. 36; K.W. 1004008, 0710095

National Institutes of Health

The Human Nutrition Research and Information Management (HNRIM) data base provides information on human nutrition research and research training activities supported in whole or in part by the Federal Government. The data base can now be purchased by the public through the National Technical Information Service (NTIS), U.S. Department of Commerce (DOC), 5285 Port Royal Road, Springfield, VA 22161, (703) 487-4807. Data for FY 1982, 1983, and 1984 are presently available on computer tape or diskettes as NTIS document no. PB86-216173/AS.

THE HNRIM DATA BASE

Each participating agency (at present Department of Health and Human Services, U.S. Department of Agriculture, Veterans Administration, Agency for International Development, Department of Defense, and DOC-National Marine Fisheries Service) assembles and submits its own data. Data from the participating agencies are combined into the central HNRIM data base. The data base is updated quarterly, but can be updated more frequently if the need arises. The data base contains approximately 4,000 nutrition research and training projects. The information stored about each project includes:

- Sponsoring Organization
- Project Identifier Numbers
- Project Title o Principal Investigator
- Organization Name, Address
- Congressional District
- Nutrition Classification Categories
- Narrative Description (abstract)
- Basic/Applied/Development Categories
- Fiscal Year
- Percent Related to Nutrition
- Start Date

The HNRIM Data Base was developed by the joint DHHS-USDA Task Force on the Human Nutrition Research Information and Management System in accordance with the Congressional mandate in the National Agricultural Research, Extension, and Teaching Policy Act of 1977 (7 USC 3177). The Task Force operates out of the Office of the Nutrition Coordinating Committee of the National Institutes of Health under the guidance of the Interagency Committee on Human Nutrition Research (ICHNR), which is cochaired by the Assistant Secretary for Health, DHHS, and the Assistant Secretary for Science and Education, USDA.

Questions concerning availability of the data should be addressed to NTIS. Those concerning contents of the data base should be directed to:

Ms. Bronna Finn
Acting HNRIM System Coordinator
Nutrition Coordinating Committee
Building 31, Room 4B59
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-2323

SMALL BUSINESS INNOVATION RESEARCH (SBIR) PROGRAM - ELIGIBILITY

P.T. 34; K.W. 1014002, 0710030

Public Health Service

This following supersedes the section entitled "Eligibility" on page 2 of the Omnibus Solicitation of the Public Health Service for Small Business Innovation Research Grant Applications.

ELIGIBILITY

Each organization submitting a grant application under the SBIR Program must qualify as a small business in accordance with the definition given in section III. In determining whether an applicant is a small business, an assessment will be made of several factors, including whether or not it is independently owned and operated and whether or not it is an affiliate of a larger organization whose employees, when added to those of the applicant organization, exceed 500. In conducting this assessment, all appropriate factors will be considered, including common ownership, common management and contractual relationships.

In accordance with 13 CFR 121.3, affiliation exists when "....(1) one concern controls or has the power to control the other....control may be affirmative or negative and it is immaterial whether it is exercised so long as the power to control exists." One of the circumstances that would lead to a finding that an organization is controlling or has the power to control another organization involves sharing common office space and/or employees and/or other facilities (e.g., laboratory space). Although access to special facilities or equipment in another organization is permitted (as in cases where the SBIR awardee has entered into a subcontractual agreement with another institution for a specific portion of the research project), RESEARCH SPACE OCCUPIED BY AN SBIR AWARDEE MUST BE SPACE WHICH IS NOT GENERALLY SHARED WITH ANOTHER ORGANIZATION AND OVER WHICH IT HAS EXCLUSIVE CONTROL. Where there is indication of sharing of common employees, a determination will be made on a case-by-case basis of whether or not such sharing constitutes control or the power to control.

13 CFR 121.3 also states that control or the power to control exists when "key employees of one concern organize a new concern . . . . and serve as its officers, directors, principal stockholders and/or key employees, and one concern is furnishing or will furnish the other concern with subcontracts, financial or technical assistance and/or other facilities, whether for a fee or otherwise."

If it appears that an applicant organization does not meet eligibility requirements, PHS will request a size determination on the organization from the cognizant Small Business Administration (SBA) regional office. The review of the application for scientific merit will be deferred until a definitive response is provided by the SBA.

The primary employment of the principal investigator must also be with the firm at the time of award and during the conduct of the proposed project. The Code of Federal Regulations, Title 42, Part 52, defines a principal investigator as "the single individual designated by the grantee in the grant application . . . . . who is responsible for the scientific and technical direction of the project." Primary employment means that more than one-half of the principal investigator's time is spent in the employ of the small business. Primary employment with a small business precludes full-time employment at another organization. In the event that the

principal investigator is a less-than-full-time employee of the small business at the time of submission of the application, it is essential that documentation be submitted WITH THE APPLICATION to verify his/her eligibility. That is to say, if the principal investigator is also employed by an institution other than the applicant organization (e.g., a university, non-profit research institute, another company), a letter must be provided by the business office of the non-applicant organization confirming that the principal investigator will, IF AWARDED an SBIR grant, become a less-than-half-time employee of such organization and will remain so for the duration of the SBIR project. In cases where the principal investigator fails to provide adequate documentation, the application will be returned without review to the applicant organization.

For both Phase I and Phase II, the research or R&D must be performed in the United States, i.e., the several states, territories and possessions of the U.S., the Commonwealths of Puerto Rico and the Northern Mariana Islands, the Trust Territory of the Pacific Islands, and the District of Columbia.

DATED ANNOUNCEMENTS (RFPs and RFAs AVAILABLE)

MECHANISMS OF PREFERTILIZATION IMMUNOCONTRACEPTION

RFA AVAILABLE: 86-HD-02

P.T. 34; K.W. 0710070, 0413002

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Application Receipt Date: January 20, 1987

The Reproductive Sciences Branch (RSB) of the Center for Population Research (CPR), National Institute of Child Health and Human Development (NICHD) is inviting research grant applications investigating selected topics in the immunology of fertility regulation. This is the first announcement in the reproductive immunology area to be specifically focused on immunocontraception. The RSB supports research on the immunological aspects of reproduction in humans and relevant experimental animal models that is of potential value in establishing and developing an effective means of male or female immunocontraception. Our current understanding in this area is incompletely developed at present. The most feasible and effective directions in the field of prefertilization immunocontraception are yet to be defined. In the light of present day technological advances in immunology and molecular genetics, it is the goal of this RFA to stimulate research investigations using state-of-the-art technology in an effort to identify promising mechanisms of prefertilization immunocontraception, establish the effectiveness of the candidate antigen(s) in preventing pregnancy by immunologic means, and isolate and characterize the relevant antigen(s).

This RFA is specifically designed to stimulate research on the immunology of experimentally induced infertility or sterility. In general, responsive applications would include those focusing on the interaction of the immune system with functional processes of mammalian gonads, gametes or reproductive tract tissues or factors that directly affect gamete production, maturation, transport or fertilization processes.

It is anticipated that up to six (6) awards will be made as a result of this announcement through the grant-in-aid (R01.) mechanism.

For further information and a copy of the detailed RFA, contact:

Michael E. McClure, Ph.D.
Reproductive Sciences Branch
Center for Population Research
National Institute of Child Health and Human Development
Landow Building, Room 7C33
National Institutes of Health
Bethesda, Maryland 20892

THE MODIFICATION OF EATING BEHAVIOR IN THE COMMUNITY

RFA AVAILABLE: 87-CA-09

P.T. 34; K.W. 0710095, 0404000, 0411005, 0745055

National Cancer Institute

Application Receipt Date January 21, 1987

The Division of Cancer Prevention and Control (DCPC) of the National Cancer Institute (NCI) invites applications to conduct research to develop effective procedures and materials for the modification of eating behavior of groups of individuals in communities. The purpose of these studies is to generate strategies that can be used in community settings nationwide to promote eating practices conducive to cancer risk reduction. These studies are limited to applicants from within the United States.

BACKGROUND

Populations that include generous amounts of fiber-rich whole grains, vegetables, and fruits and less fat in their daily diets, show lower rates of many prevalent cancers, including those of the colon, rectum, breast, prostate, and endometrium. National dietary recommendations have been issued that encourage the U.S. population to decrease the fat content of typical eating patterns and increase the proportion of fiber-rich foods. Community health promotion programs have proven effective in increasing knowledge, and improving attitudes and practices of groups with eating practices considered adverse for chronic disease risks.

RESEARCH OBJECTIVES

The interventions that will be developed, implemented, and evaluated in this research are expected to identify procedures and materials that are most effective in influencing adults in community settings to adopt eating practices associated with lower risk of prevalent, nutritionally-related cancers. Innovative procedures and materials, as well as adaptations of existing, efficacious procedures and materials to incorporate diet and cancer control objectives, are solicited. As a secondary objective, this research is expected to result in the development of evaluation strategies and instruments that can be utilized in other settings to assess the effectiveness of community nutrition interventions for cancer risk reduction.

The research funded under this RFA should focus on development (or adaptation), testing and evaluation of discrete methodologies to modify the eating behavior of specified groups of adults with demonstrated needs for dietary improvement. These interventions should be designed at such a scale and cost level that local community organizations would find them attractive to adopt and apply to their settings.

A sufficient number of subjects should be included to test the efficacy of the intervention within community settings. Investigators are encouraged to provide evidence that various community organizations and institutions support the project and will materially aid in implementation efforts. Community organizations that adopt the mission of change agent multiply the reach and effectiveness of intervention efforts and often continue to promote intervention goals into the future. Other methodologies utilized in community health promotion programs include those drawn from social marketing and communications/behavior change theory. These methods go beyond traditional medicine and health services and attempt to involve as many channels of community life as possible, both as vehicles for promoting behavior change and as networks to support and reinforce behavior change.

The proposed research should be based on the results of research in the field of community health promotion. Justification of proposed approaches should be based on the evaluation of previous studies, and a discussion must be included in the proposal. The selected studies must have an eating behavior change focus consistent with both cancer risk reduction and the Dietary Guidelines for Americans (USDA and DHHS, 1985).

It is required that proposals describe in detail the approaches that will be used to identify the current dietary practices of the subject population, relevant to intervention objectives. These methods should be justified in terms of the reliability and validity of the approach. A detailed description must be included of how investigators propose to monitor the impact of interventions on eating behavior, including but not limited to knowledge, attitudes, eating practices and dietary levels of targeted food or nutrient components.

MECHANISMS OF SUPPORT

Awards will be made as research grants. Responsibility for the planning, direction, and execution of the proposed project will be solely that of the applicant. Except as otherwise indicated in this RFA, awards will be administered under PHS grants policy as stated in the Public Health Services Grants Policy Statement, DHHS Publication No. (OASH) 82-50, revised December 1, 1982.

Funding under this RFA is limited to a maximum of three years. This constraint will not preclude investigators from seeking further funding under the usual investigator initiated NIH grant mechanism to pursue research leads identified by this project. Contingent upon the availability of funds, NCI estimates that a maximum of $2.25 million should cover the total direct and indirect costs for all awards during the three years of the project. The projected costs for the first year of the award are estimated at $750,000. These funds are intended to support up to five anticipated awards. Grants may be awarded to for-profit and non-profit organizations and institutions, governments and their agencies, and occasionally to individuals. This type of solicitation (the RFA) is used when it is desired to encourage investigator initiated research projects in areas of special importance to the National Cancer Institute. The receipt date for this RFA solicitation is January 21, 1987.

STAFF CONTACT

A copy of the complete RFA including research goals and scope, the review procedures and criteria, the method of applying, and references can be obtained by contacting:

Dr. Luise Light
Health Promotion Sciences Branch
Division of Cancer Prevention and Control
National Cancer Institute
Blair Building, Room 420 A
Bethesda, Maryland 20892-4200
Telephone: (301)427-8656

ASSESSMENT OF BREAST CANCER RISK AMONG WOMEN WITH PROLIFERATIVE BENIGN BREAST DISEASE

RFA AVAILABLE: 87-CA-08

P.T. 34; K.W. 0715035, 0411005, 0785055

National Cancer Institute

Application Receipt Date: February 23, 1987
Letter of Intent Receipt Date: December 15, 1986

The Division of Cancer Prevention and Control (DCPC), National Cancer Institute (NCI), through the Organ Systems Program (Breast Cancer), announces the availability of a Request for Applications (RFA) on the above subject.

Recent studies have indicated that, among women biopsied for benign breast disease, breast cancer risk is concentrated in women with proliferative disease, especially in the small subset exhibiting proliferative disease with atypia. This risk was significantly increased when proliferative disease was combined with the presence of certain recognized epidemiologic risk factors for breast cancer. Because these findings have thus far been restricted to only one cohort of women, it is now essential to validate the results in other populations. This research initiative seeks grant applications having the following objectives: (a) to assess in different cohorts of women the risk of breast cancer associated with particular, histologically defined subcategories of proliferative benign breast disease; (b) to undertake correlation of mammographic patterns with histologic parameters associated with high risk; and (c) to evaluate the interaction between histopathologic diagnosis and various, specific epidemiologic risk factors for breast cancer in predicting overall risk. Integration of histopathologic evaluation and epidemiologic information is essential to the project, which requires input from both disciplines.

Applicants are encouraged to submit a letter of intent and to consult with NCI program staff before submitting an application. It is anticipated that three or more awards may be made as a result of this RFA.

Requests for copies of the complete RFA should be addressed to:

Elizabeth P. Anderson, Ph.D.
Breast Cancer, Organ Systems Section
Cancer Centers Branch, DCPC
National Cancer Institute, NIH
Blair Building - Room 721
Bethesda, Maryland 20892-4200
Telephone: (301) 427-8818

PRACTICE OF CANCER PREVENTION AND CONTROL ACTIVITIES IN PRIMARY CARE MEDICINE

RFA AVAILABLE: 87-CA-10

P.T. 34; K.W. 0745055, 0715035, 0710095, 0404000, 0503016

National Cancer Institute

Application Receipt Date: January 21, 1987

Letter of Intent Receipt Date: December 1, 1986

The Division of Cancer Prevention and Control (DCPC) of the National Cancer Institute (NCI) invites applications for intervention studies aimed at increasing and sustaining the practice of cancer prevention and control activities in the usual office practice of primary care physicians. These studies are limited to applicants from within the United States.

BACKGROUND

The National Cancer Institute has established a national goal to reduce cancer mortality rates by 50% by the year 2000. Specific objectives have been established for primary prevention, screening and treatment outcomes. Since primary care physicians are the physicians of first contact for most Americans, they are optimally positioned in the health care system to practice cancer control interventions, especially those related to primary and secondary cancer prevention.

RESEARCH OBJECTIVES: HEALTH PROMOTION

The interventions that will be designed, implemented, and evaluated are expected to increase the practice of cancer prevention and control activities by primary care physicians in their usual office practice. It is recognized that primary care physicians do not address prevention in a disease-specific manner; rather, there is a tendency to identify risk factors that relate to the major causes of premature morbidity and mortality for persons of specific age and sex groups. Therefore, it is acceptable, and probably desirable, for the cancer prevention and control activities to be integrated into a broader office-based prevention package. In developing interventions, researchers should identify the most important barriers to the practice of cancer prevention and control activities. It is expected that innovative interventions will be proposed, taking into account all interested parties who are likely to benefit from increased cancer prevention and control activities in primary care practices.

At a minimum, the cancer prevention and control activities should include: 1) tobacco use and diet counseling and 2) the screening practices recommended by the NCI or the ACS. Deviations from these recommended screening practices may be proposed if they can be justified from a cancer control perspective. The cancer prevention and control activities proposed will dictate the age range of the patient population.

RESEARCH OBJECTIVES: EVALUATION

An evaluation of the effectiveness of the health promotion intervention must be undertaken by the applicant or a subcontractor(s). Assessment of baseline level of practice of cancer prevention and control activities and characterization of the physician and patient members of the practice setting should be accomplished before the intervention is undertaken.

The applicant should consider use of both process and outcome evaluation measures. The major outcome variable of interest is change in the primary care physician's behavior, i.e., the level of the physician's practice of cancer prevention and control activities in his/her routine office practice. It is necessary that the actual practice of cancer prevention and control activities be verified via such methods as chart audits, physician and/or patient interviews, audio-taping of encounters, billing records or other such procedures. It is expected that more than

one method will be necessary to verify the actual practice of the cancer prevention and control activities. The intent of this research is to design interventions which will achieve clinically significant, not merely statistically significant, increases in the level of practice of cancer prevention and control activities by primary care physicians. Interventions with the potential for usability and durability, i.e., acceptance and incorporation into usual practice patterns, are desirable.

MECHANISMS OF SUPPORT

Awards will be made as research grants. Responsibility for planning, direction, and execution of the proposed project will be solely that of the applicant. Except as otherwise indicated in this RFA, awards will be administered under PHS grants policy as stated in the Public Health Service Grants Policy Statement, DHHS Publication No. (OASH) 82.50, revised December 1, 1982. Funding under this RFA is limited to a maximum of three years. Such a constraint will not preclude investigators from seeking further funding under the usual investigator initiated (R01) NIH grant mechanism to pursue research leads identified as a result of this project.

Allowable direct costs for the health promotion activity cannot include funds to pay for or offset the cost of cancer screening interventions or equipment. However, expenses incurred in promoting the utilization of cancer screening technologies are considered allowable costs.

The intent is to fund up to five awards, each of three years duration. These levels of activity are dependent upon the receipt of a sufficient number of applications of high scientific merit. Contingent on the availability of funds, NCI estimates that a maximum of $1,200,000 should cover total direct and indirect costs during each year of the project. These funds are intended to support the five anticipated awards. As a guide, it is suggested that the evaluation component of each grant not exceed 25% of the total cost.

Grants may be awarded to profit and non-profit organizations and institutions, governments and their agencies, and occasionally to individuals. This type of solicitation (the RFA) is used when it is desired to encourage investigator initiated research projects in areas of special importance to the National Cancer Institute. The receipt date for this RFA solicitation is January 21, 1987. Applications received after that date will not be considered under this RFA.

STAFF CONTACT

A copy of the complete RFA including research goals and scope, the review procedures and criteria, the method of applying, and references can be obtained by contacting:

Dr. Lillian R. Gigliotti
Health Promotion Sciences Branch
Division of Cancer Prevention and Control
National Cancer Institute
Blair Building, Room 420
Bethesda, Maryland 20892-4200
Telephone: (301) 427-8656

HOME CARE OF CANCER PATIENTS

RFA AVAILABLE: 87-CA-06

P.T. 34; K.W. 0715035, 0730050, 0730065, 0730010

National Cancer Institute

Application Receipt Date: February 19, 1987
Letter of Intent Receipt Date: December 15, 1986

The National Cancer Institute (NCI) invites applications for research projects designed to assess and optimize the home care of patients with cancer. How well is the current home care effort working? What promotes or impedes the effectiveness of current home care efforts?

During the last several years, there has been rapid expansion of the provision of home health care for cancer patients remaining at home, often stimulated by efforts to reduce hospital care costs. Yet, the need for and effects of home cancer care have not been systematically examined. This information is critical for NCI cancer control efforts to develop effective interventions and models to provide care for cancer patients outside of institutions.

Participants in this research should be patients who have a high likelihood of experiencing ongoing care needs associated with current therapies or tumor-induced complications. This initiative will support studies that seek to determine what health care problems are experienced and what efforts are undertaken to relieve or reduce these health care needs for a group of patients with a life expectancy of greater than six months.

Effectiveness of home health care efforts encompasses the adequacy of care to individual patients and their families in terms of meeting their health care needs. Examining outcomes of the care efforts and identification of factors which determine whether or not specific health care needs are met are important endeavors. Whether or not the adequacy of care changes over time is a critical component of this initiative and includes the interactions of needs and access to services.

A crucial outcome of the research to be conducted under this initiative is the development of interventions which could improve the home care situation and make the delivery of home care more effective. The interventions proposed under this initiative are to form a basis for future research efforts and the defining of model systems for optimal home care of cancer patients.

BACKGROUND

Health care delivery has changed dramatically within the past decade and there have been major shifts from hospitalizing patients to encouraging patients to live at home and receive therapy in their homes and/or clinics. Many indicators of these shifts exist, such as decrease in the average length of acute care hospital stay by two days (most affected are the elderly), and an increase by 50 percent in the number of home care providers approved under Medicare. Multiple forces have combined to cause these shifts: cost containment efforts, such as the prospective payment system and expansion of health maintenance organizations; peer review organizations which criticize hospitalization needs of individual patients; and technological advances (e.g. permanent, implantable venous access devices) which have allowed care previously restricted to hospitalized patients to be given in other settings. Home care demands exceed the historical custodial or maintenance care and require expertise found only in acute hospital nursing environments in the past. The home care industry continues to grow exponentially without any consistent form of planning. The availability of applicable information for future planning purposes is essential.

OBJECTIVES AND SCOPE

The purpose of this RFA is to stimulate systematic and scientifically rigorous research to determine the patterns of care of cancer patients managed in the home. Specifically, the research addresses the needs for, receipt of, and outcomes of the home care of cancer patients. Special emphasis is placed on the outcomes of care, the changes in care needs and services over time, and the contribution of and burden experienced by family members. Synthesis of the results of the investigations supported under this RFA will lead to the development and evaluation of model interventions designed to improve the home care of cancer patients.

The focus of this research initiative is on adult cancer patients receiving initial or intermittent therapy for their malignancies while living at home. Patients should share common characteristics indicating the high likelihood of ongoing care needs. For families, the focus is on demands that the patient's illness makes on their lives.

INQUIRIES

For further information, investigators are encouraged to contact:

Anne R. Bavier, RN, MN
Program Director
Community Oncology and Rehabilitation Branch
Division of Cancer Prevention and Control
National Cancer Institute
Blair Building, Room 7A05
Bethesda, Maryland 20892-4200
Telephone: (301) 427-8708

A letter of intent, while not mandatory, is strongly suggested and should be forwarded to Anne Bavier, RN, MN, no later than December 15, 1986. A letter of intent is not binding or a necessary requirement for application, and it will not enter into the review of any application.

PREVENTIVE PULMONARY ACADEMIC AWARD

RFA AVAILABLE: 87-HL-12-L

P.T. 34; K.W. 0715165, 0720005

National Heart, Lung, and Blood Institute

Application Receipt Date: April 15, 1987

The Division of Lung Diseases (DLD), National Heart, Lung, and Blood Institute (NHLBI), National Institutes of Health (NIH), announces the availability of the Preventive Pulmonary Academic Award. The dual objectives of this award are to encourage (1) the development and/or improvement of the teaching of prevention of respiratory diseases in both undergraduate and graduate medical training and (2) research in methods for the prevention of lung diseases. It is anticipated that no more than four awards will be made the first year with no more than 16 awards being made in the total program during a four-year period.

ELIGIBILITY: A candidate for this award must be a physician, with both clinical and academic skills, who is an established faculty member in an accredited academic medical institution. The candidate should commit a minimum of 50 percent time to the program. An institution sponsoring a candidate for the award must show commitment to developing and improving the teaching of prevention of lung diseases, identifying educational resources, allowing time for the awardee to acquire educational skills, and providing facilities for research.

PROVISIONS OF THE AWARD: This award will provide up to $40,000 salary support for the awardee, plus appropriate fringe benefits and up to $20,000 a year for related research support. In addition, up to $10,000 will be available to each awardee for technical assistance. The use of these funds should be coordinated among all awardees and must be approved by the Division of Lung Diseases, NHLBI. Funds will be provided for the reimbursement of actual indirect costs at a rate up to, but not exceeding, eight percent of the total direct costs of each award, exclusive of tuition, fees, and expenditures for equipment specifically related to this award.

CURRICULA DEVELOPMENT AND RESEARCH PLANS: Curricula topics which might be addressed include identification of and interventions with populations at risk for respiratory disease, identification of genetically and occupationally linked respiratory diseases, prevention of respiratory infections, methods for encouraging smoking cessation, and respiratory disturbances during sleep. Research topics might include methods of intervening with populations at risk, methods for teaching prevention, smoking cessation, self-management of chronic lung diseases, and cost effectiveness of preventive measures. Multidisciplinary approaches are encouraged.

Requests for Guidelines for the Preventive Pulmonary Academic Award should be directed to:

Joan M. Wolle, Ph.D., M.P.H.
Health Scientist Administrator
Prevention, Education, and Research Training Branch
Division of Lung Diseases, NHLBI
Westwood Building, Room 640
Bethesda, Maryland 20892
Telephone: (301) 496-7668

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