

MAR 31 1977

AVAILABILITY OF RFA:

PILOT EVALUATION STUDIES OF COMMUNITY

HIGH BLOOD PRESSURE CONTROL IN TWO

COMMUNITIES WITH HIGH PREVALENCE OF

HYPERTENSION

A N N O U N C E M E N T

The Preventive Cardiology Branch, Division of Heart and Vascular Diseases, NHLBI, is inviting research grant applications for pilot evaluation studies of community high blood pressure control in communities with known high prevalence of hypertension (20% or more of the adult population with blood pressure levels of systolic of 160 mm Hg or higher and/or diastolic of 95 mm Hg or higher).*

PURPOSE The purpose of this program is to conduct community research to determine how to establish a practical model of high blood pressure control acceptable within communities where a high prevalence of this disorder exists. It is anticipated at this time only two grants for such experimental community high blood pressure demonstration and evaluation projects will be funded as a result of this competitive selection - one in a geographically defined community or county of 50,000-100,000 total population including rural service area, and the second in a definable community of approximately the same size within a large metropolitan area. It should be emphasized that this research program is not intended to create new health care facilities but to facilitate existing resources in a cooperative relationship to make a total community approach to high blood pressure education, detection, treatment, and follow-up more effective in reaching the total hypertensive population in a defined community. It is likely that successful applicants will be from communities which have already had some experience, interest, and involvement in high blood pressure education or control programs. The requirement for high prevalence of existing high blood pressure in the community would make this program of particular relevance in predominantly Black communities; however, applications will be accepted as well from other U.S. communities with known high prevalence of high blood pressure.

This research program is not intended to substitute for or duplicate existing high blood pressure control activities but to determine how to make them more effective to reach the total hypertensive population of the defined community.

*To be documented in the proposal by use of data from prior surveys in the community or estimates based upon application of age-sex-race specific rates from state, regional, or national data.

The evidence that community health care for high blood pressure has not yet been successful in reaching and providing effective continuity of management of high blood pressure particularly in Black communities is the major reason for this RFA.

The findings in these programs are intended to be useful to many other communities by providing a planned, documented, and evaluated demonstration of a practical and acceptable program for high blood pressure control.

At the end of 5 years funding support from NHLBI will cease. It is expected that if the high blood pressure control program has proved effective, the communities should recognize the benefits derived from the improved control justify community expenditure for continuing the program.

KEY PROJECT ASPECTS It is likely that successful applicants will be from communities which have already had some experience, interest, and involvement in high blood pressure education or control programs, and with willingness to participate by experienced health researchers, by private and public health providers, and by an interested public. (Participation of minority professionals and representatives of the public would be expected.) The participation of such key groups in planning, cooperation, and coordination of resources should result in marked improvement in blood pressure control and establish a model approach for other communities to follow.

A baseline survey to establish prevalence of high blood pressure and the status of its control within an adequate sample of the population will be necessary in the first year prior to implementation of special new control efforts in order to be able to measure changes in high blood pressure control achieved by the program over the 4 years of implementation.

It is expected each project proposal will address the following areas:

- A. Description of the Community
- B. Description of Proposed Program for High Blood Pressure Education, Detection, Referral, Diagnosis, Treatment, and Follow-up in the Community
- C. Administration Relationships
- D. Evidence of Support from Community Organizations, Community Health Leaders, and Representatives of Public
- E. Description of Project Staff and Their Qualifications
- F. Budget Description and Justification

This research program should be of interest to minority medical schools which have potential for community involvement in the improvement of control of high blood pressure. It also could be of interest to other teaching medical centers or health departments in communities with higher prevalence of hypertension. Health councils and voluntary agencies

are strongly urged to participate in the program, including planning efforts, though they are not likely to serve as administrative organizations responsible for the grant. Because it is unlikely that either of two or more competing grant proposals from the same community involving the same population would be funded, it is recommended that only one proposal be submitted for any one total community. The same would be true for competing proposals from the same defined geographical area of a large urban community; however, it is conceivable that independent proposals relating to separate population areas of a large urban center could be acceptable. It will be the responsibility of the applicant to obtain agreement among the interested groups in a community for the administrative arrangements under which a proposal is submitted.

BUDGET INFORMATION No more than two projects will be funded from this specific RFA. The total amount available per year for both projects is approximately \$400,000.

This is an announcement of the availability of a Request for Grant Application RFA-NHLBI-DHVD-77-A. If you are interested in responding, please request the RFA, which details further specifications for this program, by calling Dr. Gerald Payne at (301) 496-3089 or Dr. Donald Ware at (301) 496-1051, or writing to Preventive Cardiology Branch, NHLBI, NIH, Room C819, Landow Building, Bethesda, Maryland 20014. Identify the RFA by title and number.

METHOD OF APPLYING

Letter of Intent Prospective applicants should submit a brief one-page letter of intent not later than April 15, 1977, to Dr. Charles Turbyfill, Division of Extramural Affairs, NHLBI, NIH, Room 553, Westwood Building Bethesda, Maryland 20014, with a copy to Dr. Gerald Payne, Division of Heart and Vascular Diseases, NHLBI, NIH, Room C819, Landow Building, Bethesda, Maryland 20014. A letter of intent is not binding and it will not enter into the review of the proposal subsequently submitted.

Format for Application Applications should be submitted on PHS-398, the application form for the traditional research grant.

Application Procedure The receipt date for application is before 5:00 p.m. EST on June 15, 1977. The original and twenty-four (24) copies of the application should be sent or delivered to:

Division of Extramural Affairs
National Heart, Lung, and Blood Institute
National Institutes of Health
Room 5A10, Westwood Building
5333 Westbard Avenue
Bethesda, Maryland 20014

CORRECTION OF TELEPHONE NUMBER

The telephone number at the bottom of page 5 of Vol. 5, No. 18, October 8, 1976, has been changed to (301) 496-7465; this is in reference to the Young Investigator Research Grant, National Institute of Allergy and Infectious Diseases.