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FOA: Projects for Social, Behavioral, and Economic Research on COVID-19 Consortium

OVERVIEW

On April 6th, the National Institutes of Health (NIH) released a Funding Opportunity Announcement (FOA) to support research on the impact of the COVID-19 pandemic and its response on behavior and health-related outcomes, with an emphasis on underserved and vulnerable populations. Through this FOA, the NIH expects to fund 5-6 research projects across one of the six participating NIH Institutes/Centers. Projects may investigate a wide range of topics, such as the effects of COVID-19-related economic disruption, the impact of public health interventions, access to telehealth, or others.

This FOA solicits applications for individual population research projects. However, funded applications will be cooperative awards, and awardees will be expected to coordinate research activities and data harmonization efforts with the Social, Behavioral, and Economic Research on COVID-19 Consortium Coordination Center (SBECCC). The SBECCC is not intended to be a common hub for data storage or sharing, but rather to create opportunities for efficient data access and sharing across different Consortium projects.

For projects on mental health, the National Institute of Mental Health (NIMH) will place a priority on research into pandemic-related changes in financing, delivery, receipt, and outcomes of mental health care. Interested applicants should consult with NIMH in advance for technical assistance.

The full FOA is available here. There will be two rounds of applications. The first round is due on June 9th, and the second round on November 8th.

FUNDING

Application budgets will be limited to a maximum of $500,000 in annual direct costs.

The scope of the proposed project should determine the project period. The maximum project period is five years. Projects are expected to begin in September 2021 for the first round and in April 2022 for the second round.

ELIGIBLE APPLICANTS

Eligible applicants include:

- Higher education institutions;
- Not-for-profit organizations with and without 501(c)(3) status;
- For-profit organizations; and
- Faith- or community-based organizations.

Applicants may submit more than one application, provided that each application is scientifically distinct.

RESEARCH APPROACHES

Research approaches may include, but are not limited to:

- Computational models for the spread and outcomes of COVID-19 and results of possible interventions, including incorporated health-related economic models.
- Natural experiments making use of differences in policies, programs, economic circumstances, and other exogenous factors.
- Use of large datasets to assess mortality, comorbidity, and healthcare utilization differentials across various lines (e.g., sex/gender, racial/ethnic, urban/rural, socioeconomic status).
- Statistical models to predict immediate, mid-, and long-term health and economic outcomes across individuals' lifespan.
- Use of new data sources (e.g., sensors), data integration (especially at multiple levels of influence), and artificial intelligence and computational modeling.

RESEARCH QUESTIONS

Health effects/outcomes studied are not limited to direct effects of COVID-19 infection and can/should consider indirect and secondary effects of the pandemic. Priority research questions include, but are not limited to, the following:

- **Causes of transmission**: Behavioral and social factors contributing to SARS-CoV-2 transmission and prevention, such as individual, family, community, and environmental influences that shape adherence to and transmission reduction from coronavirus mitigation behaviors including COVID-19 vaccination.
- **Economic feedback effects on health**: The integration of economic feedback to mitigation policies and behaviors affecting estimates of transmission/prevention.
- **Impact of different state response**: The impact of timing and design of state and local government mitigation policies on differentially affected transmission.
- **Impact of communication and hearing disorders**: How communication disorders or use of hearing aids, American Sign Language, or associative and augmentative communication devices impact the likelihood of contracting COVID-19, suffering adverse effects from infections, or management of mitigation protocols.
- **Novel methods for predicting transmission**: Leveraging and integrating data from large cohort studies for the development of machine learning algorithms and other novel methods for prediction models of COVID-19 transmission as well as impact of interventions on transmission.
- **Impact of public health interventions**: The impact of public health interventions to mitigate COVID-19 transmission on preventive care delivery and use (e.g., mental health care, drug/alcohol use treatment, well-visits, vaccinations, other routine preventive care) and the quantified effects on health.
- **Impact on chronic care management**: The impact of the pandemic and the concomitant public health response on the management of chronic conditions and disabilities (e.g., cardiovascular disease, HIV, autism, individuals with spinal cord injuries), including effects on self-management of illnesses and relevant health behaviors (e.g., diet, sleep, physical activity, medication adherence, health-monitoring).
- **Impact on people with in-person care needs**: How the pandemic and associated mitigation policies have affected care of patients with in-person care needs (e.g., persons with dementia) and their caregivers.
- **Impact on pregnant women and newborns**: The impact of the pandemic and concomitant public health response on the management of pregnancy and the post-partum period, including

access to healthcare, self-management of health behaviors, and the impact on maternal mortality and morbidity, and pregnancy outcomes, including the management and development of pre-term and other medically fragile infants.

- **Impact of school closures**: How school closures and alternative educational approaches in response to the coronavirus pandemic have affected child development and learning in the short- and long-term, including among children with physical and psychological disabilities; and how school closures have impacted parental functioning and behavioral health (e.g., stress, substance use, etc.).
- **Changes in care delivery modality**: Shifts in modes of healthcare (e.g., telemedicine) and how these shifts are impacting health outcomes.
- **Differential access to telehealth**: Access to telehealth as a function of health disparities and vulnerability, and the impact of differential access on mental health and substance use-related concerns.
- **Effects of behavioral health**: The underlying mechanisms linking the pandemic and mitigation strategies with mental and behavioral disorders.
- **Effects of public health response on community health**: The effect of public health mitigation efforts on family- and community-level outcomes, including but not limited to the prevalence of interpersonal violence in families; changes in prevalence of poverty at the community/county/state level; behavioral health symptoms including but not limited to depression, anxiety, and substance use; and the interaction between these various phenomena.
- **Effects of non-public health response on community health**: The consequences on individual and community health of policies and programs whose primary intention may not have been to address health outcomes (e.g., economic stimulus).
- **Effects of social determinants of health on mortality**: Assessment of differential death rates because of COVID-19 that consider biological and social determinants of health.
- **Most effective communication on COVID-19 prevention**: The efficacy of communication to vulnerable populations about preventative health measures (e.g., hand washing, mask wearing, physical distancing, testing, vaccines) and associated adherence outcomes.

APPLICATION

Reviewers will provide an overall impact score for each proposal, reflecting their assessment of the likelihood for the project to exert a sustained, powerful influence on the research field(s) involved. Reviewers will also consider and provide a separate score for each of the following:

- Significance
- Investigator(s)
- Approach
- Environment

As applicable, reviewers will also consider additional criteria when determining scientific and technical merit of each proposal, including but not limited to protections for human subjects and budget/period of support requested. Final funding decisions will depend on:

- Scientific and technical merit of the proposed project;
- Availability of funds; and
- Relevance of the proposed project to program priorities.

Timeline

Proposals must be submitted by June 9th for the first round and by November 8th for the second round. Applicants may submit an optional non-binding Letter of Intent by May 9th for the first round and by October 8th for the second round. The Letter of Intent should be sent to John W.R. Phillips at john.phillips@nih.gov.

Questions may be submitted to the appropriate scientific/research, peer review, and financial/grants management contact(s) listed in the FOA.