Division of Behavioral and Social Research (DBSR)

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The official link for this solicitation is: http://grants.nih.gov/grants/guide/pa-files/PA-12-088.html

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Department of Health and Human Services

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Description:

Basic and translational social and behavioral research on aging processes and the place of older people in society. The division focuses on how people change with age, on the interrelations between older people and social institutions (e.g., the family, health-care systems), and on the societal impact of the changing age-composition of the population. Special emphasis areas are (1) Health Disparities; (2) Aging Minds; (3) Increasing Health Expectancy; (4) Health, Work, and Retirement; (5) Interventions and Behavior Change; (6) Genetics, Behavior, and the Social Environment; and (7) the Burden of Illness and the Efficiency of Health Systems.

In the past, DBSR has supported development of training videos (including interactive internet-based training) for programs or interventions and development of medication reminder devices through the SBIR-STTR grant mechanism. DBSR currently has minimal interest in development of new training videos or internet based training (especially for programs or interventions that have not been subjected to rigorous evidence-based evaluation) or in the development of medication-reminder devices (without clear demonstration that a new & previously unidentified market of public-health importance would be served).

A. Social, behavioral, environmental and or/technical interventions on the individual, institutional, family, community or national level intended to maintain older adult independence or functioning, increase well-being and prevent disease and/or disability.

1. Interventions to remediate age-related cognitive decline, especially using technology platforms with wide acceptance among older adults;

2. Interventions directed at self-management of chronic diseases among the elderly, including behavioral change and applications to enhance compliance;

3. Interventions to enhance social function or to improve physical and psychological well-being in midlife and older age;

4. The development of evidence-based, risk-reduction programs (also referred to as health promotion, health management, demand management, and disease-prevention programs) that are applicable to older U.S. workers.

B. Interventions or programs for issues impacting caregivers of the elderly and older individuals needing long-term care.

1. Development of strategies for care providers (both professionals and families) to deal with burdens associated with chronic disabling illness or disease (including Alzheimer's disease);

2. Programs or interventions that address/decrease the trauma and difficulty of elders, their families, and care providers faced with end of life decisions and events that surround the end of life.

C. Genetics and Genome Wide Association

1. Development of innovative methods and software to facilitate analysis of personal data linked to geocoded data, biological, cognitive or genetic measures, with improved protection for confidentiality.

2. Develop online genetic counseling so that users have a way to interface with professionals regarding issues that may have arisen after learning about genetic risk for disease, or about any new ancestry information that might be at odds with their self-identified race.

3. Develop a more targeted understanding of who will engage in DTC genetic testing and who will not, based on personality and other characteristics. This could be accomplished through comparisons with other large-scale surveys.

Contact Person: Ms. Farheen Akbar

301-402-4156, Fax: 301-402-0051

Email: farheen.akbar@nih.gov

D. The development of software to improve financial decision making among older people. The software should include projected retirement earnings and expenditures on long term care and out of pocket medical expenditures.

E. The development of practical applications using innovative technologies (e.g. hand-held, internet, telemedicine GPS, robotics, social networking and communications technologies) to support and improve quality of life, well-being, and the ability of older adults to live independently and safely at home.

F. New sampling and data collection methodologies for use in large population-based household surveys and behavioral interventions of relevance to aging. These include:

1. Experiencesampling and new devices for real-time collection of data;

2. Performance based measures for cognitive or physical functioning as well as new instruments for cognitive testing, sleep quality, assessment of basic decision-making domains, or assessments of social behaviors;

3. Improvements to blood spot technology for biological data collection (this includes the development of multiple and reliable assays for limited blood spot specimens).

G. Survey Development/Archiving/Database support

1. Development of new databases and database support infrastructure to satisfy data and research needs in aging as well as the development of innovative data archives to make current statistical and epidemiological data more accessible and policy relevant;

2. Development of data extraction web tools for public use databases;

3. Development of innovative methods and software to provide improved access to complex longitudinal studies or surveys that cannot be placed in open data archives because of issues relating to confidentiality;

4. Development of innovative methods and software to facilitate analysis of personal data linked to geocoded data, biological, cognitive or genetic measures, with improved protection for confidentiality of respondents;

5. Development of data infrastructure and tools for assessing the economic impact of federally-funded research.

H. Forecasting and Software for analyzing of healthcare claims

1. Development of models that will lead to improved forecasting of national, state and county level estimates of the demand for aging-related services; and improved prediction of the costs and effects of public health interventions, changes in health-care financing and insurance, social security, pension coverage or changes in the retirement age. Both domestic and international projections are of interest;

2. Development of software which will provide insight on key factors that contributes to growth of medical expenditures through analysis of claims data.

Dr. Partha Bhattacharyya

301-496-3138, Fax: 301-402-0051

Email: bhattacharyyap@nia.nih.gov