Frequently Asked Questions

Misinformation (RFA-MD-22-008) Technical Assistance Webinar

These questions and answers are from the technical assistance webinar and should not be used as a substitute for carefully reading the funding announcement or application instructions.

Questions:

1. **How many grants will be funded by NIMHD versus NCI?** NIMHD intends to commit $2 million in FY 2022 to fund approximately 3 awards. NCI intends to commit $1M in FY 2023 to fund approximately 2-3 awards. Projects will be selected for funding based on a number of criteria including but not limited to scientific merit, the number of meritorious applications, portfolio fit, and Institute mission. There is no guarantee that all applications will be funded or that all funds will be allocated across award recipients.

2. **It is noted in the posting that the NCI intends to commit $1M in FY 2023. For projects that have a focus on cancer-related information, is it advised to submit the application in the 2nd cycle?** Applications submitted in this cycle (May 31, 2022 application due date) and selected for funding by NCI will be funded in FY 23. Either cycle is appropriate for submission.

3. **If submitting for the first application cycle (May 31, 2022), will the summary statement be available in time to prepare a resubmission for the November 13, 2022 deadline?** Yes.

4. **Will grants submitted for the November 2022 deadline only have one opportunity for submission?** Yes.

5. **If 5-6 applications are awarded from the first application cycle (May 31, 2022), will the November call be cancelled?** No, there will be a November application due date and review.

6. **Is there a specific Scientific Review Group that will review applications, or will this be a Special Emphasis Panel?** This will be a Special Emphasis Panel by NIMHD.

7. **Does Early Stage Investigator (ESI) status apply for the RFA for multi-PD/PI?** NIH policies related to applications from New Investigators and or ESIs will be applied to multi-PD/PI applications only when all PD/PIs involved are classified as New Investigators and/or ESIs. For the purpose of classification as a New Investigator, successfully competing as a multiple PD/PI on a substantial NIH independent research award is equivalent to serving as a PD/PI on a single PD/PI grant in that it will discontinue status as a New

Investigator. An individual who meets the definition of New Investigator and is added as a PD/PI on an active substantial NIH independent research award after peer review will not lose their new investigator status.

8. **Do the same ESI considerations as other R01s still apply for this RFA?** Yes.

9. **Are international institutions and organizations eligible to apply?** Non-domestic (non-U.S.) Entities (Foreign Institutions) are not eligible to apply. Non-domestic (non-U.S.) components of U.S. Organizations are not eligible to apply. Foreign components, as defined in the *NIH Grants Policy Statement*, are not allowed.

10. **Can a national nonprofit apply?** Eligible organizations include nonprofits:
    - Nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education)
    - Nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education)

11. **Like general R01 proposals, are preliminary data required?** For clinical trials only.

12. **According to the RFA, budgets are limited to $500,00 direct cost. Is that per year?** Yes, it is per year, and it is per year for up to five years.

13. **Does this R01 have a companion R21 for ideas in early stages?** No.

14. **Can studies focus on behavioral outcomes (e.g., getting a test or vaccine by way of reducing misinformation), or should the endpoint be more directly related to misinformation (e.g., changes in attitudes)?** Outcomes of interest include physical and mental health, health decision-making, behavior change, adherence to evidence-based prevention and treatment guidelines/recommendations, and morbidity and mortality. It is important to consider how misinformation/disinformation is connected to the health outcomes of interest. The science should drive the selection of outcome measures based on the research questions and aims.

15. **Would studies that show successful uptake of trustworthy information be eligible or do the studies need to include exposures to misinformation? In other words, is understanding how to make communications credible, trustable, and actionable eligible?** The focus of this RFA is on the role of misinformation.

16. **Must both areas of research interest, etiology and interventions, be addressed in a proposal?** No, it does not have to focus on both areas of research.

17. **Is a multi-level component absolutely required?** This initiative calls for multidisciplinary and multi-level (see NIMHD Research Framework) to understand and mitigate the harmful impacts of misinformation and disinformation among populations that experience health disparities.

18. **Must the proposal have a cancer approach or are other diseases/health topics applicable?** Health topics include cancer, COVID-19, HIV/AIDS, STIs, vaccines, genetic testing, cancer, and tobacco use and cessation, among others.

19. **Is the use of technologies such as artificial intelligence/machine learning as a part of the research plan allowed?** Yes.

20. **Do minority populations only refer to race and ethnicity?** NIH designated populations that experience health disparities in the US and US Territories include Black or African American, Hispanic or Latino, American Indian and Alaska Native, Asian, or Native Hawaiian and Pacific Islander persons, socioeconomically disadvantaged populations, underserved rural populations, and sexual and gender minority (SGM) groups.