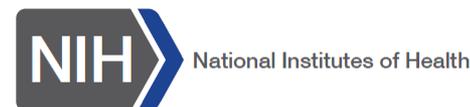


Basic social and behavioral research on culture, health, and wellbeing (R24)

<http://grants.nih.gov/grants/guide/rfa-files/RFA-LM-12-002.html>

- Alan VanBiervliet, Ph.D.
- Bill Elwood, Ph.D.
- Dorothy Castille, Ph.D.
- Lana Shekim, Ph.D.
- Richard Jenkins, Ph.D.



R24: Just the facts

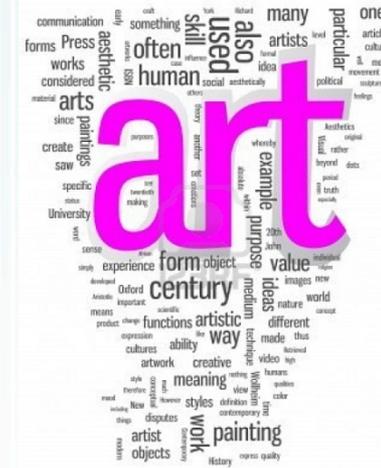
Infrastructure support to develop (new) **trans-disciplinary research teams** to bring **new insights** into relationships among aspects of **culture, health, and wellbeing**

One-time RFA

- **17 December 2012**
 - ✓ Application (main) deadline
- **13 February 2013**
 - ✓ AIDS (only) application deadline
- **\$1,425,000** for approximately 5-7 awards
 - ✓ For one- or two-year projects
- [NIH Commons](#), [grants.gov](#) profile(s) required
 - ✓ Verify/start now! 😊

Just a few more facts

- This RFA expressly welcomes arts and humanities researchers to complement the basic social and behavioral sciences.
- Include small project to demonstrate the power of their synergistic approach to deliver new insights into relationships among aspects of culture health, wellbeing.
- Applications must have a majority emphasis in basic behavioral and social sciences.



Why? The funding source:

- [OppNet](#): A trans-NIH initiative that funds **basic** research that builds the collective body of knowledge about
 - ✓ the (basic) nature of behavior and social systems
 - ✓ our understanding of **basic** mechanisms of behavioral and social processes
- [All 24 NIH Institutes and Centers](#) that fund research and [five Program Offices](#) within the NIH Office of the Director (ICOs) co-fund and co-manage OppNet.

b-BSSR?

It furthers our understanding of fundamental mechanisms and patterns of behavioral and social functioning,

relevant to the Nation's health and well-being,

and as they interact with each other, with biology, and the environment.

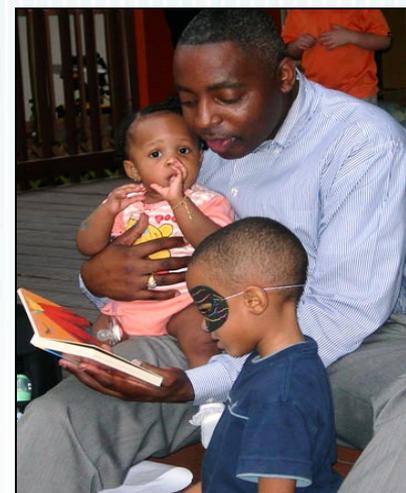
Three b-BSSR categories:



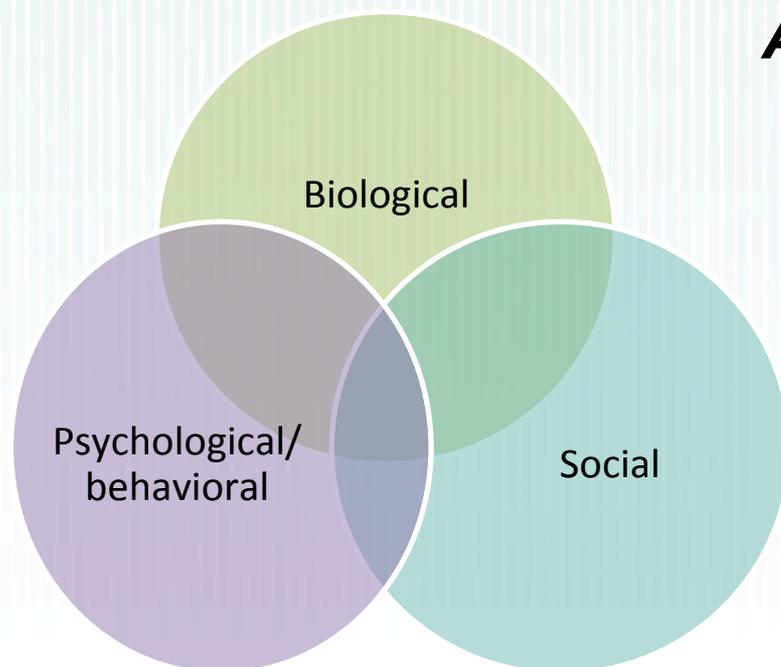
1. Behavioral and social processes

Human or animal functioning at the level of the individual, small group, institution, organization, community, or population, for example,

- Attention, learning, memory
- Emotion, motivation
- Family, other group processes
- Language development
- Sensation and perception
- Social influences, social cognition
- Social networks
- Sociocultural, environmental processes
- Vulnerability, resilience



2. Biopsychosocial research



AKA biobehavioral, biosocial

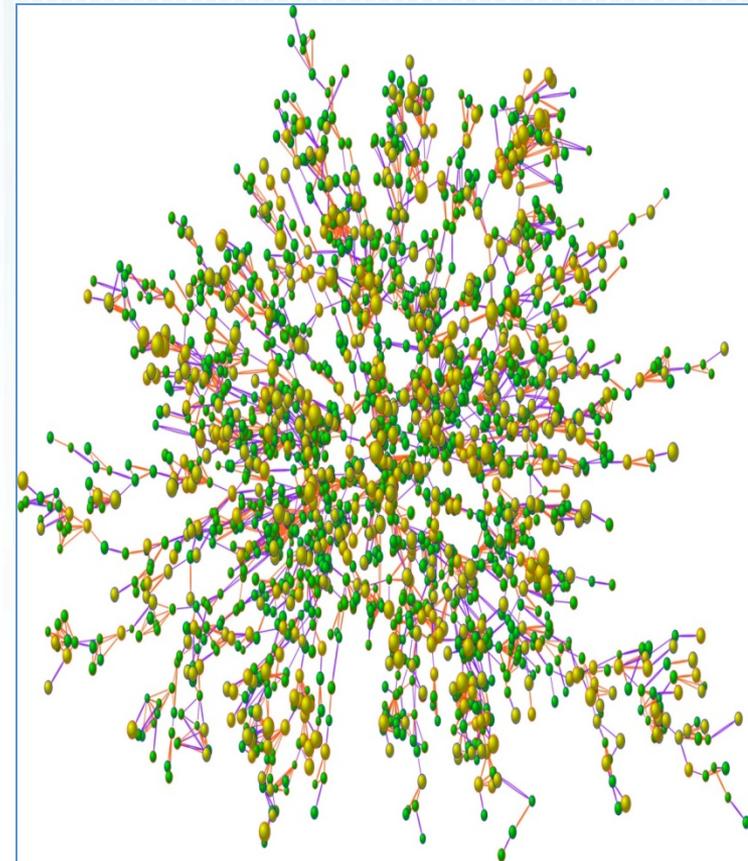
The interactions of biological factors with behavioral or social variables and how they affect each other.

Examples:

- Behavior genetics
- Biosocial surveys
- Neurosciences
- Psychophysiology
- Sociogenomics

3. Methodology and measurement

- **Data analysis**
- **Data collection**
- **Development**
 - data resources
 - infrastructure
 - research tools
- **Measurement**
- **Modeling**
- **Research design**
- **Theory development, testing**



Why arts + humanities + b-BSSR?

- Culture = Demographic variable in NIH-funded research
 - Race/ethnicity, underserved population(s) euphemism
 - Inconsistent, vague, non-existent definitions
 - E.g., culturally-competent, culturally sensitive
 - Static variable that “controls” outcomes
- Comprehensive/transdisciplinary research can,
 - Increase understanding how culture relates to prevention, care, maintenance behaviors
- Delineates fuzzy ideas: *Cultural competence, literacy, sensitivity*
 - Cf. community-based, community-engaged

Arts + science

Some integration has been very applied, but with limited attention to **basic research on social and psychological dimensions of the arts**



- Documentary film
- Expressive therapies
 - ✓ Art therapy
 - ✓ Music and dance therapies
 - ✓ Psychodrama
- Teen theatre
- Use of folk music, folktales, other lore in health education campaigns

Arts + health

The arts sometimes have been used to help affect health and wellbeing, but often without systematic research or attention to cultural experience.

- Visual arts and design arts in the construction of clinical or institutional space
- Design of parks and other public landscapes



Arts + social science + health = ?

Ways to integrate

- **Archival studies:** Use arts archives and identify trends in representation of health and illness, especially within cultural categories, for example,
 - ✓ Ethnicity, gender, sexuality
- **Field studies:** How arts are integrated in settings for wellness (e.g., parks, gyms), healthcare (clinics, doctors' offices, hospitals), and public health (e.g., health education, vaccination)
- **Laboratory studies:** Understand the experience of the arts in ways that might affect physiological or interpersonal functioning.

Related projects in OppNet's portfolio

- How cultural processes shape brain function; how brain facilitates development, transmission of cultural components across lifespan ([R13DA033065-01](#))
- Analyze terms patients and providers actually use to explain perceptions of medical visits and how these relate to R_x adherence ([3R01MH083595-03S1](#))
- Explain associations of Latino families and adolescent neural mechanisms of cognitive control and risk taking based on time/generation(s) in the US ([3R01HD057164-02S1](#))

More projects from our portfolio

- Elucidate the neural correlates of processing two languages of young bilingual children as they progress from novice to intermediate 2nd language speakers, understand differential use of cognitive control and changes in sensorimotor processing ([3R21HD059103-02S1](#))
- Model direct and indirect pathways of relationships between traditional Chinese cultural values and variables on caregiver outcomes among Chinese in the US ([3R44AG026815-03S1](#))

Examples from RFA: Develop and test

- New ethnographic methods that incorporate mobile technologies to better assess cultural beliefs and practices in ways that enable cross-cultural or intra-cultural investigations.
- New methods for identifying organizational cultures within health care delivery systems and settings--with attention to variation in norms, practices, and interactions with patients that may affect variables such as engagement in care, treatment adherence, or clinical outcomes.
- New metrics for characterizing culture or cultural practices that can be used for basic and/or clinical research.
- Methods for understanding socialization within stigmatized populations with particular attention to health care practices and beliefs that may be associated with shared stigmas.
- Methods to collect and analyze data about cultural practices/beliefs, with consideration of their roles as risk or protective factors related to health.
- Qualitative and mixed methods approaches to comprehensively explain health behavior in the context of specific cultural practices.

Examples from RFA: Investigate

- The influence of bilingualism/multilingualism on attendance to and processing of health information (*e.g., neurological processes, language of message delivered vs. language used at home*).
- How hearing- or visually-impaired people perceive and process health-related information, and how this may vary in the presence of others who share these impairments as opposed to the context of unimpaired individuals.
- Methods for understanding attitude formation within groups.
- Model animal research on the transmission of cultural practices through observational research that may be more feasibly conducted in non-human than human populations.
- The meaning and validity of prevailing behavioral/social theoretical constructs and concepts about health across cultures.

Examples from RFA: Two more

Evaluate and assess the relationship between socio-cultural variables and HIV prevention and treatment decisions and behaviors.

A better understanding of this relationship can serve as a platform upon which to develop interventions, procedures, practices and policies that minimize the negative variables and/or accentuate the positive variables.

Such research may include, for example, research, healthcare, community, and/or legal and policy environments or venues.



Test hypotheses and develop valid metrics regarding how stigma operates and may be mitigated in the context of HIV prevention and care across relevant settings,

including, but not limited to, how stigma and negative attitudes towards HIV and persons at-risk for HIV affect the attitudes and behaviors of health care providers.

“How do I start?”

- Read; **re-read** the RFA.
 - ✓ [Consider OppNet’s FAQs](#)
 - ✓ **This means you!** 😊
- Write an abstract/
concept paper.
 - ✓ Send it to us—**soon!**
- Take our advice seriously.
- Have concise, precise aims that **inform your entire application.**
- **Wisely use your biosketches’ personal statement**
 - ✓ Why each is perfect for the proposed role.
 - ✓ How each researcher’s experience, qualifications complement others.

NIH tutorials, resources

Click these links for more information:

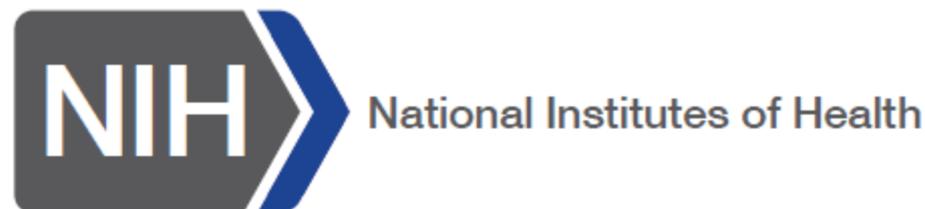
[Everything you wanted to know about the NCI grants process](#)

[NIAID's All About Grants tutorials page](#)

[NIH-OER on planning your application](#)

[NIH-OER on writing your application](#)

[NIH-CSR review process videos](#)



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Interagency Task Force on the Arts and Human Development Wednesday, October 4, 2012

Follow the conversation on Twitter at [#NEAtaskforce](#)

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Updates and archived webinars at arts.gov/research/convenings.html

