

Technical Assistance Webinar for the REsearch Across Complementary and Integrative Health Institutions (REACH) Virtual Resource Centers Funding Opportunity (RFA-AT-23-007)

September 21, 2022

Purpose of the Webinar

On Wednesday, September 21, 2022, the National Center for Complementary and Integrative Health (NCCIH) of the National Institutes of Health (NIH) hosted a technical assistance webinar to share information about the REsearch Across Complementary and Integrative Health Institutions (REACH) Virtual Resource Centers U24 funding opportunity ([RFA-AT-23-007](#)) to foster institutional partnerships and support research activities and research training for faculty at accredited complementary and integrative health clinical institutions.

Webinar Speakers and Panelists

- Lanay M. Mudd, Ph.D., Program Director and Training Officer, Clinical Research in Complementary and Integrative Health Branch, Division of Extramural Research, NCCIH
- Jessica McKlveen, Ph.D., Scientific Review Officer, Office of Scientific Review, NCCIH
- Anita McRae-Williams, M.A., Outreach Program Manager, Division of Extramural Research, NCCIH (Webinar Moderator)

Ms. McRae-Williams opened the webinar, explaining that it would be an hour long, with the first half devoted to presentations by program and review staff and the second half devoted to answering questions from webinar participants. Participation in this webinar is not a requirement for application submission. Participants were asked to direct any additional questions they might have after the webinar to Dr. Mudd at lanay.mudd@nih.gov.

Background and Rationale for the Funding Opportunity

Dr. Mudd explained that the current NCCIH strategic plan, released in 2021, includes a scientific objective to “foster health promotion, restoration, resilience, disease prevention, and symptom management.” The REACH resource centers are aimed at supporting resources for clinician scientists who want to perform research on symptom management. The strategic plan also included a cross-cutting objective to “enhance the complementary and integrative health research workforce.” Strategies within this objective focus on supporting research training and career development for clinician scientists and on fostering interdisciplinary partnerships at the institutional level. The REACH Request for Applications (RFA) is centered around clinician scientists and institutional partnerships.

A working group of NCCIH’s Advisory Council prepared a [report](#) in 2015 on clinician scientist workforce development. That report recommended developing innovative approaches to support research training for clinicians with complementary and integrative health degrees. It also called for developing programs to support the host environments at all types of institutions involved in research training in complementary and integrative health. This would include incentivizing institutions to reward teams of scientists and clinicians. REACH is aimed at meeting the goals stated in this report.

The REACH resource centers are intended to foster partnerships between research-intensive institutions and complementary and integrative health clinical institutions to combine the strengths and address

some of the weaknesses of both environments. Research-intensive institutions have a strong research infrastructure and environment but lack a strong presence of clinician scientists trained in complementary health disciplines. Complementary health institutions have scientists with clinical training on the faculty and a strong clinical training environment but may lack the research infrastructure and environment to support clinician scientist careers.

The goals of the REACH resource centers are to:

- Improve the quality and quantity of Federal research grant applications submitted by clinician scientist faculty at complementary health institutions
- Aid the formation of multi- and interdisciplinary partnerships across institutions
- Help to enhance the research environment at the clinical institutions to expose more students to research
- Support a pipeline for clinician scientists to gain expertise and pursue research careers

Dr. Mudd emphasized that these goals will not be achieved immediately, but there should be clear plans for achieving the goals over the course of the funding.

REACH Centers' Structure and Requirements

The REACH virtual resource centers will consist of a scientific hub plus at least three partnering accredited clinical complementary and integrative health schools and must also have plans to expand to include more clinical schools. The centers will support research activities and research training for faculty at the clinical schools. The centers should provide virtual resources that will support clinical research aligned with NCCIH's strategic priorities for symptom management.

The resources provided by the REACH centers must be virtually available and can include any activity that provides research and technical capabilities and expertise to researchers at the partnering institutions. The RFA gives details about five categories of resources: administrative support, research support, grantsmanship, mentorship and training, and team building. Applicants do not have to propose resources in every category. The resources that are included should be based on the needs of the clinical institutions, and applicants should demonstrate their ability to provide the appropriate expertise. All resources must be virtually available.

Applications must include at least three letters of support from partnering accredited, U.S. domestic complementary and integrative health clinical institutions from a breadth of clinical disciplines, such as schools of acupuncture, chiropractic, osteopathy, naturopathy, physical therapy, and music and art therapy. For example, an application that includes letters from three acupuncture schools would not be considered responsive, but one that includes letters from two acupuncture schools and one physical therapy school would be. In the case of osteopathy, the institutions must include manual manipulation in their core curriculum. Partnering institutions must demonstrate willingness to engage with the REACH center and must commit in-kind support to provide at least 20 percent protected time for faculty to participate in REACH activities. The application must provide plans for expanding to additional partnerships over time.

All applications must include a Plan for Enhancing Diverse Perspectives (PEDP)—a one-page summary of strategies to advance the scientific and technical merit of the proposed project through expanded inclusivity (as described in [NOT-OD-20-031](#)). The PEDP must include monitoring activities and

benchmarks to assess progress and will be assessed as part of peer review and considered with respect to funding decisions.

Application budgets may not exceed \$750,000 per year in direct costs and should reflect the actual needs of the proposed project. The maximum project period is 5 years. NCCIH intends to support up to two awards in FY 2023.

The support mechanism for the REACH centers is a cooperative agreement (a U mechanism)—a mechanism used when there will be substantial Federal scientific or programmatic involvement. This means that after the award, NCCIH will assign program staff to assist, guide, coordinate, or participate in project activities. The RFA explains the specific roles NCCIH staff will play.

Review Perspective

Dr. McKlveen explained that responsiveness, compliance, and completeness are crucial factors that affect the review of applications. Applications that are incomplete, noncompliant, or nonresponsive to RFA-AT-23-007 may not be accepted for review.

To ensure that your application is responsive, look for “must” and “need” when reading through the Scope and Responsiveness Criteria in the RFA and address these aspects in your application.

Applications will be considered nonresponsive if they:

- Do not include at least three letters of support from partnering accredited, U.S. domestic complementary and integrative health clinical institutions in varying disciplines
- Propose to provide funds to support pilot studies
- Do not include a PEDP
- Include resources that are not virtually available from remote locations

Key points regarding compliance include the following:

- The budget must not exceed \$750,000 per year in direct costs.
- Allowable costs associated with PEDP implementation may be included.
- The principal investigator (PI) is required to devote 2.4 person-months to the REACH center. If there are multiple PIs, their combined effort must equal at least 2.4 person-months, and each PI must devote at least 1.2 person-months to the center.
- Funds to support pilot projects are not allowed.
- The project period is up to 5 years.
- Foreign components are allowed, but foreign institutions and non-U.S. components of U.S. organizations are not allowed to apply.
- For osteopathic schools, only those that teach manual manipulation as part of the core curriculum required for all students for a doctoral degree will be considered eligible partnering complementary health institutions.
- Page limitations are 1 page for the Specific Aims and 12 pages for the Research Strategy.

Dr. McKlveen cautioned applicants to follow the instructions in [NOT-OD-17-098](#) about allowable appendix materials and in [NOT-OD-19-083](#) about allowable post-submission materials.

To meet the requirement for completeness, all applications must include milestones and a timeline, a PEDP (submitted as Other Project Information as an attachment), and a Data Sharing Plan.

Applications will be evaluated using the five standard review criteria (significance, investigator[s], innovation, approach, and environment) plus additional review criteria. Milestones will be evaluated as an additional review criterion and factored into the overall impact score.

Please note that an updated RFA has been posted (RFA-AT-23-007). Applicants should refer to the updated funding opportunity when preparing their applications. Dr. McKlveen explained that review criteria match the information applicants are asked to submit and showed an example of this on a slide.

Dr. McKlveen emphasized that each of the standard review criteria include language specific to this RFA, so it is important to read the RFA carefully. The PEDP is included as an evaluation factor for every review criterion.

Applications will be reviewed in a Special Emphasis Panel at NCCIH. Reviewers will be selected on the basis of their specific area of expertise in the target areas of this RFA and clinical disciplines proposed in the applications. Reviewers will be oriented to use the additional review criteria and additional review language added to the standard criteria in their assessment. Applicants should keep in mind the need to address how their applications would be impactful considering the goals of the RFA.

Letters of intent (much appreciated but not required) are due October 10, 2022, and should be sent to Dr. Martina Schmidt at SchmidMa@mail.nih.gov. Applications are due November 10, 2022, by 5 p.m. local time of the applicant organization. To expedite review, applicants are requested to notify the NCCIH Referral Office (by email to SchmidMa@mail.nih.gov) when the application has been submitted. Include the RFA number and title, PI name, and title of the application.

Dr. McKlveen reviewed key points about the RFA, including the requirement for three letters of support from partnering accredited, U.S. domestic complementary and integrative health institutions with varying clinical disciplines, the requirement for resources that are **virtually** available to all participants, the fact that clinical trials and pilot studies are **not allowed**, the requirement for a PEDP, the request (but not requirement) for letters of intent, and the application due date.

Questions and Answers

Q: We have two Canadian institutions as part of our center. Will there be any restrictions on the services the center can offer them?

A: The RFA requires letters of support from at least three U.S.-based clinical complementary and integrative health institutions. Offering resources to additional institutions outside of the United States is not a problem, but letters from those institutions would not count toward the three required letters. Foreign components are allowed as part of the application, but foreign institutions and foreign components of U.S. institutions cannot apply.

Q: Can the benchmarks include grants awarded from funders other than NIH?

A: Yes, benchmarks could include grant applications/awards from other funders including foundations, but there should be an emphasis on pursuing NIH funding as well as funding from other Federal sources.

Q: What is considered a competitive research-intensive institution? For example, would an osteopathic medical school embedded within an R1 university qualify as a REACH recipient?

A: An R1 institution would be considered research intensive. It's likely to have many of the strengths described earlier, such as research infrastructure. An osteopathic medical school embedded in that university may already have access to all these resources. If so, it might not need the REACH center. The REACH center's goal is to provide virtual resources to institutions that don't already have them. An applicant would have to provide a strong justification for including a component of their own institution.

Q: For a U24, it is unclear whether there is a primary investigator or primary institution for coordination. Can you clarify?

A: With U mechanisms, there is a submitting institution and a contact PI. If there are multiple PIs, there needs to be one institution that is coordinating all the activities of the REACH resource center. After award, NCCIH will assign a project scientist and program director, who will also play roles in coordination (please see RFA-AT-23-007 Section VI. Award Administration Information, Cooperative Agreement Terms and Conditions of Award for details on roles and responsibilities).

Q: Would it be viewed favorably if the clinical institutions were a group of osteopathic medical schools?

A: No, a breadth of clinical disciplines must be represented. An application with letters of support only from osteopathic schools would not be considered responsive and would not be reviewed.

Q: Can you clarify the difference in eligibility between foreign components and non-U.S. institutions? Would a letter of support from PEDP that includes non-U.S. elements result in ineligibility?

A: Foreign components are allowed as part of an application, but a foreign institution or a foreign component of a U.S. institution is not eligible to be the submitting institution. Three partnering U.S. clinical complementary and integrative health institutions are required. More partners are acceptable.

Q: How do you define direct costs?

A: A direct cost is something specifically needed for a project, like salaries, equipment, supplies, or travel. This is separate from indirect costs, which are reimbursed at a set rate that the institution negotiates with NIH. Indirect costs are things like keeping the electricity going at the institution. (Please see exact definition in the [NIH Grants Policy Statement](#).)

Q: We're a new osteopathic school, and we don't have doctoral students yet. But all of our medical students are required to learn osteopathic principles. Would that qualify?

A: Dr. Mudd recommended emailing her to set up an individual conversation to answer this question.

Q: If administrative support is one of the research categories proposed, could a research-intensive institution submit an application on behalf of the clinical institution?

A: Yes, this is one strategy that could be proposed, among others. It would involve using subcontracts and multiple PIs.

Q: Can an expert from a conventional medical school who understands the process of seeking NIH funding serve as a partner for complementary and integrative health institutions that do not have this expertise?

A: Yes. In this instance, the conventional medical school or research-intensive university would be the one to submit a REACH application, but they would need letters of support from the complementary health institutions. We encourage the different types of institutions to reach out to one another for this purpose.

A participant who submitted a question about allowable pay and full-time equivalents was advised to contact Dr. Mudd individually.

Dr. Mudd also clarified that NCCIH is looking for the partnering clinical institutions to agree to provide 20 percent effort salary to their faculty to participate in REACH activities.

Q: Would a PI who already works at a complementary health institution such as an osteopathic medical school need to get three letters from three outside complementary health schools? Or would the PI's institution count as one of the three?

A: If you are proposing an application, you need three letters of support from different institutions. The goal of REACH is to set up a resource center that reaches out to multiple complementary and integrative health schools and supports partnerships among institutions. You are also required to include plans for involving additional institutions over time.

Q: We plan to apply with a group of institutions that are strong in their own areas but do not have a track record of working together. Will this be reviewed negatively?

A: If a group of institutions has not previously worked together, this will not necessarily mean that the application will be reviewed negatively. The RFA doesn't explicitly require a track record of working together. However, reviewers will be asked to evaluate whether the investigators have experience with coordinating collaborative clinical research, and it is to the reviewers' discretion whether the plan to collaborate is well prepared and feasible. It's up to the applicant to address this aspect and demonstrate that they have the capability to work together in the application.

Q: Can you clarify what you think about the role of pilot studies as part of the application?

A: We are not allowing REACH applications to propose funds to support pilot studies as part of the application. If you do that, your application will be considered nonresponsive and will not be reviewed. If pilot work is needed, the partnering faculty would need to look for other ways to fund it outside of the REACH center funding.

Q: Can the REACH center subcontract some of the expertise to individuals at the partnering institutions?

A: This might be a good topic for individual discussion with Dr. Mudd. The REACH center needs to propose resources that the partnering institutions don't already have. That's a goal of the RFA. If some resources already exist at the partnering institutions, it might be better for the REACH application to focus on other resource categories, but there may be room for discussion on this point.

Q: Will the webinar recording be available?

A: No, but a written summary and the slides will be provided to all registrants by email.

Q: Is it necessary for the PI to have a doctoral degree, such as a Ph.D.?

A: No. Any individual with the skills, knowledge, and resources necessary to carry out the proposed work may apply. However, to be competitive, the applicant should have a strong history of Federal research funding. Someone without a Ph.D. or other doctoral-level degree is probably at a career stage where they do not have such a history and therefore may not be reviewed strongly as the potential PI of a REACH resource center.

Q: If one institution has clinical programs in both naturopathy and acupuncture, would that count as two programs or a single institution?

A: NCCIH's intent is that three different institutions would be included, not just three different programs. The RFA language states, "Letters of support from at least three partnering accredited, U.S. domestic complementary and integrative health clinical institutions representing at least two different clinical disciplines are required." Thus, an institution offering clinical programs in both naturopathy and acupuncture would count as a single institution, and two other letters of support would be required.

Q: Is the REACH center one institution such as a university that provides support to the partnering institutions?

A: That is one possible setup. It's also possible that more than one research-intensive institution could partner to provide the resources.

Q: How can we find other people on the webinar to form partnerships?

A: We do not share the names of webinar participants. But if you are a clinical institution, you could look at [NIH RePORTER](#) to find research-intensive institutions that are doing research relevant to complementary and integrative health approaches. Another way to seek partners would be to try to connect with institutions with strong complementary health programs such as [Osher Centers](#) and contact them to see whether they are planning applications. If you are a research-intensive institution, you can look up complementary health programs that might be interested in acting as partners. We can try to help you with that if you talk with program staff.

Q: Do we need to indicate types of research and the virtual resources needed?

A: The REACH centers need to provide resources that will support clinical research on symptom management. They should not be proposing resources to support basic research such as animal studies. Applicants need to provide a rationale for the specific resources they are proposing in light of the needs of their partnering institutions.

Q: What kind of benchmarks on the progress of the program are acceptable?

A: We will be looking at the four goals of the program and breaking them down into manageable steps to determine benchmarks. Applications must describe milestones appropriate for assessing the use and value of proposed resources, as well as the overall productivity of the REACH center, including benchmarks for the total number of NIH grant applications submitted, scored, and awarded to faculty from the partnering complementary and integrative health clinical institutions. For more feedback, email Dr. Mudd to set up a call.

Q: Are there any plans to help interested complementary health schools find interested research-intensive institutions to partner with? For some NIH funding opportunities, there are team-building workshops for this purpose.

A: NCCIH does not plan to offer a team-building workshop for this funding opportunity. Other strategies were discussed in the response to a previous question. Applicants can also contact Dr. Mudd directly.

Q: Are the partner institutions budgeted via subawards?

A: Not specifically. The partner institutions do need to cover the percent effort for their faculty to engage in this program. The budget should be focused on supporting the REACH center proposed resources.

Q: Should specific faculty that are anticipated to be involved in the clinical institutions be named in the application?

A: This is not necessary.

In closing remarks, Dr. McKlveen reminded webinar participants to pay attention to the RFA-specific language and make sure to use the most recently posted version of the RFA, with a number ending in 007 ([RFA-AT-23-007](#)). Dr. Mudd thanked everyone for their interest and encouraged them to reach out to her for more specific conversation and for feedback on the specific aims.