

Center for Scientific Review

National Institutes of Health

Scientific Areas of Integrated Review Groups (IRGs)

For a listing of the Scientific Review Administrator and membership roster for each study section, click on the study section roster under the study section name within the IRG listed below or go to the [study section index](#) (study sections listed alphabetically) and click on the specified roster next to the name of the study section.

Last updated on 26th, October, 2004

Referral & Review

Health of the Population IRG [HOP]

The Health of the Population [HOP] IRG reviews applications for research on the broader socioenvironmental contexts in which health and health-related behavior are embedded and in which the interaction of these socioenvironmental factors with the health and health-related behavior of individuals and populations is examined. The socioenvironmental factors studied may include social class, socioeconomic conditions, cultural factors and processes, institutions, social organization, social networks, neighborhood and regional characteristics, media, policies, social and family group membership, and racial and ethnic identity. Specific areas of interest reviewed within the HOP IRG include (but are not limited to): studies of socioenvironmental influences on health, behavior, and development; community and organizational interventions for the prevention and modification of risk behaviors; multi-level, multi-contextual studies, behavioral genetics and heritability studies; population processes, composition and distribution, their antecedents and consequences, and their inter-relationships with social, cultural, economic, behavioral, developmental and biomedical factors and processes; health services research on the antecedents and consequences of health services utilization, including multidisciplinary investigations of factors affecting access, organization, costs, quality, and the financing of health services; methodological issues, various statistical techniques, and modeling of phenomena relevant to behavioral and social science research; description, detection, etiology, prevention, treatment, and control of chronic and communicable diseases in the community; basic and applied research of responses to actual or potential health problems, especially symptom management in acute or chronic illness, approaches to promoting health and preventing disease, and interventions influencing patient health outcomes and reducing costs, nursing systems, and ethics; and occupational or work environments and their relationship to health and well-being of the workers.

The following study sections are included within the HOP IRG:

[Behavioral Genetics and Epidemiology Study Section \[BGES\]](#) *Formerly SNEM-2*
[Biostatistical Methods and Research Study Section \[BMRD\]](#) *Formerly SNEM-5*
[Community-Level Health Promotion Study Section \[CLHP\]](#) *Formerly SNEM-1*
[Community Influences on Health Behavior Study Section \[CIHB\]](#)
[Epidemiology of Cancer Study Section \[EPIC\]](#) *Formerly EDC-2*
[Epidemiology of Chronic Diseases Study Section \[ECD\]](#) *Formerly EDC-1*
[Epidemiology of Clinical Disorders and Aging Study Section \[ECDA\]](#) *Formerly EDC-3*
[Health Services Organization and Delivery Study Section \[HSOD\]](#) *Formerly SNEM-4*
[Nursing Science: Adults and Older Adults Study Section \[NSAA\]](#) *Formerly NURS1*
[Nursing Science: Children and Families Study Section \[NSCF\]](#) *Formerly NURS2*
[Social Sciences and Population Studies Study Section \[SSPS\]](#) *Formerly SNEM-3*
[Health of the Population Small Business Activities \[SBIR/STTR\]](#) [Special Emphasis Panels \[HOP Small Business SEPs\]](#)

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Behavioral Genetics and Epidemiology Study Section [BGES]

Formerly SNEM-2

[\[BGES Roster\]](#)

The Behavioral Genetics and Epidemiology [BGES] Study Section reviews applications for multi-level, multi-contextual studies, behavioral genetics and heritability studies, and behavioral epidemiologic studies which seek an understanding of the origins, multiple etiologies, natural histories, and consequences of a wide range of behaviors, disorders, diseases, normal functioning, and public health concerns. Applications may include qualitative and quantitative methods and may integrate multiple factors and multiple levels of analysis from the biological to social and cultural levels. Studies may use multidisciplinary perspectives and focus on interactions among individual, family, group, and community factors in either the general population or defined subpopulations with special needs such as the very young, the elderly, minority groups, and those at risk for drug and alcohol abuse and transmission of HIV, TB, HBV, and HCV. Studies may include factors which influence temporal trends, such as economic conditions and beliefs of historic cohorts, and may address the etiologies and consequences of behaviors, physical, mental, and substance abuse problems and the aging process as they vary across individuals, families, generation, age, sex, and populations with different predisposing or protective factors and co-morbid conditions.

Specific areas covered by BGES:

- Multi-level, multi-contextual studies, including studies of development, health, risk, resilience, disease, and risky behaviors embedded within the context of biological, psychological, social, environmental, and cultural factors. This includes, but is not limited to, studies of interactive effects of risk and protective factors within the individual, family, neighborhood, and environment on physical, psychiatric and/or substance use disorders, recovery, and/or sustained health. Studies may focus simultaneously on multiple levels, pathways, and causes of normal and problem behaviors. Studies may examine the cumulative impact of multiple interacting factors affecting different stages of human development, clinical course, or range of outcomes to identify factors that appear to exert influence and to examine direct and mediating factors. Studies may focus on aspects of normal development and competencies; effects of technological change on health and human functioning; precocious and delayed development as functions of biologic, environmental and experiential factors; and emerging issues.
- Behavioral genetic studies, including studies of the heritability, familial/kinship, parental, social, and environmental influences on the phenotypic expression of genotypes. Studies include population-based or clinically-ascertained family, twin, and adoption studies that incorporate environmental risk factor identification and measurement.
- Behavioral epidemiology, including descriptive, analytic, and genetic epidemiology in both general and specific population groups and international cross-cultural studies. Surveys, surveillance, and related behavioral and social studies are included that are informative of trends and emerging health-related problems and issues.
- Natural catastrophes and traumatic events, including studies of individual, familial, group, and community factors and dynamics that may predispose and/or result from natural catastrophes and traumatic events affecting a population or region [e.g., fire, hurricane, terrorism, violence, and crime]. Studies may nest in-depth studies of individuals, community characteristics, expectations, trauma from prior experience, decision-making, group process, short and long term consequences and develop theoretical models of the impact of such events.

BGES has the following shared interests within the HOP IRG:

- BMRD also reviews applications that focus on high-risk behavior, that are multi-level, or that emphasize the relationships between socioenvironmental factors and health-related behavior. Applications in which the primary emphasis is upon the development of new statistical methodology or the improvement of existing research designs may be reviewed by BMRD.
- CLHP and CIHB also review applications that focus upon high-risk behavior. Applications that rely primarily upon genetic factors or emphasize use of epidemiological methods may be reviewed in BGES.
- EPIC, ECD and ECDA also review applications that include behavioral risk factors. Applications that are primarily behavioral may be reviewed in BGES, while applications that are primarily biomedical may be assigned to ECD or EPIC.
- NSAA and NSCF also review applications that focus on high-risk behavior, that are multi-level, or that emphasize the relationships between socioenvironmental factors and health-related behavior. Applications in which the primary emphasis is upon nursing care and research relating to nursing interventions in patient care may be reviewed by NSAA or NSCF, depending upon the age groups being studied.
- SSPS also reviews applications that focus upon high-risk behavior, that are multi-level, or that emphasize the relationships between socioenvironmental factors and health-related behavior. Applications that emphasize determination of health status at the community level or that emphasize behavior related to family structure, human reproduction, or population mobility may be reviewed in SSPS.

BGES has the following shared interests outside the HOP IRG:

- **With the Genes, Genomes and Genetics [GGG] IRG:** Applications that focus on the genetic etiology of a disease could be reviewed by the GGG IRG. Applications with a primary focus on genetics as a risk factor in an epidemiologic study could be reviewed by BGES.
- **With the Bioengineering Sciences and Technologies [BST] IRG:** Grant applications focused on behavioral genetics may be reviewed in BGES. Grant applications focused on the design, development, and introduction of technology in support of genetic systems may be reviewed in BST.
- **With the Risk, Prevention and Health Behavior [RPHB] IRG:** Studies of personality, motivation, social roles, interpersonal processes and social cognitive processes may be assigned to the RPHB IRG. If such studies are nested within multi-level, multi-contextual studies dealing with interrelationships among individual, familial [biologic, genetic and/or environmental factors], social, and cultural factors and behaviors, disorders, and diseases, they may be assigned to BGES. Studies of interventions to treat or manage disabling physical or cognitive impairment, studies closely related to intervention development, and studies of factors that influence persons to seek health care may be assigned to RPHB. Studies that are not closely related to interventions and that focus on the interaction of biobehavioral and socio-environmental factors with regard to the etiology, course, prevalence, and consequences of other behaviors, health disorders, and diseases may be assigned to BGES. Epidemiological studies of risk and protective factors may be assigned to BGES.
- **With the Biobehavioral and Behavioral Processes [BBBP] IRG:** Studies of child and adult disorders generally may be assigned to the BBBP IRG. However, applications with studies nested within multi-level, multi-contextual studies focusing on the interrelationships among individual, familial [biologic, genetic and/or environmental factors], social, and cultural factors and behaviors in the etiology, natural history, and consequences of disorders and diseases may be assigned to BGES. Epidemiological studies of risk and protective factors may be assigned to BGES.
- **Study Sections in NIAAA, NIDA and NIMH** may review applications in treatment and health services research. For more information, see the Institute's respective Web sites.

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Biostatistical Methods and Research Design Study Section [BMRD]

Formerly SNEM-5

[\[BMRD Roster\]](#)

The Biostatistical Methods and Research Design [BMRD] Study Section reviews applications that focus primarily upon advancing techniques and technologies that address important statistical and mathematical problems, research design and methodological issues, and the modeling of phenomena relevant to biomedical, behavioral and scientific research. BMRD reviews generic methodological research that can improve the validity, reliability, or precision of measures; the development of statistical theory and mathematical models to analyze data, clinical trial intervention studies, and non-behavioral basic science; statistical research targeted at data structures developed in clinical trials; advanced ways of using computers and/or new testing technology, or computational modeling techniques with existing data sets; or applying techniques from other disciplines [e.g., genetics, neurology, computer science] to behavioral and social science topics, as well as other biomedical areas of research. The emphasis and main focus of applications should be upon the methods, statistics, or modeling techniques.

Specific areas covered by BMRD:

- Data collection, including processes associated with self-reports; validity, reliability, precision of measurements; self-disclosure of stigmatized and illegal behaviors or rare phenomena; computer-assisted interviews and data collection; biomedical or biobehavioral measures, testing, and evaluations; physiological measures of behavioral phenomena [e.g., fatigue]; and techniques for incorporating the collection of biological specimens in behavioral and social science as well as other areas of biomedical research.
- Research design, including sample selection, completion, and bias estimation; research designs for complex interdisciplinary studies; novel clinical trials design, multiple sub-studies within clinical trials and cohort/longitudinal design; integration of qualitative, quantitative, clinical, and historical data collection.
- Advanced statistical issues, including development of theory and models that might include new approaches in Bayesian methodology; regression artifacts; application of smoothing distributions; heteroskedasticity; statistical problems; statistical and methodological issues in clinical trials; medical signals, images, and statistical analyses.
- Analytic methods and modeling, including theoretical and methodological issues in meta analysis; modeling measurement error; generalized linear models; statistical issues for large data sets for missing observations or non-response; statistical models of the progression, transmission, and spread of diseases and conditions; demographic modeling; modeling of social networks and family tree and kin networks; connectionist/neural network models of social, psychological and biobehavioral processes; event history analysis; computer simulation; mathematical modeling; graphic information systems; and analytic methods and modeling of qualitative data. Software development.

BMRD has the following shared interests within the HOP IRG:

- BMRD reviews applications that emphasize the development of new statistical methods or the improvement of research design, and these applications may involve any of the variables included in the other Study Sections within the HOP IRG. Applications that emphasize the development of new statistical methods or the improvement of established research designs can be reviewed by BMRD. Applications that rely primarily upon existing statistical methods or research designs may be reviewed by other study sections within HOP, depending upon the subject matter.

BMRD has the following shared interests outside the HOP IRG:

- **Other IRGs:** BMRD reviews applications that emphasize the development of new statistical methods or the improvement of research design, and these applications may involve many of the variables included in other Study

Sections outside the HOP IRG. Applications that rely primarily upon existing statistical methods or research designs may be reviewed by other study sections within these IRGs, depending upon the subject matter.

- **Study Sections in NIAAA, NIDA and NIMH** may review applications in treatment and health services research. For more information, see their web sites.

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Community-Level Health Promotion Study Section [CLHP]

Formerly SNEM-1

[\[CLHP Roster\]](#)

The Community-Level Health Promotion [CLHP] Study Section reviews applications that test the efficacy of interventions concerned with the prevention of a broad range of health risk behaviors across the life span. Basic studies may investigate social, cultural, and other socioenvironmental factors and processes and their inter-relationships with a broad range of outcomes, including mental and physical health, illness and disorder, risk and protective behaviors and behavior change, health beliefs and attitudes, and normal development and functioning across the lifespan. Intervention research may focus on the modification of health risk behaviors and health-related decision making through environmental change and/or the use of social, organizational, political and legal systems to reduce and prevent risk behaviors within the general or select populations. It includes community-based interventions, studies to develop and test theories or methods, and dissemination studies. Research approaches may include ethnographic and other qualitative methods; quantitative and mixed-method studies; cross-sectional, longitudinal, or cohort comparison designs; experimental and quasi-experimental designs; studies that focus on more than one period or transition of the life course; and international studies.

Specific areas covered by CLHP:

- Social environment change, including prevention approaches based on policy development, change, and enforcement; legal analyses of policies and their implementation; information dissemination; health promotion; organization or reorganization in communities, schools, worksites or other relevant environment settings. Studies may be directed toward the general population or at-risk groups and may utilize multiple social contexts of influence [e.g., schools, worksites, religious and non-sectarian organizations, community networks, media and advertising].
- Community and organizational interventions for the prevention and modification of risk behaviors, including randomized experimental and quasi-experimental designs where the community or other multi-person entity is the unit of assignment; interventions that utilize community resources, organizations and information systems for outreach, health education or preventive service delivery; natural experiments; studies of social and organizational networks as systems for intervention delivery; and studies of organization and community characteristics and change processes underlying successful intervention implementation [e.g., community readiness or organization].
- Studies of the adoption and dissemination of health-risk behavior preventive interventions, including studies of intervention effectiveness, variations in implementation, and/or acceptance by the target population; and studies of intervention characteristics affecting adoption, acceptance and fidelity of implementation by organizations and communities.

CLHP has the following shared interests within the HOP IRG:

- BGES also reviews applications that focus upon high-risk behavior. Applications that focus primarily upon genetic factors or that emphasize the use of epidemiological methods may be reviewed in BGES.
- BMRD also reviews applications that attempt to establish the relationship between socioenvironmental factors and

health and health-related outcomes. Applications in which the primary emphasis is upon the development of new statistical methodology or the improvement of existing research designs may be reviewed by BMRD.

- CIHB reviews applications that examine the broader socioenvironmental contexts in which health, disease, health-related behavior, and normal development are embedded and the interaction of socioenvironmental factors with individual factors with respect to those outcomes. CLHP previously reviewed these applications until the establishment of CIHB.
- HSOD also reviews applications that explore complex inter-relationships among economic, social, cultural, and environmental influences and health and health-related outcomes. Applications that focus on the delivery or organization of professional health services may be reviewed by HSOD.
- NSAA and NSCF also review applications that attempt to establish the relationship between socioenvironmental factors and health and health-related outcomes. Applications in which the primary emphasis is upon nursing care and research relating to nursing interventions in patient care may be reviewed by NSAA or NSCF, depending upon the age groups being studied.
- SSPS also reviews applications that focus upon high-risk behavior, that are multi-level, or that emphasize the relationships between socioenvironmental factors and health related behavior. Applications that emphasize determination of health status at the community level or that emphasize behavior related to family structure, human reproduction, or population mobility may be reviewed in SSPS. Those that emphasize community-based interventions may be reviewed in CLHP unless they involve STDs or contraceptive behavior as outcome variables. These may be reviewed in SSPS.

CLHP has the following shared interests outside the HOP IRG:

- **With the Risk, Prevention and Health Behavior [RPHB] IRG:** Applications that center on adaptive or maladaptive interpersonal processes and risk behaviors in one or more settings (e.g., peer group, family, marriage) may be assigned to the RPHB IRG. Studies that focus primarily upon examination of these processes within the broader social context (e.g., neighborhood, community, policy) may be assigned to CLHP. Studies of individual level interventions that primarily affect health risk behaviors by changing the knowledge, skills, and motivation of individuals without emphasis on macro- or community-level factors may be assigned to the RPHB IRG. Studies of interventions that operate primarily through community-level interventions or organizations such as schools, churches, or worksites or that involve environmental or policy change may be assigned to CLHP.
- **With the Biobehavioral and Behavioral Processes [BBBP] IRG:** Studies of personality disorders that focus on socioenvironmental interventions at the macro- or community level could be assigned to CLHP. Studies that focus on the individual level could be assigned to the BBBP IRG.
- **With the Oncological Sciences [ONC] IRG:** Studies of interventions to influence behavior related to cancer prevention or treatment and that emphasize a community or societal context (e.g., worksite, church, school, mass media) may be referred to CLHP. Studies focused on cancer biology or treatment could be assigned to the ONC IRG.
- **With the Cardiovascular Sciences [CVS] IRG:** Studies of interventions to influence behavior related to cardiovascular health that emphasize a community or societal context (e.g., worksite, church, school, mass media) may be referred to CLHP. Applications on cardiovascular diseases, disorders, or functional consequences of behaviors could be assigned to the CVS IRG.
- **With the Endocrinology, Metabolism, Nutrition and Reproductive Sciences [EMNR] IRG:** Studies of interventions to influence behavior related to human nutrition patterns, diabetes or obesity that emphasize a community or societal context (e.g., worksite, church, school, mass media) may be referred to CLHP. Applications on diabetes, obesity or nutritional diseases, disorders, or functional consequences of behaviors could be assigned to the EMNR IRG.
- **With the Musculoskeletal, Oral and Skin Sciences [MOSS] IRG:** Studies of interventions to influence behavior

related to oral and dental health, osteoporosis and other bone diseases, arthritis and dermatological conditions and that emphasize a community or societal context (e.g., worksite, church, school, mass media) may be referred to CLHP. Applications on the musculoskeletal, oral or skin diseases, disorders or functional consequences of behaviors could be assigned to the MOSS IRG.

- **Study Sections in NIAAA, NIDA and NIMH** may review applications in treatment and health services research. For more information, see the Institutes' respective web sites.

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Community Influences on Health Behavior Study Section [CIHB]

[\[CIHB Roster\]](#)

Formerly Part of CLHP

The Community Influences on Health Behavior Study Section reviews applications that examine the broader socioenvironmental contexts in which health, disease, health-related behavior, and normal development are embedded, including those applications that examine the interaction of socioenvironmental factors with individual factors. Basic studies may investigate social, cultural, and other socioenvironmental factors and processes and their inter-relationships with a broad range of outcomes, including mental and physical health, illness and disorder, risk and protective behaviors and behavior change, health beliefs and attitudes, and normal development and functioning across the lifespan. Applications may include those that plan to develop and test theories or methods and dissemination studies. Research approaches may include ethnographic and other qualitative methods; quantitative and mixed-method studies; cross-sectional, longitudinal, or cohort comparison designs; experimental and quasi-experimental designs; studies that focus on more than one period or transition of the life course; and international studies.

Specific areas covered by CIHB:

- Socioenvironmental influences on health, behavior, and development, including studies with primary emphasis on socioenvironmental factors, which may include social class, socioeconomic conditions, cultural factors and processes, institutions, social organization, social networks, neighborhood and regional characteristics, media, policies, social and family group membership, and racial and ethnic identity. Examples include studies that: identify and elaborate social and cultural risk and protective influences; explore complex inter-relationships among economic, social, cultural, and environmental influences and health-related outcomes; examine the relationship between laws, law enforcement, or criminal justice institutions on health-related decision-making and behavior change; examine the relationship between advertising, media, and health communications on health behaviors and the influence of ethnic identity and cultural norms on health risk knowledge, attitudes and behaviors.
- Studies of the social, cultural, and socioenvironmental contexts in which health, disease, behavior and normal development are embedded. These include basic studies of social and cultural processes that are relevant to health and development, such as acculturation, diffusion, ideational change, meaning of health and illness, family structure and functioning, networks and social support, power relations, economic inequality, ethnic, racial and class identity, and social, cultural, institutional, and community change.
- Social environment change, including prevention approaches based on policy development, change, and enforcement; legal analyses of policies and their implementation; information dissemination; health promotion; organization or reorganization in communities, schools, worksites or other relevant environment settings. These may be directed toward the general population or at-risk groups and utilize multiple social contexts of influence [e.g., schools, worksites, religious and non-sectarian organizations, community networks, media and advertising].

CIHB has the following shared interests within the HOP IRG:

- BGES also reviews applications that focus upon high-risk behavior. Applications that focus primarily upon genetic factors or that emphasize the use of epidemiological methods may be reviewed in BGES.
- BMRD also reviews applications that attempt to establish the relationship between socioenvironmental factors and health and health-related outcomes. Applications in which the primary emphasis is upon the development of new statistical methodology or the improvement of existing research designs may be reviewed by BMRD.
- CLHP also reviews applications that focus upon applications that examine the broader socioenvironmental contexts in which health, disease, health-related behavior, and normal development are embedded, including those applications that examine the interaction of socioenvironmental factors with individual factors. Applications that include a primary focus on an intervention or a natural experiment may be reviewed in CLHP.
- HSOD also reviews applications that explore complex inter-relationships among economic, social, cultural, and environmental influences and health and health-related outcomes. Applications that focus on the delivery or organization of professional health services may be reviewed by HSOD.
- NSAA and NSCF also review applications that attempt to establish the relationship between socioenvironmental factors and health and health-related outcomes. Applications in which the primary emphasis is upon nursing care and research relating to nursing interventions in patient care may be reviewed by NSAA or NSCF, depending upon the age groups being studied.
- SSPS also reviews applications that focus upon high-risk behavior, that are multi-level, or that emphasize the relationships between socioenvironmental factors and health related behavior. Applications that emphasize determination of health status at the community level or that emphasize behavior related to family structure, human reproduction, or population mobility may be reviewed in SSPS. Those that emphasize community-based interventions may be reviewed in CLHP unless they involve STDs or contraceptive behavior as outcome variables. These may be reviewed in SSPS.

CIHB has the following shared interests outside the HOP IRG:

- **With the Risk, Prevention and Health Behavior [RPHB] IRG:** Applications that focus on adaptive or maladaptive interpersonal processes and risk behavior or personality and motivational and social cognitive processes without emphasis on macro-level influences or institutions may be reviewed by the RPHB IRG. Studies that focus primarily upon examination of these processes within the broader macro-level social context [e.g., neighborhood, community, policy] may be assigned to CIHB.
- **With the Biobehavioral and Behavioral Processes [BBBP] IRG:** Studies of personality disorders that focus on socioenvironmental and community level characteristics may be assigned to CIHB. Studies that focus on the individual level may be assigned to the BBBP IRG.
- **With the Oncological Sciences [ONC] IRG:** The ONC IRG, which also reviews applications directed toward the prevention and treatment of cancer. Studies to influence behavior related to these conditions and that emphasize a community or societal context (e.g., worksite, church, school, mass media) and that do not involve an intervention may be referred to CIHB. Applications dealing with chemoprevention and modulation of cancer risks could be assigned to the ONC IRG.
- **With the Cardiovascular Sciences [CVS] IRG:** Studies that examine risky and/or protective behaviors related to cardiovascular health that also emphasize a community or societal context (e.g., worksite, church, school, mass media) and do not involve an intervention may be referred to CIHB. Applications on cardiovascular diseases, disorders, or functional consequences of behaviors could be assigned to the CVS IRG.

- **With the Endocrinology, Metabolism, Nutrition and Reproductive Sciences [EMNR] IRG:** Studies of risk and/or protective factors regarding human nutrition patterns, or diabetes or obesity that emphasize a community or societal context (e.g., worksite, church, school, mass media) and do not involve a community-based intervention may be referred to CIHB. Applications on diabetes, obesity or nutritional diseases, disorders, or functional consequences of behaviors could be assigned to the EMNR IRG.
- **With the Musculoskeletal, Oral and Skin Sciences [MOSS] IRG:** The MOSS IRG also reviews applications directed toward the prevention and treatment of oral and dental health, osteoporosis and other bone diseases, arthritis and dermatological conditions. Studies to influence behavior related to these conditions and that emphasize a community or societal context (e.g., worksite, church, school, mass media) and that do not involve an intervention may be referred to CIHB. Applications on the diseases, disorders or functional consequences of behaviors could be assigned to the MOSS IRG.
- **Study sections in NIAAA, NIDA and NIMH** may review applications in treatment and health services research. For more information, see the Institutes' respective web sites.

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Epidemiology of Cancer Study Section [EPIC]

Formerly EDC-2

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The Epidemiology of Cancer [EPIC] Study Section reviews applications for descriptive and analytic epidemiologic studies in the areas of cancer and environmental risk factors.

Specific areas covered by EPIC:

- General characteristics of the distribution of the diseases/conditions cited above (including incidence, prevalence, morbidity and mortality) in relation to time, place, and personal characteristics.
- Elucidation of the determinants of the diseases/conditions cited above by assembling groups of individuals to determine systematically whether the risk of disease/condition is different for individuals who are exposed or not exposed to specific factors (or combinations of factors) of interest. These factors may be either risk factors or protective factors.
- Intervention studies pertaining to the diseases/conditions cited above.
- Development and improvement of research designs and methodologies addressing epidemiologic questions in the diseases/conditions cited above

EPIC has the following shared interests within the HOP IRG:

- BGES also reviews applications that include risk factors that are behavioral. Applications that are primarily behavioral may be reviewed in BGES. Applications that are primarily biomedical may be assigned to ECD, EPIC or ECDA, depending upon the disease/condition being studied.
- BMRD also reviews applications involving development and improvement of research designs and methodologies. If the primary thrust of the application is to develop or improve research design or methodology, the application may be

reviewed by BMRD.

- CLHP also reviews applications that include interventions. If the primary focus of the proposed study is on cancer and environmental and risk factors and if the application emphasizes community or societal institutions such as school, church, work site, or mass media, the application may be reviewed by CLHP.
- Epidemiologic applications to study the incidence, prevalence, morbidity or mortality of cancer and its environmental and risk factors may be reviewed by EPIC. Applications that emphasize the prevalence, incidence, morbidity or mortality related to other diseases may be reviewed by ECD or ECDA, depending upon which diseases/conditions are involved.
- Applications not submitted to NIOSH that study the working environment is part of a larger epidemiological study may be reviewed by ECD, EPIC or ECDA, depending upon the disease/condition being studied.
- SSPS also reviews applications dealing with the incidence and prevalence of morbidity and mortality. Applications related to cancer or environmental and occupational risk factors and those that rely primarily upon epidemiologic methods may be reviewed by EPIC. Applications relating levels of morbidity and mortality to socioenvironmental factors or the effects of public policy on morbidity or mortality levels may be reviewed by SSPS.

EPIC has the following shared interests outside the HOP IRG:

- **With the Genes, Genomes and Genetics [GGG] IRG:** The level of molecular and genetic technology relative to epidemiology needs to be considered before assigning applications in genetic epidemiology to EPIC. More technical applications could be reviewed by GGG. Studies with substantial laboratory components are appropriate for EPIC when the primary thrust is epidemiologic and laboratory data are to be collected by methods that are largely already developed. Genetic linkage studies could go to either the GGG IRG or to EPIC. Molecular epidemiology studies alone or in combination with linkage studies could be reviewed in EPIC. Genetic studies using animals could be assigned to the GGG IRG or the ONC IRG.
- **With the Risk, Prevention and Health Behavior [RPHB] IRG:** The RPHB IRG reviews applications dealing with variations in cancer risk behavior. Studies with a behavioral intervention component to change health behavior may be assigned to RPHB or HOP depending upon whether the emphasis is on the individual or the community level. Cancer studies with substantial laboratory components are appropriate for EPIC when the primary thrust is epidemiologic and laboratory data are to be collected by methods that are largely already developed.
- **With the Immunology [IMM] IRG:** The IMM IRG reviews applications whose emphasis is upon vaccine development, even when those involve large clinical trials. Studies with substantial laboratory components are appropriate for EPIC when the primary thrust is epidemiologic and laboratory data are to be collected by methods that are largely already developed. Immunologic studies in animals may be reviewed in IMM.
- **With the Infectious Diseases and Microbiology [IDM] IRG:** The IDM IRG also reviews applications on infectious diseases. Cancer studies related to infectious agents with substantial laboratory components are appropriate for EPIC when the primary thrust is epidemiologic and laboratory data are to be collected by methods that are largely already developed. With the exception of applications emphasizing vaccine development, large-scale (but not small-scale) clinical trials are appropriate EPIC. When epidemiology is a minor component or when the epidemiology focuses on the non-human disease vector or the genetic identity of the disease subspecies, applications may be assigned to the appropriate IDM IRG.
- **With the Oncological Sciences [ONC] IRG:** Epidemiologic and genetic epidemiologic studies of cancer may be reviewed in EPIC. Animal studies of cancer may be reviewed in the ONC IRG. Studies with substantial laboratory components are appropriate for EPIC when the primary thrust is epidemiologic and laboratory data are to be collected by methods that are largely already developed. All other applications whose emphasis is upon cancer could be

reviewed in the ONC IRG.

- **With the Endocrinology, Metabolism, Nutrition and Reproductive Sciences [EMNR] IRG:** Studies of the metabolic consequences and nutritional evaluation of dietary behaviors are more appropriate for EMNR. Studies that utilize methodologies focusing on regulation at cellular and molecular level could be assigned to EMNR. Applications may be assigned to EPIC when nutritional evaluation or practices are part of an overall epidemiological study of cancer. Nutritional or hormonal studies of cancer in animals may be reviewed in either the EMNR IRG or the ONC IRG. Nutritional or hormonal studies of cancer with substantial laboratory components are appropriate for EPIC when the primary thrust is epidemiologic and laboratory data are to be collected by methods that are largely already developed.

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Epidemiology of Chronic Diseases Study Section [ECD]

Formerly EDC-1

[\[ECD Roster\]](#)

The Epidemiology of Chronic Diseases [ECD] Study Section reviews applications for descriptive and analytic epidemiologic research in cardiovascular disease, reproductive or perinatal diseases or conditions (including birth weight, child growth, and menopause), musculoskeletal diseases or conditions (except among the elderly) arthritis, lupus and rheumatoid diseases (except among the elderly) diabetes, digestive disease and kidney disease, and obesity, physical activity and nutritional behavior and conditions.

Specific areas covered by ECD:

- The general characteristics of the distribution of the diseases/conditions cited above (including incidence, prevalence, morbidity and mortality) in relation to time, place, and personal characteristics.
- Elucidation of the determinants of the diseases/conditions cited above by assembling groups of individuals to determine systematically whether the risk of disease/condition is different for individuals who are exposed or not exposed to specific factors (or combinations of factors) of interest. These factors may be either risk factors or protective factors.
- Intervention studies pertaining to the diseases/conditions cited above.
- Development and improvement of research designs and methodologies addressing epidemiologic questions in the diseases/conditions cited above

ECD has the following shared interests within the HOP IRG:

- Applications that are primarily behavioral may be reviewed in BGES. Applications that are primarily biomedical may be assigned to ECD, EPIC or ECDA, depending upon the disease/condition being studied.
- BMRD also reviews applications dealing with epidemiologic methods and research design. When the primary emphasis of the application is upon the development of new methods or research design, the application may be reviewed in BMRD.
- CLHP also reviews applications that include interventions. If the primary focus of the proposed study is one of the diseases/conditions cited above and if the application emphasizes community or societal institutions such as school,

church, work site, or mass media, the application may be reviewed by CLHP.

- Epidemiologic applications that emphasize the incidence, prevalence, morbidity or mortality of the diseases/conditions cited above may be reviewed by ECD. Applications that emphasize the prevalence, incidence, morbidity or mortality related to other diseases may be reviewed by EPIC or ECDA, depending upon which diseases/conditions are involved.
- Applications that are not submitted to NIOSH but that study the working environment as part of a larger epidemiological study may be reviewed by ECD, EPIC or ECDA, depending upon the disease/condition being studied.
- SSPS also reviews applications dealing with reproductive diseases, pregnancy, and fertility (including birth weight), and child growth and development. Applications that rely primarily upon epidemiologic methods or are intended primarily to estimate the incidence or prevalence of one or more of these may be reviewed by ECD. Applications that examine one or more of these conditions in terms of socioenvironmental factors may be reviewed by SSPS.

ECD has the following shared interests outside the HOP IRG:

- **With the Genes, Genomes and Genetics [GGG] IRG:** The level of molecular and genetic technology relative to epidemiology needs to be considered before assigning to ECD; more genetically technical applications could be reviewed by GGG. Applications with an epidemiological approach to the study of human populations could be assigned to ECD.
- **With the Risk, Prevention and Health Behavior [RPHB] IRG:** The RPHB IRG reviews applications dealing with variations in risk behavior. Studies with a behavioral intervention component to change health behavior are more appropriately referred to RPHB or HOP, depending upon whether the emphasis is upon the individual or the community level context.
- **With the Biobehavioral and Behavioral Processes [BBBP] IRG:** BBBP reviews applications dealing with cognitive development in humans. Applications in which the primary outcomes are population studies related to epidemiology may generally be assigned to ECD. Applications on cognitive developmental diseases, disorders, or functional consequences of behaviors could be assigned to the CVS IRG.
- **With the Immunology [IMM] IRG:** The IMM IRG reviews applications whose emphasis is upon vaccine development, even when those involve large clinical trials. Immunologic studies in animals may be reviewed in IMM.
- **With the Cardiovascular Sciences [CVS] IRG:** Applications in which the primary outcomes are population studies related to epidemiology may generally be assigned to ECD. Applications on cardiovascular diseases, disorders, or functional consequences of behaviors could be assigned to the CVS IRG.
- **With the Endocrinology, Metabolism, Nutrition and Reproductive Sciences [EMNR] IRG:** ECD has shared interests with the EMNR IRG regarding maternal nutrition and pregnancy outcomes, neonatology, diabetes and obesity. Studies that focus on these using an epidemiologic approach may be reviewed in ECD.
- **With the Digestive Sciences [DIG] IRG:** Applications in which the primary outcomes are population studies related to epidemiology may generally be assigned to ECD. Applications on digestive system diseases, disorders, or functional consequences of behaviors could be assigned to the DIG IRG.
- **With the Renal and Urological Sciences [RUS] IRG:** ECD has shared interests with the RUS IRG regarding renal and urological diseases and disorders. In general, epidemiologic studies of cancer are appropriate for review in EPIC. When epidemiology is a minor component, or when the epidemiology focuses on the non-human disease vector or the genetic identity of the disease subspecies, applications may be assigned to the RUS IRG.

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Epidemiology of Clinical Disorders and Aging Study Section [ECDA]

Formerly EDC-3

[\[ECDA Roster\]](#)

The Epidemiology of Clinical Disorders and Aging [ECDA] Study Section reviews applications for descriptive and analytic epidemiologic studies in specific disease areas that include infectious diseases, pulmonary diseases, sleep disorders, neurological disorders (including the epidemiology of Alzheimer's Disease, dementias, stroke, Parkinson's Disease, and epilepsy), and epidemiology of disorders of aging (including musculoskeletal disorders such as osteoarthritis, osteoporosis, falls and fractures, functional status, frailty, quality of life, health care use, and other areas as they relate to populations of older persons).

Specific areas covered by ECDA:

- The general characteristics of the distribution of the diseases/conditions cited above (including incidence, prevalence, morbidity and mortality) in relation to time, place, and personal characteristics
- Elucidation of the determinants of the diseases/conditions cited above by assembling groups of individuals to determine systematically whether the risk of disease/condition is different for individuals who are exposed or not exposed to specific factors (or combinations of factors) of interest. These factors may be either risk factors or protective factors.
- Intervention studies pertaining to the diseases/conditions cited above.
- Development and improvement of research designs and methodologies addressing epidemiologic questions in the diseases/conditions cited above.

ECDA has the following shared interests within the HOP IRG:

- Applications that include risk factors that are primarily behavioral may be reviewed in BGES.
- BMRD also reviews applications dealing with epidemiologic methods and research design. When the application's primary emphasis is upon the development of new methods or research design, the application may be reviewed in BMRD. CLHP also reviews applications that include interventions.
- If the primary focus of the proposed study is on one of the diseases/conditions cited above but if the application emphasizes community or societal institutions such as school, church, work site, or mass media, the application may be reviewed by CLHP. Applications involving risk factors that are primarily biomedical may be assigned to ECD, EPIC or ECDA, depending upon the disease/condition being studied.
- Epidemiologic applications that emphasize the incidence, prevalence, morbidity or mortality of the diseases/conditions cited above may be reviewed by ECDA. Applications that emphasize the prevalence, incidence, morbidity or mortality related to other diseases may be reviewed by ECD or EPIC, depending upon which diseases/conditions are involved.
- Applications that are not submitted to NIOSH and that study the working environment as part of a larger epidemiological study may be reviewed by ECD, EPIC or ECDA, depending upon the disease/condition being

studied.

ECDA has the following shared interests outside the HOP IRG:

- **With the Genes, Genomes and Genetics [GGG] IRG:** ECDA has extensive shared interests with GGG for applications involving genetic epidemiology. The level of genetic technology to epidemiology needs to be considered in assignment decisions between these two study sections. ECDA may be more appropriate when genetic factors are to be considered in conjunction with other environmental risk factors. GGG may be more appropriate when cytogenetic studies are a prominent feature.
- **With the Biology and Development of Aging [BDA] IRG:** Applications with a primary focus on physiologic or biological processes could be reviewed by BDA when an aging population is specifically studied. However, applications with a primary approach on behavioral or social antecedents or outcomes and using epidemiologic approaches to dementia, falls, mood disorders, behavioral prevention and management of physical diseases, and cognitive impairments could be reviewed by ECDA.
- **With the Risk, Prevention and Health Behavior [RPHB] IRG:** RPHB may be considered for studies with a behavioral intervention component to change health behavior. The choice between the study sections will depend on whether the emphasis is upon the individual or the community level.
- **With the Immunology [IMM] IRG:** The IMM IRG reviews applications whose emphasis is upon vaccine development, even when those involve large clinical trials. Immunologic studies in animals may be reviewed in IMM.
- **With the Infectious Diseases and Microbiology [IDM] IRG:** The IDM IRG also reviews applications regarding infectious diseases. Studies that have substantial laboratory components are appropriate for ECD, EPIC or ECDA (depending upon the disease/condition being studied) when the primary thrust is epidemiologic and laboratory data are to be collected by methods that are largely already developed. Large-scale (but not small-scale) clinical trials that use persons as the unit of observation are appropriate for ECD, EPIC or ECDA. When epidemiology is a minor component or when the epidemiology focuses on the non-human disease vector or the genetic identity of the disease subspecies, the application may be assigned to the appropriate study section in the IDM IRG.
- **With the Endocrinology, Metabolism, Nutrition and Reproductive Sciences [EMNR] IRG:** The EMNR IRG also reviews applications that address nutritional issues. Applications that involve basic and clinical aspects of metabolic, nutritional and gastroenteric processes at the organism, tissue, or cellular level are reviewed in the EMNR IRG. Applications related to the diseases/disorders cited above that involve a nutritional (or food consumption) component that will be evaluated as a potential confounding factor but that is not the focus of the application may be reviewed in ECDA. Studies that have substantial laboratory components are appropriate for ECD, EPIC or ECDA (depending upon the disease/condition being studied) when the primary thrust is epidemiologic and laboratory data are to be collected by methods that are largely already developed. Large-scale (but not small-scale) clinical trials that use persons as the unit of observation are appropriate for ECD, EPIC or ECDA. When epidemiology is a minor component or when the epidemiology focuses on the non-human disease vector or the genetic identity of the disease subspecies, the application may be assigned to the appropriate study section within the EMNR IRG.
- **With the Musculoskeletal, Oral and Skin Sciences [MOSS] IRG:** The MOSS IRG also reviews applications directed toward the prevention and treatment of oral and dental health, osteoporosis and other bone diseases, arthritis and dermatological conditions. Studies of the epidemiology of these conditions may be referred to ECDA. Applications on the diseases or functional consequences of behaviors could be assigned to MOSS.
- **With the Respiratory Sciences [RES] IRG:** The RES IRG also reviews applications directed toward the prevention and treatment of respiratory diseases and disorders. When the study features an epidemiologic approach to respiratory diseases and treatment, the application may be assigned to ECDA. When epidemiology is a minor component or when the epidemiology focuses on the non-human disease vector or the genetic identity of the disease subspecies, the application may be assigned to RES for review.

- **With the Brain Disorders and Clinical Neuroscience [BDCN] IRG:** The Brain Disorders and Clinical Neuroscience [BDCN] IRG also reviews grant applications that have neural disorders and/or injury of the nervous system, including Alzheimer's disease, Parkinson's disease, stroke and epilepsy, as their main focus. Investigations appropriate for review in the BDCN IRG may include those using animal models of neural injury or disease, investigations based on the study of specific patient populations, or investigations focused on the development of rehabilitative and therapeutic strategies. Applications emphasizing behavioral or social antecedents or outcomes and dealing with descriptive and analytical epidemiologic aspects of various neurologic disorders and/or injury among human populations may be reviewed with the HOP IRG, while studies on the neural basis of these disorders are more likely to be reviewed within BDCN.

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Health Services Organization and Delivery Study Section [HSOD]

Formerly SNEM-4

[\[HSOD Roster\]](#)

The Health Services Organization and Delivery [HSOD] Study Section reviews health services research studies that include multidisciplinary investigations of the predictors, processes and outcomes of health services, including availability, access and acceptability; organization; decision-making; delivery, utilization and quality of care; and costs, cost-effectiveness and financing of health care. Health services include inpatient, ambulatory, sub-acute, acute, community-based, rehabilitative and long-term care.

Specific areas covered by HSOD:

- Community, personnel, economic, technological, and management resources and support, including studies of community resources, including supply and area market behaviors; health care provider characteristics; health insurance, reimbursement, and financing mechanisms; care management technology and assessment; delivery system characteristics.
- Health needs and health services utilization; studies of severity of illness; comorbidity; case mix and risk adjustment; psychosocial and economic antecedents; health care access; health services utilization and patterns.
- Healthcare organizations, programs, and delivery of services; studies of managed care organizations; integrated care delivery systems; disease management and modeling; continuous quality improvement; characteristics of the organization and patient outcomes; organizational performance and efficiency; cost-benefit analysis.
- Healthcare quality, effectiveness, outcomes; studies of application and evaluation of practice guidelines; quality of health care; patient and provider satisfaction; health status and outcomes assessment; evidence-based practice; health-related quality of life.
- Voluntary health and social service organizations and programs; studies of voluntary organizational programs for health advocacy, prevention and social support services; evaluation of public-private collaborative and inter-organizational network services delivery; intersection of formal and informal care provision.

HSOD has the following shared interests within the HOP IRG:

- BMRD also reviews applications that focus on the organization and delivery of health-related services. Applications in which the primary emphasis is upon the development of new statistical methodology or the improvement of existing research designs may be reviewed by BMRD. Applications in which existing research methods are used and the emphasis is upon the organization and delivery of health-related services may be reviewed by HSOD.

- HSOD has shared interests with CLHP and CIHB. Applications that emphasize the delivery or organization of appropriate health services may be reviewed by HSOD. Other applications that explore complex inter-relationships among economic, social, cultural, and environmental influences and health and health-related outcomes may be reviewed by CLHP or CIHB, depending on whether they involve a community-based intervention.
- NSAA and NSCF review applications that emphasize nursing care and research relating to nursing interventions in patient care. Studies that primarily address the organization of health care delivery or the utilization of a health care delivery system, including that by medical personnel, may be reviewed by HSOD. Applications that examine health outcomes related to various nursing practices and interventions could be reviewed by NSAA or NSCF, depending upon the age group of the subjects.
- SSPS also reviews applications containing health economics. Applications related to the societal or individual costs associated with a given condition or to the effects of various policies on health outcomes or the well-being of the population could be reviewed by SSPS. Applications in which the primary emphasis is upon the organization or delivery of health-related services may be reviewed by HSOD.

HSOD has the following shared interests outside the HOP IRG:

- **With the Biology and Development of Aging [BDA] IRG:** Applications with a primary focus on physiologic or biological processes could be reviewed by BDA when an aging population is specifically studied. However, applications with a primary approach on behavioral or social antecedents or outcomes and management of physical diseases could be reviewed by HSOD.
- **With the Risk, Prevention and Health Behavior [RPHB] IRG:** Prevention research applications that focus on intra-/inter-personal processes within a health care setting may be assigned to the RPHB IRG. Studies without a preventive focus but that emphasize the utilization of intervention services, their costs, and delivery may be assigned to HSOD.
- **With the Biobehavioral and Behavioral Processes [BBBP] IRG:** Studies of behavioral disorders that focus on the utilization of intervention services, their costs, and delivery may be assigned to HSOD. Studies of behavioral disorders that focus on individual level etiology or effects may be reviewed within BBBP.
- **All study sections in AHRQ [Agency for Health Care Research and Quality]** review applications in health services research, as does HSOD. When the primary program assignment is AHRQ, the application may be reviewed in an AHRQ Study Section. When the primary program assignment is an NIH Institute or Center, the application may be reviewed in HSOD.
- **Study Sections in NIAAA, NIDA and NIMH** may review applications in treatment and health services research. For more information, see the Institutes' respective web sites.

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Nursing Science: Adults and Older Adults Study Section [NSAA]

Formerly NURS-1

[\[NSAA Roster\]](#)

The Nursing Sciences: Adults and Older Adults [NSAA] Study Section reviews applications that address clinical nursing practice related to the care of young, middle-aged, and older adults. In addition, the Study Section reviews applications related to care giving and illness in adults and older adults as well as health promotion and disease prevention in older adults. Nursing research in these segments of the population includes both scientific inquiry into nursing science, as well as psychosocial and behavioral processes directly relevant to nursing care and research relating to nursing interventions in patient care. Biological, psychological, social and cultural perspectives are frequently employed in the design and conduct

of nursing research, as are multidisciplinary perspectives. The interventions are designed to enhance or promote recovery, and/or maintain health. Research addressing cost issues or systems issues may focus on the cost of nursing care or the environment in which nursing care is delivered and be related to patient outcomes.

Specific areas include, but are not limited to:

- Management of young, middle-aged and older adults with acute and chronic illnesses including issues such as decision-making, self-care behaviors, prevention of disability, quality of life, adherence, nurse-client communications, caregiver issues and symptom management. Symptoms might include pain, sleep, grieving, hopelessness, altered self-esteem, social isolation, anger, anxiety, stress, fatigue, confusion and nausea and vomiting.
- Care giving, health promotion and disease prevention in older adults. Examples might include stress adaptation, coping training, social support, lifespan issues such as family care giving, aging, bereavement, and end of life. This study section will also review applications related to health promotion and disease prevention in older adults.
- Other nursing practice issues dealing with young, middle-aged and older adults including acute and chronic illness, end-of-life, biobehavioral phenomenon, health disparities, transcultural issues, methodological approaches, community health, care systems, environmental and workplace issues.
- Studies related to the practice environment in which nursing care is delivered to young, middle-aged, and older adults including patient outcomes of home care, long-term care, hospital care, community health care, factors underlying the quality of nursing care, and cost-effectiveness and informatics issues of nursing care as they relate to these patient populations and outcomes.

NSAA has the following shared interests within the HOP IRG:

- Those applications pertaining to infants, children, adolescents or families, women's health or health disparities may be reviewed by NSCF. Those pertaining to adults and older adults may be reviewed by NSAA. Applications originating from other sources and that fall within the domain of subject areas covered by the HOP IRG may be referred to the most appropriate study section within the HOP IRG.

NSAA has the following shared interests outside the HOP IRG:

- **Other IRGs:** Applications not directly related to nursing science and that do not fall within the domain of subject areas covered by the HOP IRG could be referred to the most appropriate IRG.
- **Study Sections in NIAAA, NIDA, and NIMH** may review applications in treatment and health services research. For more information, see the Institutes' respective web sites.

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Nursing Science: Children and Families Study Section [NSCF]

Formerly NURS-2

[\[NSCF Roster\]](#)

The Nursing Science: Children and Families [NSCF] Study Section reviews applications that address clinical nursing practice from preconception through adolescence, women's health, and health disparities. In addition, this study section reviews applications related to health promotion across the life span (except for older adults), nursing diagnosis and treatment of human responses to actual or potential health problems, and patient outcomes responsive to nursing interventions in these populations. Nursing research in these segments of the population includes both scientific inquiry in

nursing science as well as psychosocial and behavioral processes directly relevant to nursing care and research relating to nursing interventions in patient care. Biological, psychological, social, and cultural perspectives are frequently employed in the design and conduct of nursing research, as are multidisciplinary perspectives. The outcomes are for either short or long term improvements in patient outcomes. Nursing interventions are designed to enhance disease prevention, promote recovery, and/or maintain health. Research addressing cost issues or system issues should focus on the cost of nursing care or the environment in which nursing care is delivered and be related to patient outcomes.

Specific areas covered by NSCF:

- Management of infants, children, and adolescents with acute and chronic illness and women during the perinatal period, including issues such as symptom management, decision making, self-care and family illness management, prevention of disability, quality of life, adherence, nurse-client communication, and family functioning.
- Care giving, health promotion and disease prevention for children, adolescents, and adult (except for older adults) men and women, families and groups across the life span including normal growth and development, maturational processes, and lifestyle behavior changes. Examples might include stress, adaptation, coping training, social support, lifespan issues such as parenting, pregnancy, infant, child, and adolescent health, women's and men's health, and promoting healthy lifestyle behaviors such as diet, exercise, and smoking cessation.
- Other nursing practice issues dealing with infants, children, adolescents, healthy women and men (except for older adults) including end of life, biobehavioral phenomena, health disparities, transcultural issues, methodological approaches, community health, care systems, environmental and work place issues.
- Studies related to the practice environment in which nursing care is delivered to infants, children, adolescents and healthy women and men (except for older adults) including patient outcomes of home care, long term care, hospital care, and community health care, factors underlying the quality of nursing care, and cost-effectiveness and informatics issues of nursing care as they relate to these patient populations and outcomes.

NSCF has the following shared interests within the HOP IRG:

- Those applications pertaining to infants, children or families, women's health and health disparities may be reviewed by NSCF. Those pertaining to adults and older adults may be reviewed by NSAA. Applications originating from other sources and that fall within the domain of subject areas covered by the HOP IRG may be referred to the most appropriate study section within the HOP IRG.

NSCF has the following shared interests outside the HOP IRG:

- **Other IRGs:** Applications not directly related to nursing science and that do not fall within the domain of subject areas covered by the HOP IRG could be referred to the most appropriate IRG.
- **Study Sections in NIAAA, NIDA, and NIMH** may review applications in treatment and health services research. For more information, see their web sites.

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Social Sciences and Population Studies Study Section [SSPS]

Formerly SNEM-3

[\[SSPS Roster\]](#)

The Social Sciences and Population Studies [SSPS] Study Section reviews applications related to population processes, composition and distribution, their antecedents and consequences, and their inter-relationships with social, cultural,

economic, behavioral, developmental and biomedical factors and processes. This includes studies of migration, mortality and health, residential distribution, reproduction, sexual health, population aging, labor force and retirement, household and family structure, intergenerational relations, and biodemography in the U.S. and other countries. It also includes the development and validation of methodologies for population research, including estimation and projection, formal and mathematical demography, modeling and simulation, qualitative and ethnographic methods, and measurement, design, and statistical analysis. Studies of gender, race and ethnicity as they relate to population processes are included.

Specific areas covered by SSPS:

- Migration, emigration and immigration, including movement of people within and across national boundaries; social, cultural, economic, behavioral, and health factors and processes associated with population movement; processes related to migration [e.g., acculturation, adaptation]; interstate, intercity, local migration and residential distribution; refugee movements.
- Family and household, including living arrangements, intergenerational relations, co-residence, marriage, cohabitation, divorce, single-parent families, child care, sexual unions, roles of men, women and children within households and families, including parental and family investments in children and child well-being.
- Population aging, including interrelationships with demographic and social processes, household and family structure, economic status and inequality, health status, intergenerational exchanges and bequests, and impacts on public programs; economics of aging
- Fertility, including studies of conception, pregnancy, birth, and pregnancy outcomes; contraceptive use and sexual behavior; infertility; birth spacing and timing; birth intentions; value of children; interrelationships with the status and roles of women and men, health, union formation and dissolution, and other related social, cultural, economic, behavioral, and biological processes.
- Mortality, health, functioning and disability; differentials, trends and projections for individuals, groups and populations; studies of perinatal, infants, child, adult and elderly health and mortality; interrelationships with demographic, social, economic, behavioral, and biobehavioral processes; health economics.
- Biodemography; interrelationships of biological, genetic, evolutionary, and ecological factors with life history patterns and population processes, composition and distribution; comparison of life histories and population processes, composition and distribution between humans and other species
- Sexual health; population-based studies of sexually-transmitted diseases, sexual risk taking and prevention behaviors, sexual networks, and sexual partnerships; studies of social, biosocial, cultural, economic, and behavioral aspects in individuals, groups and society
- Employment, labor force and retirement; social, cultural, economic and behavioral antecedents and consequences for working-age and dependent men and women, groups and society; studies of interrelationships with health, migration, family and household structure, disability, functioning, social and economic status, impact of public and private programs such as social security on labor force transitions and income security of the elderly
- Population size, composition, and structure; race and ethnic composition; population composition by age, sex, nativity, and other demographic characteristics.
- Population and the environment; interrelationships between population processes and the physical environment.

SSPS has the following shared interests within the HOP IRG:

- BMRD also reviews applications that focus on population processes and their inter-relationships with socioenvironmental and biomedical factors and processes. Applications in which the primary emphasis is the development of new statistical methodology or the improvement of existing research designs may be reviewed by

BMRD.

- CLHP and CIHB also review applications that focus upon high-risk behavior, that are multi-level, or that emphasize the relationships between socioenvironmental factors and health related behavior. Applications that emphasize determination of health status at the community level or that emphasize behavior related to family structure, human reproduction, or population mobility may be reviewed in SSPS. Those that emphasize community-based interventions may be reviewed in CLHP unless they involve STDs or contraceptive behavior as outcome variables. The latter may be reviewed in SSPS.
- EPIC also reviews applications dealing with the incidence and prevalence of morbidity and mortality related to cancer and environmental and occupational risk factors. Applications that rely primarily upon epidemiologic methods may be reviewed by EPIC. Applications relating levels of morbidity and mortality to socioenvironmental factors or the effects of public policy on morbidity or mortality levels may be reviewed by SSPS.
- ECD also reviews applications dealing with reproductive diseases, pregnancy, fertility, birth weight, and child growth and development. Applications that rely primarily upon epidemiologic methods or that are intended primarily to estimate the incidence or prevalence of one or more of these may be reviewed by ECD. Applications that examine one of more of these conditions in terms of socioenvironmental factors may be reviewed by SSPS.
- ECDA also reviews applications dealing with the incidence and prevalence of morbidity and mortality related to various health conditions. Applications that rely primarily upon epidemiologic methods may be reviewed by ECDA. Applications relating morbidity and mortality to socioenvironmental factors or to the effects of public policy on morbidity or mortality levels may be reviewed by SSPS.
- HSOD also reviews applications containing health economics. Applications in which the primary emphasis is upon the organization or delivery of health-related services may be reviewed by HSOD.
- NSAA and NSCF also review applications that focus on population processes and their inter-relationships with socioenvironmental and biomedical factors and processes. Applications in which the primary emphasis is upon nursing care and research relating to nursing interventions in patient care may be reviewed by NSAA or NSCF, depending upon the age groups being studied.

SSPS has the following shared interests outside the HOP IRG:

- **With the Genes, Genomes and Genetics [GGG] IRG:** SSPS has shared interests with the GGG IRG. Applications that focus on population genetics could be reviewed in GGG. Applications that focus on non-genetic population processes could be reviewed in SSPS.
- **With the Biology and Development of Aging [BDA] IRG:** Applications with a primary focus on physiologic or biological processes could be reviewed by BDA when an aging population is specifically studied. Applications with a primary emphasis upon the behavioral, social or demographic aspects of aging could be reviewed by SSPS.
- **With the Bioengineering Sciences and Technologies [BST] IRG:** SSPS may review applications related to population processes, composition and distribution, and the development and validation of methodologies for population research, including measurement, design, and statistical analysis. Other statistical methodology applications could be reviewed by the BST IRG or by BMRD, depending upon whether applications involves development of new (BMRD) or use of existing statistical and methodological (BST) techniques.
- **With the Risk, Prevention and Health Behavior [RPHB] IRG:** Studies of marital and family interactions, processes, and social development that exclude an emphasis on demographic processes may be reviewed in the RPHB IRG. SSPS may review demographic and economic studies of marriage and family behavior, including those that consider child health and well-being outcomes.
- **With the Biobehavioral and Behavioral Processes [BBBP] IRG:** Biobehavioral and behavioral applications that

emphasize issues related to population processes and biodemography may be reviewed by SSPS. Biobehavioral and behavioral applications that emphasize individual or small group processes may be reviewed by BBBP.

- **With the Cardiovascular Sciences [CVS] IRG:** Applications in which the primary outcomes are population studies related to demographics or health economics may generally be assigned to SSPS. Applications on cardiovascular diseases, disorders, or functional consequences of behaviors could be assigned to the CVS IRG.
- **With the Endocrinology, Metabolism, Nutrition and Reproductive Sciences [EMNR] IRG:** The EMNR IRG also reviews applications to study human reproduction, reproductive health and pregnancy outcomes. Studies that focus on the relationship between these and socio-demographic factors, including population studies may be referred to SSPS. Applications on diseases, disorders, or functional consequences of behaviors related to reproduction could be assigned to the EMNR IRG.
- **With the Digestive Sciences [DIG] IRG:** Applications in which the primary outcomes are population studies related to demographics or health economics may generally be assigned to SSPS. Applications on digestive diseases, disorders, or functional consequences of behaviors could be assigned to the DIG IRG.

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Health of the Population Small Business [SBIR/STTR] Activities Special Emphasis Panels [HOP Small Business SEPs]

[\[SBIR/STTR Rosters\]](#)

HOP IRG Small Business [SBIR/STTR] applications seek to understand and elaborate the broader socioenvironmental contexts in which health and health-related behavior are embedded and to examine the interaction of these socioenvironmental factors with the health and health-related behavior of individuals and populations are reviewed within dedicated special emphasis panels within the HOP IRG. The socioenvironmental factors studied may include social class, socioeconomic conditions, cultural factors and processes, institutions, social organization, social networks, neighborhood and regional characteristics, media, policies, social and family group membership, and racial and ethnic identity. The following Special Emphasis Panels are included in HOP Small Business Activities: Health of the Population SBIR/STTR Special Emphasis Panel [HOP (10)] and Small Business Occupational Health [HOP (11)].

HOP Small Business SEPs have the following interests outside the IRG:

- **With the Hematology [HEME] IRG:** Studies of behavioral modification, including health education or training, directed toward the prevention and treatment of hematological diseases, including psychological aspects, could be assigned to the RPHB or to the HOP IRG, depending upon the level of analysis and the nature of the intervention. Applications focused on hematological diseases, disorders, or functional consequences of behaviors could be assigned to HEME. Health education or training directed to the health care provider, not the patient, may also be assigned to the HEME IRG.
- **With the Cardiovascular Sciences [CVS] IRG:** Studies of behavioral modification, including health education or training, directed toward the prevention and treatment of cardiovascular diseases, including psychological aspects, could be assigned to the RPHB or to the HOP IRG, depending upon the level of analysis and the nature of the intervention. Applications focused on cardiovascular diseases, disorders, or functional consequences of behaviors could be assigned to the CVS IRG. Health education or training directed to the health care provider, not the patient, may also be assigned to CVS.
- **With the Musculoskeletal, Oral and Skin Sciences [MOSS] IRG:** Studies of behavioral modification, including health education or training, directed toward the prevention and treatment of hematological diseases, including psychological aspects, could be assigned to the RPHB or to the HOP IRG, depending upon the level of analysis and the nature of the intervention. Applications focused on musculoskeletal, oral or skin diseases, disorders, or functional consequences of behaviors could be assigned to MOSS. Health education or training directed to the health care

provider, not the patient, may also be assigned to the MOSS IRG.

- **With the Digestive Sciences [DIG] IRG:** Studies of behavioral modification, including health education or training, directed toward the prevention and treatment of digestive system diseases, including psychological aspects, could be assigned to the RPHB or to the HOP IRG, depending upon the level of analysis and the nature of the intervention. Applications focused on digestive diseases, disorders, or functional consequences of behaviors could be assigned to the DIG IRG. Health education or training directed to the health care provider, not the patient, may also be assigned to DIG.

[\[Referral & Review\]](#)

