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Description of document: National Institutes of Health (NIH) Research Strategies on firearm violence during FY2021

Requested date: 19-September-2021

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Posted date: 10-June-2024

Source of document: FOIA Request
NIH FOIA Office
Building 1, Room 344
1 Center Drive, MSC 0188
Bethesda, Maryland 20892-0188
Fax: (301) 402-4541
[FOIA Request Portal](#)

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Freedom of Information Office
Building 1, Room 344
1 Center Drive, MSC 0188
Bethesda, Maryland 20892-2107
phone: (301) 496-5633
fax: (301) 402-4541

Via E-mail

May 1, 2024

Re: NIH FOIA Case No. 57066

This is the final response to your, Freedom of Information Act (FOIA) request addressed to the National Institutes of Health (NIH) dated and received September 19, 2021.

You requested: A copy of each NIH (or NIH contractor) internal report, study, memo, white paper, or strategic plan on firearm violence or firearm violence prevention during Fiscal Year 2021 (i.e. since October 1, 2020). Please exclude from the scope of this request any reports that have been published or posted on the NIH websites.

NIH searched their files and found 30 pages of responsive records. Of these, 16 pages were withheld in their entirety, and 1 slip-sheet was added to mark where pages were withheld, totaling 15 pages enclosed. The information being withheld is protected from release pursuant to Exemptions 5 and 6 of the FOIA, 5 U.S.C. 552 (b)(5) and (b)(6) and section (f) of the HHS FOIA Regulations, 45 C.F.R. Part 5. Exemption 5 permits the withholding of internal government records which are predecisional and contain staff advice, opinion, and recommendations. This exemption is intended to preserve free and candid internal dialogue leading to decision-making. Exemption 6 exempts from disclosure records the release of which would cause a clearly unwarranted invasion of personal privacy.

You have the right to appeal this determination to deny you access to information in the Agency's possession. Should you wish to do so, your appeal must be sent within ninety (90) days of the date of this letter, following the procedures outlined in Subpart C of the HHS FOIA Regulations <http://www.nih.gov/icd/od/foia/cfr45.htm> to the Assistant Secretary for Public Affairs at <https://requests.publiclink.hhs.gov/App/Index.aspx>
Clearly mark the communication "Freedom of Information Act Appeal."

If you are not satisfied with the processing and handling of this request, you may contact the NIH FOIA Public Liaison and/or the Office of Government Information Services (OGIS):

NIH FOIA Public Liaison

Denean Standing-Ojo
Office of Communications and
Public Liaison
Building 31, Room 5B52S
31 Center Drive
Bethesda, MD 20892
301-496-5077 (phone)
nihfoia@mail.nih.gov (email)

OGIS

National Archives and Records Admin.
8601 Adelphi Rd – OGIS
College Park, MD 20740-6001
202-741-5770 (phone)
1-877-684-6448 (toll-free)
202-741-5769 (fax)
ogis@nara.gov (email)

In certain circumstances provisions of the FOIA and Department of Health and Human Services FOIA Regulations allow us to recover part of the cost of responding to your request. Because the cost is below the \$25 minimum, there are no charges associated with our response.

If you have any questions about this response, please call 301-496-5633.

Sincerely,

**Gorka Garcia-
malene -S**

Digitally signed by Gorka
Garcia-malene -S
Date: 2024.05.01 15:31:45
-04'00'

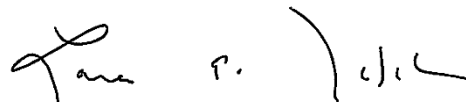
Gorka Garcia-Malene
Freedom of Information Act Officer, NIH

Enclosed: 15 pages (pdf)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Firearm Injury and Mortality Prevention Research

A handwritten signature in black ink, appearing to read "Lawrence A. Tabak". The signature is written in a cursive style with a horizontal line underneath it.

Lawrence A. Tabak, D.D.S, Ph.D.
Principal Deputy Director, NIH

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INTRODUCTION

In its report to accompany the fiscal year (FY) 2021 appropriations for the U.S. Department of Health and Human Services (HHS), the House and Senate Committees on Appropriations stated the following:

“Firearm Injury and Mortality Prevention Research.—The agreement includes \$12,500,000, the same level as fiscal year 2020, to conduct research on firearm injury and mortality prevention. Given violence and suicide have a number of causes, the agreement recommends NIH take a comprehensive approach to studying these underlying causes and evidence-based methods of prevention of injury, including crime prevention. All grantees under this section will be required to fulfill requirements around open data, open code, pre-registration of research projects, and open access to research articles consistent with the National Science Foundation's open science principles. The Director is to report to the Committees within 30 days of enactment of the Act on implementation schedules and procedures for grant award, which strive to ensure that such awards support ideologically and politically unbiased research projects.” (Joint Explanatory Statement, p. 116)

The following report was prepared by the National Institutes of Health (NIH), HHS, in response to this request. This report represents preliminary implementation planning and is subject to change depending upon budget execution timelines and the nature of applications received.

IMPLEMENTATION SCHEDULES AND PROCEDURES FOR FIREARM INJURY AND MORTALITY PREVENTION RESEARCH

NIH's mission is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. In the spirit of this mission, NIH is committed to understanding effective public health interventions to prevent violence, including firearm violence, and the trauma, injuries, and mortality resulting from violence. Scientific research is critical to understanding and ultimately preventing firearm violence and associated morbidity and mortality.

NIH has supported research on the causes and prevention of firearm violence morbidity and mortality for many years. NIH-funded researchers have addressed a range of topics, including parental roles in preventing injury—including injuries from guns—in the home and in other settings, the relationship between alcohol misuse and gun violence, risk factors for gun violence, containment measures to reduce risk of suicide or accidental deaths among children and adolescents, and determinants that put war veterans at higher risk for firearm-associated suicide. In response to the FY 2020 appropriations report language, NIH released two funding opportunity announcements (FOAs) and ultimately funded nine awards, including seven new awards and two supplements to existing awards. The topics included statewide comparisons of intimate partner homicide, youth suicide prevention in Alaska Native populations, online storage maps to facilitate suicide prevention, and universal emergency department screening among youth and young adults at risk for firearm injury.

In FY 2021, NIH will build upon this existing research portfolio, as well as address gaps and emerging opportunities.

NIH IMPLEMENTATION PLAN FOR FUNDING OPPORTUNITIES AND AWARDS

Several NIH Institutes, Centers, and Offices¹ that have historically supported or have an interest in supporting firearms-related research are in the process of prioritizing the most pressing research needs for this funding. Each Institute, Center, and Office will highlight one to two research priorities linked to their unique missions. Our goal is to make the FOAs clear and straightforward, and, we anticipate we will see a robust response from the research community. While we are still working to determine specific approaches, the FOA(s) will allow for new research project applications. NIH anticipates publishing the FOAs in the next few months. Funding will be awarded by September 30, 2021. Support beyond FY 2021 is subject to the availability of appropriations.

NIH is in regular communication with the Centers for Disease Control and Prevention and will collaborate during the various stages of this process to ensure that our research efforts are complimentary and not duplicative.

ADDRESSING ADMINISTRATIVE REQUIREMENTS

The Congressional report language requests that all grantees under this section “fulfill requirements around open data, open code, pre-registration of research projects, and open access to research articles...” To address this, the FOA(s) will include language stating that applicants are required to submit a public access and data sharing plan that describes their proposed process for making resulting publications, code, and to the extent possible, the underlying primary data broadly available to the public.² The public access and data sharing plan will become a term and condition of award.

Regarding “pre-registration of research projects,” applicants will be expected to submit plans for pre-registration of research projects using publicly available platforms or ClinicalTrials.gov as applicable. Funded awardees for applications submitted to the Firearm Injury and Mortality Prevention FOAs that are not required to use ClinicalTrials.gov, such as studies that are not clinical trials, will be expected to provide in their annual progress reports the unique identifier assigned by the alternative platform, if available, and a link to the report (e.g., page or record) in the alternative platform.

¹ NIH Office of Extramural Research, NIH Office of Behavioral and Social Sciences Research, *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, National Institute on Alcohol Abuse and Alcoholism, National Institute on Drug Abuse, National Institute of Mental Health, National Center for Complementary and Integrative Health, National Institute on Minority Health and Health Disparities, National Institute on Aging, NIH Office of Disease Prevention, NIH Office for Research on Women’s Health, NIH Sexual and Gender Minority Research Office.

² publicaccess.nih.gov/policy.htm

The report language asks that NIH grant procedures “strive to ensure that such awards support ideologically and politically unbiased research projects.” First, NIH will make it clear in the FOA(s) that the applicants’ proposed research projects must be ideologically and politically unbiased. Second, the core values of peer review drive NIH to seek the highest level of ethical standards, and form the foundation for the laws, regulations, and policies that govern the NIH two-tier peer review process.³ The NIH dual peer review system is mandated by statute in accordance with section 492 of the Public Health Service Act and federal regulations governing “Scientific Peer Review of Research Grant Applications and Research and Development Contract Projects.” NIH regulations and policy are intended to promote a process whereby grant applications submitted to NIH are evaluated on the basis of a process that strives to be fair, equitable, timely, and free of bias.

The first level of review is carried out by a Scientific Review Group composed primarily of non-federal scientists who have subject matter expertise in relevant scientific disciplines and current research areas. The second level of review is performed by Institute and Center National Advisory Councils or Boards. Councils are composed of both scientific and public representatives chosen for their expertise, interest, or activity in matters related to health and disease. Only applications that are recommended for approval by both the Scientific Review Group and the Advisory Council may be recommended for funding. Final funding decisions are made by the Institute and Center Directors. Both stages of peer review will consider whether applications support ideologically and politically unbiased research projects which will then inform final funding decisions.

CONCLUSION

As with all awards, NIH will comply with all relevant federal, HHS, and NIH regulations and policies. NIH is committed to ensuring that firearm injury and mortality prevention research continues to (1) address the most pressing research and public health needs; (2) promote transparency of the funded projects, including the sharing of data, code, and published research results; and (3) support research that is ideologically and politically unbiased.

³ grants.nih.gov/grants/peerreview22713webv2.pdf

16 pages have been withheld under (Exemption 5)

From: [Riley, Bill \(NIH/OD\) \[E\]](#)
To: [Schwetz, Tara \(NIH/OD\) \[E\]](#); [Shapiro, Neil \(NIH/OD\) \[E\]](#); [Shaya, Cecile \(NIH/OD\) \[E\]](#)
Cc: [Tabak, Lawrence \(NIH/OD\) \[E\]](#)
Subject: Re: Gun Violence Community-Based Interventions - Next WH Mtg Wed 3/17 11am-12pm
Date: Tuesday, March 16, 2021 9:04:21 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)

Thanks all. Not sure how they identified only one project given the list Tara provided below – some of which include “community” in the title, but interesting that they did include this one since how one defines “community interventions” can vary. CVI is clearly including hospital-based interventions, like the one highlighted below and in their examples of what “community-based” is, so it seems like we can take a broader perspective on what is “community-based”. Bill

William T. Riley, Ph.D.

Director, Office of Behavioral and Social Sciences Research
National Institutes of Health

From: "Schwetz, Tara (NIH/OD) [E]" <tara.schwetz@nih.gov>
Date: Monday, March 15, 2021 at 9:20 PM
To: "Shapiro, Neil (NIH/OD) [E]" <neil.shapiro@nih.gov>, "Shaya, Cecile (NIH/OD) [E]" <cecile.shaya@nih.gov>
Cc: "Tabak, Lawrence (NIH/OD) [E]" <lawrence.tabak@nih.gov>, "Riley, Bill (NIH/OD) [E]" <william.riley@nih.gov>
Subject: Re: Gun Violence Community-Based Interventions - Next WH Mtg Wed 3/17 11am-12pm

Neil,

OK. Maybe it's just sick brain, but I'm confused about what they want us to present then. We can talk about the FOAs that went out because we do anticipate making awards later this year and that's something they can highlight. However, when I mentioned this, it didn't seem like what was wanted. I'll reach out to Bree.

Also, in regards to what was sent today, Bill had previously pulled these examples:

For what we generally fund through IC budgets, here are a couple of examples:

5 R01MD013797-03 Creating Peace: community-based youth violence prevention to address racism and discrimination

5 R01HD095609-04 Place Matters - Adaptable Solutions to Violence at the Community Level

For last year's OD FOAs:

1 R61 MH125757-01 Family Safety Net: Developing an upstream suicide prevention approach to encourage safe firearm storage in rural and remote Alaskan homes

Best,

Tara A. Schwetz, PhD

Associate Deputy Director, NIH

A: Building 1, Room 138

(b) (6)



From: "Shapiro, Neil (NIH/OD) [E]" <neil.shapiro@nih.gov>

Date: Monday, March 15, 2021 at 6:44 PM

To: Tara Schwetz <tara.schwetz@nih.gov>, "Shaya, Cecile (NIH/OD) [E]" <cecile.shaya@nih.gov>

Cc: Larry Tabak <lawrence.tabak@nih.gov>, "Riley, Bill (NIH/OD) [E]" <william.riley@nih.gov>

Subject: RE: Gun Violence Community-Based Interventions - Next WH Mtg Wed 3/17 11am-12pm

Tara,

I discussed this request with ASFR last week and they said the package is focused on interventions rather than research. I noted that NIH does not have any new proposals for firearms research, just the OD activities described in the attached document to implement the \$12.5M Congressional carve-out. They suggested that we provide some additional background on the firearms research conducted outside of OD ("Twelve additional awards were funded in FY20 in response to a variety of other FOAs relevant to firearm violence research"), so it seems that they plan to include the FOA discussion as part of the HHS proposal. I have not submitted anything yet; if you or Bill can handle it that would be great. I don't want to get in the way like ASFR apparently has.

Also, we got this from ASFR today:

The OS policy team asked that we share the following feedback DPC received from CVI advocates. It may be too late to inform proposals for this ask, but wanted to share for transparency. Only one piece (highlighted) is directly related to NIH, but wanted you to have visibility on the other areas.

Rob Wilcox, Everytown:

- *One challenge with funding community-based violence interventions as demonstration projects (e.g., through the Preventing Adverse Childhood Experiences Data to Action program) is that there is already a strong evidence base that these programs work. Wouldn't want a demonstration grant program to suggest that these programs are not ready to be funded at scale.*
- *One opportunity to consider is funding a consortium of technical assistance providers who can assist cities/communities in standing up comprehensive programs, e.g., through PACE and YVPC combined. This could be especially useful in connection with using ARP funding.*
- *The only example of NIH funding on community violence intervention is \$1.3 million to Northwell Center for Gun Violence Research to evaluate implementation and feasibility of evidence-based universal screening and intervention strategies for firearm injury and mortality prevention among youth and adults in emergency departments. The research NIH/CDC has funded to date has been on important topics and should advance the field, but CVI experts also see the opportunity for significantly more research funding on community violence, especially for funding researchers from the impacted communities. One other consideration is that research should not just look at the efficacy of a particular program, but on how to scale programs at the community level.*
- *The CDC's Youth Violence Prevention Centers has \$30 million solicitation posted with a due date in mid-April. The value in this grant is the multi-year funding stream and the emphasis on establishing a mechanism to both fund the delivery of services and TTA for data collection and evaluation. A couple issues here are that the Centers are meant to be holistic but the awards have a ceiling of \$1.2 million, which is not sufficient for an all of city approach that would cover services, infrastructure and evaluation. One way to address this is to make sure that any new Center exists within existing infrastructure in a city and is additive rather than duplicative. Community leaders who have been doing the work but may not be direct recipients of this*

funding should have a voice in placing the establishment of the Center within existing efforts to ensure efficacy and equity. In addition, impacted communities should be prioritized as recipients who can develop and lead the Centers and that the funding makes it to the community-based organizations and is not siphoned off. Milwaukee (under the leadership of Reggie Moore) is an excellent example of a central hub and city wide strategy.

Fatimah Loren Dreier, HAVI

- *The Youth Violence Prevention Center is a cumbersome application that takes roughly 6 months of preparation. None of the community violence researchers Fatimah has asked have the capacity to put forth a proposal (even those affiliated with major academic institutions and/or major research firms). It's a particularly challenging issue for those in an underfunded field (and specifically those who leverage innovative, community-centered approaches).*
- *It is still possible to fund research that focuses on scaling up effective approaches, implementation and dissemination science. These solicitations need sufficient funding to create an effective surveillance infrastructure in cities with the highest rates of violence. Fatimah has sat on expert panels to discuss the importance of building an infrastructure: <https://www.norc.org/Research/Projects/Pages/expert-panel-on-firearms-data-infrastructure.aspx>*
- *Fatimah and others are working to convene Black and brown researchers who focus on gun violence prevention to discuss their priorities. Dr. Shani Buggs will be hosting a briefing with the CBC on this topic.*

Neil

From: Schwetz, Tara (NIH/OD) [E] <tara.schwetz@nih.gov>

Sent: Monday, March 15, 2021 4:42 PM

To: Shapiro, Neil (NIH/OD) [E] <neil.shapiro@nih.gov>; Shaya, Cecile (NIH/OD) [E] <cecile.shaya@nih.gov>

Cc: Tabak, Lawrence (NIH/OD) [E] <lawrence.tabak@nih.gov>; Riley, Bill (NIH/OD) [E] <william.riley@nih.gov>

Subject: FW: Gun Violence Community-Based Interventions - Next WH Mtg Wed 3/17 11am-12pm
Neil and Cecile,

We received the request below to present at the next WH interagency group on Wednesday. We were asked to present on our proposals and, in getting additional clarity on this, they were referring to a request from last week (attached). What's the status of this? Would you mind sharing our submission, so we can be sure we're all on the same page?

Thanks.

Best,

Tara A. Schwetz, PhD

Associate Deputy Director, NIH

A: Building 1, Room 138

(b) (6)



From: "Medvedev, Bree (OS/ASFR)" <Bree.Medvedev@hhs.gov>

Date: Monday, March 15, 2021 at 3:48 PM

To: "Briskin, Perrie (HHS/OS)" <Perrie.Briskin@hhs.gov>, Tara Schwetz <tara.schwetz@nih.gov>, Larry Tabak <lawrence.tabak@nih.gov>, "Cabezas, Miriam (HHS/ASFR)" <Miriam.Cabezas@hhs.gov>, "Mueller, Erin O (HHS/ASFR)" <erin.okeefe@hhs.gov>, "Riley, Bill (NIH/OD) [E]" <william.riley@nih.gov>
Cc: "Despres, Sarah (HHS/IOS)" <Sarah.Despres@hhs.gov>, "Reid, Anne (OS/IOS)" <Anne.Reid@hhs.gov>

Subject: RE: Gun Violence Community-Based Interventions - Next WH Mtg Wed 3/17 11am-12pm

Hi Tara—ASFR reached out through the NIH Office of Budget on this request. Please see attached. Thank you,
Bree

From: Briskin, Perrie (HHS/OS) <Perrie.Briskin@hhs.gov>

Sent: Monday, March 15, 2021 3:40 PM

To: Schwetz, Tara (NIH/OD) [E] <tara.schwetz@nih.gov>; Tabak, Lawrence (NIH/OD) [E] <lawrence.tabak@nih.gov>; Cabezas, Miriam (HHS/ASFR) <Miriam.Cabezas@hhs.gov>; Mueller, Erin O (HHS/ASFR) <erin.okeefe@hhs.gov>; Medvedev, Bree (OS/ASFR) <Bree.Medvedev@hhs.gov>; Riley, Bill (NIH/OD) [E] <william.riley@nih.gov>

Cc: Despres, Sarah (HHS/IOS) <Sarah.Despres@hhs.gov>; Reid, Anne (OS/IOS) <Anne.Reid@hhs.gov>

Subject: RE: Gun Violence Community-Based Interventions - Next WH Mtg Wed 3/17 11am-12pm

Hi Tara,

I will add Bill Riley – thank you for sending.

Bree Medvedev in ASFR is already working with CDC and NIH to put together a final proposal from HHS for DPC, due to DPC by COB tomorrow, Tuesday. It is my understanding that NIH would present on what is included in that final proposal.

Please let me know if that's not your understanding and we can try and clear this up.

Thank you!

Best,
Perrie

From: Schwetz, Tara (NIH/OD) [E] <tara.schwetz@nih.gov>

Sent: Monday, March 15, 2021 11:52 AM

To: Briskin, Perrie (HHS/OS) <Perrie.Briskin@hhs.gov>; Tabak, Lawrence (NIH/OD) [E] <lawrence.tabak@nih.gov>; Cabezas, Miriam (HHS/ASFR) <Miriam.Cabezas@hhs.gov>; Mueller, Erin O (HHS/ASFR) <erin.okeefe@hhs.gov>; Medvedev, Bree (OS/ASFR) <Bree.Medvedev@hhs.gov>; Riley, Bill (NIH/OD) [E] <william.riley@nih.gov>

Cc: Despres, Sarah (HHS/IOS) <Sarah.Despres@hhs.gov>; Reid, Anne (OS/IOS) <Anne.Reid@hhs.gov>

Subject: Re: Gun Violence Community-Based Interventions - Next WH Mtg Wed 3/17 11am-12pm

Perrie,

Would you please include Bill Riley on the invite? He and I will present for NIH.

Additionally, it would be helpful to get a better sense of what is expected (e.g., how long, TPs vs. slides) and whether we should be presenting on the two FOAs that were recently published (put forth in the write-up previously submitted) or if there is something else in mind. We would appreciate any clarity you can offer.

Best,

Tara A. Schwetz, PhD

Associate Deputy Director, NIH

A: Building 1 Room 138

(b) (6)



From: "Briskin, Perrie (HHS/OS)" <Perrie.Briskin@hhs.gov>

Date: Monday, March 15, 2021 at 1:35 PM

To: "Kelly, Alison (CDC/OCOO/OFR/OA)" <ayk7@CDC.GOV>, "Peeples, Amy B. (CDC/DDNID/NCIPC/OD)" <asb0@CDC.GOV>, "Handerhan, Larry (ACF)" <Larry.Handerhan@acf.hhs.gov>, "Howard, Lanikque (ACF)" <Lanikque.Howard@acf.hhs.gov>, "Houry, Debra E. (CDC/DDNID/NCIPC/OD)" <vjz7@cdc.gov>, Tara Schwetz <tara.schwetz@nih.gov>, Larry Tabak <lawrence.tabak@nih.gov>, "Cabezas, Miriam (HHS/ASFR)" <Miriam.Cabezas@hhs.gov>, "Mueller, Erin O (HHS/ASFR)" <erin.okeefe@hhs.gov>, "Medvedev, Bree (OS/ASFR)" <Bree.Medvedev@hhs.gov>

Cc: "Despres, Sarah (HHS/IOS)" <Sarah.Despres@hhs.gov>, "Reid, Anne (OS/IOS)" <Anne.Reid@hhs.gov>

Subject: Gun Violence Community-Based Interventions - Next WH Mtg Wed 3/17 11am-12pm

Hi Everyone,

Thank you for all your work putting together the proposals for community-based gun violence prevention.

Once the proposals are submitted, the WH would like each agency to present their proposals. On **Wednesday, 3/17 from 11am-12pm**, the WH interagency group will convene again and each agency will present.

ASFR, NIH, ACF: Would you like to present your proposals at Wednesday's meeting? Who should be added to the invite? CDC (Amy and Alison) are already on Wednesday's invite.

If you cannot make it, we will share next steps with the group after the meeting.

Thank you!

Best,

Perrie

Dear All,

It has been a couple weeks since we last convened. I'm writing to schedule our next IPC meeting for **Wednesday, March 17**. Please email my colleague Stephonn Alcorn

(b) (6)

with your availability in the 9:00 am-1:00 pm block.

Where we've been: After our meeting, you produced detailed memos of what existing funding streams could be directed to support community violence intervention (CVI). (Note the new and easier acronym – "CVI".) DPC has worked one-on-one with agencies since then to drill down on certain programs. As I have mentioned, supporting CVI is a priority for Ambassador Susan Rice and the White House, and your work is truly appreciated.

Where we're headed: DPC would like to put together a package of efforts to support CVI for potential announcement as early as the second week in April. We would love for every agency in this

group to be a part of it. **The next step is for each agency to propose actions that could be part of the WH package.** That is, we're now moving from options to actual proposals.

Our goal is to announce a set of meaningful policy pieces that would have real impact. These might include:

- Repurposing funds to support CVI (biggest impact)
- Adding preference points or otherwise prioritizing CVI
- Putting out guidance to clarify the eligibility of CVI programs
- Editing solicitations and producing outreach materials to encourage CVI applications
- Directing technical assistance providers to support CVI programs

The package can include changes agencies will have made by early April, or that you are willing to commit to publicly but that may be a few months away.

Depending on timing, agencies may consider pulling back/amending solicitations that are already posted. You may also look at altering programs for the next round of funding. We do feel urgency to start getting more dollars to CVI programs as soon as possible, given the 30% rise in homicides and 8% rise in gun crimes in 2020 over 2019.

One thing to keep in mind is that we are looking to get resources to CVI efforts in particular—programs like street outreach, violence interrupters, hospital-based intervention, and others that provide wraparound services—not just to support violence reduction generally.

March 17 meeting: The purpose of this meeting is for each agency to present its proposal for program changes that would support CVI. I would greatly appreciate if you would email me and Stephonn your proposal by EOD March 16. Please try to distill it to 2 pages max for this meeting. Or for those of you who are so inclined, a short PowerPoint. These can be staff-level proposals—you need not come to the meeting with full agency sign-off, as you might get feedback that leads you to make revisions.

Perrie Briskin

Senior Advisor to the Chief of Staff

U.S. Department of Health and Human Services

(b) (6)

Perrie.Briskin@hhs.gov

From: [Riley, Bill \(NIH/OD\) \[E\]](#)
To: [Tabak, Lawrence \(NIH/OD\) \[E\]](#)
Cc: [Aklin, Courtney \(NIH/OD\) \[E\]](#); [Burklow, John \(NIH/OD\) \[E\]](#); [Blachman-Demner, Dara \(NIH/OD\) \[E\]](#)
Subject: Community Violence Intervention research concept - RAPID RESPONSE
Date: Wednesday, May 5, 2021 9:10:12 AM
Attachments: [Evaluation of Innovative Strategies for Community Violence Interventions05052021.docx](#)

Larry,

The WH Community Violence Intervention (CVI) initiative, and a related legislative effort, has been predominately focused on public health implementation of CVI in communities with minimal research involvement. I've encouraged HHS to propose some small part of the \$5B go to CVI research and have developed the attached concept with input from John, Courtney, and Dara Blachman Demner (the real brains of this outfit).

If you're ok with this concept, I would then send it to HHS for input. It is unclear if CDC, ACF, and Dept of Justice (beyond HHS) are coming up with separate research proposals, but we drafted this research consortium in such a way that CDC and others could collaborate and coordinate with us since the WH appears to want more multi-agency collaboration on anything we do. Ultimately, that might mean NIH only funds one of the centers and a 2-3 of the research projects in the consortium but would be part of a larger trans-agency research consortium.

It would be great if I could get this to the HHS group today since all of this is moving quite quickly.

Thanks. Bill

William T. Riley, Ph.D.

Associate Director for Behavioral and Social Sciences Research, NIH

Director, Office of Behavioral and Social Sciences Research

National Institutes of Health

31 Center Dr., Building 31, Room B1C19

Bethesda, MD 20892

(b) (6)

<http://obssr.od.nih.gov>

Evaluation of Innovative Practices and Implementation Strategies for Community Violence Interventions (CVI)

Purpose and Objectives

Decades of prior research have resulted in a number of evidence-based community violence intervention (CVI) programs, policies, and practices. These evidence-based interventions serve as a basis for the needed implementation of CVIs in communities, especially those with high rates of firearm violence homicides and injuries. Although current CVI programs can be based on the current state of the science, further research is needed to develop and evaluate additional innovative programs and practices as well as implementation strategies to optimize the effectiveness, adoption, and scale up of existing programs, policies and practices.

CVI research questions to address could include:

- What new and innovative CVI practices can be developed from theory and/or basic social and behavioral research that would provide additive or complementary effectiveness to existing CVI programs and practices?
- How can the type and dose of various CVI components be combined and/or sequenced to optimize effectiveness and/or adoption potential in a broad range of communities to reduce firearm violence?
- What role do the unique contextual factors of each community play in enhancing or inhibiting the potential effects of CVI programs? Which CVI components are generalizable across communities and which may be effective only under certain contextual conditions?
- How do various sources of adaptation (e.g., intervention itself, mode of delivery, population, setting) within a range of community contexts impact the effectiveness of the CVI on both firearm violence prevention and implementation outcomes? What are the community and contextual level barriers and facilitators to adoption and scale up of CVI programs and practices and what are the best implementation strategies to address those barriers?

Proposed CVI Research Initiative

To address these important research questions and improve CVI, a community-based research consortium is proposed. This consortium would fund 10 community-based research projects in communities with high current rates of firearm violence. The consortium would require a true partnership between community-based organizations and research centers which includes: at least one person from each organization serving as a principal investigator (PI) in a multi-PI grant, budget allocated to each entity appropriately; and joint development of the research and intervention plan. Projects would be required to evaluate novel approaches and practices integrated across community resources (e.g., community programs, law enforcement and other juvenile/criminal justice system components, hospital systems, school systems, child welfare systems). Awards would be made as cooperative agreements so that, following awards, research projects would be required to collaborate both with each other and with Federal government agencies to align each community-based project with broader evidence generating goals that can only be answered by combining and comparing findings across communities. Two

additional coordination centers would also be funded. A data and methodology coordination center would facilitate data and methods coordination across research projects including data collection, storage, and management; methodology and analytics consultation; and data sharing and harmonization efforts. A second coordination and translation center would be responsible for logistical coordination and communication (e.g., a network website and meetings); engaging stakeholders and facilitating bidirectional communication between stakeholders and investigators; disseminating and translating research findings from the consortium; and building research capacity through establishing a research education infrastructure to support training of post-doctoral fellows and other trainees in the method, measures, and approaches of CVI research, particularly focused on the training of underrepresented minorities in this research and the training of researchers generally in working with underresourced communities.

Funding: \$48 million over 4 years. Each community-based research project and the research coordination centers are estimated at \$1 million per year or \$4 million over 4 years. Twelve awards (10 research projects, and 1 data coordination center and 1 translation center) would result in a research consortium with sufficient variation among communities involved to extract generalizable and context-specific findings across communities.

Integration with Larger CVI Initiative and Cross-Agency Collaboration

This CVI consortium would represent a small, complementary component of the larger CVI initiative. Applicants to the research consortium could be encouraged to partner with CVI community awardees, providing an integrated research arm to the CVI activities of that community and providing the research consortium with real-world perspective on implementing CVI in communities with high gun violence rates. New and innovative CVI strategies could be disseminated to the larger CVI effort as findings become available. The research coordination and translation center could work closely with the national CVI center to coordinate activities.

Many of the Federal government agencies involved in CVI and violence research more generally have worked together collaboratively in the past on research efforts. For this research consortium, each of the relevant agencies could fund some part of the 12 research projects and centers. A common cross-agency model that has worked effectively is that one agency manages receipt and review, and all agencies involved agree to work from those reviews and receive grant assignments consistent with their respective missions and funds available. Project scientists from each of the respective agencies could then work with the funded investigators and communities to shape the projects in order to work together to address the most pressing CVI research and implementation questions.