CDC Prevention Research Center (PRC) Program: 2020 Special Interest Project Competitive Supplements (SIPs)

SIP Number & Title	Description	Anticipated Funding Level (Total Dollars) & Number of Awards *(Funding may vary and is subject to change)*
SIP 20-001. Developing and evaluating adolescent, parent, and provider resources to improve adolescent use of sexual health services See RFA pages 47-53.	This project will investigate if parent engagement in adolescent access to and use of sexual health services (SHS) can support adolescents' receipt of quality health care and strengthen parenting practices that are linked to reductions in adolescent risk behavior. The development and evaluation of messages, tools and resources for parents, providers, and adolescents may improve parent engagement and enhance adolescent health outcomes.	• Approx. $600,000 to fund 1 PRC for 2 years. • Average award is approximately $300,000 for year 1.
SIP 20-002. Improving Cognitive Impairment Detection and Referral to Resources among Older Adults: Applying the KAER Model to Primary Care within a Health Care System See RFA pages 53-60.	This project will help to inform future implementation of the KAER model in order to improve detection and diagnosis of cognitive impairment among older adults. These findings can be used to improve care management for people with cognitive impairment and connect people with a cognitive impairment and their families with available resources.	• Approx. $500,000 to fund 1 PRC for 2 years. • Average award is approximately $250,000 for year 1.
SIP 20-003. Improving Genetic Counseling Referrals for Early Onset Colorectal Cancer See RFA pages 60-67.	This project will support the identification of effective health care system strategies that can increase the number of newly diagnosed early-onset colorectal cancer (CRC) patients being referred to genetic counseling and testing. Identification of CRC patients with Lynch Syndrome and other hereditary cancer syndromes can help patients and their families make decisions regarding testing family members, initiating cancer screening on an accelerated schedule, and following other preventive and surveillance strategies (e.g. hysterectomy or prophylactic salpingo-oopherectomy to prevent uterine and ovarian cancer). These strategies may help prevent new cancers, increase early detection and more timely treatment, and reduce cancer mortality.	• Approx. $650,000 to fund 1 PRC for 3 years. • Average award is approximately $250,000 for year 1 and $200,000/year for years 2-3.
SIP 20-004. Effect of Survivorship Care Plans on Cancer Mortality See RFA pages 67-72.	This project will help improve care for cancer survivors by determining the health impact of survivorship care plans. This project will also benefit health systems by providing evidence for the effectiveness of survivorship care plans, thus allowing public health practitioners to allocate limited resources to the most impactful evidence-based interventions for cancer survivors.	• Approx. $1,400,000 to fund 1 PRC for 2 years. • Average award is approx. $700,000 for year 1.

SIP 20-005. Validity and reliability of survey measures for lung, cervical, breast, and colorectal cancer screening in the redesigned National Health Interview Survey See RFA pages 72-78.	This project will support research studies to improve surveillance of trends in cancer screening consistent with USPSTF recommendations and Healthy People Objectives for lung, cervical, breast, and colorectal cancer screening. The project will have significant impact on population health by providing models for questions for future surveys on cancer screening (e.g., the NHIS, the BRFSS, and the NSFG).	• Approx. $1,800,000 to fund 1 PRC for 4 years. • Average award is approx. $450,000 for year 1.
SIP 20-006. Coordinating community-clinical linkages with community health workers to improve health and social outcomes for adults with epilepsy See RFA pages 78-86.	This project will support the development, implementation, and evaluation of a community health worker (CHW) intervention for adults with epilepsy. The CHW intervention is expected to improve epilepsy knowledge and self-management skills, and health and social outcomes in adults with epilepsy.	• Approx. $2,100,000 to fund 2 PRCs for 3 years. • Average award is approx. $350,000 for year 1.
SIP 20-007. Building Capacity to Describe Epilepsy Burden by Using Underutilized National and State Data Systems See RFA pages 86-92.	This project will enhance capacity of researchers to assess epilepsy burden by using underutilized national, state, and possibly other geographic-level (for example, county) data systems. Published State-specific estimates of epilepsy burden have been limited to prevalence studies based on 2005 Behavioral Risk Factor Surveillance System data from only 13 states, with small sample sizes limiting reliability of data. The underutilized data systems proposed for use in this SIP will allow investigators to aggregate multiple years of both national, state-specific, and other geographic-level data increasing sample size for more robust estimates of prevalence, comorbidity, healthcare utilization, quality of care, and for trend analysis.	• Approx. $4,000,000 to fund 2 PRCs for 4 years. • Average award is approx. $500,000 for year 1.
SIP 20-008. Validation of Self-Reported Vaccination among Adults See RFA pages 92-98.	This project will contribute to better understanding of the accuracy of estimates of adult vaccination coverage based on self-reported vaccination status. These estimates are crucial for assessing progress in reducing morbidity and mortality from vaccine-preventable diseases among adults, and in identifying geographic and sociodemographic sub-populations with lower vaccination coverage. Knowledge gained from this project will help guide allocation of future resources and activities associated with monitoring adult vaccination coverage in the United States.	• Approx. $1,200,000 to fund 1 PRC for 2 years. • Average award is approx. $600,000 for year 1.
SIP 20-009. State-Based Health, Budget Impact and Cost-effectiveness of Improved Coverage and Uptake of Smoking Cessation See RFA pages 99-106.	This project will increase the knowledge base on the health and economic costs associated with cessation interventions in selected U.S. states. The model developed for this project may be used to extend the study - to other states in the future. The information generated from the study would help state health policy makers and planners to make informed decision for expanding the cessation interventions in their states.	• Approx. $500,000 to fund 1 PRC for 2 years. • Average award is approx. $250,000 for year 1.