The application period for funding in 2021 is now open.

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Background
The UC San Diego Dissemination and Implementation Science Center (DISC) now offers funding for pilot Dissemination and/or Implementation Research projects. The mission of the UC San Diego DISC is to establish UC San Diego as a nationally and internationally recognized flagship for dissemination and implementation (D&I) science through training, technical assistance, community engagement, and research advancement. The purpose of this pilot funding announcement is to support pilot projects to increase the dissemination, adoption, implementation, and sustainment of evidence-based interventions by local health care organizations, providers, and systems in San Diego and Imperial County. Funded projects will advance implementation science and address barriers that inhibit rapid translation of evidence-based interventions to patients or community members served by UC San Diego and other local health agencies and community-based organizations. Projects that promote the collaboration and participation of service systems, community-based organizations, and clinicians are encouraged.

Pilot funds are to be used for the development of new projects and to support those who are new to D&I research. It is expected that pilot studies will to serve as a basis for future federal funding (e.g., Agency for Healthcare Research Quality (AHRQ), the National Institutes of Health (NIH), Centers for Disease Control (CDC) and the Patient Centered Outcomes Research Institute (PCORI)). Awards are up to the amount of $20,000, which is to be spent within the designated 12-month award period. The funding period for the 2021 grants is May 1, 2021 - April 30, 2022. A total of five awards are available for this funding period and the number of awards will depend on the number of appropriately competitive applications. The deadline for 2021 applications is December 7th at 12pm PST.

Pre-Application Webinar
For interested applicants, the DISC will provide an informational 90-minute webinar on October 13th, at 8:30am PST to provide an overview of the RFA followed by a Q&A session. The webinar will be recorded and uploaded to the DISC website for viewing at a later time. Please register for the webinar here. Please also e-mail questions for the Q&A session ahead of time to disc@health.ucsd.edu. If we are unable to answer your question during the webinar, we will email you a response afterwards and post all questions and answers to the DISC website FAQ page for this funding opportunity.

Eligibility
Faculty, Project Scientists, Research Trainees, Postdoctoral Fellows and Scholar & Community Practitioners at UC San Diego and other UC San Diego DISC partner organizations (ACTRI, Rady Children’s Hospital, Moores Cancer Center, SDSU, Salk Institute, County of San Diego, VA San Diego) are encouraged and eligible to apply as principal investigators (PI).

Although all eligible individuals are encouraged to apply, in instances of evenly scored proposals, funding preference will be given to investigators from research teams that have not previously engaged in D&I research, or received UC San Diego DISC support.

To apply for this pilot award, you must first be a UC San Diego DISC Member or Investigator. To learn about the many benefits of the UC San Diego DISC membership and to fill out the membership application form, click here.
**Aims**

The UC San Diego DISC’s aims for this funding opportunity are to:

1. Support research that reflects priorities of local stakeholders and governmental agencies including COVID-19 related projects, and projects that address risk factors and/or resulting diseases or conditions identified as priority focus areas in the most recent County of San Diego Community Health Assessment (CHA). Across regions, current CHA priorities include social determinants of health, and the specific risk factors, diseases and health indicators listed in Appendix A;
2. Stimulate D&I research focused on health disparities in San Diego and Imperial County;
3. Encourage local clinicians, community practitioners, health administrators, and health science scholars to integrate D&I research as an important part of their careers;
4. Generate new publications on D&I research in peer-reviewed health journals;
5. Generate data that will lead to research funding from the Agency for Healthcare Research Quality (AHRQ), the National Institutes of Health (NIH), the Patient Centered Outcomes Research Institute (PCORI) or other agencies or foundations that fund research in this field;
6. Advance the science of dissemination and implementation through the development, adaptation, refinement and/or application of novel D&I models, methods, measures.

**Description**

For the purpose of this pilot funding announcement, **Dissemination Research and Implementation Research** are defined as follows:

**Dissemination Research** is an active approach to the targeted distribution of information and intervention materials to an audience of clinicians and/or health plan or service system administrators through various means; the use of policies and procedures to encourage uptake; reimbursement strategies that encourage uptake, and many others. The scientific goal is consistent with the NIH goals of understanding the mechanisms that can successfully be used to increase the spread of knowledge, and greater adoption and use of the evidence-based intervention. Outcomes for dissemination research are less well-defined and will differ depending on the target audience (i.e., academic, practice, policy). A few possible short-and medium-term measures have been suggested by Brownson and colleagues and include awareness, knowledge of and intention to use evidence-based practice. Further examples and guidance can be found in article by Brownson et al., *Getting the Word Out: New Approaches for Disseminating Public Health Science* Journal of Public Health Management and Practice

**Implementation Research** is the systematic study of how a specific set of activities and designed strategies are used to successfully integrate and sustain an evidence-based intervention within specific settings (e.g., primary care practices, Independent Practice Associations, medical groups, federally qualified health centers, schools, and faith-based organizations). Factors associated with implementation success might be individual (e.g., provider practice), organizational (e.g., characteristics of the organization seeking adoption), community (e.g., characteristics of the population intended to benefit from the intervention, i.e. age, SES, access to care, transportation etc.) or environmental or system factors (e.g., availability of funding, policies, etc.). This type of research will involve outcomes at multiple levels (i.e., patient/population, provider/implementer, and organizational/community) and will focus on process outcomes (i.e., reach, adoption, adaptation, fidelity, implementation, sustainment) in addition to more traditional effectiveness outcomes.

Note that the primary focus of this type of research is not to demonstrate that a specific intervention is efficacious or effective, but to develop, select, and study strategies that can facilitate and examine the factors that are associated with the successful spread, adoption, implementation, and sustainment of an evidence-based intervention in a given setting.

**Note:** A list of important D&I terminology can be found at the end of this announcement.
Examples of Dissemination and Implementation Research Responsive to this Pilot Funding Announcement

**Example 1** – Different, but comparable, health plans, medical groups or independent practice associations in San Diego County have adopted various strategies in order to increase utilization of evidence-based practices by clinicians. We encourage studies that compare different strategies implemented in terms of their ability to reach the target audience of providers and encourage adoption and sustained implementation. What are the factors associated with reach, implementation, and sustainability? Are there cost-benefits of one strategy over another? How do the proposed strategies fit with or advance implementation science theories or frameworks?

**Example 2** – Evidence-based interventions for physical activity exist but are not routinely implemented, particularly in low resource communities. What are some strategies to adapt these interventions to the needs, resources, and contexts of specific community contexts such as faith-based organizations or community resource settings? What are strategies and processes we can use to work with community leadership and community members to make these adaptations culturally and contextually meaningful?

How do the proposed strategies fit with or advance implementation science theories or frameworks?

**Example 3** – Within any one community based group, there have been significant differences in the extent to which an evidence-based practice has been successfully applied to different patient populations (e.g., cultural groups, males vs. females, old vs. young, affluent vs. poor communities, etc.). Do strategies need to be adapted or tailored such that health care providers can reach specific types of patients? If so, what are the factors associated with successful reach, implementation, and sustainability for these patients? How do the proposed strategies fit with or advance implementation science theories or frameworks?

**Example 4** – What are some implementation strategies that can be used to increase the uptake of evidence-based screening recommendations in Federally Qualified Healthcare Centers (FQHCs)? How can we use meaningful stakeholder engagement to develop and refine these strategies so they can be feasible and acceptable across diverse FQHCs? How do the proposed strategies fit with or advance implementation science theories or frameworks?

**Example 5** – Proposals that focus on the development of new measures, models, and methods for D&I research are encouraged. For example, a proposal could aim to develop a pragmatic (e.g., brief, relevant to stakeholders) fidelity measure of evidence-based clinical guidelines or apply a system science approach to aid stakeholders in decision making about implementing a new practice. How does the proposed work fit with or advance implementation science theories or frameworks? These types of proposals need to be clearly linked to the submission of a future grant.

### Application Guidelines/Project Requirements

- Applicants who are selected for funding will participate in a consultation session with a UC San Diego D&I expert during the first month of the award.
- **6-Month Interim Presentation** - The principal investigator(s) selected to receive funding will be required to present their project at an Implementation Science Seminar at the 6-month period of funding.
- **1 Year Progress Report and Survey** - The principal investigator(s) will be required to complete a one-year online progress report and evaluation survey. This survey will ask for a description of progress to date and a listing of all submitted publications and grant applications (pending or funded), meeting abstracts, and seminars relating to the pilot project and evaluation of the DISC pilot grant experience.
- Awardees are expected to publish their findings in a scholarly peer-reviewed journal and present this research at professional research, clinical, and/or community meetings.
- Investigators are responsible for submitting any peer-reviewed journal articles resulting from research funded by this award to PubMed Central, the NIH digital archive of biomedical and life sciences journal literature, and the UCSD online repository. The UC San Diego DISC will include these in our Google Scholar page.
Budget Guidelines

- Funds must be spent within one year of being awarded. All funds not spent by the end date will be returned to the UC San Diego DISC. No carryover or carry forward is allowed. Investigators must have IRB approval in place before the beginning of the funding cycle.
- No funding will be provided for travel, clerical help, office supplies, or books. Indirect costs will not be awarded to UC San Diego or other investigators. Awarded funds that transfer to subcontracted agencies outside of UC San Diego may be eligible for indirect or overhead costs. In those circumstances where indirect costs are required by subcontracting agencies or institutions, a maximum of 10% overhead will be provided. Requests for overhead must be included in the initial budget request.
- If any funds in the budget are designated for an institution or agency outside of UC San Diego, provide a letter from that institution or agency, on their letterhead, that describes: (a) the agency’s support for the proposed project, (b) agency’s role in the project, (c) the name, address, and contact information (e-mail and telephone) of the agency representative who has primary responsibility for that portion of the project.

How to Apply

For interested applicants, we will lead an informational 90-minute webinar on October 13th, 2020 to provide an overview of the RFA followed by Q&A. The session will be recorded and archived on the UC San Diego DISC website. Additional questions regarding the application will be addressed via email to provide equal feedback to all applicants. While we are not able to provide individual consultations to applicants prior to the submission of the pilot grants, applicants who are selected for funding will participate in a consultation session with a UC San Diego D&I expert during the first month of the award.

All materials must be uploaded by 12pm PT on December 7, 2020. Late applications will not be considered without a formal written request.

1. **Submit application via Qualtrics** - The UC San Diego DISC uses the Qualtrics platform for submission of pilot grants. Click [here](#) to access the application. Questions about the application platform and/or technical difficulties may be directed to the DISC at disc@health.ucsd.edu.

2. **Provide a maximum 5-page application describing the project** - 1 page for Specific Aims; 4 pages for Research Strategy.

   Applications must include the following sections (in a combined PDF):
   a) Specific Aims (1 page)
   b) Background and Significance, (~1 page)
   c) Preliminary Studies or Data Collection / Analysis (if applicable), (~1 page)
   d) Research Design and Methods, (~2 pages)
   e) References (not be included in 5-page limit).

3. **All applications should include a D&I Theory, Framework or Model (TFM).** It is expected that D&I TFMs are used throughout the project to guide the research questions, design, measure selection, analysis, interpretation, and reporting of the research findings.

   a. If appropriate, we also encourage considering how the proposed project will advance D&I science and the application, adaptation and use of TFMs.
4. **Prepare a one page (maximum) statement articulating the Community Relevance of your Proposal** - Create a one-page statement on community relevance that includes the project title and is understandable at an eighth-grade reading level (non-scientist reviewer). Do not include your name, as this page will get a blinded review by an external community reviewer. Statement should answer the following questions:

   a. How are you engaging and/or partnering with the community to achieve the goals of the project? Will both partners benefit from the work, and from future research, treatments or interventions based on the work? Does the community partner represent, in a meaningful way, the population under study?

   b. Consider the potential immediate, short term and long term impact of the work. How does the research impact the individuals/participants in the community that is the focus of the proposed research?

   c. How important is funding this research to improving human health overall, either in the near or distant future?

5. **Prepare a one page (maximum) description that outlines your dissemination plan and next steps** for this project including but not limited to plans/timeline for follow up funding proposals, products such as manuscripts, toolkits/playbooks, decision aids, patient/consumer facing products. Please specify the nature of each product and its target audience (other researchers, policymakers, clinicians, community leaders, patients, community members, etc.). Please also specify how you plan to use the services provided by the UC San Diego DISC to support you in the development of these products (see [http://disc.ucsd.edu](http://disc.ucsd.edu)).

6. **Provide an NIH biosketch** ([Instructions here](#)) for each of the following: the principal investigator(s), any co-investigators, and any postdoctoral fellows, residents, graduate or medical students you know will be involved in the proposed project. Biosketches need to be compiled into a single combined PDF for upload.

7. **Budget** — Provide a detailed budget ([using NIH Budget Form “page 4” only](#)) along with a brief budget justification.

8. **Submit an IRB application** – We recommend that you submit an IRB application at the same time the pilot application is submitted to UC San Diego DISC. Final funding is contingent on successful IRB approval.

9. **Proposed projects will be evaluated using the following three scoring systems:**

   1. NIH scoring guidelines (1 = high impact – 9 = low impact). [See Appendix B.](#)

   2. Projects will also be scored with the ImplemeNtation and Improvement Science Proposal Evaluation CriTeria (INSPECT), a tool for evaluation of D&I specific research proposals adapted from Proctor et al. “Key ingredients” that constitute a well-crafted implementation science proposal. For explanation of the rating rubric for each of the 10 dimensions, see [Appendix C.](#)
3. The community-based review includes three grading criteria centered on community engagement, strength of community partnership, and short and long term population outcomes. See Appendix D.

10. Applications should adhere to the following formatting specifications:
   1. 11-point Arial font
   2. Single-spaced
   3. 0.5 inch margins on all sides
   4. 8½” x 11” (i.e., standard U.S. size) paper
   5. Numbering of all pages

Take Note of UC San Diego’s IRB Policy - UC San Diego Institutional Review Board (IRB) approval must be secured by January 1, in order to receive funds on that date. As all funds must be spent by April 30 of the following year and cannot be extended. The requirement of IRB approval prior to start-up and the inability to carry funds over are why applicants are strongly advised to submit an IRB application at the same time their pilot proposal is submitted to the UC San Diego DISC.

Take Note of UC San Diego’s Conflict of Interest Policy - Before UC San Diego can issue a subaward or subcontract to a community agency partner, compliance with PHS Financial Conflict of Interest (FCOI) requirements must be demonstrated. If a community agency receives funds, it will be required to either certify that it has its own PHS FCOI compliant policy or that it follows the UC San Diego HS FCOI policy by meeting all of our requirements. This can be demonstrated by submitting the FCOI Subrecipient Commitment Form to the Business Contracts Office and COI Office. Feel free to contact the UC San Diego Conflict of Interest Office for detailed information.

Key Dates
- Pre-application Webinar: October 13th, 2020 between 8:30am and 10:00am PST
- Deadline for 2021 Applications: December 7th at 12:00pm PST
- Preliminary Notice of Award & Scheduling of Consultation Meetings with DISC: Early February
- Final funding contingent on successful completion of IRB.
- Final Approval and Notice of Award: Late February
- 2021 Funding Period: May 1, 2021 to April 30, 2022

Terminology used in Dissemination, and Implementation Research
Note: We do not expect every term to be used in the proposal.
   - **Adaptation** is defined as the degree to which an evidence-based intervention is changed or modified during adoption and implementation to suit the needs of the setting or to improve the fit to local conditions. While adaptations may facilitate implementation and sustainability by improving the fit between the intervention and the population or the facility, program fidelity and outcomes of interest may be affected. To address the tension between fidelity and adaptations, it is desirable that adaptations are planned and they do not change the core components of an intervention.

   - **Adoption** refers to the uptake of the desired intervention into the target population or uptake by the implementers.

   - **Evidence-based intervention**: Evidence-based means that the intervention has already undergone sufficient scientific evaluation demonstrating that it is efficacious or effective (e.g., the intervention is considered valid or “proven” because it has scientifically linked to a desirable outcome). Thus, it is
important to adequately define and describe the characteristics of the evidence-based intervention for which you are studying its dissemination or implementation (e.g. a hypertension treatment algorithm, psychosocial intervention for depression, etc.). Intervention refers to a program, practice, principle, procedure, product, pill or policy (Brown et al., 2017).

- **Fidelity** refers to “the adherence of actual treatment delivery to the protocol originally developed” or “the degree program developers implement programs as intended by the developers.” Fidelity also refers to the implementation strategy (e.g., was the strategy conducted as designed).

- **Implementation strategy**: Implementation strategies can be defined as methods or techniques used to enhance the adoption, implementation, and sustainment of a clinical program or practice in a given setting (see Powell et al., 2017). Implementation strategies can be discrete (e.g., training, coaching, audit and feedback, job redesign) or multifaceted (e.g., combining strategies such as training + coaching; leadership + organizational development + coaching; etc.).

- **Implementation outcomes** and impacts are the end results of the implementation process including those enumerated by Proctor et al., 2011 (e.g., acceptability, adoption, appropriateness, feasibility, fidelity, implementation cost, reach/penetration, and sustainment).

- **Service outcomes** can include efficiency, safety, effectiveness, equity, patient-centeredness, or timeliness.

- **Client or patient outcomes** if appropriate, can include effects that people experience and care about, such as change in the ability to function, improved health, quality of life, or satisfaction.

- **Dissemination and Implementation Theories, Frameworks, and Models (TFM)**: D&I theories, models, and frameworks (hereafter referred to as models) are commonly used and expected in D&I research. A large number of D&I models are available to choose from. It is expected that D&I TFMs are used throughout the D&I project to guide the research questions, design, measure selection, analysis, interpretation, and reporting of the research findings. For an interactive web-based tool to help you create a logic model and select, adapt, combine, use, and measure D&I models you can visit the D&I Models in Health Research and Practice webtool: www.dissemination-implementation.org. Further guidance on the use of D&I models is provided by Moullin et al.

- **Scalability** describes the adoption of an intervention resulting in wider usage that retains or improves its effectiveness, affordability, and sustainability.

- **Sustainment** is achieved when the evidence-based intervention is routinely utilized with fidelity over time in a given setting. Long-term sustainment can be dependent upon funding availability and policies which support a functional infrastructure that maintains fidelity of the evidence-based intervention (e.g., training, laws, and reimbursement for services, leader commitment to the evidence-based intervention).

For a comprehensive summary of D&I terminology, please see Brownson et al., Terminology of D&I.
References


## Appendix A. County of San Diego, Community Health Assessment

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Diseases/Other Health Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of physical activity</td>
<td>Hypertension</td>
</tr>
<tr>
<td>Lack of or poor medical care</td>
<td>High cholesterol</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>Heart disease</td>
</tr>
<tr>
<td>Poor nutrition</td>
<td>Stroke</td>
</tr>
<tr>
<td>Limited access to fresh foods</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Violence</td>
<td>Obesity</td>
</tr>
<tr>
<td>Isolation</td>
<td>Pulmonary disease</td>
</tr>
<tr>
<td>Alcohol/drug abuse</td>
<td>Cancer</td>
</tr>
<tr>
<td>Stress and depression</td>
<td>Intentional injury</td>
</tr>
<tr>
<td>Poor medication/treatment adherence</td>
<td>Infectious diseases</td>
</tr>
<tr>
<td>Lack of empowerment</td>
<td>Unintentional injury</td>
</tr>
<tr>
<td>Limited access to green space</td>
<td>Mental illness</td>
</tr>
<tr>
<td>Limited employer resources</td>
<td></td>
</tr>
<tr>
<td>Avoidance of immunizations/vaccines</td>
<td></td>
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<tr>
<td>Limited access to healthcare</td>
<td></td>
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</tbody>
</table>
### Appendix B. NIH Scoring Criteria.

<table>
<thead>
<tr>
<th>Academic Review Criteria</th>
<th>Considerations</th>
<th>Weight/Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Dissemination and Implementation Science and the Scientific Potential</td>
<td>The quality of the research design and it’s potential to make significant contributions to the field of dissemination and implementation science, the importance of the questions being addressed, and the likelihood that the project will provide a basis for future fundable research applying dissemination and implementation strategies to improve use of evidence-based treatments or interventions.</td>
<td>30%</td>
</tr>
<tr>
<td>Approach</td>
<td>The soundness and feasibility of the approach, the fit of the plan to the research questions, as well as the appropriateness of the approach given the context of implementation/dissemination science.</td>
<td>25%</td>
</tr>
<tr>
<td>Innovation</td>
<td>Does the project include an innovative technique or explore a new area? Is the project appropriate for pilot funding due to the lack of previous work in this area?</td>
<td>10%</td>
</tr>
<tr>
<td>Investigators</td>
<td>Do the junior investigators have potential to continue in successful research careers, and/or do the senior investigators have successful track records, and a history of productive mentorship (as determined by prior work with junior investigators who have advanced in their discipline)?</td>
<td>15%</td>
</tr>
<tr>
<td>New Dissemination and Implementation Science Careers</td>
<td>Is this an investigator/team that is new to dissemination and implementation science? To what extent does this pilot program enable them to advance in a field of research that they may not have otherwise pursued?</td>
<td>20%</td>
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</table>

**Total Score: NIH scoring guidelines (1 = high impact – 9 = low impact)**
Appendix C. The Implementation and Improvement Science Proposal Evaluation Criteria (INSPECT)

<table>
<thead>
<tr>
<th>#</th>
<th>Criterion</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The care, quality, community gap or need</td>
<td>0-3</td>
</tr>
<tr>
<td>2</td>
<td>The evidence-based treatment to be implemented</td>
<td>0-3</td>
</tr>
<tr>
<td>3</td>
<td>Conceptual model, theory or framework and theoretical justification</td>
<td>0-3</td>
</tr>
<tr>
<td>4</td>
<td>Stakeholder priorities, engagement in change</td>
<td>0-3</td>
</tr>
<tr>
<td>5</td>
<td>Settings readiness to adopt new services/treatment/programs</td>
<td>0-3</td>
</tr>
<tr>
<td>6</td>
<td>D&amp;I strategy/process</td>
<td>0-3</td>
</tr>
<tr>
<td>7</td>
<td>Team experience with setting, treatment, and D&amp;I process</td>
<td>0-3</td>
</tr>
<tr>
<td>8</td>
<td>Feasibility of proposed research design and methods</td>
<td>0-3</td>
</tr>
<tr>
<td>9</td>
<td>Measurement and analysis section</td>
<td>0-3</td>
</tr>
<tr>
<td>10</td>
<td>Policy/funding environment; leverage of support for sustaining change</td>
<td>0-3</td>
</tr>
<tr>
<td></td>
<td><strong>Total Score</strong></td>
<td><strong>0-30</strong></td>
</tr>
</tbody>
</table>

As explained by Crable et al., in general, a score of 3 will be given for an element if all of the criteria requirements for the element were fully met; a score of 2 will be given if the criteria were somewhat, but not fully addressed; a score of 1 will be given if the ingredient was mentioned but not operationalized in the proposal or linked to the rest of the study; and a score of 0 will be given if the element was not addressed at all in the proposal. Total score will range between 0 and 30.
## Appendix D. Community Review Criteria

<table>
<thead>
<tr>
<th>Community Review Criteria</th>
<th>Considerations</th>
<th>Weight/Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strength of Community Engagement</td>
<td>Evaluate the strength and appropriateness of the community partnership and/or community engagement approach. Do community partners share in the design, and conduct of the project? The project oversight? The funding? Will both partners benefit from the work, and from future research, treatments or interventions based on the work? Does the community partner represent, in a meaningful way, the population under study?</td>
<td>33%</td>
</tr>
<tr>
<td>Potential Impact on Community</td>
<td>Evaluate the potential for the research to have a significant positive impact on the individuals who are the participants in the community that is the focus of the proposed research. Consider the potential immediate, short term and long term impact of the work.</td>
<td>33%</td>
</tr>
<tr>
<td>Impact on Human Health</td>
<td>How important is funding this research to improving human health, either in the near future or distant future?</td>
<td>33%</td>
</tr>
</tbody>
</table>