

February 26, 2019

All of Us
RESEARCH PROGRAM

All of Us Research Program Communications and Marketing Partners



National Institutes
of Health

OT-PM-19-002
Informational Webinar

[#joinallofus](https://twitter.com/joinallofus)

Webinar Overview

- Introduction to *All of Us*
- Communications and marketing funding opportunity
- Award details
- Questions



Alyssa Cotler

Director, Division of Communications and Marketing

All of Us Research Program
NIH Office of the Director



Stacia Fleisher

Deputy Director, Office of Grants Management

National Center for Advancing Translational Sciences

Webinar for the *All of Us* Engagement and Retention Innovators funding announcement set for tomorrow:
Feb. 27, 3-4 pm EST
RSVP: AllofUsEngagement@nih.gov

What is the NIH *All of Us* Research Program?

All of Us
RESEARCH PROGRAM

The
Future of
Health Begins
With You

The *All of Us* Research Program is a historic, longitudinal effort to **gather data from one million or more people** living in the United States to **accelerate research and improve health**. By taking into account individual differences in **lifestyle, socioeconomics, environment, and biology**, researchers will uncover paths toward delivering **precision medicine – or individualized prevention, treatment, and care – for all of us**.

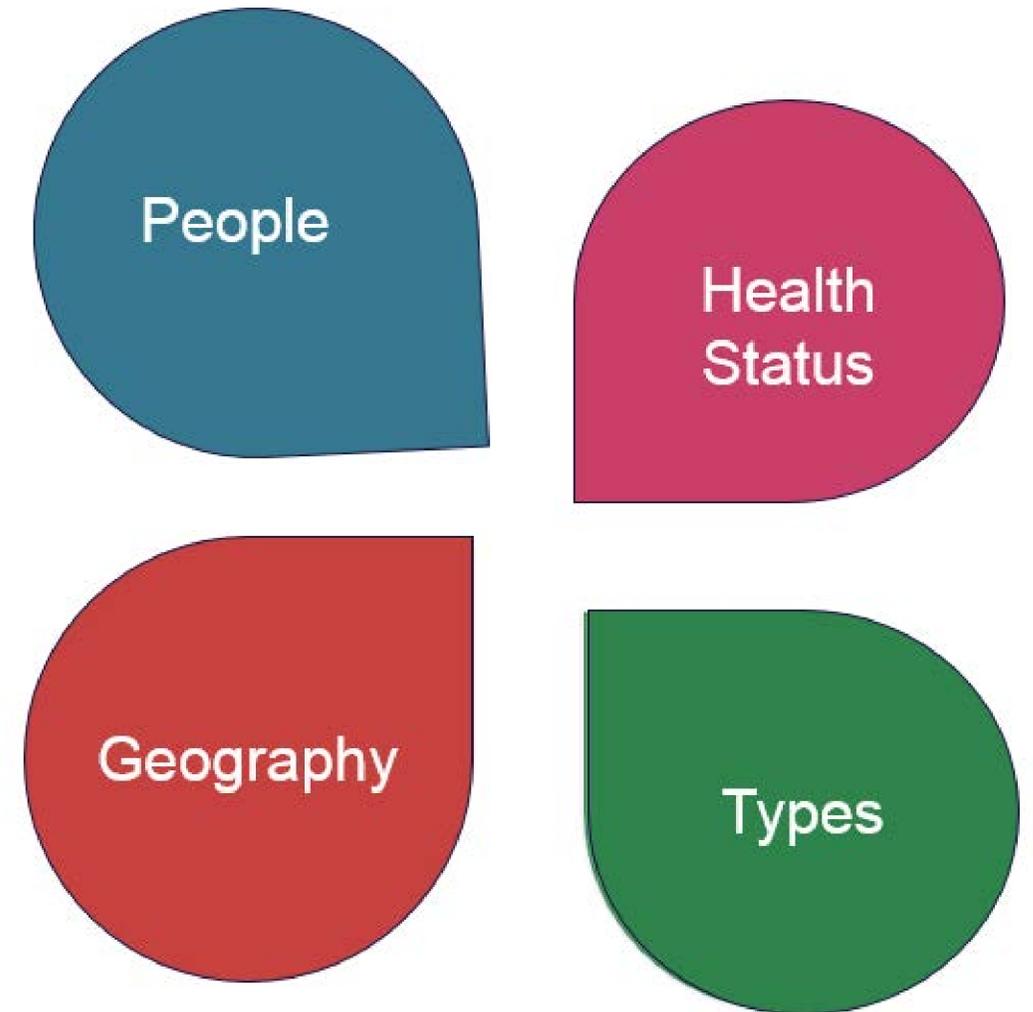


“All of Us is among the most ambitious research efforts that our nation has undertaken!”

NIH Director Francis Collins, M.D., Ph.D.

Innovative Aspects of *All of Us*

- ◎ **Diversity at the scale of 1 million people:** demographically, geographically, medically, and especially those underrepresented in biomedical research
- ◎ **Diversity of data types collected longitudinally:** clinical, environmental, genetic, behavioral, socioeconomic
- ◎ **Focus on participants as partners:** included in governance, invited to co-invent systems and give input into the science, choice to receive all data and information back
- ◎ **Open resource for all:** with safeguards in place to protect participant privacy, data will be accessible to all kinds of researchers for use in thousands of studies on different health topics



All of Us learns from and partners with other large research programs; sharing knowledge and data is key!

Mission and Objectives

Nurture relationships

with one million or more participant partners, from all walks of life, for decades

Catalyze a robust ecosystem

of researchers and funders hungry to use and support it



Our mission

To accelerate health research and medical breakthroughs, enabling individualized prevention, treatment, and care for all of us

Deliver the largest, richest biomedical resource ever, making it as easy, safe, and free to use as possible

Core Values

- ◎ Participation is **open** to all.
- ◎ Participants reflect the rich **diversity** of the U.S.
- ◎ Participants are **partners**.
- ◎ Trust will be earned through **transparency**.
- ◎ Participants have **access** to their information.
- ◎ Data will be accessed **broadly** for research purposes.
- ◎ **Security and privacy** will be of highest importance.
- ◎ The program will be a catalyst for **positive change** in research.

A National Consortium of Partners



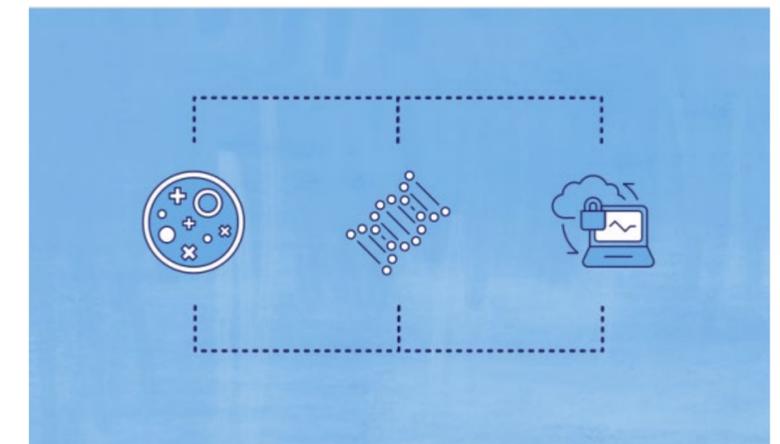
Data and Research Center
Big data capture, cleaning, curation, & sharing in secure environment
Vanderbilt, Verily, Broad Institute



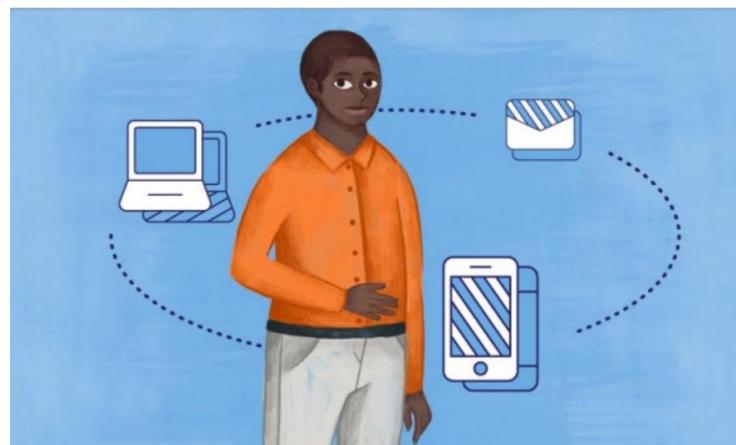
Biobank
Repository for processing, storing, and sharing biosamples
Mayo Clinic



Participant Technology Systems Center
Web & phone-based platforms for participants
Vibrent Health



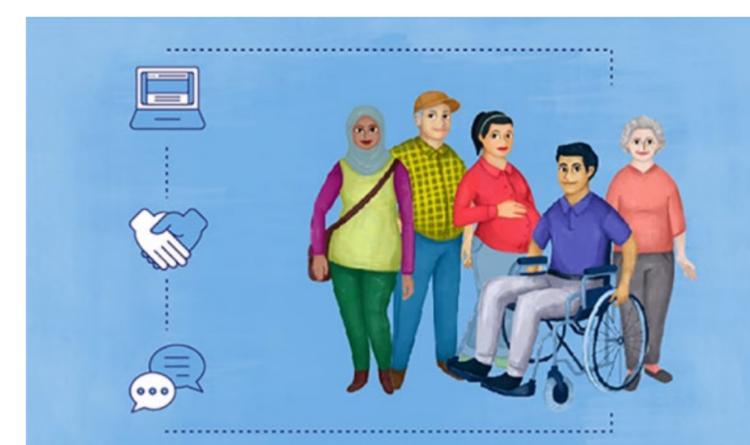
Genomics Infrastructure
Genotyping, whole genome sequencing, counseling and educational resources
Baylor College of Medicine, Broad Institute, University of Washington (& partners); future award(s) to come



Participant Center
Direct volunteer (national) participant enrollment, digital engagement, consumer health technologies
Scripps Research Institute (with multiple partners)

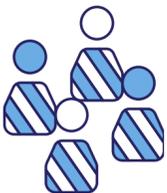
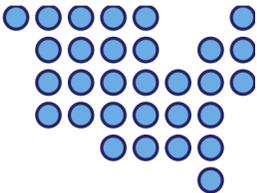


Health Care Provider Organization Network
Local and regional enrollment & retention of participants
30+ regional medical centers, FQHCs, and VA



Communications & Community Engagement Network
Communications, marketing, and design; community and provider engagement
Wondros, HCM, + dozens of community partner orgs

Key Audiences

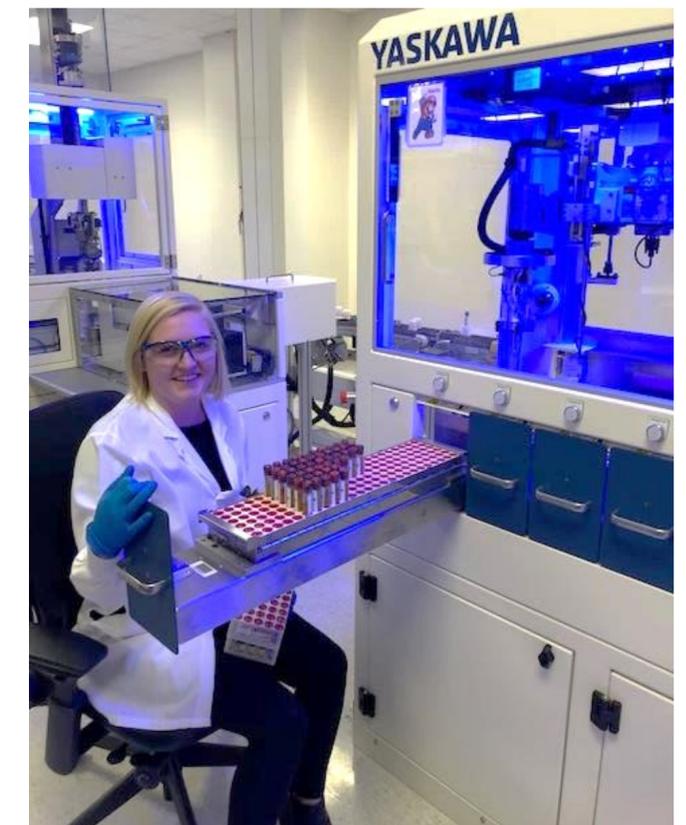


Participants	Providers	Intermediaries	Research Community
<p>People from all walks of life:</p> <ul style="list-style-type: none"> • All races • All ethnicities • All regions 	<ul style="list-style-type: none"> • Physicians • Nurses • Nurse practitioners • Physician assistants • Medical technicians 	<ul style="list-style-type: none"> • Community partners • Community leaders • Patient advocates • Advisors • Influencers/Validators • Other precision medicine efforts/orgs • Philanthropies • Industries • Reporters • Congress 	<ul style="list-style-type: none"> • Citizen scientists • Academic scientists • Industry/pharma scientists • <i>All of Us</i> Network/Consortium • NIH

Overall Progress to Date

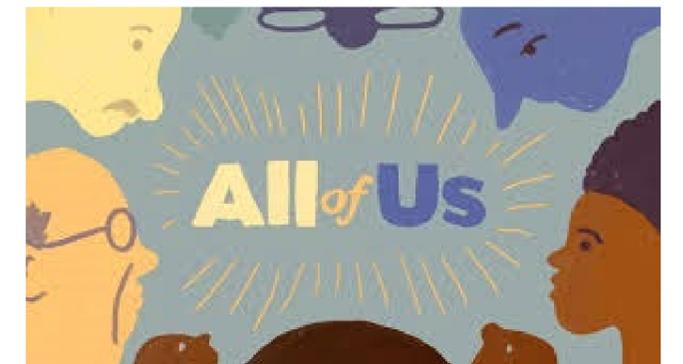
Since the team formed in July 2016...

- ◉ Developed and updated protocol
- ◉ Completed a successful beta test with real participants, tools, and data
- ◉ Built robust network of 100+ academic, provider, technology, and community partners
- ◉ Launched 300+ clinics to enroll participants, with plans to expand to additional states and locations
- ◉ Developed participant-friendly and bilingual (English/Spanish) enrollment website, participant portal, app, and call center
- ◉ Built biobank and 24-hour shipping process with capacity for 35M+ vials
- ◉ Developed data warehouse with infrastructure to collect, clean, curate, de-identify, and eventually share the data
- ◉ Completed end-to-end security and usability testing
- ◉ Developed innovative pilots for testing electronic health record and wearables strategies
- ◉ Created interactive mobile exhibit that travels the country
- ◉ Development of the Research Hub is underway; expected to be open with initial public dataset in 2019
- ◉ Enrollment: >185,000 have registered and begun the participant journey, including >110,000 who have completed the core protocol



Communications and Marketing Highlights

- Gained insights from interviews and focus groups, leading to diverse set of personas
- Developed a comprehensive communications strategy for the first phase of the program
- Developed a new name and brand
- Drafted and designed hundreds of assets in English and Spanish to raise awareness
- Developed extensive set of FAQs and talking points to address public inquiries
- Established processes for asset/FAQ requests, development, review, and management
- Established two websites—AllofUs.nih.gov (NIH site) and JoinAllofUs.org (enrollment site)—and 4 social media channels to disseminate messaging
- Developed editorial schedule with monthly themes
- Led series of rollouts with announcements about program progress
- Collaborated with program team to ensure readiness of enrollment partners to launch
- Planned and executed national launch, May 2018—community events held concurrently at 7 sites nationwide + online—generating significant spikes in enrollment and media coverage
- Developed participant notifications to keep participants informed and engaged



Current and Upcoming Program Priorities

- Ongoing: Enrolling one million people from diverse backgrounds
 - Collaborating with UX, tech, and program teams to streamline participant experience
 - Expanding language capabilities beyond English and Spanish
 - Planning and implementing campaigns to drive enrollment within specific regions
- Ongoing: Retention of, and return of value to our participants
 - Return of information to participants
 - Assays, electronic health records, genomics, and digital health data
 - New opportunities to share data (surveys, DHT, etc.)
- Research portal launch and researcher outreach
- Genomic sequencing and return of info.
- Enrollment of special populations, including children

Communications and Marketing Funding Opportunity

- ⦿ Communications, PR, and marketing strategies to support national program
- ⦿ Integrated campaign strategies within regions or demographic segments
- ⦿ Consortium-wide communications support
- ⦿ Evaluation

Communications support must be dynamic to meet the program's evolving needs.

Other Transactions Authority

- The Other Transactions (OT) award mechanism is not a grant, cooperative agreement, or contract. Only a few NIH Institutes/Centers have this authority.
- For *All of Us*, the National Center for Advancing Translational Sciences (NCATS) manages the OT awards.
- All applicants should read and be familiar with the Other Transaction Award Policy Guide for NIH Precision Medicine Initiative Research Programs. (The NIH Grants Policy Statement does not apply to OT awards.)
- OT allows NIH the flexibility to alter the course of projects in real time to meet the overarching programmatic goal. This means awarded activity can be expanded, modified, partnered, not supported, or later discontinued based on program needs.
- If selected for award, applicants should expect significant ongoing NIH involvement.

Submission Process

- ⦿ All applicants must submit their application via the NIH eRA ASSIST System.
- ⦿ To complete the application process, you must complete the NIH Commons Registration first. If you already have a Commons Registration, you do not need to reregister.
- ⦿ Application deadline: **March 29, 2019, 5 pm local time**

Please start the registration and application submission process early to avoid a late application submission due to technical issues.

Late applications will NOT be accepted!

Questions

- ⦿ What, if any, current channels exist to provide customer service to consortium partners (Task 3)?
 - Current channels include regular and ad hoc meetings and teleconferences for various working groups; the online collaboration tool Confluence; an asset portal for processing asset requests and making asset files available to consortium members; and designated points of contact for partner inquiries.

- ⦿ Are there existing evaluation data that can be used to inform the development of the evaluation plan (Task 4)?
 - The program collects a variety of data that may be used for evaluation, including but not limited to, Google analytics, email delivery, social media metrics, digital marketing metrics, Support Center inquiries, and enrollment figures. *All of Us* would look to applicants to also suggest their own approaches for evaluating the effectiveness of communications strategies.

Questions

- ⦿ Is there an organization currently conducting this work (i.e., an incumbent)? If so, will the work be transitioned from the incumbent to the new awardee?
 - Yes, there is a current awardee that is responsible for supporting program communications. Details regarding how the transition process will occur will be made after awardees have been selected.

- ⦿ Can the government provide guidance on required travel to NIH or elsewhere?
 - Three members from the awardee organization should plan and budget for up to four trips annually to Bethesda, MD, for Steering Committee and other strategic meetings. Travel costs should be included in applicants' direct cost estimates.

Questions

- ◎ The solicitation states, “NIH intends to fund at least one award for FY2019.” Does the government anticipate more than one award? If multiple awardees, how does the government foresee dividing the work? How will multiple awardees work together?
 - We intend to fund at least one award in FY2019. The exact number we award—whether one or multiple—will depend on the applications received and results of the review process. Generally, we encourage organizations to partner if needed to provide the best response to the funding opportunity announcement, considering its full scope.

The OT mechanism does allow for greater flexibility, such that awarded activity can be modified or supported through separate awardees, based on their respective capabilities and expertise. In such a case, NIH would discuss this possibility with partners in advance. If multiple awardees are selected, they will be expected to work collaboratively with one another, NIH, and all the consortium partners.

Questions

- ◉ Would you please explain the application review process in more detail? Are the criteria in the Review Process and Evaluation Process sections ranked, and if so, how? Or are they equally weighted?
 - The award mechanism used for this funding opportunity is other transactions. Standard peer review rankings do not apply. All of the components of these sections are important. They are not formally ranked or weighted. Generally, though, reviewers will look first for a sound and innovative technical approach, but this must be strongly supported by past performance and key personnel. In reviewing cost proposals, NIH seeks to determine which awardee can offer the best value to the government.

Programmatic priority criteria are desired qualifications of awardees. Again, we encourage organizations to partner if needed to provide the best response to the funding opportunity announcement.

Questions

- Is there a total cost cap? It appears that \$15M is the direct cost cap.
 - There is no total cost cap. Applications should not exceed \$15M in direct costs per year. As a general policy, NIH will reimburse indirect costs (or, facilities and administrative costs) under OT awards using the applicants' federal negotiated indirect cost rate. Any applicant that has never received a negotiated indirect cost rate may propose and justify a rate for NIH review and consideration. More details about cost considerations are available in the [Other Transaction Award Policy Guide for the NIH Precision Medicine Initiative Research Programs](#).

- Is cost sharing/match required for award?
 - No, cost sharing/matching is not required.

Questions

- ⦿ Is it a requirement that the vendor purchase web-based display advertisements (commonly known as “banner ads”)?
 - No, it is not a requirement. We look to applicants to outline their recommended technical approach.

- ⦿ Would the government clarify whether the not to exceed 2-page limit on the cost proposal includes the budget detail and accompanying price narrative?
 - The cost proposal including the budget detail and accompanying narrative/justification must not exceed 2 pages.

Questions

- ⦿ Would the government quantify current outreach tools and methods?
 - The program currently employs a wide range of outreach methods and tools, relating to print assets, paid media (primarily digital marketing), earned media, events, social media, and influencer engagement.

- ⦿ Are traditional Government contractors eligible and allowed to respond to these OTA funding opportunities?
 - Yes. Eligible organizations include for-profit organizations, nonprofit organizations, and institutions of higher education. Please see the “Eligible Applicants” section of the funding announcement for details.



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