MEMORANDUM

DATE: September 1, 2016

TO: Faculty at Morehouse School of Medicine, Tuskegee University, University of Alabama, and University of Alabama at Birmingham (UAB)

FROM: RCMAR Director/ Co-Director: Kathryn Burgio, PhD, and Mona Fouad, MD, MPH
RCMAR Investigator Development Core Leaders: Rebecca Allen, PhD, Karlene Ball, PhD, Kathryn Burgio, PhD, and Patricia Sawyer, PhD

RE: Request for Applications (RFA) and Letters of Intent (LOI) to apply for Deep South RCMAR Health Disparities Research Pilot Grant (2017-2018)

The Deep South Resource Center for Minority Aging Research (RCMAR) invites Letters of Intent to apply for one-year pilot grants focusing on minority aging and health disparities in the African American population.

The Letter of Intent (LOI) is due by Thursday, September 29, 2016. Those judged to be responsive to this call for proposals and potentially competitive for funding will be invited to submit applications that will be due on Tuesday, November 1, 2016, to be included in the RCMAR renewal application to NIA. (See Key Dates next page.)

RCMAR Renewal Submission: The RFA for the RCMAR renewal is anticipated from NIA in the near future. We plan to respond, and will include Pilot Grant Applications which are anticipated to be included. We will determine further details from the RFA when it is released, including the renewal deadline which is not yet posted. We anticipate the RFA at any time.

The Deep South RCMAR focuses on health issues for which disparities between older African Americans and whites have been established, giving special emphasis to issues related to rural elders; intervention research addressing exercise, diet, or preventive health strategies; and studies addressing socio-economic, discrimination, trust, or bioethical issues impacting physical or mental health. Proposals must demonstrate relevance to minority aging and health disparities in the African American population, and should focus upon specific social, cultural, or behavioral mechanisms to improve physical and mental health or cognitive function by emphasizing research designed to:

1. develop and/or examine the efficacy of theory-based, culturally-relevant strategies to reduce disease and disability prevention and health promotion,
2. implement effective evidence-based community, group, or individual based interventions that will result in optimal health outcomes, and
3. improve the measurement of social, psychological, economic, demographic, or other constructs germane to the health of older minority populations.

Previous pilot projects have been funded at $25,000, and it is anticipated these may be similar.
Eligible Applicants: Faculty members at Morehouse School of Medicine, Tuskegee University, University of Alabama, or UAB, at the rank of Instructor to Associate Professor are eligible. Minority faculty members are encouraged to apply.

- PI may be a minority or majority faculty investigator.
- PI may have previously received R21, R03 or R01 funding, if he/she can document a substantial change in research area.
- It is expected that these developmental pilot research projects will lead to publications related to the project and ultimately an R01 application or similar application for extramural funding.
- Applications will be evaluated on the scientific quality of the proposal, the focus of the proposal on health disparities research related to older African Americans, as well as the applicant’s potential for publications related to the proposal and future funding.
- If the applicant is at the Assistant Professor level or below, a senior level co-investigator should serve as a mentor for the investigator submitting the proposal. If needed, inquire for mentor recommendations.

Previous RCMAR pilot grant awardees are:
- Not eligible to apply for another RCMAR pilot grant as the principal investigator (PI).
- Are encouraged to recruit other eligible junior faculty members to apply for a pilot grant.
- Are eligible to serve as a co-investigator or as a mentor for a new applicant as appropriate.

(PIs for RCMAR HDRTP small pilot grants ($10,000) are still eligible for this pilot grant mechanism).

Key Dates
Release Date: September 1, 2016

Letters of Intent: will be accepted from September 1 until September 29, 2016.
Notification of Approval to Submit Application: by October 14, 2016

Applications Due: November 1, 2016
Notification of Awards: TBD
Anticipated Project Start Date: July 1, 2017
Anticipated funding cycle: July 1, 2017 – June 30, 2018

Technical assistance is available for Letters of Intent and for those selected for submission of full proposals. If interested, contact Ann Smith via email.

Letters of Intent and applications may not be submitted in paper format. Please submit electronically (in a SINGLE Word or PDF file) through the UAB MHRC website (see link below).

The Letter of Intent (LOI) package must include:
- Principal Investigator (PI)’s name, faculty rank, and institution
- Co-investigator(s)’ name(s) and faculty rank(s)
- Senior mentor(s) and faculty rank(s)
- Project title and purpose of study
- A one-two page description of how your project will address a research question relevant to the Deep South RCMAR. Address if you propose to study an issue for which health disparities have been documented between older African Americans and Whites. Does the project focus on social, cultural or behavioral mechanisms that impact physical or mental health among older African Americans? Is the project proposed relevant to rural aging, intervention or community-based participatory research, or to measurement?
- Include: 1) Problem to be addressed, 2) Objectives, 3) Approach, 4) Measureable Outcome(s)
- PI’s NIH new format Biosketch

Please upload your LOI file (one Word or PDF file) to http://www.uab.edu/medicine/mhrc/research/funding-opportunities on or before Thursday, September 29, 2016 at 11:59pm.

If you have questions concerning the submission of these LOIs or proposals, please contact: Ann Smith, MPH, at 205-934-9903 or annsmith@uab.edu.

Other questions could be directed to Patricia Sawyer, PhD, at 205-934-9261 or psawyer@uab.edu.

For more information, please see the following pages and/or visit the website: www.uab.edu/mhrc > Research > Funding Opportunities.
Application Guidelines

Application Format and Content

Investigators should submit an NIH-format application on combined PHS 398 forms (http://grants.nih.gov/grants/funding/phs398/phs398.html) as ONE PDF file. Investigators should use Arial 11 or 12 point font, with one-half-inch margins. Investigators should include the following:

- A sentence or paragraph in lay language describing how this project will be translated to help improve health disparities in the aging minority population.
- A brief description of the mentor’s role and the mentorship plan. Describe plans for preparing papers for peer-reviewed publication and how the proposed pilot project will lead to a competitive proposal to the National Institute on Aging.

The format of the grant application is as follows:

- Face Page
- Project Summary/Abstract
- Relevance (Describe how the project will be translated to help improve health disparities in the aging minority population)
- Project/Performance Sites
- Scientific/Key Personnel
- Other Significant Contributors (Include description of the mentor’s role and the mentorship plan, if applicable)
- Table of Contents
- Detailed Budget for One Year (not modular)
- Budget Justification
- Biographical Sketches (4-page format, including research experience)
- Resources (List those currently available for the applicant’s use in the proposed project)
- Research Plan (Limit to 5 pages)
  - Specific Aims
  - Research Strategy (See Appendix 1 for specific instructions regarding this section)
    - a. Significance (emphasizing health disparities relevance)
    - b. Innovation
    - c. Approach
  - Preliminary Studies (if applicable)
- Human Subjects Research (if applicable)
- Literature Cited
- Letters of Recommendation are not required.

Funding Restrictions

The following types of expenditures are allowable:

- a. Research supplies and animal maintenance
- b. Technical assistance
- c. Domestic travel when necessary to carry out the proposed research
- d. Publication costs, including reprints
- e. Cost of computer time
- f. Special fees (pathology, photography, etc.)
- g. Stipends for graduate students and postdoctoral assistants if their role is to promote and sustain the project presented by the junior faculty member
- h. Equipment costing less than $2,000
- i. Registration fees for scientific meetings
- j. Investigator salary

The following types of expenditures are NOT allowed: **No Indirect Costs (F&A)**

- a. Secretarial/administrative personnel
- b. Tuition
- c. Foreign travel
- d. Honoraria and travel expenses for visiting lecturers
- e. Per diem charges for hospital beds
- f. Non-medical services to patients
- g. Construction or building maintenance
- h. Major alterations
- i. Purchasing and binding of periodicals and books
- j. Office and laboratory furniture
- k. Office equipment and supplies
- l. Rental of office or laboratory space
- m. Recruiting and relocation expenses
- n. Dues and membership fees in scientific societies

**Indirect costs are not applicable to these awards.**
The research of the Deep South Resource Center for Minority Aging Research (RCMAR) focuses on health problems that are particularly prevalent among older African Americans and for which disparities in health between older African Americans and whites have been established. The Deep South RCMAR gives special emphasis to issues related to rural elders; intervention research addressing exercise, diet, or preventive health strategies; and studies addressing socio-economic, discrimination, trust, and bioethical issues impacting physical and/or mental health.

The National Institute on Aging (NIA) is the funding agency for Deep South RCMAR pilot projects. The NIA emphasizes that RCMAR pilot studies can be used for research on a wide range of research topics. The following topics and ideas are not intended to be inclusive or restrictive, but are highly relevant to the interests of the Behavioral and Social Research Program (BSR) at NIA.

- The impact on health of disparities using a life course perspective and integrating the effects of socioeconomic status, behavioral risk factors, and prejudice and discrimination, both objective (e.g., education, socioeconomic status, wealth) and perceived. Research is also needed which examines these effects across cohorts of older persons.
- Interventions designed to impact social and behavioral factors that might reduce health differences across racial and ethnic groups are needed. Interventions should be considered at all levels of analysis, from the individual to the community or society.
- Research to systematically decompose racial and ethnic differences among older people to determine the relative contribution of behavioral and social risk factors to diseases and access to health care.
- Cognitive and/or physiological factors involved in differential decision making among group of diverse older adults.
- Neurobiological underpinnings of social behaviors, emotional function, and economic behaviors in diverse and socioeconomically disadvantaged populations.
- Racial and ethnic disparities in end of life care, focusing on (1) decision making and communication about end of life options and (2) access to and utilization of end of life health care services.
- Biological, behavioral and psychosocial factors that contribute to resilience, disease resistance and well-being, especially against a background of social and economic disadvantage.
- Research is needed that clarifies whether race, culture, ethnicity, gender and socioeconomic class are associated with fundamental psychological processes in the areas of (1) socio-emotional influences on decision making, (2) motivation and behavioral change, (3) influence of social engagement on cognition, and (4) the effects of stereotypes on self and others.
- Illness and mortality differentials within racial/ethnic subgroups or by nativity status is needed. This would include research on the mortality cross-over, the healthy migrant effect, and within group differences.
- Cognitive and functional outcomes for diseases with high prevalence.
- The distribution of social, psychological, and economic resources in different racially and ethnically defined older populations to determine their relative impact upon health.
- Cognitive interventions to improve or maintain decision making, social cognition, health literacy, and economic decisions.
- Geographic disparities in diverse groups is needed. Research shows geographic differences in morbidity and mortality, and healthcare access and receipt by geography differences. Research is needed to investigate the role of geographic context as a mechanism for understanding and ameliorating health disparities.
- Interventions are needed that support the processing and use of decisional information focusing on topics such as the use of time, medication management, choice and/or management of financial investments and...
insurance, social engagement, consumption, leisure activities, exercise, diet, susceptibility to exploitation, and disease management choices.

- Interactions of geographic disparities in outcomes with racial, ethnic, and other disparities. The causes of geographic disparities, including residential segregation and neighborhood effects, and possible interventions to reduce disparities should also be addressed.
- Multilevel research is warranted incorporating neighborhood characteristics, healthcare availability, and quality into a model to understand the role of these factors both separately and in concert upon health in diverse populations.
- Differences in health between diverse groups focusing upon the contributions of provider behavior, institutional characteristics, stereotyping, and patient adherence to care recommendations.
- The role of acculturation as it impacts health literacy and both the adequacy of health care access and specific health outcomes.
- The retirement experience of diverse and often disadvantaged groups is needed. How do socioeconomically disadvantaged groups fare in retirement; to what extent do family and social programs substitute for economic resources; what is the impact on health, cognitive, and physical functioning?
- Familial differences among racial and ethnic groups. Since prior research is inconclusive about differences in social network size amongst African Americans, research is needed to examine family and friend networks by racial and ethnic group and whether these differentials impact health and well-being. In particular, work is needed examining family caregiving in minority groups. Does family care serve as a buffer against institutionalization or are acceptable institutional resources less available to some groups of seniors?
- Interactions between specific genetic and social risk factors and their contributions to health disparities in age of onset, severity or prevalence of particular diseases. Genetic factors could include, for example, candidate genes in pathways known to affect the health outcome (e.g. immune or stress-mediated pathways) or other DNA-related functions such as maintenance and repair.
- The role of social, cultural, and demographic factors in explaining how population differences in genetic variation and genomic structure affect disease risk.
- The role of social, cultural, and background genetic factors in explaining differential health trajectories between groups that is associated with genes known to either confer risk or protect against disease.
- How sociodemographic characteristics may affect respondent’s willingness to participate in interventions and surveys as well as on perceptions of privacy and confidentiality. Evidence is needed on how privacy concerns and/or perceived disclosure risk differs by racial and ethnic group. Are there identifiable characteristics that differentially affect participation and attrition from longitudinal studies? The inclusion of biological and genetic data may raise distinct privacy and ethical concerns for minority groups. Is this concern a significant factor in differential research participation?
- Projects using national data to examine health disparities, especially in a longitudinal context, are encouraged using longitudinal data sets such as the Health and Retirement Study, the National Long Term Care Survey, and the Panel Study of Income Dynamics (a full list of NIA-sponsored datasets in the social and behavioral sciences can be found at: http://www.nia.nih.gov/NR/rdonlyres/7AE4D0D9-9DF7-4DF4-B8B9-468F19106E23/0/PubliclyAvailDatasetsJul_2006B.pdf

For a more complete elaboration of some of these ideas see:

2. Specific Aims

State concisely the goals of the proposed research and summarize the expected outcome(s), including the impact that the results of the proposed research will exert on the research field(s) involved.

List succinctly the specific objectives of the research proposed, e.g., to test a stated hypothesis, create a novel design, solve a specific problem, challenge an existing paradigm or clinical practice, address a critical barrier to progress in the field, or develop new technology.

Specific Aims are limited to one page for NIH R01 grants.

3. Research Strategy

Organize the Research Strategy in the specified order and using the instructions provided below. Start each section with the appropriate section heading – Significance, Innovation, Approach. Cite published experimental details in the Research Strategy section and provide the full reference in the Bibliography and References Cited section.

**Significance**

- Explain the importance of the problem or critical barrier to progress in the field that the proposed project addresses.

- Explain how the proposed project will improve scientific knowledge, technical capability, and/or clinical practice in one or more broad fields.

- Describe how the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field will be changed if the proposed aims are achieved.

**Innovation**

- Explain how the application challenges and seeks to shift current research or clinical practice paradigms.

- Describe any novel theoretical concepts, approaches or methodologies, instrumentation or interventions to be developed or used, and any advantage over existing methodologies, instrumentation, or interventions.

- Explain any refinements, improvements, or new applications of theoretical concepts, approaches or methodologies, instrumentation, or interventions.

**Approach**

- Describe the overall strategy, methodology, and analyses to be used to accomplish the specific aims of the project. Unless addressed separately in Item 15 (Resource Sharing Plan), include how the data will be collected, analyzed, and interpreted as well as any resource sharing plans as
appropriate.

- Discuss potential problems, alternative strategies, and benchmarks for success anticipated to achieve the aims.

- If the project is in the early stages of development, describe any strategy to establish feasibility, and address the management of any high risk aspects of the proposed work.

- Point out any procedures, situations, or materials that may be hazardous to personnel and precautions to be exercised.

If an applicant has multiple Specific Aims, then the applicant may address Significance, Innovation and Approach for each Specific Aim individually, or may address Significance, Innovation and Approach for all of the Specific Aims collectively.

As applicable, also include the following information as part of the Research Strategy, keeping within the three sections listed above: Significance, Innovation, and Approach.

**Preliminary Studies for New Applications:** For new applications, include information on Preliminary Studies. Discuss the PD/PI’s preliminary studies, data, and or experience pertinent to this application. Except for Exploratory/Developmental Grants (R21/R33), Small Research Grants (R03), and Academic Research Enhancement Award (AREA) Grants (R15), preliminary data can be an essential part of a research grant application and help to establish the likelihood of success of the proposed project. Early Stage Investigators should include preliminary data (however, for R01 applications, reviewers will be instructed to place less emphasis on the preliminary data in application from Early Stage Investigators than on the preliminary data in applications from more established investigators).