



MEMORANDUM

DATE: Oct. 30, 2009

TO: Faculty at Morehouse School of Medicine and Tuskegee University

FROM: **RCMAR Investigator Development Core Leaders**
Karlene Ball, PhD
Kathryn Burgio, PhD
Patricia Sawyer, PhD
Isabel Scarinci, PhD, MPH

RE: Request for Applications (RFA) and Letters of Intent to apply for a Deep South RCMAR Health Disparities Research Pilot Grant (2010-2011)

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 Wednesday, Dec. 9, 2009.** Letters of Intent judged to be responsive to this call for proposals and potentially competitive for funding will be invited to submit full proposals that will be due on Monday, March 8, 2010.

RCMAR focuses on health issues for which disparities between older African Americans and whites have been established. As such, proposed pilot projects must demonstrate relevance to **minority aging and health disparities in the African American population**, and should focus upon specific social, cultural, and 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 on 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, and other constructs germane to the health of older minority populations.

Three pilot developmental projects will likely be funded in this round of competition at up to \$25,000 each.

Applicants are encouraged to utilize multiple levels of analyses, multiple disciplines, and an interdisciplinary approach. Because problems related to minority health are embedded in multiple systems, interaction among cultural, social, behavioral, psychophysiological, and clinical sciences is anticipated and encouraged. (See <http://grants.nih.gov/grants/guide/rfa-files/RFA-AG-07-005.html> for more information about RCMAR areas of interest as well as attached description of potential research topics).

Eligible Applicants: Faculty members at Morehouse School of Medicine and Tuskegee University at the rank of Instructor or higher are eligible. Minority faculty are encouraged to apply.
Eligible Applicants (continued):

- PIs at MSM and TU are encouraged to collaborate with faculty members at the University of Alabama at Birmingham (UAB) or the University of Alabama (UA) in Tuscaloosa. (Contact Patricia Sawyer, PhD, at psawyer@uab.edu as soon as possible if you want assistance in identifying potential faculty collaborators at either of these partnering institutions).
- 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 an R01 application or to other extramural funding, and publications related to the pilot project.
- Applicants will be evaluated on their potential for future funding and publication, including scientific quality of the pilot proposal, and on the focus of the proposal on health disparities research among older African Americans.
- 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.

Key Dates

Release Date: Oct. 30, 2009

Technical Workshop on LOI: Date TBD

Letters of Intent Due: Dec. 9, 2009

Notification of Approval to Submit Application: Jan. 25, 2010

Applications Due: March 8, 2010

Notification of Awards: April 30, 2010

Project Start Date: July 1, 2010

Anticipated funding cycle: July 1, 2010 – June 30, 2011

LETTERS OF INTENT OR APPLICATIONS MAY NOT BE SUBMITTED IN PAPER FORMAT. PLEASE SUBMIT ELECTRONICALLY THROUGH UAB MHRC WEB SITE: www.uabmhrc.com.

The Letter of Intent should include:

- PI's Name, Faculty Rank, and Institution
- Investigator(s) and Faculty Rank(s)
- Senior mentor(s) and Faculty Rank(s)
- Up to 2-page description of the proposed pilot project that includes hypothesis, specific aims, a statement of the problem, methods to be used, anticipated results, subsequent planned efforts leading to an independent investigator award, and a description of how the proposed project addresses one of the research areas described above. If the proposed PI has received R01 funding previously, the LOI should also indicate how the proposed project is a substantial change in the previous research area of the PI.

At **technical workshop on the LOI development** will be provided prior to Dec. 9. The date, time and location are being determined. Please contact Ann Smith if you are interested in attending.

If you have questions concerning the submission of these 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 next page, and visit the Web site: <http://www.uabmhrc.com> .

Full 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 Word or PDF files. Investigators should use Arial 11 or 12 point font, with one-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 on 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
 Background and Significance (emphasizing health disparities relevance)
 Preliminary Studies (if applicable)
 Research Design and Methods
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:

- 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.

Deep South Resource Center for Minority Aging Research Pilot Grant Focus Areas and Potential Topics



The research of the Deep South Resource Center for Minority Aging Research (RCMAR) focuses on the 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 both measures of both physical and 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.

- o 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.
- o 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.
- o 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.
- o Cognitive and/or physiological factors involved in differential decision making among group of diverse older adults.
- o Neurobiological underpinnings of social behaviors, emotional function, and economic behaviors in diverse and socioeconomically disadvantaged populations.
- o 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.
- o Biological, behavioral and psychosocial factors that contribute to resilience, disease resistance and well-being, especially against a background of social and economic disadvantage.
- o Research is needed that clarifies whether race, culture, ethnicity, gender and socioeconomic class are associated with fundamental psychological processes in the areas of (1) socioemotional 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.
- o 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.
- o Cognitive and functional outcomes for diseases with high prevalence.
- o The distribution of social, psychological, and economic resources in different racially and ethnically defined older populations to determine their relative impact upon health.
- o Cognitive interventions to improve or maintain decision making, social cognition, health literacy, and economic decisions.
- o 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.
- o 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.

- o 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.
- o 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.
- o Differences in health between diverse groups focusing upon the contributions of provider behavior, institutional characteristics, stereotyping, and patient adherence to care recommendations.
- o The role of acculturation as it impacts health literacy and both the adequacy of health care access and specific health outcomes.
- o 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?
- o 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?
- o 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.
- o The role of social, cultural, and demographic factors in explaining how population differences in genetic variation and genomic structure affect disease risk.
- o 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.
- o 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?
- o 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:

- o National Research Council. (2004). *Understanding Racial and Ethnic Differences in Health in Late Life: A Research Agenda*. Panel on Race, Ethnicity, and Health in Later Life. Roldolfo A. Bulatao and Norman B. Anderson, editors. Washington, DC: The National Academies Press (<http://newton.nap.edu/catalog/11036.html#toc>)
- o National Research Council. (2004). *Critical Perspectives on Racial and Ethnic Differences in Health in Late Life*. N.B. Anderson, R.A Bulatao, and B. Cohen, Editors. Washington, DC: The National Academies Press. (<http://newton.nap.edu/catalog/11086.html>)
- o National Research Council (2006). *Hispanics and the Future of America*. Marta Tienda and Faith Mitchell, eds. Washington, DC: The National Academies Press. (<http://newton.nap.edu/catalog/11539.html>)