

## REQUEST FOR ABSTRACTS FOR RESEARCH PROJECTS

### UMASS MEDICAL SCHOOL (UMMS) for RFA-MD-15-014: NIMHD TRANSDISCIPLINARY COLLABORATIVE CENTERS FOR HEALTH DISPARITIES RESEARCH ON CHRONIC DISEASE PREVENTION (U54)

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Date: August 31, 2015

From: Jeroan Allison, MD, MS  
Professor and Vice-Chair, Quantitative Health Sciences

Milagros Rosal, PhD  
Professor, Preventive and Behavioral Medicine

Subject: Call for Abstracts for Research Studies in Health Disparities Research on Chronic Disease Prevention

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The University of Massachusetts Medical School (UMMS) in Worcester is planning to apply for a 5-year grant from the National Institute on Minority Health and Health Disparities (NIMHD) to establish a specialized Transdisciplinary Collaborative Center (TCC) for health disparities research focused on chronic disease prevention, with an emphasis on developing, implementing and disseminating community-based multilevel interventions. The proposed U54 will be led by Dr. Jeroan Allison and Dr. Milagros Rosal. Both are currently PIs for the UMass Center for Health Equity Intervention Research Center (CHEIR) housed at the UMMS Department of Quantitative Health Sciences. CHEIR is a collaboration between UMass Worcester and UMass Boston to develop interventions and strategies that incorporate research, community collaboration and health equity approaches to improve the health of populations and communities most impacted by health disparities.

This request is seeking brief abstracts to be used for selecting the research studies that will be invited to apply as part of the grant proposal. **Deadline for submission of abstracts is 5pm on September 11, 2015.**

Link to NIH FOA: <http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-15-014.html>

#### Overview of FOA:

The TCC program's overarching goal is to develop and disseminate effective interventions that can be implemented in real-world settings. In the project's first year, each TCC is expected to carry out a comprehensive needs assessment in that community (including social stratification, community ecological context, cultural factors, environmental factors, health-related policies, etc.), identify barriers to access and utilization of health promotion or preventive care services, build extensive partnership within the community, and acquire baseline data on multiple chronic diseases including clinical data, biomarkers, or other measureable outcomes as necessary. Multimodal methods should be used to triangulate findings and identify the underlying mechanisms of disparities. Based on that information and collaboration with local community partners, in years 2-5 each TCC will initiate and implement multilevel interventions at individual, family/team/group, community, or higher levels (at least three or more levels) to improve chronic disease prevention and promote health equity.

#### Proposal Guidelines

Proposals must incorporate key requirements outlined in the FOA, as described below.

1. **Focus on chronic diseases:** Chronic diseases/conditions are defined broadly as conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both. For the purposes of this FOA, chronic diseases/conditions that disproportionately affect health disparity populations include but are not limited to diabetes, cancer, cardiovascular diseases, kidney disease, HIV/AIDS, asthma, depression and other mental illnesses, substance abuse and addiction disorders.
2. **Focus on the prevention of chronic diseases:** Primary and early secondary prevention activities aim to prevent disease from occurring or aim to find and treat disease early. No treatment costs will be covered.

3. **Include multi-level interventions:** Multilevel interventions are interventions with multiple components designed to affect factors in two or more levels of the local ecology that contribute to wellness and illness, with the goal to effect changes within and between different levels. Dynamic interventions involving individual, family/team/group, community, state, or national levels may account for multidimensional influences on individual risk factors and population level macro-social factors.
4. **Include a community partnership:** Requires strong collaborations between researchers, community organizations, health service providers, public health agencies, policymakers and other stakeholders to ensure that relevant, contextually appropriate research is conducted and, more importantly, that findings can be translated into sustainable community and system-level changes that promote health equity. Involving community stakeholders in needs assessment, project planning and design, implementation, and dissemination of results enhances their participation in research and facilitates development of workable multilevel interventions. For the purposes of this FOA, community is defined as a group of people with diverse characteristics who are linked by social ties, shared common perspectives, and engage in joint action in geographical locations.

### **Amount and Availability of Funding**

Research projects will have budgets of approximately \$200,000 per year for a 5-year project period. We anticipate selecting 2-3 projects.

### **How to Submit a Proposal**

Abstracts should 1-page in length and describe the specific aims, methods, and outcomes of the proposed project. A brief description of the currently available pilot data should be included. Abstracts must be accompanied by the attached application cover page, including a response to the question. An NIH-formatted biosketch must be submitted for all Principal Investigators. Proposals must be submitted on Friday, September 11, 2015 at 5pm to Chioma Nnaji in the Department of Quantitative Health Sciences via email ([chioma.nnaji@umassmed.edu](mailto:chioma.nnaji@umassmed.edu)).

### **Review Process**

All abstracts will be reviewed internally and by partnering organizations.

PIs of accepted abstracts will be notified by Monday, September 21, 2015. Following notification, PIs with accepted abstracts will receive guidance regarding timelines for preparation of a full research plan and supporting documents. Selected project PIs will work with the leadership during the application process and must adhere to all internal deadlines that are developed for writing a full research strategy, budget, and accompanying documentation.

### **Timeline**

Deadline for Abstracts: Friday, September 11, 2015 at 5pm

Notification of Selection: Monday, September 21, 2015

1<sup>st</sup> Draft of Full Research Proposal: Monday, October 19, 2015

Final Draft of Full Research Proposal: November 15, 2015

U54 Proposal due to NIHMD: December 16, 2015

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CENTERS FOR HEALTH DISPARITIES RESEARCH ON CHRONIC DISEASE PREVENTION (U54)

**COVER PAGE**

**Title of Proposed Project:**

**Name of Principal Investigator and Title:**

**Department:**

**Division:**

**Telephone:**

**Email:**

**Name of Co-Principal Investigator and Title (if applicable):**

**Please describe how your perspective on community-engaged research is reflected in the submitted abstract. Specific examples are encouraged.**