

NIMHD Transdisciplinary Collaborative Centers for Health Disparities Research on Chronic Disease Prevention (U54)

RFA-MD-15-014



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and Health Disparities

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NIMHD Transdisciplinary Collaborative Centers (TCCs) for Health Disparities Research

- Comprise regional coalitions of research institutions and consortium partners focused on priority research areas in minority health & health disparities
- Develop and disseminate effective interventions that can be implemented in real-world settings
- Disseminate knowledge that is culturally appropriate and that will benefit impacted communities



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Funding Opportunity Purpose

This Funding Opportunity Announcement (FOA) invites applications to establish specialized Transdisciplinary Collaborative Centers (TCCs) for health disparities research focused on chronic disease prevention, with an emphasis on developing, implementing, and disseminating community-based multilevel interventions



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Research Objectives

- Improve chronic disease prevention and promote health equity
- Initiate and implement multilevel interventions at individual, family/team/group, community, or higher levels (at least three or more levels)
- Focus on primary and/or secondary prevention
- Use a transdisciplinary, collaborative, and systems approach
- Work extensively with community partners



Required Components and Page Limits

Component Types Available in ASSIST	Research Strategy/Program Plan Page Limits
Overall	12
Admin Core	12
Core (use for Consortium Core, Methodology Core, and Dissemination Core)	6 (per core)
Project (use for Intervention Project)	12 (per project)



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Overall Component

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.

In the Application -

- Describe the overall composition, objectives, specific aims, and expected outcomes of the proposed TCC
- Identify the health disparity population(s) to be included in the proposed projects and describe the chronic diseases/conditions of focus
- Delineate the geographic region to be covered, including the HHS region(s) where the proposed work will occur



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Administrative Core

Provide overall project evaluation; ensure that component plans are implemented according to proposed timelines; monitor progress on intervention projects, and ensuring that TCC-supported research is carried out in compliance with applicable federal regulations and policies.

In the Application -

- Describe the TCC's organizational and governance structure
- Describe how the Administrative Core will manage, coordinate and supervise the entire range of proposed TCC activities
- Include an evaluation plan to monitor progress on proposed TCC activities



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Consortium Core

Serve as a focal point for organizing and nurturing productive working relationships with consortium partners.

In the Application -

- Explain the scientific rationale for including the consortium partners
- Summarize the strengths of the proposed consortium
- Describe specific opportunities to establish or strengthen associations with other relevant agencies
- Describe strategies and procedures for assessing the effectiveness of partnerships on an ongoing basis and resolving disputes or misunderstandings between partner organizations



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Methodology Core

Formulate appropriate theoretical framework, study design, data analysis plan, and assessment of community-based multilevel interventions.

In the Application -

- Describe the roles and responsibilities of key members, as well as any collaboration with regional partners with methodology expertise
- Describe a comprehensive needs assessment in the community
- Describe the theoretical or conceptual model supporting the multilevel chronic disease prevention
- Describe the scalability and sustainability of the proposed interventions



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Intervention Projects (2)

- ✓ At least two projects with different multilevel interventions
- ✓ Close collaboration with consortium partners
- ✓ Multiple chronic disease/conditions are encouraged

In the Application -

- Describe the multilevel approach used in each project
- Describe the type of prevention, primary or secondary, to be addressed
- Describe what chronic disease/condition is being targeted and what potential clinical and other outcome are anticipated



Dissemination Core

Identify, develop effective methods, systems, infrastructures, and strategies to disseminate research findings

In the Application -

- Describe strategies to keep various stakeholders informed, on an ongoing basis
- Describe strategies to use research findings to inform policy and to promote diffusion, adoption and sustainability of effective multilevel interventions in relevant communities
- Describe plans to ensure protection of study participants and communities from unintended harms



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Regional Focus

- **REGION I:** CT, ME, MA, NH, RI, VT
- **REGION II:** NJ, NY, PR, VI
- **REGION III:** DE, D.C., MD, PA, VA, WV
- **REGION IV:** KY, MS, NC, TN, AL, FL, GA, SC
- **REGION V:** IL, IN, MI, MN, OH, WI
- **REGION VI:** AR, LA, NM, OK, TX
- **REGION VII:** IA, KS, MO, NE
- **REGION VIII:** CO, MT, ND, SD, UT, WY
- **REGION IX:** AZ, CA, HI, NV, and the six U.S. Associated Pacific jurisdictions
- **REGION X:** AK, ID, OR, WA



Funding Instrument

U54 Specialized Center Cooperative Agreement

- The dominant role and prime responsibility resides with the award recipients
- Substantial NIH scientific and programmatic involvement
 - Program official: scientific and programmatic
 - Project scientist: scientific involvement through technical assistance, advice and coordination



Budget

- ✓ **\$5 million** – budget from NIMHD FY2016
- ✓ **2~3 awards** – potential number of Centers
- ✓ **\$1.5 million** – Direct costs annually



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Key Dates

- ✓ **LOI: November 16, 2015**
(Letter of Intent- optional but strongly encouraged)
- ✓ **Due Date: December 16, 2015**
- ✓ **Peer Review: March 2015**
- ✓ **Council Review: May 2016**
- ✓ **Earliest Start Date: July 2016**



U54 Chronic Diseases Prevention Peer Review Process

http://era.nih.gov/era_training/era_videos.cfm#iar1



U54 Chronic Diseases Prevention Peer Review



- Applications will be assessed for completeness by the Center for Scientific review (CSR)
- NIMHD program staff will assess the applications for responsiveness
- NIMHD scientific review officer (SRO) will assemble a panel of experts from the extramural community to peer review the applications
- At least three assigned expert reviewers will assess the overall impact of each application based on established criteria



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U54 Chronic diseases Prevention Peer Review Criteria - Overall

- **Reviewers evaluate each application's potential to succeed**
- **Overall Impact Criteria**
 - Significance
 - Investigator(s)
 - Innovation
 - Approach
 - Environment
- The overall impact criteria take into account the evaluation of all the cores and projects.



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U54 Chronic diseases Prevention Peer Review Criteria - Overall

- **Overall Impact**
- **Definition:** Reflect the likelihood for the application to exert a sustained, powerful influence on the research field(s)
- **Overall impact Score**
 - Consideration of the scored review criteria but not an average of the scores



U54 Chronic Diseases Prevention Core Scoring

- **Cores:**

- Administrative core
- Consortium core
- Methodology core
- Dissemination core



Each core will receive one impact score

- **Intervention projects (2-3 projects)**

- Significance
- Investigator(s)
- Innovation
- Approach
- Environment



Each project will receive an impact score and scores for each criteria



U54 Chronic Diseases Prevention

Peer review

- **Additional review criteria**
 - Criteria that are included in the determination of the overall score (No separate score)
 - Human subjects
 - Inclusion of Women, minorities and children
 - Vertebrate Animal
 - Biohazards
- **Additional review considerations**
 - Criteria that are not included in the determination of the overall score
 - Select Agents Research
 - Resource Sharing Plan
 - Budget and Period of support



U54 Chronic Diseases Prevention Peer Review Meeting



- Some applications maybe “streamlined” -- not discussed (ND)
 - For each application, an average of the preliminary overall impact scores of the assigned reviewers will be calculated
 - The SRO will determine an average score cut off point for discussion of the application
 - During the face to face meeting applications with an average score under the cut off point will be discussed
 - Application above the cut off point will be discussed only if a reviewer request it.
- For discussed applications, assigned reviewers summarize their prepared critiques
- An open discussion follows
- Final scoring of overall impact scores is conducted by private ballot
- Final Impact Score is based on the average of all voting reviewers x 10
 - Scores range from 10 (exceptional) to 90 (poor)
- A summary statement would be available approximately 30 days after the review meeting
- Do not contact the members of the review panel



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Following initial peer review, recommended applications will receive a second level of review by the National Advisory Council on Minority Health and Health Disparities.

The following will be considered in making funding decisions:

- ✓ Scientific and technical merit of the proposed project as determined by scientific peer review
- ✓ Availability of funds
- ✓ Relevance of the proposed project to program priorities
- ✓ Geographic distribution of award recipients



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Selected FAQs

1. Can we propose studies on chronic conditions not listed in the FOA?

Yes. 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. The FOA states (emphasis added): 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. Proposed studies can include other chronic conditions not listed in the FOA.



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Selected FAQs

2. If there is an existing Transdisciplinary Collaborative Center (TCC) in our Region, can we still apply?

Yes, this is an open competition.

3. We already have a TCC or P50, are we eligible for this FOA?

Yes. Nothing in the FOA prohibits organizations that have an active TCC award or other awards from applying for this FOA. Additional information on eligible institutions and applicants can be found in the FOA under Part 2, Section III.



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Selected FAQs

4. The FOA states that priority will be given to projects targeting communities without previous government-sponsored community-wide interventions. What does this mean?

For this FOA, we encourage projects that move beyond replication of previous prevention intervention research (e.g. expansion of single-level interventions) to encompass the expansion and scaling up of local interventions to address chronic disease prevention at the regional level. We expect that research expertise and experience learned from one community (e.g., CBPR approaches) can be translated to another community. This does not exclude any previous or current federally funded community health centers or other community-based organizations from applying. This also does not exclude any communities receiving government funding or programs to reduce health risk factors. However, priority will be given to those applications targeting communities where no community-wide intervention research was or is being implemented.

We encourage intervention research in resource-limited health disparity communities. However, the implementation of innovative or novel interventions in communities with previous prevention intervention will also be considered.



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Selected FAQs

5. Is there a definition of community-wide interventions?

For the purpose of this FOA, we define community-wide interventions as research interventions at the community level which will have an impact on the health of the majority of the population in the community.

6. The RFA states that priority will be given to multilevel interventions that target 500 or more participants within the selected community(ies). Does that mean all interventions need to recruit 500 participants?

No, proposed interventions do not need to recruit a minimum of 500 participants. We encourage multilevel interventions to engage or have the potential to impact at least 500 or more people within the community(ies). However, we acknowledge that the research team may be in a better position to determine the sample size through power calculation for the interventions.



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Selected FAQs

7. My collaborators and I have already completed many elements of the needs assessment to be conducted in the first year of the award. Can you clarify what is intended to be included in this first-year comprehensive needs assessment? Are biochemical measures expected to be included?

We expect that investigators should already have a needs assessment and an intervention plan in the communities in which they want to implement multilevel interventions. The requirement for the first-year comprehensive needs assessment is intended to give investigators additional time to synthesize and broaden needs assessments including obtaining baseline data (e.g. incidence data of chronic diseases in the communities) and incorporating regional level data. This may also include adapting or tailoring measures, intervention elements, or data collection procedures to be more appropriate for the targeted communities within the region. Most importantly, it will provide investigators additional time to enhance collaboration and build trust between not only their local community partners but also other participants in the region.

Biochemical measures are not required but encouraged.



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Selected FAQs

8. The FOA states that “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.” Does this mean that the interventions must be newly developed in the first year?

No. The lack of multi-level interventions in chronic disease prevention means that some adaptation and modification may be needed in the first year but we expect applications to come in with clear interventions planned for scaling-up execution on a regional level.

9. We have evidence of individual and community level interventions that have been effective in a couple of the communities in which we are working, but would need to develop a third level intervention. Can we use the first year to plan and develop that third level intervention?

No. All interventions must be proposed and justified within the application.



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Selected FAQs

10. Does the intervention pertain to selecting only one community as the intervention group?

No. The intervention does not pertain to selecting only one community. Multiple communities can be included in the intervention. We welcome any innovative ideas, approaches and methods.

11. Is the community (or communities) to be selected on the basis of a single health risk factor that is high relative to other communities, or is the intent to select based on multiple health risk factors that a community exhibits compared to other communities?

Studies focusing on multiple health risk factors are encouraged. If an applicant chooses to select a community (or communities) with a single health risk factor, a compelling argument/justification should be included (e.g., highly prevalent, high morbidity/mortality).



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**Please type questions
into the Chat box.**

**We will read out the
questions we receive.**



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