

# Collaborative Minority Health and Health Disparities Research with Tribal Epidemiology Centers

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This webinar will be recorded.



**NIH** National Institute  
on Minority Health  
and Health Disparities

# Call logistics

- Please mute your phones or computer microphones
- Questions can be submitted through the webinar “Chat” function or asked after the slide presentation
- The recording of the Technical Assistance Webinar will be available on the NIMHD website.



National Institute  
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# Objective

To support collaborative research between Tribal Epidemiology Centers (TECs) and extramural investigators on topics related to minority health and health disparities in AI/AN populations.

12 TECs are funded by the Indian Health Service (IHS) to identify and understand health problems and disease risks, strengthen public health capacity, and develop solutions for disease prevention and control.

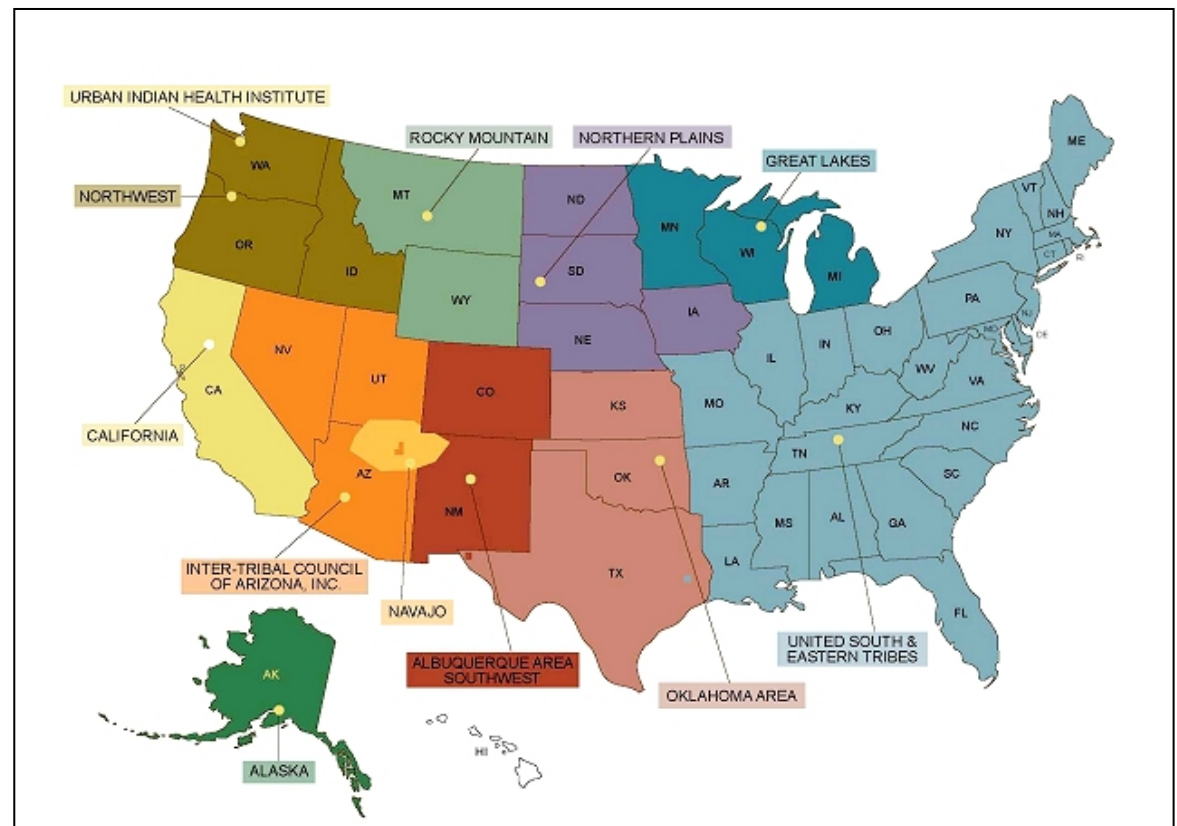


Figure 1. Location of Tribal Epidemiology Centers (TEC).  
[https://www.ihs.gov/epi/index.cfm?module=epi\\_tec\\_tecs](https://www.ihs.gov/epi/index.cfm?module=epi_tec_tecs)

# Description of Initiative

Supports collaborative research between TECs and extramural investigators—emphasizing areas of significant gaps in data and knowledge for AI/AN populations.

- Partnerships to support community responsive, scientifically rigorous projects with findings disseminated to local stakeholders, IHS, and the scientific community
- Applicant organization may be TEC organization, a tribal organization, or the institution of external researchers
- Projects may be observational or evaluations of intervention studies but must use data have been/are currently being collected by the TEC
  - Includes data that the TEC has collected directly, compiled, or analyzed
  - New data may be collected to supplement existing data
  - Pooling or comparison of data across TECs strongly encouraged



# Areas of Special Interest - NIMHD

- Risk, incidence, prevalence, morbidity, and mortality for understudied and significant health conditions or diseases in AI/AN populations
- Clinical presentations and management of the leading causes of morbidity and mortality among AI/AN populations
- Understanding of or prevention of premature mortality in AI/AN populations
- Similarities and differences in health risks, protective factors, and health outcomes across tribes or other AI/AN population subgroups
- Similarities and differences in health outcomes in AI/AN populations compared to non-AI/AN populations living within the same geographic region



# Areas of Special Interest - NIMHD

- Use of surveillance, cohort, or other longitudinal data to determine the impact of social and structural determinants on health over time
- Rigorous evaluation of TEC-led public health interventions or health awareness campaigns
- Development and testing of methods for research with small populations to better understand AI/AN health
- Development and testing of AI/AN culturally relevant research measures that may be currently lacking in the field



# Areas of Special Interest – NIEHS

- The impact of environmental exposures on the health in AI/AN communities
- Use of existing longitudinal data to examine the interaction between environmental exposures and social determinants of health
- The effects of combined environmental factors on specific health outcomes across the lifespan and/or that increase transgenerational risk
- The utility of Traditional Ecological Knowledge to inform and expand on Western scientific methods to more accurately reflect the AI/AN understanding of the interactions between human and environmental health
- Collection of additional environmental data to better understand factors effecting the prevalence and etiology of kidney, respiratory, metabolic, or cardiovascular diseases in AI/AN communities



# Areas of Special Interest - NCI

- The impact of environmental and policy changes on tobacco, alcohol use patterns and practices, as they pertain to cancer outcomes
- Epidemiology studies that can build on or enhance the data being collected by SEER to enable the development of prevention and treatment trajectories
- The role of predictors and culturally unique resilience and risk factors for cancer prevention, treatment and survivorship
- Cancer prevention, treatment and outcomes in areas including but not limited to etiology, interventions, health service utilization and access, and dissemination and implementation of evidence-based interventions





# Areas of Special Interest - NIAAA

- Prevalence, risk, and protective factors of alcohol use, across the whole spectrum from abstinence to alcohol use disorder
- Types of and effectiveness of alcohol prevention and treatment interventions conducted among AI/AN people
- Prevalence of alcohol use diagnosis at IHS clinics both as primary diagnosis and contributing to presenting complaint such as accidental injury, depression, suicide ideation, liver cirrhosis, etc
- Differences in patterns of alcohol use, including alcohol use disorder, and service utilization between reservation and urban dwelling AI/AN people
- Patterns of treatment usage, including outpatient and inpatient referrals for AUDs, use of aftercare or transitional services after inpatient alcohol treatment



# Areas of Special Interest - NIDA

- The impact of environmental, programmatic, and policy changes on substance use patterns and practices
- Substance abuse and related factors in areas including but not limited to etiology, health service utilization; and treatment work force factors
- Opioid use disorder (OUD) on and/or off reservations, including the efficacy and uptake of prevention and treatment interventions, including naloxone and medication assisted treatment (MAT); pain management practices; and pregnant women and exposure to opioids
- The role of universal predictors and culturally unique resilience and risk factors in the development, persistence or desistance of substance abuse



# Dave Wilson, PhD

## Director, Tribal Health Research Office

Desired outcomes of the initiative for the TECs and tribal communities:

- Opportunities to build TEC capacity to prepare NIH grant applications and conduct NIH-funded research
- Collaborative efforts to publish research results in peer reviewed journals
- Dissemination of research results to tribal communities
- Opportunities for engagement of community stakeholders in research process
- Opportunity for generation of baseline or preliminary data for future community-driven research



# Frequently Asked Questions - 1

Question: Can a TEC be the applicant institution?

Answer: Yes.

Question: Does a TEC need to be the applicant institution?

Answer: No, a TEC needs to be involved in the application but is not required to be the applicant institution.

Question: If the TEC is the applicant institution, is an academic partner required?

Answer: No, but it would still be expected that all of the FOA objectives would be met (i.e., community-responsive, scientifically rigorous projects with findings disseminated to local stakeholders, the IHS, and the scientific community).

Question: Can a TEC be involved in more than one application?

Answer: Yes. There is no limit to the number of applications that a TEC may be involved in. However, all submitted applications must be scientifically distinct.



## Frequently Asked Questions - 2

Question: Can we propose a project using TEC data and then establish an agreement with a TEC after the award is made?

Answer: No, agreements regarding collaboration and data use with the TEC must be in place at the time of application.

Question: Can we propose primary data collection?

Answer: Yes, but only to supplement existing or ongoing TEC data collection. Entirely new projects are not targeted for support under this FOA.

Question: Can new instruments be developed and tested?

Answer: Yes, as long as they are incorporated into existing data collection efforts by the TEC.



# Frequently Asked Questions – 3

## (From Webinar Q&A Session)

Question: Can you discuss the “Clinical Trial not allowed” requirement?

Answer: Interventions that the TEC is currently doing can be evaluated but applications for entirely new interventions not already started or planned by the TEC are not a priority for this funding opportunity.

Question: If we were planning to start a new screening program to stimulate detection of a disease or condition that we believe is under-diagnosed or reported, can we do that?

Answer: No. The objective of these initiatives is to support analysis and dissemination of data that the TECs already have or are already collecting rather than the initiation of entirely new projects.



# Frequently Asked Questions – 4 (From Webinar Q&A Session)

Question: How will you conduct the review to ensure that the TEC was meaningfully involved in the planning process? What proof of collaboration will you be seeking in the application?

Answer: For applications where the TEC organization is not the applicant institution, a letter of support from the TEC must be included indicating a willingness to collaborate. A description of the nature of the collaboration should be provided in the Research Strategy section.

Question: What is the composition of the review panel for this application? Will they have familiarity with small population size, community based research activities that are common for TEC projects?

Answer: The Center for Scientific Review (CSR) will convene a special emphasis panel and will select peer reviewers based on the expertise needed to evaluate the submitted applications.



# Frequently Asked Questions – 5 (From Webinar Q&A Session)

Question: Will any TEC representatives be on the panel to review applications?

Answer: The composition of the review panel will be determined by the CSR. The inclusion of TEC representatives may be possible if they are not in conflict with submitted applications.

Question: Can multiple projects be submitted under a single application, like the NARCH mechanism?

Answer: No, the R01 and R21 activity codes are designed to support a single project. Different, scientifically distinct projects can be submitted as separate applications.





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