

TCC for Health Disparities Research
Pilot Project Program Overview



TRANSDISCIPLINARY
COLLABORATIVE CENTER

INFORMING HEALTH POLICY AND PRACTICE

Prepared by:
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MSM Office of Sponsored Research Administration
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Official Statement

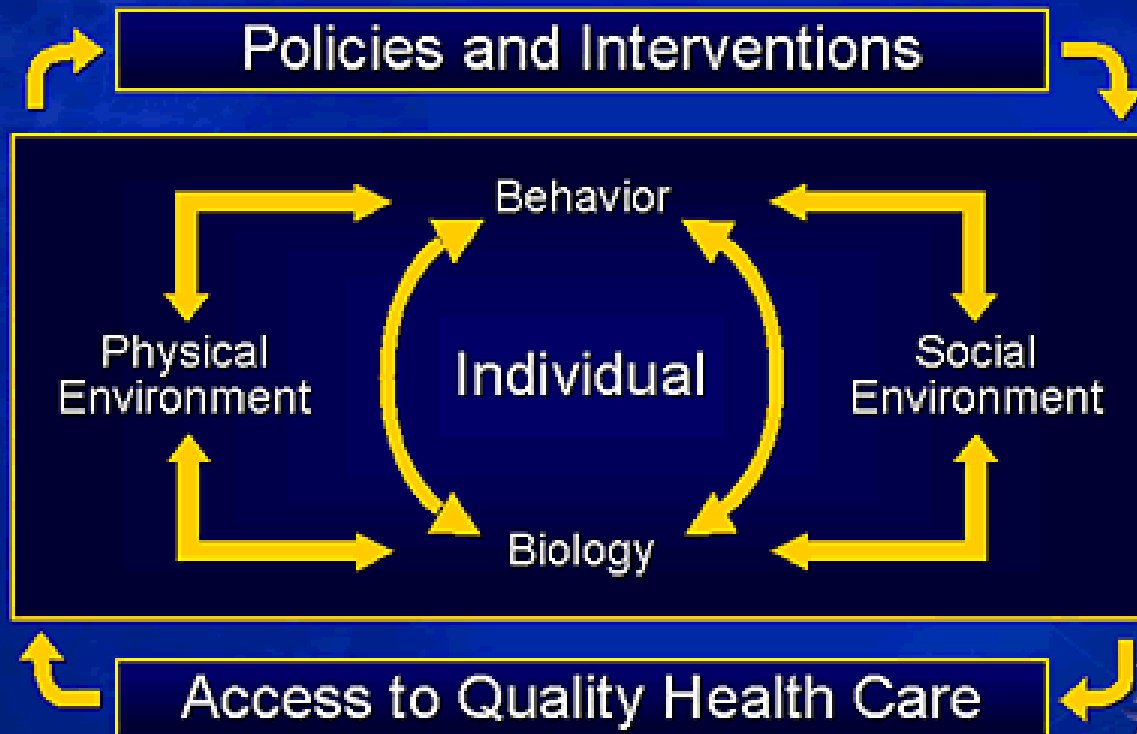
- *"The project described was supported by the National Institute on Minority Health and Health Disparities (NIMHD) Grant Number U54MD008173, a component of the National Institutes of Health (NIH) and its contents are solely the responsibility of the authors and do not necessarily represent the official views of NIMHD or NIH."*

Problem: Health disparities persist despite our efforts to eliminate them....

COMPARED TO NON-HISPANIC CAUCASIANS:

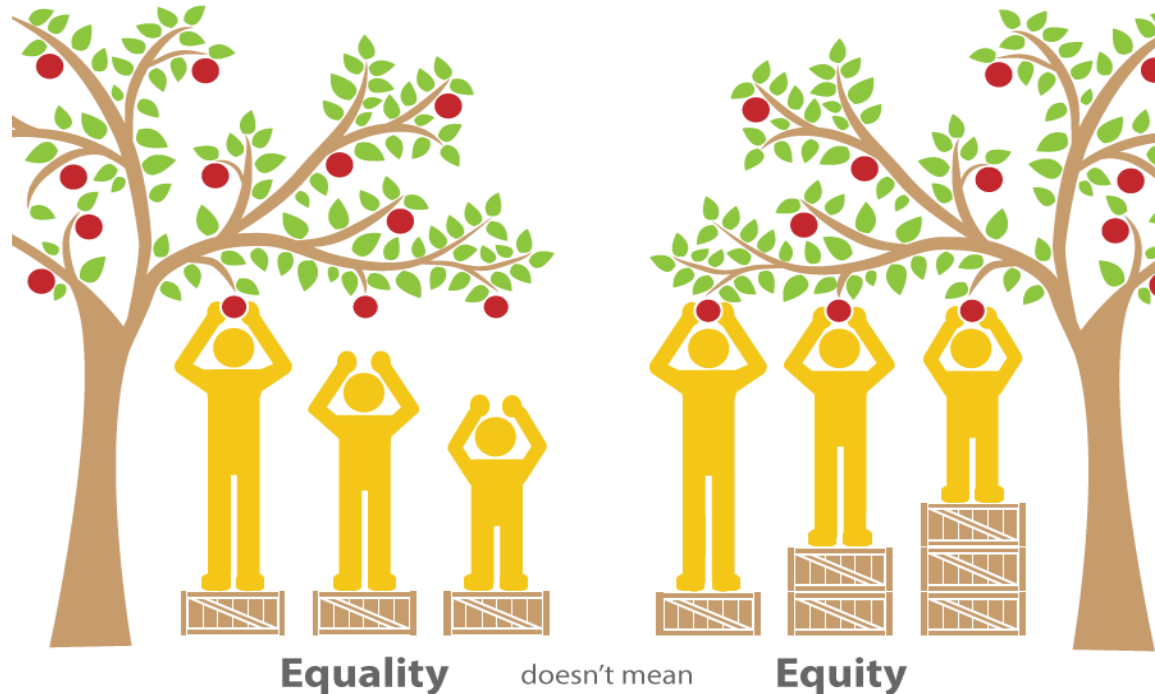
African Americans	Asian Americans	Hispanics
59% higher rates of preterm births	Lowest rates of cervical and breast cancer screenings	2x more likely to have diabetes
2x the infant mortality rate	Vietnamese Americans have 5x higher cervical cancer rates	2x more likely to have cervical cancer
40% more likely to die from heart disease	South Asians 7x more likely to have type 2 diabetes	Puerto Rican children are 3x more likely to have asthma
30% more likely to die from cancer	Higher stomach cancer rates among men	1 in 5 Hispanics do not seek medical care due to language barrier

Determinants of Health



Source: US Department of Health and Human Services, Healthy People 2010

Policy change is essential to achieving health equity



What strategic approach is needed to influence policy to advance health equity and ultimately eliminate health disparities?

Transdisciplinary Collaborative Center for Health Disparities Research (TCC)

- 5-year, \$13.5 million center grant (U54)
- National Institute for Minority Health and Health Disparities (NIMHD)
- Institution-wide “center without walls”
- Principal Investigator: David Satcher, MD, PhD
- Unifying theme: “A comprehensive and meaningful approach to the development, advancement, and implementation of health policy that harnesses the **power of collaboration to bolster innovation, cost reduction, and health equity.**”



TCC addresses health disparities in HHS Region 4 (Southeast U.S.A)



CDC REHDAI States

- Maryland
- Minnesota
- Missouri
- Oregon
- Texas

The TCC Strategic Approach

Employ a
**“health equity
lens”**

Collective
impact via
collaborations

Influence policy
at **multiple
levels**

TCC Core Health Policy Areas



Child Psychosocial Development and Quality Parenting

- Identify and analyze local, state and regional early childhood policies
- Implement parent leadership intervention in 13 states



Culturally-Centered Integrated Care in Primary Care

- Perform 2^o data analysis and geomapping to determine where Medicaid enrollees seek mental health services
- Develop cultural centered model to address depression and co-occurring chronic diseases in a primary care setting.



Health Information Technology (HIT) to Reduce Disparities

- Examine broad barriers to HIT adoption and disparities among practices in rural and underserved populations.
- Assess effectiveness of a HIT based diabetes and lifestyle management system.



Health Policy Leadership Needs and Impact

- National survey of health leadership training needs
- Evaluation of parent, community leadership, and executive health policy leadership programs.

TCC Pilot Project Program (PPP)

- Goal: To support pilot research projects that are aligned with TCC's thematic focus of addressing the barriers to implementing health policies that target health inequity.

- Who is eligible?:
 - **Academic faculty** investigators (full-time appointment required)
 - **Non-Academic Organizations** eligible to obtain federal funds.
 - **Prior applicants** who were not funded
 - Must be able to accept federal funding

- Ideal pilot projects should demonstrate:
 - Collaboration
 - Scientific merit
 - Solid policy relevance and high potential for policy impact
 - Scalability
 - Potential to obtain future funding

Pilot Project Funding Available

- Approximately **\$350,000 per year** is available through the TCC Pilot Project Program funding mechanism.
- **Pilot Project Implementation Awards:** To support the implementation of a small health policy-oriented research project. Maximum award of \$50,000 per year per grantee (direct + indirect costs).
- **Developmental “Seed” Awards:** To support health policy capacity building activities or early stage formative research that will result in a full implementation project (e.g. focus groups, policy scans, etc.) Maximum award of \$10,000 per year per grantee (direct and indirect costs).
- **Pilot Project Renewals:** Based on favorable progress and availability of funds.

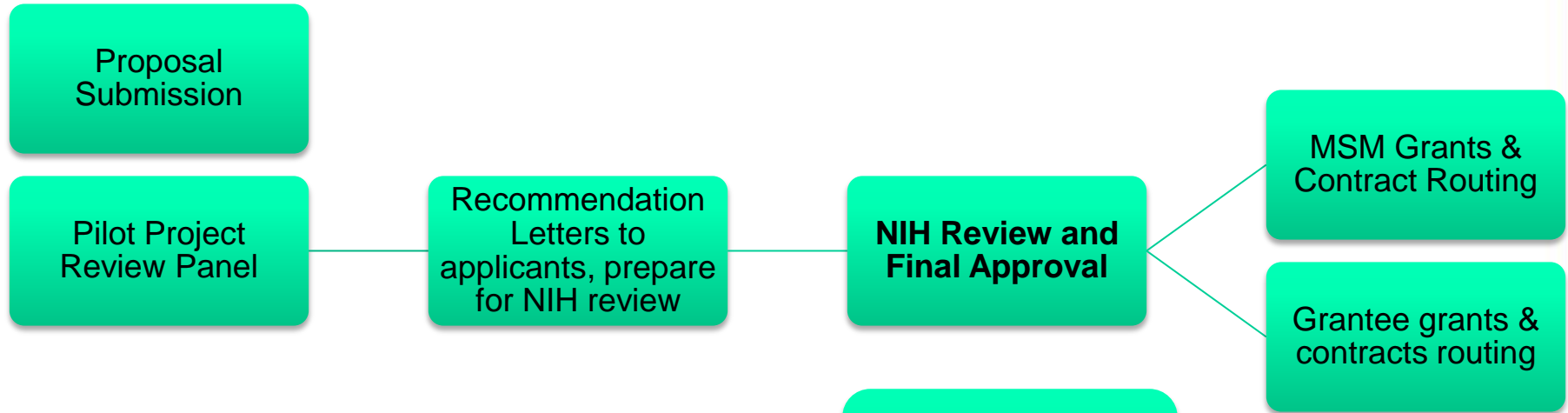
Cohort 1 Grantees (2013 -2014)

Organization and Principal Investigator (PI)	Title of Project	Funding Amount
Baylor College of Medicine (Ashley Butler, PhD)	Pilot Study of Smart and Secure Children in Pediatric Primary Care (Texas)	\$50,000.00
Alabama Partnership for Children (Gail Piggott, MEd)	Smart and Secure Children Adaptation (Alabama)	\$50,000.00
Healthy Kids and Teens (Clintonia Simmons, MBA)	Smart and Secure Children/Camp Get Fit Adaptation (Tennessee)	\$50,000.00
City of St Louis, Missouri (Melba R. Moore)	St. Louis Smart and Secure Children Adaptation (Missouri)	\$50,000.00

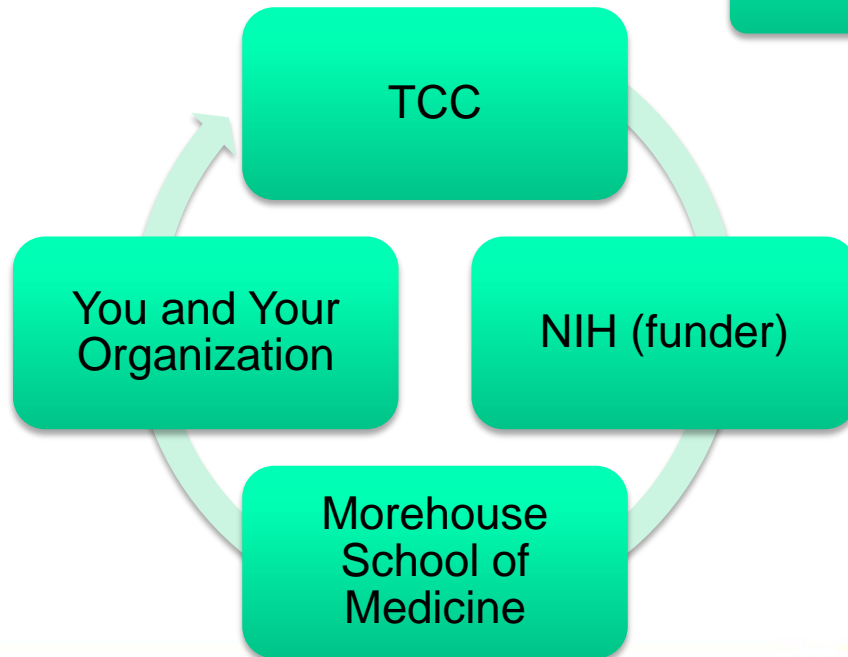
Cohort 2 Grantees (2014 – 2015)

Organization and Principal Investigator (PI)	Title of Project	Funding Amount
Emory University (Rachel Patzer, PhD, MPH)	CBPR to reduce disparities in kidney transplant	\$50,000.00
Gramercy Research Group (Melicia Whitt-Glover, PhD)	Policy and environmental supports for health eating & exercise on college campuses	\$49,299.00
Clark Atlanta University (Seok Won Jin, PhD)	Exploring cancer literacy and cancer screening among older Korean Americans	\$50,000.00
UNC School of Global Health (Diane Rowley, MD, MPH)	LACES – Leadership and action for child equity strategies	\$50,000.00

A Journey Through the Process...



A “collaborative” process....



Proposal Requirements for Submission and Initial Review*

- NIH SF 424 Application Package (PDF)
 - SF 424 (R&R) Form
 - PHS 398 Research Plan
 - PHS 398 Cover Page Supplement
 - Research and Related Senior/Key Person Profile
 - Research and Related Other Project Information
 - Project/Performance Site Locations
 - Research and Related Budget
 - Planned Enrollment Report
- Data Safety and Monitoring Plan (DSMP)
- Indirect Cost Agreements (if applicable)
- CITI Certifications

Requirements for NIH Review and Approval

- All recommended revisions to original application
- Federal wide Assurance (FWA) Number and supporting documentation
- Institutional Review Board (IRB) approval notice (if applicable)
 - To assess applicability, please visit decision guide:
<http://www.hhs.gov/ohrp/policy/checklists/decisioncharts.html>
- IRB of Record Letter (if applicable)
 - MSM available as IRB of Record (\$2,000.00 charged to budget)
- You will have 30-45 days (after receiving recommendation letter) to finalize your final application packet. Ulochi will assist in securing these documents.
- **Start early with your preparations! All documents must be in place before we can advance your application to NIH for final approval**

TCC Pilot Project Program Timeline (subject to change)

Letter of Intent (due January 20, 2015- **closed**)

TCC Technical Assistance Webinar (January 23, 2015)

Proposals Due (due February 13, 2015)

TCC Scientific Review Complete (by February 27, 2015)

Recommendation Letters sent to applicants (week of March 2, 2015)

Forward prospective grantees to NIH (by March 27, 2015 (or earlier)

NIH approval and contract execution (Friday, April 24, 2015 or earlier)

Grantee Expectations and Opportunities

- **Project period begins upon receipt of approval notice from NIH**
 - Signed and executed contract (implementation awards) or MOU (seed awards) submitted within 5 business days after NIH approval.
 - Time-phased scope of work, revised timeline, and first invoice due within 10 business days of contract execution.
 - Monthly capacity building webinars
 - Quarterly progress meetings
 - Final report due 30 days following the end of the project period.
- Technical Assistance available through TCC Admin, Research, Implementation & Dissemination, and Evaluation Cores.
 - Access to TCC resources (e.g. SharePoint, funding/capacity building announcements)
 - Opportunities to participate in TCC and MSM events and programming (e.g. Health Policy to Practice Forum, webinars, other conferences and symposia)



TIPS FOR COMPLETING A COMPETITIVE PILOT PROJECT PROPOSAL

Tips for a Competitive Proposal

- Ensure that your research project is positioned to directly inform and/or influence policy in a meaningful way. Merely suggesting “policy implications” is not enough!
- Be feasible and realistic in planning your project’s scope of work.
- Calculate indirect costs, F&A, and other relevant administrative fees (e.g. IRB fees) into your total budget (max \$50,000 total for pilot project award).
- Focus your attention on describing your **proposed project**. Keep organizational descriptions and current activities brief; you only have six pages!
- **Address all areas of the RFA** (e.g. research plan, evaluation, etc.)
- **Get started early on IRB approvals supporting documents!!!!**

Tips for a Competitive Proposal (cont' d)

- Think hard about sustainability...the goal of the program is to develop pilot and seed awards into larger, full-scale research projects.
- Describe in-kind and organizational capacity you already have in place to support the project.
- Ensure your projects are feasible in terms of time and budget. Be realistic in your study design and anticipated deliverables.
- Do not be intimidated by the process; we are here to help!!!



**ANY ADDITIONAL QUESTIONS OR
CONCERNS??**

**Thank you for supporting the mission of the
TCC for Health Disparities Research at
Morehouse School of Medicine!**

Best of Luck!



For More Information:

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Resources Available on TCC Pilot Project Portal at:

www.msmtcc.org/pilot