Collaborative Research Center for American Indian Health

Writing a Pilot Grant

* Participants must sign into webinar and the telephone line.
Please see your webinar invite for details *

COLLABORATIVE RESEARCH CENTER FOR AMERICAN INDIAN HEALTH

▼ CRCAIH ▼

Overview

- CRCAIH Description

- Pilot Grants Purpose & Process

- Deadline Considerations & Utilizing CRCAIH Resources

- Scoring Categories

- Reading RFA & Application Directions

- Parts of Research Strategy

- Writing Considerations

- Grantsmanship & Budget Recommendations

- Resources

- Question and Answer Period

CRCAIH Mission

- The Collaborative Research Center for American Indian Health (CRCAIH) is designed to create a platform to bring together Tribal communities and health researchers, from multiple disciplines, to work together in the development of cutting-edge transdisciplinary research that will address the significant health disparities experienced by American Indians in SD, ND, and MN.
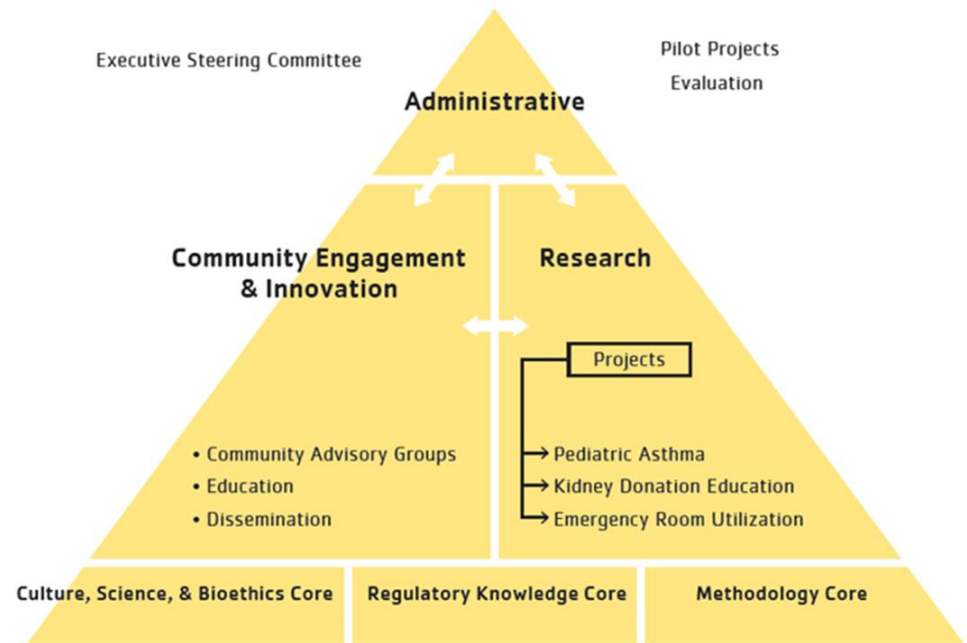
Purpose

- To fund cutting-edge **transdisciplinary** research that will address the significant health disparities experienced by American Indians in South Dakota, North Dakota and Minnesota.

- Projects will embrace a **"social determinants of health"** theme leading to the improvement of **American Indian health**.

- Have a strong potential for future funding, including sustainability and growth of the project.

RFA & Application
www.crcaih.org/pilot-grants

Collaborative Research Center for American Indian Health

Pilot Grants Program

Request for Applications 2014

Collaborative Research Center for American Indian Health
Pilot Grants Program
Application 2014
Funding Period: August 1, 2014 – July 31, 2015

1. Cover Sheet

Proposal Information

Title: _____

(Do not exceed 81 characters, including spaces)

Type of Application: ☐ New   ☐ Revised, last submitted: _____

Funds Requested: Direct $_____   Indirect: $_____   Total: $_____
NOTE: Projects should have proposed budgets of $25,000-$80,000 (Direct Costs). F&A Costs – indirect costs – are allowed at the applicant institution's current approved negotiated rate.

Has this or a related project received prior funding (internal or external)?
☐ Yes   ☐ No
If yes, do the project aims overlap with the proposed project? Explain: _____

Applicant Organization

Legal Address/Information
Organizational DUNS: _____   Employer Identification (EIN) or (TIN): _____
Legal Name: _____
Division: _____   Department: _____
Address: _____
City, State, Zip (+4): _____   Congressional District: _____

Type of Organization
Public   → ☐ Federal   ☐ State   ☐ Local
Private   → ☐ Private Nonprofit
For-Profit → ☐ General   ☐ Small Business
☐ Women-owned   ☐ Socially and Economically Disadvantaged

Authorized Organization Representative/Signing Official Contact Information
Name: _____
Title: _____
Mailing address: _____
Telephone number: _____   Email address: _____

Principal Investigator
Name: _____
Division: _____   Department: _____
Mailing address: _____
City, State, Zip (+4): _____
Telephone number: _____   Email address: _____
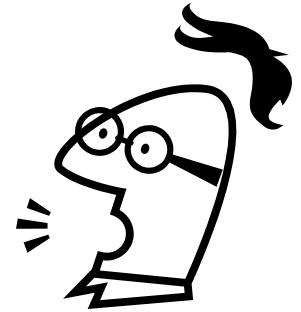
Pilot Grant Process

Release of RFA
Nov 11th

Letter of Intent Due
Jan 27th

Application Due
Feb 24th

Sanford Grant Office Triage
1 week

External Review
4 weeks

Funding Decisions
2 weeks

Request for "Just in Time"
April 2014
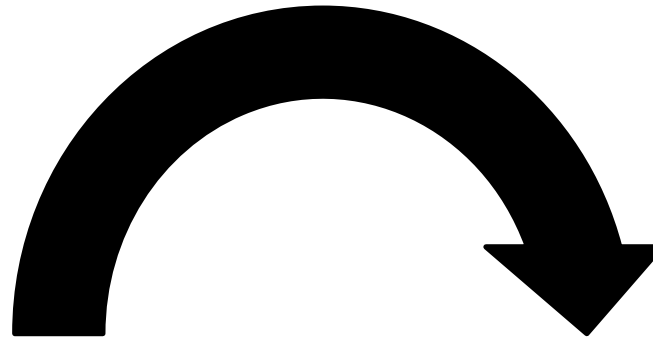
NIH Review

Funding Begins
August 1st

Deadline Considerations

- Request letters of recommendation early
    - Letters of recommendation now <u>required</u> to demonstrate partner commitment
- Leave plenty of time to obtain signatures from institutional officials
- Organizational grants offices often have deadlines prior to submission date
- Many grants require online uploading, leave plenty of time for technology problems

→ CRCAIH Pilot Grant Due 5:00 CST February 24th

Utilize CRCAIH Resources

- Administrative Division

- Community Engagement and Innovation Division

- Regulatory Knowledge Core

- Methodology Core

- Culture, Science, and Bioethics Core

- Sanford Grants Office
  (researchgrants@sanfordhealth.org)

→ Webinar detailing resources www.crcaih.org/pilot-grants

Scoring Categories

- Purpose, Priorities, and Significance (25%)

- Scientific Approach (30%)

- Innovation, Potential for Future Funding (15%)

- Investigators/Environment (15%)

- Collaborations (15%)

Reading RFA & Application Directions

- Read over all forms, noting where further clarification or assistance is needed (e.g., planned enrollment table)

- Application is a fillable form, all components noted there

- Formatting requirements on RFA pg. 5 (e.g., 11 point font)

- Don't forget to spend time on supplemental documents

    - E.g., Abstract, biographical sketch, facilities, human subjects

Research Strategy

- Up to 6 pages, Specific Aims (< 1 page), Significance, Innovation, & Approach

Aims

- Know the research literature, where holes can be expanded upon

- Write clear goals/objectives that can be obtained with 1-year

- 2 or 3 strong aims you can accomplish in project period

- Write aims so they don't rely on results from other aims

6. Research Strategy

A. Specific Aims *(max. 1 page)*

A.1. Overview. A substantial body of research demonstrates that chronic psychosocial stress significantly undermines physical, mental, and behavioral health [1-3]. Life in many American Indian (AI) communities is shaped by a disproportionately high stress load, due in part to historical trauma and rapid cultural change [4-10]. The experience of these stressors among AI's is associated with increased substance abuse and a higher incidence of depressive and anxiety-related disorders (including post-traumatic stress disorder) [11-34]. Such mental and behavioral states have, in turn, been shown to have direct health related detrimental physiological effects relevant to obesity, diabetes, and cardiovascular disease [35-51]. Recently, perceived racial discrimination as a stressor has been linked to increased rates of cardiovascular disease, breast cancer, and hypertension [52-59]. Given this documented impact of racial discrimination stressors, to what extent are racial discrimination stressors experienced by AI's in health care services delivery, and what are their impacts upon AI health care utilization, as part of explaining health disparities in this population? This proposed pilot study seeks to incubate a program of research addressing these important questions.

While overt racial discrimination is no longer socially acceptable, racial discrimination still occurs in covert ways. Microaggressions [60, 61] are these covert intentional or unintentional day-to-day environmental, verbal, or behavioral indignities communicating derogatory racial slights and insults. A growing literature is documenting the types and ways microaggressions occur with many marginalized groups [62]. However, AI's are not sufficiently represented in these studies. In addition, the types of microaggressions AI's experience in healthcare settings and how this affects health service access and utilization, and health outcomes is unknown. The proposed research focuses on the microaggression stressors AI's experience in a regional healthcare setting where AI's make-up 20% of the population. A focus on microaggressions is justified given preliminary data indicating their widespread occurrence, and concern in the AI community about health disparities and access to health services [63-65]. **The goal of this research project is to identify the specific types and range of microaggressions AI's experience in day to day life, and then to explore to what extent this experience of microaggressions generalizes to the experience of accessing the health care system.**

A.2. Specific Aims for the project are as follows:

1. **Develop an interview protocol for assessing American Indian microaggression stressors in the healthcare system.** Focus groups will be utilized to identify the types and range of microaggressions AI's experience in the healthcare system. Preliminary studies conducted by the PI have identified microaggressions experienced by AI's in education settings and in daily activities in the community. These experiences will be used to prompt the focus groups to consider their own experiences.

2. **Identify and examine the most salient microaggressions and stressors in relation to health care access and utilization, and to general health and wellbeing.** Data from in-depth interviews (using the protocol developed under Specific Aim 1) will be used to identify the most severe and most frequently experienced microaggressions within this American Indian cultural context. Microaggressions within and out of the healthcare system will then be examined using existing models of the pathways by which psychosocial stress precipitates risk for chronic disease.

In summary, the proposed research will examine the microaggression experiences and stressors of AI's in the healthcare system. Its findings will provide preliminary data for a CBPR project addressing their extent and impact on healthcare of AI's as an NIH R series grant. This work will fill a significant empirical void, as our understanding of the types and range of microaggressions experienced by AI's is very limited, while the role they play as a barrier in health care access is unknown. The data collected will guide and facilitate development and implementation of cultural competence training curriculum for healthcare providers. The

6. Research Strategy

A. Specific Aims *(max. 1 page)*

The Institute of Medicine defines health literacy as "the degree to which individuals have the capacity to obtain, process, communicate and understand basic health information and services needed to make appropriate health decisions" (Institute of Medicine, 2004). Working within that framework literacy, numeracy, and communication skills are key elements to achieving health literacy. Enhanced skills in these areas equip people with knowledge and skills for problem solving, and help provide a sense of control and mastery over life circumstances (self-efficacy), which allows an individual to more actively engage in his/her own healthcare (self-advocacy). Research has demonstrated that activated patients who collaborate in the decision-making process and share responsibility for treatment decisions have higher levels of overall satisfaction with their medical encounters, are more likely to perform self-management behaviors, have higher quality-of-life scores, and are more likely to adhere to treatment protocols (Martin et al., 2011).

Our long-term goal is to enhance health outcomes by removing barriers to effective patient self-advocacy. We hypothesize that laypersons in American Indian (AI) communities participating in health literacy and self-advocacy training will demonstrate increased levels of patient activation over the baseline. This proposal will test our hypothesis through the following Aims:

<u>Aim 1. Develop Health Literacy/Self-Advocacy Training Curriculum for Laypersons in AI Communities:</u> We will create a modular curriculum designed to provide laypersons in AI communities with enhanced knowledge and understanding of the patient's role in healthcare. The curriculum will include elements such as an overview of the healthcare system, the provider/patient relationship, and skill-building modules in literacy, numeracy, and communication within the healthcare context. Participants will also receive training on methods for utilizing their self-advocacy skills to advocate for other members of their family. A coordinating patient toolkit will be developed to support the curriculum as deemed appropriate by the Curriculum Committee.

<u>Aim 2. Deliver Training Curriculum Via Classroom Integration in Pilot Community Adult Education Programs:</u> Through a partnership with the South Dakota Association for Lifelong Learning (SD ALL), the training curriculum will be delivered via classroom integration in the adult education program in each of the four pilot communities. Instructors from these local programs will be trained in curriculum delivery by the Lead Trainer and will receive any necessary materials and instructional support from the research team. These instructors will also aid the Project Manager and Project Evaluator in administering assessments and collecting data.

<u>Aim 3. Deploy Novel Evaluation Model to Assess Training Curriculum Impact on Patient Activation:</u> We will employ a novel evaluation model combining a modified version of the Technology Acceptance Model (TAM), to project behavioral intention of participants, with the short form of the Patient Activation Measure (PAM), to assess change in activation among participants. Bootstrap resampling procedures will also be employed to estimate the reliability of our parametric models and improve the overall accuracy and power of our findings.

The approach used by this project will invest resources in capacity-building activities aimed at equipping individuals to more effectively advocate for themselves during a healthcare encounter. By placing the locus of this investment in local laypersons and adding a training module focused on advocating for family members, the project seeks to begin addressing health disparities at the grassroots level and within the base unit of AI society (the family). Rather than creating another centralized service organization within the community, this project will invest in the individuals of the community. Rather than providing local residents with another centralized resource, local residents will become the resource. The societal impact of this project will be multi-phased and sustained in nature as the presence of laypersons trained in health literacy and advocacy in a family unit – and the extended family unit of an American Indian community – holds the potential for a significant positive impact on long-term individual and group health outcomes.

Significance & Innovation

Significance

- Focus on social determinants of health for AI in ND/SD/MN

- Reduction of health disparities

- Improving scientific knowledge

- If the aims of the project are achieved, does it matter to anyone other than the PI?

Innovation

- Describe novel theories, approaches, instruments, methods, etc.

- Improvements in scientific knowledge, field, & practice.

- Typically an area where points are lost in the review process.

Scientific Approach

- Solid rationale for methodology & activities
- Draft timeline of activities, organize by aim
- Consider alternative hypotheses
- Include text on potential problems and how you will address them
  - Reviewers like seeing that you've thoughtfully considered barriers to your project and how they will be overcome
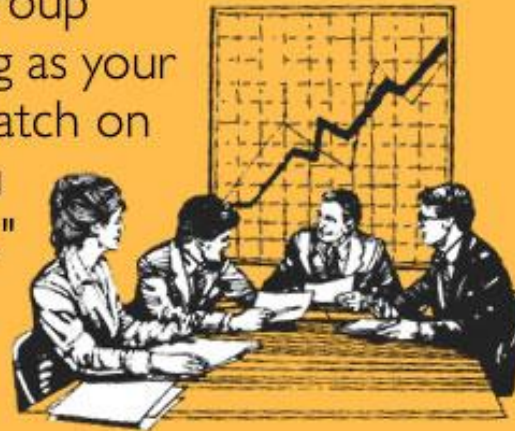
Investigators/Environment/ Collaborations

- Build a strong transdisciplinary team

- Balance expertise in: research content area, real-world experience, research methodologies, & building on established relationships

- Consider how your team's expertise fits research question and design of project

- Utilize colleagues or mentors to review a first draft of your specific aims or proposal early (6 weeks or so)

"Write to Excite"

- Organization of logical ideas

- Be succinct and make clear points

- Use language an educated non-expert can understand

- Use headers for each section, subheaders

- Use diagrams, figures, & tables

- Include some "white space"

- Emphasize certain text with italics, bold, bullet points—formatting matters!

- Use active voice

- Watch 'overuse' of acronyms

Commonly Cited Reviewer Problems

Purpose/Priorities/Significance:

- Relevant literature not included
- Lacking detail in connection to social determinants of health. Why utilizing AI (hard to reach population)? Include local statistics.

Scientific Approach:

- Over ambitious research plan
- Aims lack focus
- Rationale for methods not described. Want more detail in analysis plan.
- Sample not big enough for proposed analyses. Important variables not included in analysis plan (e.g., confounding factors).
- Concerns if sensitive data will be handled properly
- Lacking detail on participant & advisory board recruitment. Including preliminary numbers of potential participants would be good.

Commonly Cited Reviewer Problems – *cont.*

Innovation/Potential for Future Funding:

- Unclear what next steps in research funding are
- CBPR is not innovative methodology for AI
- Concerns about intervention sustainability. Can sample be followed beyond project period?

Investigators/Environment:

- % effort for team members too high/not high enough
- Background of team is inadequate

Collaborations:

- No involvement from AI/AN professionals or community members.
- No letter of support from providers who have large burden of data collection.
- No existing relationships, which would take a lot of time to build.

Budget Recommendations

- Read over all forms, noting where further clarification or assistance is needed

- Pertinent % for team members, consider "in kind" effort, roles clearly defined

- Respondent burden should match incentive

- Travel should be judiciously planned

Resources

- 10 Steps to Winning an R01: www.niaid.nih.gov/researchfunding/grant/strategy/Pages/stepswin.aspx

- Common Mistakes: www.nimh.nih.gov/funding/grant-writing-and-application-process/common-mistakes-in-writing-applications.shtml

- How to Write: www.ninds.nih.gov/funding/write_grant_doc.htm
- Writing Your Application: http://grants.nih.gov/grants/writing_application.htm

Collaborative Research Center for American Indian Health

~ QUESTION AND ANSWER PERIOD ~

* Please mute your line if you are <u>not</u> asking a question *

NEXT PILOT GRANTS WEBINAR "PRE-APPLICATION TECHNICAL ASSISTANCE" 1/21 @ 2 CST

APPLICATION DUE FEB. 24, 2014 5PM CST

info@CRCAIH.org, 605-312-6232, www.crcaih.org

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