Georgia Center *for* Diabetes Translation Research

Georgia Center for Diabetes Translation Research: Regional Core on Technologies Advancing Translation and Equity Pilot Project Program

2022 Request for Pilot Grant Proposals

Letter of Intent: March 1, 2022

Application Receipt: April 15, 2022

The Georgia Center for Diabetes Translation Research (GCDTR) is pleased to announce the 2022 Pilot Project Program. The CDTR is a collaboration of Emory University, the Georgia Institution of Technology, and Morehouse School of Medicine, with funding provided by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and interinstitutional sponsors. The mission of the center is to facilitate and grow diabetes translation research at the partner institutions, within Georgia, and regionally with the overarching theme of health equity across race/ethnicity, age, sex and gender identity, geography (rural, urban), and associated comorbid conditions (e.g., cardiovascular disease, HIV, depression, covid-19, and others).

In addition to Emory University, the Georgia Institute of Technology and Morehouse School of Medicine, the Regional Core on Technologies Advancing Translation and Equity includes partners from the Jaeb Center for Health Research, University of Florida, University of Miami and University of Tennessee Health Sciences Center. The Core aims to create and support a regional translation research network in the Southeastern United States that will identify key gaps, share best practices, and work toward open, accessible technology approaches for reducing health care disparities in diabetes care and prevention.

A. FUNDING OPPORTUNITY DESCRIPTION

GCDTR's Regional Core on Technologies Advancing Translation and Equity is seeking pilot grant proposals that identify persistent gaps in technology capabilities and barriers to the successful and equitable adoption and impacts of technologies in diabetes prevention and care. This opportunity is for investigators from the Core's partner institutions to conduct exploratory, feasibility, and formative diabetes health equity studies to generate preliminary data to facilitate the submission of a subsequent funding application to NIDDK or other funding sources.

All projects should fall under the umbrella of T2 – T4 translation research and address diabetes, diabetes complications, prediabetes/metabolic syndrome, or obesity prevention or treatment.

- **T2 Research – translation to patients:** Translation and/or implementation of interventions/approaches that have clearly demonstrated efficacy into real world health care settings, communities, and populations at risk with an emphasis on reach and sustainability.
- **T3 Research – translation to practice:** Effectiveness, cost effectiveness, and comparative effectiveness studies conducted in practice sites, ensuring the translation of results from clinical studies into clinical practice settings.
- **T4 Research – translation to population:** Dissemination and implementation research, which identifies and resolves barriers to implementation of evidence-based guidelines into community practice.

The 2022 pilot project program is focused on technological innovations for broad dissemination of diabetes wellness, treatment, and education that identify or address issues related to equity of prevention or care. Examples of innovations include but are not limited to mobile health and applications, methodologies for

evaluation of such technologies, and community engagement for implementation and evaluation. Examples of research topics include but are not limited to:

- Multilevel interventions linking patient interventions with health care delivery systems including patient portals and clinical dashboards.
- Interventions for older adults as well as people with disabilities who may face barriers in using technologies predominantly designed for a younger, tech savvy market.
- Interventions that provide additional training and resources for populations who do not use advanced information technology regularly (e.g. internet, social media).
- User-centered and participatory design strategies to increase retention and lower intervention burden to increase adherence to therapies.
- Methods that facilitate the alignment of intervention focus, platform, and user characteristics, such as cultural beliefs, preferences, and functional, digital, and health literacy as well as ecological context of use.
- Networked access healthcare resources anchored in trusted communities, detecting bias in healthcare delivery, enhance clinical care decision support with contextually relevant information (e.g. food deserts, economic stressors).
- Studies that address system level barriers and the resources required for people to meaningfully use and benefit from digital tools

Study methodologies may include but are not limited to: qualitative field work; development of research questions; instrument or assay testing; secondary data analyses that leverage existing databases for data science, analytics, and modeling.

Budget: up to $30,000 for one year

B. ELIGIBILITY CRITERIA

Faculty researchers from the Jaeb Center for Health Research, University of Florida, University of Miami and University of Tennessee Health Sciences Center are eligible to apply as principal investigator for pilot and feasibility funding provided that they fit into one of the following categories:

a. Early career faculty (e.g., Assistant Professor, Clinical Lecturer, Instructor) with limited current or past research support as PD/PI. Because the intent is that the project should lead to a subsequent NIH proposal, faculty should be eligible as a principal investigator for an NIH K or NIH R-level grant application at the time of submission.

2. Established investigators who: a) have no experience in diabetes translation research or b) are proposing ideas that represent a clear departure from their past research and have a fully engaged junior-level Co-PI (post-doc or junior faculty).

C. FUNDING LIMITS AND BUDGETING REQUIREMENTS

- Applicants may request one year of funding up to $30,000 direct costs.
- Budgets must be in the NIH R&R format [i.e. detailed, not modular].
- Funds may be requested for data collection and analysis, research lab supplies and assays, and travel directly related to the conduct of the research.
- PI, Co-PI(s), or Co-Investigators are not required to request salary but are required to have departmental approval if cost sharing effort is required.
- Funds may be requested for salaries for study staff, students, post-doctoral fellows, and other study- related personnel.
- Senior investigators are strongly discouraged from requesting salary support for themselves; however, senior investigators are encouraged to collaborate with and assist junior investigators.
- Funds may be requested for travel and activities associated with writing an NIH research grant proposal based on project findings and/or attending meetings to present project-related data. Supported travel must be completed within the project period unless permission has been granted by the GCDTR administration to extend the travel deadline.

- Do not request indirect costs. Indirect costs may be awarded later, depending on the source(s) of funding used to support the award.
- Routing for approval and signature within the home institution is not required by GCDTR. However, should consult with their grants management personnel to determine if any internal routing policies apply.
- Applicants should consult with departmental or university pre-award personnel to ensure accurate budget development.
- Investigators can apply for a no-cost extension of one year if sufficient progress is demonstrated on the project following the first year of funding.

D. REVIEW AND AWARD PROCESS

Applications will be reviewed in an NIH study section format with at least two reviewers assigned to each proposal. Preference will be given to proposals that have a likelihood of leading to subsequent funding applications and address areas of overlap across the Center's cores of expertise (Design and Evaluation for Equity, Socioecology and Behavior Science for Equity, and Technologies Advancing Translation and Equity). Awards are subject to IRB approval/waiver. All federal and university rules and regulations regarding the administration of grants apply to awarded projects.

Letters of Intent should be submitted as a single PDF to gcdtr@emory.edu no later than March 1, 2022. GCDTR will invite individuals to submit full applications. Should you have any questions about this funding opportunity, please contact Jeff Mills, GCDTR Program Director, at jeff.mills@emory.edu.

2022 CYCLE COMPONENTS	**DATE**
Workshop with Core Faculty:	Friday, January 28, 2022
Letter of Intent:	Tuesday, March 1, 2022
Studio Consultations with Core Faculty	March 14 – 18, 2022
Application Receipt:	Friday, April 15, 2022
Anticipated Start:	Wednesday, June 1, 2022

PROGRAM CONTACTS

Institution	Contact
University of Tennessee Health Sciences Center	Diedre James, MD Assistant Professor, College of Medicine – Memphis Department of Medicine, Division of Med Endocrinology
University of Tennessee Health Sciences Center	Sam Dagogo-Jack, MD Professor, College of Medicine – Memphis Department of Medicine, Division of Med Endocrinology
University of Florida	Ashby Walker, PhD Assistant Professor, Health Services Research, Management & Policy, College of Public Health and Health Professions
University of Miami	Daniel Jimenez, PhD Associate Professor of Psychiatry and Behavioral Sciences, University of Miami Miller School of Medicine
University of Miami	David Baidal, MD Assistant Professor of Medicine, Division of Endocrinology, Diabetes & Metabolism, University of Miami Miller School of Medicine
Jaeb Center for Health Research	Peter Calhoun, PhD Senior Biostatistician

E. LETTER OF INTENT REQUIREMENTS (one page maximum)

- Descriptive title of proposed research.
- Overall aims/hypotheses of proposed research.
- Description of how the project advances the investigator's overall research plan and career trajectory.
- Description of how health equity is being addressed in the proposed research?
- Name, e-mail address, and telephone number of the Principal Investigator and all key personnel.

F. APPLICATION REQUIREMENTS (download here)

1. **Cover Page:** Include department grants administrator contact information and signatures.
2. **Research Plan:** Use Arial 11 point font size; minimum 0.5 inch for all margins for all pages.
   a. **Abstract**: Describe in lay language the general scope of the research and its likely impact. (200 words or less)
   b. **Specific Aims:** State concisely the hypothesis to be tested and the specific aim(s) to be achieved during the pilot award. The aims must be reasonable to achieve during the one-year budget period of the grant. (maximum of 5 single-spaced pages for Specific Aims and Research Strategy, including tables and/or figures)
   c. **Research Strategy:** (maximum of 5 single-spaced pages for Specific Aims and Research Strategy, including tables and/or figures)
      i. Significance:
         - Explain the importance of the problem and/or how it addresses health equity in the prevention and treatment of diabetes and related conditions.
         - Explain how the proposed project will improve scientific knowledge, technical capability, and/or clinical practice in one or more broad fields.
         - Describe how the concepts, methods, technologies, treatments, services, or preventive interventions that drive this field will be changed if the proposed aims are achieved.
      ii. Innovation:
         - Explain how the application challenges and seeks to shift current research, clinical practice, or community-level intervention paradigms.
         - Explain how health equity issues will be addressed.
         - Describe any novel theoretical concepts, approaches or methodologies, instrument(s) or intervention(s) to be developed or used, and any advantage over existing methodologies, instrument(s), or intervention(s)
      iii. Approach:
         - Describe the overall strategy, methodology, and analyses to be used to accomplish the specific aims of the project. Unless addressed separately, include how the data will be collected, analyzed, and interpreted as well as any resource sharing plan as appropriate.
         - Describe ways in which your research methods inform and support health equity.
         - Describe how your approach will engage with relevant GCDTR research cores.
         - Discuss potential problems, alternative strategies, and benchmarks for success anticipated to achieve the aims.
         - If the project is in the early stages of development, describe any strategy to establish feasibility, and address the management of any high-risk aspects of the proposed work.
         - Point out any procedures, situations, or materials that may be hazardous to personnel and precautions to be exercised.
   d. **Health Equity Statement:** Proposals must include a health equity statement that indicates how the research address health inequities (race/ethnic, age, gender, socioeconomic status, geography, sexual orientation, co-morbidities).
   e. **References Cited:** Provide a bibliography of any references cited in the Research Plan. Each reference must include names of all authors (in the same sequence in which they appear in the publication), the

article and journal title, book title, volume number, page numbers, and year of publication. Include only bibliographic citations. Follow scholarly practices in providing citations for source materials relied upon in preparing any section of the application.

f. **Protection of Human Subjects** (follow NIH application guidelines): Applicants must ensure that all human subjects are protected. Reviewers will assess the potential risk to human subjects in proposed research and evaluate what protections are in place to guard against any research-related risk. Awards cannot be made until assurances are on file with GCDTR. Decision charts are presented that are helpful in thinking through relevant human subject protections issues (see: https://grants.nih.gov/grants/how-to-apply-application-guide/forms-g/general/g.500-phs-human-subjects-and-clinical-trials-information.htm#3.1)

g. **Research Timeline:** Gantt chart of study related activities.

3. **List of Key Personnel/Other Significant Contributors:**

   a. Key Personnel are individuals who contribute to the scientific development or execution of the project in a substantive, measurable way, whether or not salaries are requested. (These individuals will have effort included on the budget or will be a paid consultant.)
   b. Other Significant Contributors are individuals who have committed to contribute to the scientific development or execution of the project but are not committing any specified measurable effort to the project. Unpaid consultants/collaborators should be included if they meet this definition.

4. **Next Stage Funding:** Identify potential funding sources for the next stage of this project. If known, include all four of the following: 1) name of PI for external grant submission; 2) funding agency; 3) funding mechanism; and 4) anticipated date of submission.

5. **Detailed Budget Pages**: See section D for allowable costs.

6. **Budget Justification**: Provide a justification for all costs (both personnel and non-personnel). Describe the role of each individual listed on the project. Do NOT include any salary figures in the justification. For non-personnel costs, itemize the expenses and describe how they will be used to conduct this project.

7. **Biosketches:** Submit biosketches in the NIH format (version effective Jan 25, 2022) for Key Personnel and Other Significant Contributors.

8. **Letters of Support:**

   - Letters from research sites/collaborators if they are being used for primary data collection.
   - Confirmation of contributions that will be used to offset the cost of the study.