

# Cornell Center for Health Equity

## Pilot Research Projects for Health Equity

### REQUEST FOR PROPOSALS

**February 9, 2018**  
(Updated April 5, 2018)

The University-Wide Cornell Center for Health Equity is pleased to announce its first pilot research project opportunity to support novel and innovative community-partnered research projects in health or healthcare disparities that will lead to extramurally funded grants. The Cornell Center for Health Equity intends to commit \$200,000 to fund four 1-year pilot projects (\$50,000 each project). **New deadline: June 1, 2018**

#### Eligibility

To be responsive to this opportunity, four requirements must be fulfilled:

- (1) The Principal Investigator (PI) must be an Academic Member of the Center for Health Equity. Affiliate Members and Community Members are encouraged to participate in investigative teams but may not serve as PI. Multiple PI models are encouraged, especially if the PIs are from different Colleges.
- (2) The investigative team must include at least one investigator from Weill Cornell Medicine and additional investigators from at least one other College of Cornell University.
- (3) The investigative team must include a community partner. The Cornell Center for Health Equity Community Engagement Core will assist investigators to find community partners as needed.
- (4) The project must clearly explain how it will generate pilot data for a larger extramurally funded project. Applications that propose potentially high impact pilot studies that are well thought out and have a clearly defined path to extramural funding are particularly encouraged. Projects that are expected to lead to program project grants are preferred.

Teams who have attended the 2018 Cornell Tri-Campus Health Equity Symposium on March 15 and 16 brainstorming sessions and have potential projects are strongly encouraged to apply.

If the project is selected for funding, the PI is required to provide Just in Time documentation, including 1) updated Other Support documents for the PI and co-investigators explaining scientific and budgetary overlap among projects; and 2) an approved IRB protocol (we urge that this be submitted as early as possible so as not to delay awarding of funding), which includes evidence of completion of Human Subjects Protection Training. If community partners are unfamiliar with Human Subjects Protection Training, the Cornell Center for Health Equity Community Engagement Cores will provide assistance at the request of the project PI.

PIs who have been awarded another institutional seed project within the last 2 years with scientific overlap with the project under funding consideration are not eligible for the award. Seed funding from any source at Cornell University is included in this criterion.

PIs will be expected to submit a progress report within 90 days of the end of the project period. The progress report must provide an update on the specific aims and whether and how they were carried out. It must also provide a statement of how community members were involved in the research. It must provide an update on the extramural funding plan.

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## Topics

This opportunity seeks to support the development of novel, innovative, well-designed research projects in health or healthcare disparities. Educational research is encouraged if it is rigorous and can lead to extramural funding. Topics that respond to community priorities will be given preference. These priorities can come from publically available data, from community needs assessments, and/or from priorities expressed by the Community Advisory Boards of the Cornell Center for Health Equity. Please see attachment for a list of central New York State and New York City Community Advisory Board priorities.

## Funding

Application budgets are limited to \$50,000 total direct costs for the one-year project period, and will support faculty (where permitted – note that faculty salaries may not be supported by internal seed grants in some Colleges of the University), community partners, project personnel, and project-related supplies including incentives. Funds may not be used to support capital equipment, travel (other than for community member participation), or indirect costs. The funding period is anticipated to be August 1, 2018 – July 31, 2019.

## Application Instructions and Checklist

1. Cover Page: Use attached cover page template
2. Abstract (30 lines)
3. Lay Summary (½ page): Provide a brief summary of the project in lay terms.
4. Novel Direction Statement (≤½ page): Describe how the proposed project is 1) a new direction from the investigator's current work, 2) focused on health disparities, and 3) not covered by any existing grant funding.
5. Research Plan (5 page limit): Include the following 4 sections only: Specific Aims, Significance, Innovation, and Approach. A timeline must be included that shows the extramural funding plan on conclusion of the pilot award and should be included in the 5-page limit. Preliminary data, if available, should also be included.
6. References are not included in the Research Proposal 5-page limit.
7. Extramural Funding Plan (~ ½ page): Describe the plan for submission of an application for continued extramural support of the project. Plan should include a timetable for submission of project for extramural support after the funding period is concluded. Plan should highlight how seed funding will enhance the likelihood of success for extramural funding. Proposals which can generate preliminary data to prepare for a more competitive grant are highly sought.
8. Statement on Collaboration: Include a brief statement on how the proposal reflects collaboration between investigators based at a minimum of Weill Cornell Medicine and at least one other College within Cornell University and the community partner(s). Specific plans to cultivate and extend the collaboration after the funding period must be included. If multiple PIs are proposed, a Multiple PI [MPI] Plan should be included (see NIH instructions for MPI Plans).
9. Budget (itemized): Subcontracts are not permitted. Faculty salaries (where permitted) must use the institutional base salary (not the NIH cap).
10. Budget Justification: Provide details on each faculty and staff role and justify the effort devoted to the project.
11. NIH formatted biosketch is required for all investigators with a significant role on the project, regardless of whether salary is supported by the project budget. Community partners also require a Biosketch. The Community Engagement Core of the Center is available to assist with the creation of community partner biosketches.
12. Other Support Page: Include all active research support for the investigators on the project (you will be asked for updated Other Support pages if the project is funded during Just in Time Request).

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*Please utilize the provided application template, with the set margins/font. The Research Plan must use 11-point Arial font with ½ inch margins.*

## **Application Deadline**

Applications should be submitted as a **single PDF** to [centerfortheequity@med.cornell.edu](mailto:centerfortheequity@med.cornell.edu) by ~~May~~ June 1, 2018 at 5:00 pm EST. For additional information on this opportunity please contact Shannel Lewis, Program and Research Manager at [shg2013@med.cornell.edu](mailto:shg2013@med.cornell.edu).

## **Selection Process**

Awards will be chosen on a competitive basis. Selection criteria will include:

- (1) Innovation and significance. Is the project innovative and significant? Is it scientifically meritorious and compelling regardless of negative or positive findings?
- (2) Approach. Is the project feasible as proposed? Are the methods appropriate to accomplish the aims within the 1-year period? Are alternatives considered and the chosen approach well justified? Is there an appropriate statistical plan for analyzing the data generated by the project? Power calculations should be included if appropriate to the research.
- (3) Community priorities. Does the project respond to an explicit community priority? Community priorities may be based on published statistics, from the CAB discussions (see Attachment), or from qualitative work in the specific community targeted by the project.
- (4) Community engagement. Does the community partner have a meaningful role? Is funding for the community partner included in the budget? Is the community perspective adequately integrated into the research? Are there plans for continued community perspective integration over the project period and beyond for the next project?
- (5) Extramural funding plan. Does the project have convincing potential for subsequent extramural funding? Are specific funding mechanisms identified along with a timeline for submission?

The Contact PI will be notified via e-mail in early July if the project is selected for funding, at which time the PI will be required to submit Just in Time documents. The effective award date is estimated to be August 1, 2018.

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## **ATTACHMENT: Community Advisory Board Findings**

This summary stems from the first Community Advisory Board (CAB) meetings of the Cornell Center for Health Equity that took place on September 19, 2017 at Weill Cornell Medicine in New York City and September 28, 2017 at Cornell University in Ithaca. The two CABs aim to serve as a conduit into the community, identifying promising areas of collaboration of mutual interest in the areas of research, teaching, service, and advocacy. A major goal of the Cornell Center of Health Equity is to conduct highly relevant research in partnership with community members to address an expressed community need.

In order to advance this goal, the CABs are integrated into Center activities. CAB members will participate in the pilot project selection process, and will assist investigative teams early in the project conceptualization phase to identify community partners to integrate into the team. These community members can be integrated in a variety of ways, but at a minimum must be consulted at least quarterly throughout the research project to keep the research relevant and responsive to community needs. **Applicants who are unfamiliar with how to work with community members on their research teams are strongly encouraged to attend.**

One of the activities of the CABs is to communicate community priorities to the Center. These community priorities will be emphasized in the pilot project selection process and projects that respond to a community priority will be more favorably reviewed than projects that do not. Community priorities can either come from the CAB recommendations, or from community needs assessments and publically available data that demonstrate a health disparity.

The Fall 2017 CAB meetings were preceded by a brief survey of the CAB members. The results of the surveys were presented at each of the two meetings to guide the discussion.

### **Findings and Conclusions:**

- In both New York City and Ithaca the CABs advised that the primary source for educating the communities they serve on new programming is via word of mouth. Social media and other electronic platforms are important and underutilized as communication strategies due to lack of access in rural and urban communities among the most vulnerable. However trusted members of communities can penetrate and influence fellow members to be engaged.
- The vulnerable populations of New York City and rural Central New York State share more similarities than they do differences. The top three health priorities identified were:
  - (1) Mental illness
  - (2) Chronic diseases
  - (3) Substance abuse

However, both CABs emphasized that disentangling health conditions is not always possible. Thus programs were preferred if they address:

- (4) Co-morbidities and whole person orientation rather than single disease focus
- (5) Multiple vulnerabilities to health disparities

The whole person approach was felt to be especially critical for substance abuse and mental illness.