

Request for Pilot Proposals from the Network on Life Course Health Dynamics and Disparities in 21st Century America

Due Date: June 12, 2015

REQUEST FOR PROPOSALS

The Network on Life Course Health Dynamics and Disparities invites interested investigators to submit pilot proposals for research that address racial/ethnic disparities in US population health and mortality. Projects will begin in summer of 2015 and must be completed by June 30th, 2016.

Please share this announcement with researchers who might be interested.

RESEARCH FOCUS

The NIA supported research network promotes population research dedicated to understanding health dynamics and disparities in the United States. The network is led by James House (University of Michigan), Eileen Crimmins (University of Southern California), Mark Hayward (University of Texas at Austin), and Robert Hummer (University of North Carolina) and includes seasoned and emerging investigators from a number of universities around the country. This coming year, our focus will be on racial/ethnic disparities and trends in health and mortality. We are soliciting pilot projects in that area.

Despite spending far more on health care and insurance, the U.S. is falling further behind comparably high-income nations, and even some middle-income countries, on major indicators of population health. The relative declining level of health of the U.S. population has been most clearly documented for mortality, but has also been observed for many indicators of morbidity and functional health limitations. Reasons for the declining level of U.S. population health relative to other countries are not well understood. Better understanding trends in, and explanations of, disparities in health across major population subgroups constitutes a critical step in understanding and alleviating the increasing health disadvantage of America's population relative to comparably wealthy nations.

More specifically, the black-white disparity in life expectancy has recently narrowed to its lowest-ever gap of about 4 years. Nonetheless, many black-white health and cause-specific mortality disparities remain wide and continue to be major social/health problems, contributing to the overall lower U.S. international standing in population health relative to other high-income nations. Moreover, there is reason for concern with regard to very recent trends in African American health given the context of growing socioeconomic inequality during and after the housing crisis and great recession. For example, racial/ethnic wealth inequality recently increased to its highest ever level since wealth data have been available, largely due to significant losses in wealth among African American and Hispanic households over the past few years.

While some narrowing of black-white health differences is a positive development, there is much the scientific community does not understand regarding this trend and, perhaps even more importantly, much uncertainty regarding what may lie ahead. For example, the narrowing of the black-white disparity in life expectancy has been caused largely by declines among black males in homicide, unintentional injury, and HIV mortality; however, trends in African American health and mortality due to some chronic conditions – such as heart disease, diabetes, and cancer – have exhibited less evidence of closure, and even some widening of disparities. Moreover, rapidly increasing population diversity makes the documentation, understanding, and future predictions of racial/ethnic health and mortality differences both more challenging and even more important to health and social policy. Only recently, for example, has the U.S. government issued its first life table for the Hispanic population and there has been almost no scientific attention given to understanding *trends* in adult health and mortality among the large and rapidly growing Hispanic and Asian American populations. Data limitations have been a stumbling block in this area, but recent improvements in national mortality data and oversampling of minority populations in large survey-based longitudinal health studies has opened up new avenues of inquiry.

Key potential questions to be addressed by pilot projects in this area of study include, but are not limited to, the following: To what extent is the narrowing black-white trend in life expectancy occurring largely because of pronounced decreases in black male mortality in young-to-middle ages for specific causes (e.g., HIV/AIDS, homicide, unintentional injuries) mirrored (if at all) by similar trajectories of chronic-disease driven health and mortality among older African Americans? How can recent declines in black-

white gaps in life expectancy be best understood in the context of widening educational differences in U.S. adult mortality? Will very recent increases in U.S. socioeconomic inequality have an impact on racial/ethnic differences in health and mortality? As larger and larger cohorts of Hispanic and Asian Americans move into middle and older adulthood, how do their health and mortality patterns compare to those of both: a) previous cohorts of Hispanic and Asian Americans; and b) current cohorts of non-Hispanic white and black Americans?

BUDGET

Investigators may request total (direct + indirect) costs in the range of **\$10,000-\$15,000** for pilot projects, with a limit of 8% on IDC which is comparable to the rate allowed on Research Career Development awards. Funds can be used for research assistance, salaries, travel, data acquisition, etc.

TIMETABLE

- June 12, 2015: Proposals are due in an NIH format that includes no more than three single-spaced pages including Specific Aims, Significance, Innovation, and Research Design. In addition, an NIH detailed Budget Page and Justification, and NIH Biosketch must be included. Please submit the text and additionally requested materials in one PDF file.
- Week of June 22, 2015: Notification of decisions and request for human subjects approvals.
- Start Date: After notification of approval from NIA and Submission of IRB approvals. Optimistically, a finalized award can be expected by September 1, 2015; however, an official start date of July 1, 2015 will be allowed.
- Duration of Pilot Projects: Until June 30, 2016.

EXPECTED OUTCOMES: (1) Presentation of preliminary findings must be given at the next full Network Meeting to be held on April 3rd, 2016 (on the Sunday directly following the annual meeting of the Population Association of America), in Washington, DC. (2) Participation in future Network activities. (3) Written report upon completion of the project. Subsequent outcomes such as resulting proposals, research funding, and publications must be reported to the Network. All research resulting from the pilot work must credit NIA grant **R24 AG045061**. All publications must be submitted to PubMed Central.

FORMAT OF PROPOSALS

Cover page with title and investigator's name and an abstract that clarifies the value of the research; NIH Face-Page (Form Page 1); NIH biosketch for all key-personnel; a PHS 398 budget page (Form Page 4 - <http://grants.nih.gov/grants/funding/phs398/phs398.html>) and budget justification; plus 3-page proposal covering specific aims, significance, innovation, and research design/methods. Proposals using human subjects will need institutional IRB approval before funding is awarded. **Note:** When calculating total requested budget, IDC amount is part of the total budget and should be included on the budget form on the line that says "Consortium/Contractual Costs – Facilities and Administrative Costs." **SUBMISSION INSTRUCTIONS:** Please submit proposals as a single PDF file **by Friday, June 12th** to Barbara Strane at bstrane@umich.edu

SELECTION CRITERIA

Proposals will be evaluated for: (a) the quality of the proposed research; (b) relatedness of research to the Network topic for the year; (c) likelihood that proposed work will result in R01 funding within 2 years; (d) likelihood the research will result in important publications with insights into population health; (e) credentials of investigators. Young investigators are especially encouraged to apply.

For more information about scientific issues, please contact:

James House, University of Michigan, jimhouse@umich.edu
Eileen Crimmins, University of Southern California, crimmin@usc.edu
Mark Hayward, University of Texas at Austin, mhayward@prc.utexas.edu
Robert Hummer, University of Texas at Austin, rhummer@prc.utexas.edu

For more information about administrative and budget issues, please contact:

Barbara Strane, bstrane@umich.edu – 734-936-0546