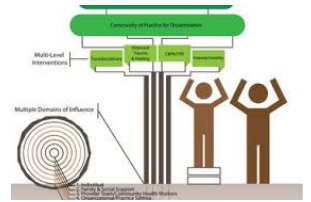


# TREE Center for Advancing Behavioral Health

## Request for Applications (RFA)

### Pilot Research Projects in Health Disparities



## Purpose

The Transdisciplinary Research, Equity and Engagement Center (TREE Center) for Advancing Behavioral Health is committed to supporting research that will reduce health disparities and increase health equity in New Mexico. The purpose of this RFA is to:

- (1) Support strong pilot projects that foster transdisciplinary, community-engaged, multi-level intervention research that addresses behavioral health disparities in New Mexico; and
- (2) Increase the number of underrepresented minority (URM) and non-URM post-doctoral students, junior faculty, and early stage investigators with the critical consciousness, cultural competence, and other relevant skills to conduct behavioral health disparities research the New Mexico's underserved populations.

## Critical Dates

Application Posting Date: December 21, 2017

### **RFA Webinar: January 25, 2018, 2:00 pm:**

Topic: TREE Center for Advancing Behavioral Health

Time: Jan 25, 2018 2:00 PM Mountain Time (US and Canada)

Join from PC, Mac, Linux, iOS or Android: <https://zoom.us/j/714629434>

Or iPhone one-tap :

US: +16699006833, 714629434# or +14086380968, 714629434#

Or Telephone:

Dial (for higher quality, dial a number based on your current location):

US: +1 669 900 6833 or +1 408 638 0968 or +1 646 876 9923

Meeting ID: 714 629 434

International numbers available: <https://zoom.us/join?j=714629434>

### **Application Deadline: March 30, 2018, 5:00 pm**

Notice of Intent to Fund/Decline: April 20, 2018

IRB Submission Deadline: May 4, 2018

IRB Approval Deadline: June 15, 2018

Funding Period: July 1, 2018 through June 30, 2019

**Number of Awards:** 3 awards

**Award Amount:** Up to \$50,000 per award [NOTE: All awards are dependent on the availability of TREE Center pilot project funds]

## Eligibility

Principal Investigators (PIs) for these pilot research project awards are limited to University of New Mexico post-doctoral fellows, junior faculty, and other early stage investigators. Early stage investigators are defined by NIH as a Program Director/Principal Investigator (PD/PI) who has completed their terminal research degree or end of post-graduate training, whichever date is later, within the past 10 years and who has not previously competed successfully as PD/PI for a substantial NIH independent research award. Applicants may be employed at the UNM main campus or the UNM Health Sciences Center campus. Applicants may be Tenure Track, Research Track, or Clinical Educator Track. We encourage applications with research team members from different disciplines to apply. Individuals who meet the NIH definition of underrepresented minority (URM) groups in science also are encouraged to apply.

URM Definition: individuals from underrepresented racial and ethnic groups shown to be underrepresented nationally defined as Blacks or African Americans, Hispanics or Latinos, American Indians or Alaska Natives, Native Hawaiians and other Pacific Islanders and individuals with disabilities, defined as those with a physical or mental impairment that substantially limits one or more major life activities. See: <https://www.nigms.nih.gov/Training/Diversity/Pages/Approaches.aspx> and the National Science Foundation website and report *Women, Minorities, and Persons with Disabilities in Science and Engineering* - (<https://www.nsf.gov/statistics/2017/nsf17310/>).

## Research Priorities

The TREE Center is dedicated to understanding and remedying historical trauma and the social-structural determinants of mental health and substance abuse (e.g. racial and ethnic discrimination, intimate partner violence/community violence, opioid use, health systems gaps, and in-efficiencies/access barriers). The prevalence of mental illness and substance abuse in New Mexico is among the highest in the nation. This RFA encourages pilot research projects that engage with community partners to reduce behavioral health disparities and increase behavioral health equity in New Mexico.

Drawing from socio-ecological approaches<sup>i,ii</sup> the pilot projects should employ at least one of a multi-level intervention framework to more pointedly produce a knowledge base for identifying specific practice, systems, and policy solutions (see Appendix 1). We are seeking solutions beyond the individual treatment level. Research that addresses the social determinants of health and the intersection of different domains of influence (biological, behavioral, physical environment, sociocultural environment, healthcare system) are of interest.

Research may be observational or interventional, and should focus on a specific underserved population in New Mexico with a defined behavioral health disparity. Examples include: youth suicide among American Indian/Alaska Native populations; access to mental health services in rural areas; drug overdose deaths among Hispanic males; depression among black/African American populations; and, substance abuse among gender and sexual minorities. Note: These are examples and do not reflect the full range of acceptable research areas.

## Research Mentorship

Awards made through this RFA are meant to provide mentorship to post-doctoral scholars, junior faculty and new investigators as they develop their research portfolios in behavioral health. As such, all awardees will have access to training opportunities, mentorship plans, roundtable discussions, and other strategies for increasing expertise in behavioral health research and career development. Mentorship meetings and

roundtable discussions held throughout the award year will provide venues for discussing progress on the research, challenges identified, and strategies for moving forward. Awardees are expected to participate in at least one training and or mentoring activity quarterly (total of a minimum of 4) in the course of the year.

## Evaluation Criteria

Applications will be subject to both scientific and programmatic review. The following criteria will be used in evaluating these proposals:

1. Overall impact
2. Alignment with TREE Center goals
3. Investigator
4. Community partners, community mentors and academic mentors
5. Significance
6. Innovation
7. Approach
8. Timeline
9. Future extramural funding plan
10. Budgetary Considerations
11. Letters of Support and Commitment (at minimum from community partners, community mentors and academic mentors)

**Scoring:** The review committee will use a scoring rubric similar to that used by NIH. Each criteria will receive a score from 1-9 with 1 = exceptional and 9 = poor.

## Application Instructions

### A. Process

The application should be submitted as a single pdf with all sections described in Section C. Template located below. The pdf should be submitted electronically to Dr. Theresa Cruz at [thacruz@salud.unm.edu](mailto:thacruz@salud.unm.edu) prior to the deadline **March 16, 2018, 5:00 pm**. Please review the pdf prior to sending to ensure it contains all relevant components. Additionally, it is recommended that you submit the application with sufficient time to receive a confirmation email prior to the deadline to ensure that the application was received in time.

### B. Format

The research strategy (items V-VII in the template below) should not exceed 5-pages (word document, single space, 11 pt. font, 1 inch margins)

### C. Template

The application should contain the following sections:

- I. Project Title
- II. Principal Investigator
- III. Research Team including Academic and Community Mentors
- IV. Specific Aims (max 1 page)
- V. Significance of work

- VI. Innovation
- VII. Approach
- VIII. References
- IX. Budget
- X. Curriculum Vitae or NIH bio-sketches of applicant and academic mentor; brief bio for community mentor describing relevant experience and expertise
- XI. Letters of support/commitment (at minimum from community partners, community mentors and academic mentors)
- XII. Plan for future extramural funding based on the results of the pilot project

## Research Team Including Mentors

Applicants are required to include two mentors in their proposals, one academic mentor (affiliated with UNM) and one community mentor (affiliated with the community with which the applicant is collaborating). Mentors will provide guidance to the applicant during implementation of the research grant as well as mentorship on career and professional development. Descriptions of their relevant experience and rationale for including them in the grant should be included in the proposal. Funding for the mentors should be included in the application budget. Potential applicants who would like assistance with identifying an academic or community research mentor may contact the faculty identified below. Other research team members may include faculty, staff, graduate research assistants, students, and community partners.

## Significance

The significance section should include a description of the behavioral health disparity/inequity being studied, the magnitude and severity of the issue in New Mexico, populations affected, and the gap in the literature that needs to be addressed.

## Approach

This section should include:

- a. The theoretical framework used (i.e. historical trauma/healing, intersectionality, social determinants of health framework for action)
- b. Community partners and roles
- c. Specific population of focus
- d. Intervention description – interventions should be focused beyond individuals to peers/families; organizations (e.g., schools, worksites, religious organizations, health systems/clinics); communities (e.g., neighborhoods, built environment); and/or policies
- e. Study design and outcomes
- f. Study timeline

Note: For projects that are selected for funding, IRB approval will be needed prior to release of funds. Therefore, IRB applications, including a data safety monitoring plan, must be submitted by May 15, 2018.

## Budget Guidelines

The budget should include items necessary for the completion of the pilot research project. There is an expectation that all funds will be spent during the 1-year funding period. Any delays or changes that affect the budget will need to be reported. Funds not used during the funding period will be returned to the TREE Center.

Faculty by-outs for time on this research study will need to be discussed, arranged, and approved with department chairs.

Allowed: faculty salaries, staff salaries, post-doctoral scholar salaries, graduate research assistants, students, community partner stipends, food for research-related activities including meetings held in the community, in-state research-related travel, CTSC bio-statistical support and/or other methods support (multi-level modeling, qualitative methods, CBPR), research participant compensation

Required: Allocation of \$3,000 for academic research mentor and \$3,000 for community research mentor

Not allowed: Graduate student tuition, administrative salary support, food and beverages for routine/internal meetings, alcohol, out-of-state travel

***Note: There is no need to include indirect costs. Administrative support will be provided through the TREE Center Administrative Core.***

Please use the template below to provide the budget and budget justification.

TREE Pilot Project Budget  
[Proposed Project Name]

<b>Expense</b>	<b>Amount</b>
Salary/Benefits	
Consultant (stipends required for mentors)	
Equipment/Supplies	
Materials	
Travel	
Capital Equipment	
Other	
<b>Total Cost</b>	<b>\$</b>

**Budget Justification** (Provide a detailed description of all budgeted expenses in each of the categories outlined above.)

**Salaries/Benefits**

**Consultant Costs**

**Travel**

**Materials**

**Equipment/Supplies**

**Capital Equipment**

**Other**

## Reporting Requirements

The PI is expected to submit a mid-term report describing progress, challenges, and budget status by January 31, 2019. If less than 50% of funds have been spent at the time of the mid-term report, a plan for spending down the funds should be included in the report. A final project report will be due by July 31, 2019. PIs will submit an additional report one year later detailing all submitted publications and grant applications (pending or funded) relating to the pilot project.

## Pilot Program Contacts

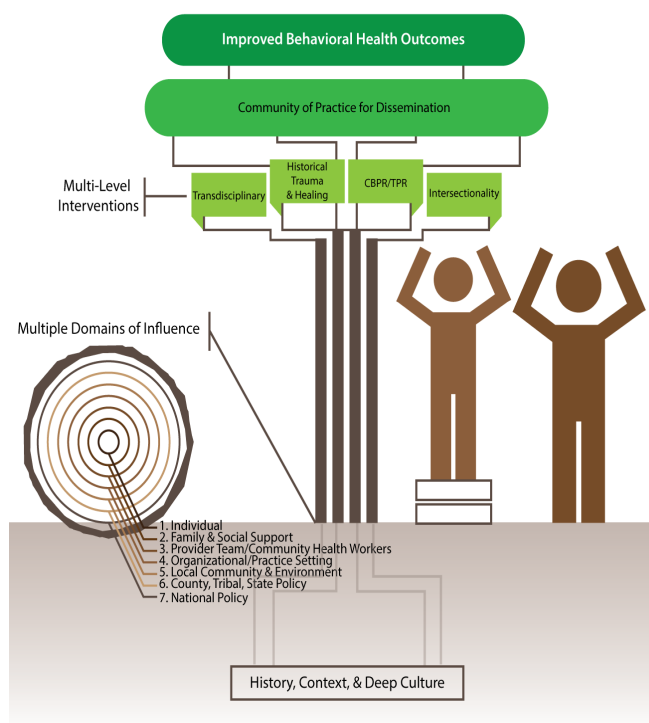
Please contact Dr. Matthew Borrego at 272-5945 or [mborrego@salud.unm.edu](mailto:mborrego@salud.unm.edu) or Dr. Theresa Cruz, at 272-8379 [thacruz@salud.unm.edu](mailto:thacruz@salud.unm.edu) for specific questions or additional information.

## Acknowledgements

The NM TREE Center is funded by the National Institute of Minority Health and Health Disparities (NIH Grant # U54 MD004811-06).

## APPENDIX 1

Our conceptual framework recognizes the impact of multiple domains of influences on our target population's health. Drawing from socio-ecological approaches<sup>iii,iv</sup> our research and pilot projects employ multi-level interventions to more pointedly produce a knowledge base for identifying specific practice, systems, and policy solutions. The conceptual foundation of this Center (Figure 1) is based on several theoretical frameworks: 1) NIMHD Minority Health Disparities Research Framework and Domains of Influence which recognize that behavioral health disparities have a complex, multifactorial basis; 2) Transdisciplinary Research which requires collaborative and integrative thinking, cuts across disciplines, integrating and synthesizing content, theory, and methodology;<sup>v</sup> 3) Multi-Level Intervention Research which acknowledges that no single intervention targeting one identified cause of disparity will produce substantial or lasting effects in eliminating health disparities;<sup>vi,vii</sup> 4) Community-Based Participatory Research<sup>viii,ix</sup> which admits that interventions not based in partnership with communities have little chance of reducing health disparities. As a collaborative research approach which builds from community strengths and priorities, CBPR has increasingly moved towards social, health, and environmental policy targets in applying research findings towards social action with the goals of improved equity; 5) Intersectionality as a theory and method for analyzing multiple systems of oppression<sup>x,xi</sup> which assumes that social categories are mutually constitutive insofar as individuals experience social dynamics, like policies, differentially based on multiple social locations, such as gender, race, and sexual orientation; and 6) Dissemination and Implementation Research in Health<sup>xii,xiii</sup> which moving research into health practice and policy through diffusion dissemination, and delivery of research, T3 and T4 on the NIMHD translational research spectrum. Our conceptual model is illustrated in Figure 1 and highlights the relationships between health equity, history/context and deep culture, multiple domains of influence, multi-level interventions, dissemination of research through a community of practice and anticipated impact on behavioral health outcomes. Our TREE Center's work recognizes that behavioral health outcomes are deeply embedded in the history, context and culture of place and people in New Mexico as illustrated in the roots of the TREE (Figure 1).





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- <sup>i</sup> McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. *Health Educ Q.* 1988 Winter;15(4):351-377. <https://www.ncbi.nlm.nih.gov/pubmed/3068205>.
- <sup>ii</sup> Golden SD, Earp JA. Social ecological approaches to individuals and their contexts: twenty years of health education & behavior health promotion interventions. *Health Educ Behav.* 2012 Jun;39(3):364-372. <https://www.ncbi.nlm.nih.gov/pubmed/22267868>. DOI: 10.1177/1090198111418634.
- <sup>iii</sup> McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. *Health Educ Q.* 1988 Winter;15(4):351-377. <https://www.ncbi.nlm.nih.gov/pubmed/3068205>.
- <sup>iv</sup> Golden SD, Earp JA. Social ecological approaches to individuals and their contexts: twenty years of health education & behavior health promotion interventions. *Health Educ Behav.* 2012 Jun;39(3):364-372. <https://www.ncbi.nlm.nih.gov/pubmed/22267868>. DOI: 10.1177/1090198111418634.
- <sup>v</sup> Dankwa-Mullan I, Rhee KB, Stoff DM, Pohlhaus JR, Sy FS, Stinson N, Jr., Ruffin J. Moving toward paradigm-shifting research in health disparities through translational, transformational, and transdisciplinary approaches. *Am J Public Health.* 2010 Apr 01;100 Suppl 1:S19-24. PMC2837422. <https://www.ncbi.nlm.nih.gov/pubmed/20147662>. DOI: 10.2105/AJPH.2009.189167.
- <sup>vi</sup> Charns MP, Foster MK, Alligood EC, Benzer JK, Burgess JF, Jr., Li D, McIntosh NM, Burness A, Partin MR, Clauser SB. Multilevel interventions: measurement and measures. *J Natl Cancer Inst Monogr.* 2012 May;2012(44):67-77. PMC3482970. <https://www.ncbi.nlm.nih.gov/pubmed/22623598>. DOI: 10.1093/jncimonographs/lgs011.
- <sup>vii</sup> Clauser SB, Taplin SH, Foster MK, Fagan P, Kaluzny AD. Multilevel intervention research: lessons learned and pathways forward. *J Natl Cancer Inst Monogr.* 2012 May;2012(44):127-133. PMC3482966. <https://www.ncbi.nlm.nih.gov/pubmed/22623606>. DOI: 10.1093/jncimonographs/lgs019.
- <sup>viii</sup> CacariStone L, Wallerstein N, Garcia AP, Minkler M. The promise of community-based participatory research for health equity: a conceptual model for bridging evidence with policy. *Am J Public Health.* 2014 Sep;104(9):1615-1623. PMC4151933. <https://www.ncbi.nlm.nih.gov/pubmed/25033119>. DOI: 10.2105/AJPH.2014.301961.
- <sup>ix</sup> Wallerstein NB, Duran B. Using community-based participatory research to address health disparities. *Health Promot Pract.* 2006 Jul;7(3):312-323. <https://www.ncbi.nlm.nih.gov/pubmed/16760238>. DOI: 10.1177/1524839906289376.
- <sup>x</sup> Collins PH. Intersectionality's definitional dilemmas. *Annual Review of Sociology.* 2015;41:1-20.
- <sup>xi</sup> Hankivsky O, Reid C, Cormier R, Varcoe C, Clark N, Benoit C, Brotman S. Exploring the promises of intersectionality for advancing women's health research. *Int J Equity Health.* 2010 Feb 11;9:5. PMC2830995. <https://www.ncbi.nlm.nih.gov/pubmed/20181225>. DOI: 10.1186/1475-9276-9-5.
- <sup>xii</sup> Brownson RC, Dreisinger M, Colditz G, Proctor E. The path forward in dissemination and implementation research. In: Brownson R, Colditz G, Proctor E, editors. *Dissemination and Implementation Research in Health: Translating Science to Practice.* New York, NY: Oxford University Press; 2012.
- <sup>xiii</sup> Rabin BA, Brownson RC, Haire-Joshu D, Kreuter MW, Weaver NL. A glossary for dissemination and implementation research in health. *J Public Health Manag Pract.* 2008 Mar-Apr;14(2):117-123. <https://www.ncbi.nlm.nih.gov/pubmed/18287916>. DOI: 10.1097/01.PHH.0000311888.06252.bb.