

## Request for Applications (RFA)

### Pilot Research Projects in Behavioral Health Disparities

#### Purpose

The Transdisciplinary Research, Equity and Engagement Center (TREE Center) for Advancing Behavioral Health is committed to supporting research that will reduce behavioral 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 with New Mexico's underserved populations.

#### Critical Dates

<b>Application Posting Date</b>	October 22, 2018
<b>RFA Webinar (see info below)</b>	November 7, 2018, 1:00-2:30 pm
<b>Application Deadline</b>	<b>February 1, 2019, 5:00 pm MT</b>
<b>Notice of Intent to Fund/Decline</b>	March 1, 2019
<b>IRB Submission Deadline</b>	March 31, 2019
<b>All Documents to NIH</b>	April 30, 2019
<b>Funding Period</b>	July 1, 2019 – June 30, 2020

The RFA Webinar will be held on November 7, 2018, from 1:00 – 2:30 pm using ZOOM. The RFA will be reviewed and there will be time for questions and answers. To participate:

Join from PC, Mac, Linux, iOS or Android: <https://zoom.us/j/904218050>

Or iPhone one-tap: US: +16468769923,,904218050# or +16699006833,,904218050#

Or Telephone: US: +1 646 876 9923 or +1 669 900 6833

Meeting ID: 904 218 050

**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 and approval by NIH]

## 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.

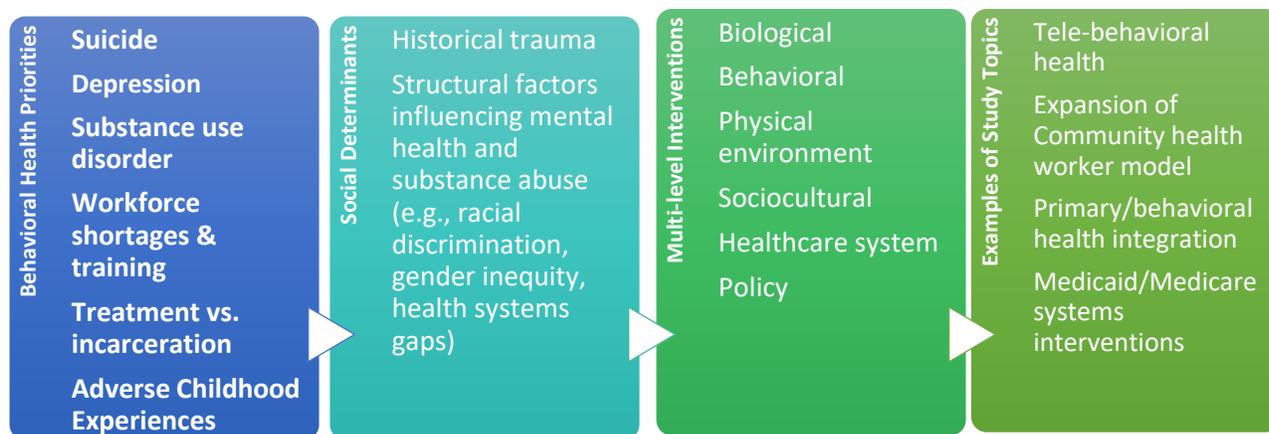
URM Definition: individuals from underrepresented racial and ethnic groups shown to be underrepresented nationally in science defined as Blacks or African Americans, Hispanics or Latinos, American Indians or Alaska Natives, Native Hawaiians and other Pacific Islanders and individuals with disabilities, defined as those with a physical or mental impairment that substantially limits one or more major life activities. Women are also considered underrepresented in science and meet the NIH definition. 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 committed to reducing the high prevalence of mental illness and substance abuse in New Mexico. Using a “health equity” approach, the TREE Center is dedicated to testing interventions for addressing 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 disorder, health systems gaps, and access barriers). 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>iii</sup> the pilot projects should address a disparity using at least one level, beyond the individual level, 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.



The research should be solution-oriented and should focus on a specific underserved population in New Mexico with a defined behavioral health disparity. Funding is NOT meant for community assessments, establishing a problem, or identifying that disparities exist. In conversations with communities throughout New Mexico, we have identified some **priority areas for research** which include:

- evaluating a systems or policy intervention that involves intersectoral partnerships to tackle the shortage of behavioral health providers in New Mexico;
- conducting research to determine the efficacy of the behavioral health treatment and wrap-around home and community services as an alternative to incarceration of high risks populations;
- comparing the outcomes of culturally congruent addiction programs for differing racial/ethnic populations with addiction programs typically employed with other populations (i.e. decolonized prevention approaches compared to western epistemologies);
- researching at least two levels of intervention by employing a multi-level framework for action to tackle the social determinants of behavioral health outcomes (e.g., opioid use disorder);
- evaluating interventions for protecting mental health and well-being for immigrant children and families who experience structural oppressions;
- assessing an intervention to improve culturally and linguistically relevant interactions between racial/ethnic and other minority patients and healthcare providers (e.g., addressing implicit bias among medical residents and nursing students; addressing academic medicine/training of healthcare providers);
- studying the effectiveness of promotoras de salud/community health workers in integrating behavioral health, primary care and community interventions for U.S.-Mexico border communities;
- conducting research that tests an intervention to prevent and/or treat adverse childhood experiences (ACES); and,
- testing the effectiveness of tele-behavioral health interventions and trainings (e.g., use of tele-behavioral health by the Indian Health Services and/or community health centers).

**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. Mentorship plan
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 using the attached template (Appendix 3). The pdf should be submitted electronically to Dr. Theresa Cruz at [thcruz@salud.unm.edu](mailto:thcruz@salud.unm.edu) prior to the deadline (see Table on Page 1 of this RFA). Please review the pdf prior to sending to ensure it contains all relevant components. If applications do not adhere to the instructions they will not be reviewed. 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 attached template (Appendix 3) has detailed instructions. In general, the following are required:

- Arial 11 pt font ( you may use Calibri 8 or 9 pt font in tables and figures)
- Single-spaced
- Page numbers on bottom right of page
- Minimum 0.5 inch margins
- Remove all instructions and guidelines in RED text from the template before submitting
- Submitted document should be a single pdf using the template (Appendix 3) and budget template (Appendix 4). The checklist below can be used to ensure that you have all of the components and are adhering to the page limits.

Checklist	Application Component	Page limit
<input type="checkbox"/>	Title page	1 page (page 1 of pdf)
<input type="checkbox"/>	Specific aims	1 page (page 2 of pdf)
<input type="checkbox"/>	Research strategy	5 pages (pages 3-7 of pdf)
<input type="checkbox"/>	Timeline	1 page (page 8 of pdf)
<input type="checkbox"/>	Mentorship plan	1 page (page 9 of pdf)
<input type="checkbox"/>	Bibliographic references	2 page limit
<input type="checkbox"/>	Budget	3 page limit
<input type="checkbox"/>	List of Appendices (optional)	1 page for list of appendices plus up to 5 pages of appendices (optional)
<input type="checkbox"/>	Biosketches	5 page limit for each biosketch (PI and academic mentor should use NIH biosketch template; community mentors may submit a CV or bio limited to 5 pages each)
<input type="checkbox"/>	Letters of Support	6 page limit (minimum of 2 LOS, one from community mentor and one from academic mentor)

## 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. This information may be in the research plan, biosketches, budget justification, mentorship plan and letters of support as appropriate. Funding for the mentors should be included in the application budget using FTE or summer buyout for UNM faculty or as a consultant for community members. 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.

Recommendation: Applicants should seek guidance from their academic mentor and/or other individuals with experience submitting and/or reviewing NIH grants when preparing this application.

## 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. This section should also include your theoretical framework (e.g., historical trauma/healing; intersectionality; social determinants of health framework for action).

## Innovation

This section should include why this work is new/innovative (e.g., new intervention; new population).

## Approach

This section should include:

- a. What the study will do
- b. Team expertise
- c. Community-engagement, community partners and roles
- d. Why the team/UNM are a good place for the research
- e. Any preliminary data
- f. Research setting – population, inclusion criteria
- g. 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
- h. Study design, outcomes and measures for each aim, including sample size/power calculation as appropriate
- i. Expected outcomes and future research

A separate study timeline and mentorship plan should be added (see template in Appendix 3).

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 as soon as possible after notification of intent to fund. Please see the IRB submission deadline on page 1.

## 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. Please use the budget template (Appendix 4) to provide the budget and budget justification.

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 (excluding state employees/government officials), 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, program supplies, equipment needed to conduct the research

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

Not allowed: Graduate student tuition or health insurance, 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.***

## Appendices

The applicant may include up to 5 pages of optional appendices. Appendices should not be used to avoid the page limits for the research strategy but may be used to augment the application. For example, a newsletter article that describes collaborative work between a researcher and community partner can be used to demonstrate development of a relationship with a community.

## Reporting Requirements

NIH approval of all pilot studies is required. Following notification of intent to fund, the PI is expected to submit several documents for review by the NIH for approval by the deadline specified on page 1 of this RFA. Necessary documents include:

- Confirmation of completion of Citi training by all research team members. This includes any community members who will be involved in the consent process, data collection, and/or data analysis.
- NIH Other Support document for you and key academic personnel
- NIH inclusion/enrollment table
- IRB approval for your project

The PI is also expected to submit a mid-term report describing progress, challenges, and budget status by January 31, 2020. 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, 2020. 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

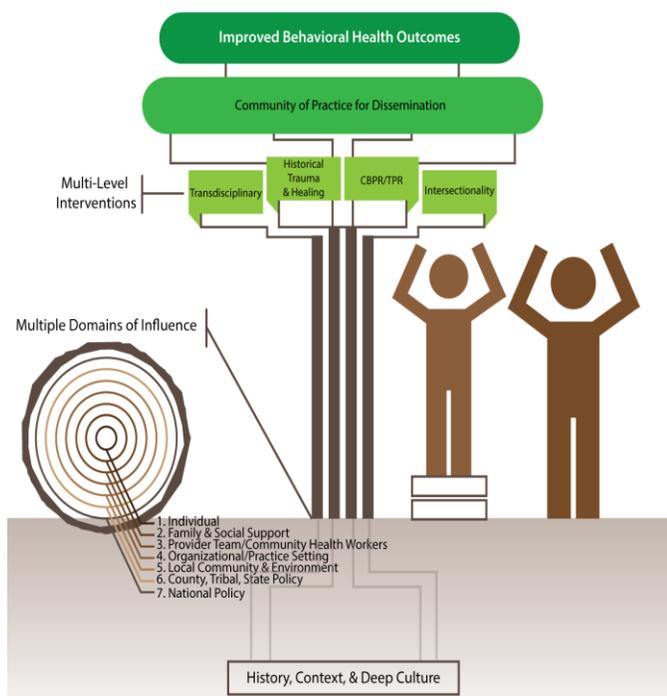
Please contact Dr. Matthew Borrego at 272-5945 or [mborrego@salud.unm.edu](mailto:mborrego@salud.unm.edu) or Dr. Theresa Cruz, at 272-8379 [thcruz@salud.unm.edu](mailto:thcruz@salud.unm.edu) for specific questions or additional information.

## 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).



## APPENDIX 2

### Questions and Answers

1. Do you have examples of previously funded projects through this mechanism?

Answer: Yes. Three Year 1, mini-pilot project awards went to Dr. Thomas Chávez and community partner, the NM Dream Team, to study mental health among Latino immigrant families; Dr. Jaelyn deMaria, and community partner Generation Justice, to study media communication about mental health; and Dr. Shiv Desai, and community partner the Albuquerque Public Schools, to study the use of ethnic studies to heal student trauma. All of these studies use a social determinants of health framework and include work to address organizational, systems, and societal factors influencing mental and behavioral health outcomes.

2. Would an intervention that focuses on direct services to patients be considered competitive for this RFA?

Answer: Not as a stand-alone intervention. Competitive applications will include a multi-level framework. This means that an intervention that addresses the individual level would also need to include another level (peer, organization, community). These components could include policy, systems, or environmental change objectives.

3. Does the PI need to have time effort on the project?

Answer: In general, yes. In addition to the work on the research project the PI also needs to participate in TREE Center roundtables, meetings with mentors and report writing. These will take time.

4. Would a health disparities grant be competitive for this RFA if it wasn't specifically behavioral health?

Answer: No. Applications must address a behavioral health issue (e.g., depression, suicide, substance use disorder).

5. There's encouragement for collaborative projects. Is there an expectation to develop the proposal as one would with a Multi-PI application to NIH (i.e., data sharing, conflict resolution, governance/organizational structure, rationale)?

Answer: No. Applicants are not required to include each of these sections. Applicants are encouraged to describe roles and how the PI will work with mentors. Components of this could be included in the budget justification and biosketches as well as in the research strategy.

6. Is there an expectation that the Significance/Approach sections include discussion of Scientific Premise/Scientific Rigor?

Answer: Yes.

7. Is the Title Page limited to 1 page?

Answer: Yes. The Title page should include the Project Title, PI and Research Team members including the academic and community mentors, and a statement of status as an early investigator and URM, if applicable. See template in Appendix 3. Additional information on the research team can be included in biosketches and the budget justification.

8. With respect to "Future extramural funding plans", does the TREE Center currently plan to integrate specific training opportunities for grant submission processes?

Answer: Yes. The TREE Center will be conducting roundtables every other month. They are meant to be a place for bringing up new grant ideas, discussing challenges, asking for guidance, etc. Additionally, the NIH, Office of Research, and the CTSC offer opportunities for training in grant proposal writing and submission. Academic mentors will also be a resource for guidance on grant submissions.

10. Are individuals not affiliated as employees eligible to apply?

Answer: No. At this time, the PI must be at UNM, main campus or HSC campus. TREE Center leadership is investigating the potential to expand to community-based researchers in the future.

11. Are individuals with LATs eligible to apply?

Answer: No. At this time, applicants must be post-doctoral scholars/junior faculty/early stage investigators. TREE Center leadership is investigating the potential to expand to LATs in the future.

12. Are individuals who are not yet hired at UNM, but will be starting in July 2019 eligible to apply?

Answer: Not for this round of funding. Individuals being hired as post-doctoral scholars or faculty after this application period will be eligible to apply for funding for the next funding period. Mentors are encouraged to discuss this opportunity with new post-doctoral scholars and junior faculty so that they can begin building community partnerships and developing behavioral health research questions.

15. Does the academic mentor need to have an NIH funded grant?

Answer: No. The academic mentor does not need to have an NIH-funded grant. Research experience and research grants from other mechanisms is acceptable.

16. Is it considered a conflict of interest for TREE Center faculty to serve as academic mentors?

Answer: No. TREE Center faculty are eligible to serve as academic mentors. However, any TREE Center member that is named on a grant application will be asked to recuse themselves from the application review process.

17. Is it acceptable if the academic mentor is a clinician that conducts research?

Answer: Yes.

18. Does the community mentor need to have research experience?

Answer: No.

17. Could you provide a clear definition of policy in the context of this RFA?

Answer: Policy, for the purposes of this grant, has a broad definition. Policy is a high-level plan describing goals and acceptable procedures. This could be in the form of laws or regulations (at the federal, tribal, state, or local level) or organizational/institutional policies that are believed to have an impact on behavioral health disparities. For example, state Medicaid laws regarding reimbursement for specific mental health services, institutional policies regarding access to suboxone in the prison system, and school policies that establish procedures for responding to suicide attempts.

17. Is the RFA template available as a Word document?

Answer: Yes. You can 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) to obtain a copy.

## APPENDIX 3

# TREE Center Pilot Grant Application Instructions and Template

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### RFA Instruction Page

**IMPORTANT NOTE: APPLICATIONS THAT DO NOT FOLLOW THESE INSTRUCTIONS WILL NOT BE REVIEWED**

**\*USE THE TEMPLATE BEGINNING ON THE NEXT PAGE TO CREATE YOUR PROPOSAL**

**\*REMOVE ALL RED TEXT INSTRUCTIONS AND GUIDELINES PRIOR TO SUBMISSION.**

**\*DO NOT SUBMIT THIS INSTRUCTION PAGE.**

- **Formatting for Title Page:** Use template below for Title Page
- **Formatting for Rest of Submission**
  - **Required:**
    - Arial 11 pt font (may be Calibri 8 or 9 pt font in tables and figures)
    - single spacing
    - number pages at bottom right
    - minimum 0.5 inch margins on all sides
  - **Required:** Research Strategy **must** include 4 sections:
    1. Significance
    2. Innovation
    3. Approach (must include research design, methods, what you plan to measure, and how you will measure it)
    4. Expected Outcomes & Future Research
  - **NOTE:** The spacing between sections and specific section content in this template is optional and **meant as a guide.** For example, although there are places for 3 specific aims in the template, you may only have two in your application. And although the template has  $\frac{3}{4}$  of a page for content in the innovation section, your innovation section may be  $\frac{1}{2}$  page or 1 page.
- **Length:** Per the RFA, ensure that your application adheres to the following page limits:
  - Title Page: 1-PAGE LIMIT
  - Specific Aims: 1-PAGE LIMIT
  - Research Strategy: **5-PAGE LIMIT**
  - Timeline: 1-PAGE LIMIT
  - Mentorship plan: 1-PAGE LIMIT –  $\frac{1}{2}$  page for community mentor;  $\frac{1}{2}$  page for academic mentor
  - Bibliographic references: 2-PAGE LIMIT
  - Budget: 3-PAGE LIMIT
  - List of Appendices (Optional): 1-PAGE LIMIT PLUS UP TO 5 PAGES OPTIONAL APPENDICES
  - Bio-sketches: 5-PAGE LIMIT per biosketch (PI and academic mentor must use NIH template. Community mentors can submit a CV, resume or biostatment, but must still follow 5-PAGE LIMIT)
  - Letters of Support: 6-page limit (minimum of 2 LOS, one from community mentor and one from academic mentor)

The template starting on the next page was created to provide guidance as to what to include in your submission. While the title page needs to include each outlined component, many of the sections have recommended content and does not need to be followed exactly as long as you stay within the strict page limits for each component outlined above and in the RFA.

## **TITLE PAGE (1-PAGE LIMIT)**

### **Submission Year**

INDICATE YEAR

### **Project Title**

ADD PROJECT TITLE HERE

### **Academic Research Team (list team members; bios are not needed here)**

- **PI:** Name, title, department
- **UNM ACADEMIC RESEARCH MENTOR:** Name, title, department
- **LIST ANY OTHER UNM RESEARCH TEAM MEMBERS HERE:** Name, title, department

### **Community Partners/Research Team Members**

- **COMMUNITY PI/COMMUNITY MENTOR:** Name, title, affiliation
- **LIST OTHER COMMUNITY TEAM RESEARCHERS OR AFFILIATES**
- **LIST COMMUNITY PARTNER AGENCIES HERE**

### **Early Stage/Junior Researcher Status Statement and URM status**

For the purpose of this submission, confirm that you are a junior researcher and state if you are an underrepresented minority (URM)/under-represented in science, and, if so, how you qualify (1 sentence). NOTE: applicants must be early stage/junior researchers to apply. URM status is not required, but URM's are encouraged to apply.

*(See RFP for description of URM and early stage/junior researcher categories)*

#### Examples:

*As an Assistant Professor, I qualify as an early stage/junior researcher applicant.*

*As a queer, Latina Assistant Professor, I qualify as a URM early stage/junior researcher applicant.*

*As a Navajo Postdoctoral Fellow, I qualify as a URM early stage/junior researcher applicant.*

*As a female Postdoctoral Fellow, I qualify as an early stage/junior researcher applicant under-represented in science.*

## **SPECIFIC AIMS (1-PAGE LIMIT)**

For the specific aims, we recommend including the following:

State what the health problem is—make it brief but powerful (about 3-4 sentences)

State what the gap is and what you propose to do about it (about 2-3 sentences)

State why you are the best person/group to do this research (about 1-2 sentences)

State the goal of this project (usually 1 sentence)

State what you plan to measure (usually 1 sentence)

List specific aims – Typical NIH applications will have 3. For your 1-year pilot project you may only have 1 or 2. For each aim we also recommend that you include a hypothesis and one or more research questions as applicable. All aims may not have a hypothesis, but usually at least one will.

**Aim #1. To....state your first aim (1 sentence).** *Hypothesis:* state your hypothesis here if applicable (1 sentence). *Question(s):*  State your research question(s) here, if applicable

**Aim #2. To....state your second aim, if you have more than one (1 sentence).** *Hypothesis:* state your hypothesis here, if applicable (1 sentence). *Question(s):*  State your research question(s) here, if applicable

**Aim #3. To....state your third aim, if you have one (1 sentence).** *Hypothesis:* state your hypothesis here, if applicable (1 sentence). *Question(s):*  State your research question(s) here, if applicable

We also recommend following the aims with:

**Expected Outcomes.** Our novel approach will ...state what this research will do....(1 sentence)

.....**Generalizability.** State why this research is important and more broadly generalizable (1 sentence). .....

**Future Research.** We will...state what this project will lead to (1-2 sentences).

**RESEARCH STRATEGY (5 PAGE LIMIT)** This section needs to include the significance, innovation and approach. We have made space recommendations, sub-heading recommendations, and content recommendations. These serve as suggestions and guidance but do not need to be followed exactly as long as you stay within the 5-page limit.

**I. SIGNIFICANCE (Approximately 1 – 1½ pages)**

**The Problem**

Describe the health problem

Literature Review

**Theoretical Framework**

Describe your theoretical framework here

**II. INNOVATION (Approximately ½ page)**

**The proposed research is innovative** .....State what the innovations are in your research project.

Explain the innovation and why it is innovative. Innovations could be the population you are working with, the tool you are using, the policy you are focusing on, the study design or methods you are using, etc.

**III. APPROACH (Approximately 3 – 3½ pages)**

This section should be the longest and should have sufficient detail for a reviewer to understand what will be done and how you will carry out the research.

State what the proposed study will do (1-3 sentences)

Describe your team expertise (2-3 sentences)

Describe how your project is community-engaged (1-2 sentences)

State why UNM provides a strong scientific environment (1 sentence)

**Preliminary Data or Studies.** Brief, concise description of what you bring to this project; work you have done in this area that you can build on; previous work with community partner.

**Research Setting.** (If the components below differ by aim, they can go in the methods under each aim.)

Brief, concise description of the setting

Include description of the population you will include and why

Describe inclusion criteria

Indicate sample size & power calculation, if applicable

**Methods.**

Aim #1 methods. State AIM #1 and then describe the methods for Aim 1. Include the design, intervention, outcomes, instruments, measures.

Aim #2 methods. State AIM #2 and then describe the methods for Aim 2. Include the design, intervention, outcomes, instruments, measures.

Aim #3 Methods. If you have a third aim, state AIM #3 and then describe the methods for Aim 3. Include the design, intervention, outcomes, instruments, measures.

**Expected Outcomes, Dissemination of results, and Future Research.** Describe (Approximately 3-4 sentences)

**TIMELINE (1-PAGE LIMIT)**

**DO NOT EXPAND OR REFORMAT TABLE  
REMOVE ALL RED TEXT BEFORE SUBMISSION  
ALL TEXT IN TABLE SHOULD BE BLACK**

July 2019	LIST ACTIVITIES PLANNED TO BE COMPLETED FOR EACH MONTH OF THE GRANT—ONLY 2 LINES PER MONTH ALLOWED
August 2019	
September 2019	
October 2019	
November 2019	
December 2019	
January 2020	
February 2020	
March 2020	
April 2020	
May 2020	
June 2020	

**MENTORSHIP PLAN (1-PAGE LIMIT)**

**Academic Mentorship Plan.** Describe how and how often you will interact with your academic mentor and what you intend to learn from your mentor.

**Community Mentorship Plan.** Describe how and how often you will interact with your community mentor and what you intend to learn from your mentor.

**REFERENCES (2-PAGE LIMIT)**  
LIST REFERENCES USING AMA STYLE

**APPENDIX 4**  
**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>
<b>Total Cost</b>	<b>\$</b>

**Budget Justification** (Provide a detailed description of all budgeted expenses in each of the categories outlined above.) See budget guidelines on page 5 of the RFP announcement.

**Salaries/Benefits**

**Consultant Costs**

**Travel**

**Materials**

**Equipment/Supplies**

**Capital Equipment**

**Other**

**APPENDICES** (Optional) (5-PAGE LIMIT)

LIMIT 5 PAGES TOTAL FOR APPENDICES. Appendices should not be used to avoid the page limits set for the research strategy.

1. LIST APPENDICES HERE (If you have no appendices, delete this page)

**ATTACH BIOSKETCHES AND LETTERS OF SUPPORT TO THE END OF THE DOCUMENT.**

**MAKE SURE THAT YOU ADHERE TO ALL PAGE LIMITS.**

## RFA BIBLIOGRAPHY/RESOURCES

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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.