

**Request for Pilot Proposals from the Network on Life Course Health Dynamics and
Disparities in 21st Century America**
Due Date: April 14, 2016 @ 5 p.m.

REQUEST FOR PROPOSALS

The Network on Life Course Health Dynamics and Disparities invites interested investigators to submit pilot proposals for research that address socioeconomic disparities in US population health and mortality. Projects will begin in summer of 2016 and must be completed by June 30th, 2017.

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 (<http://isr.umich.edu/nlchdd/>). This coming year, our focus will be on socioeconomic 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.

This year's pilot project theme focuses on the widening SES differences in US adult health and mortality. At present, for example, there is clear consensus that educational differences in adult health and mortality widened between 1980 and the mid-2000s. Over this time, levels of health and mortality rates among those with less than a high school education stagnated or even worsened among some demographic groups, while health and mortality among those with higher levels of education improved and, among some population groups with high education, improved rather precipitously. Combined with the well-documented widening in health outcomes by educational attainment between 1960 and 1980-1990, the US is now characterized by wider educational differences in adult health and mortality than at any time since 1960 and perhaps at any time in our nation's history. Why is this the case? Will such a trend continue? A recent report by the National Academy of Sciences suggests that the educational trend is echoed in income differences in adult mortality over time, yet the overlap and origins of these trends in income and educational differences in mortality remain unclear. How relevant are these trends with regard to the poor relative US position in overall population health?

The issue of widening SES differences in health and mortality is particularly critical given that poor health and longevity among US subpopulations (e.g., the low educated and those with low income) may impede the entire country from making adequate progress relative to other developed nations. The significance of this set of questions is heightened when other simultaneous social and demographic trends are considered. Indeed, the substantial widening of educational differences in adult health and mortality over the past 50 years has occurred in an era characterized by very rapid social and technological change, substantially increased population diversity, overall decreases in mortality rates and increases in life expectancy, and overall increases in educational attainment. Growing health and mortality gaps by educational attainment and other dimensions of SES must be understood in the context of profound demographic, social, and economic change.

Key potential questions to be addressed by pilot projects in this area of study include, but are not limited to, the following. How is the changing composition of educational attainment influencing the selectivity of persons at the low end of the educational continuum? How is the changing socioeconomic concentration of "at risk" health behaviors at the low end of the SES continuum and better health behaviors at the high end of the continuum contributing to health disparity trends. How have the economic shifts associated with the loss of manufacturing jobs and the growth of the financial and information sectors, resulting in a tighter coupling of educational attainment with stable income and wealth accumulation, influenced trends in SES disparities in health. Has the meaning of educational attainment for negotiating adulthood in healthy ways been shifting such that educational attainment is becoming increasingly important as a determinant of adult health across birth cohorts in an increasingly technological, networked, and complex world and health care system? What

other factors help to explain growing socioeconomic disparities and how do they contribute to America's relative, and for some absolute, worsening of population health.

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

- April 14, 2016, 5 p.m. local time: 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 (see Format of Proposals below)
- Week of April 25, 2016: Notification of decisions, request for budget revisions and 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, 2016; however, an official start date of July 1, 2016 will be allowed.
- Duration of Pilot Projects: Until June 30, 2017.

EXPECTED OUTCOMES: (1) Presentation of preliminary findings must be given at the next full Network Meeting to be held on April 30, 2017 (on the Sunday directly following the annual meeting of the Population Association of America), in Chicago, IL. (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 to Barbara Strane as a single PDF file **by Thursday, April 14, 2016 by 5 p.m. local time** 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. Early career investigators are especially encouraged to apply.

For more information about scientific issues, please contact:

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

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