

**Request for Pilot Proposals from the Network on Life Course Health Dynamics and
Disparities in 21st Century America
Due Date: Tuesday, February 28, 2017 @ 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 potential explanations, especially related to social disparities in health, of the worsening of America's population health, both relative to other comparable nations, and even absolutely. Projects will begin in summer of 2017 and must be completed by June 30th, 2018 (July 1, 2017-June 30, 2018 project period). **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, and in relation to other comparable nations. 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 potential explanations, especially related to social disparities in health, of the worsening of America's population health, both relative to other comparable nations, and even absolutely. We are soliciting pilot projects in this area.

Despite spending far more on health care and insurance for several decades, the U.S. has been falling further behind comparably high-income nations, and even some middle-income countries, on major indicators of population health. More recently, U.S. population health has begun to decline absolutely. For example, last year life expectancy declined in the U.S. for the first time since 1994, when the effects of the AIDS epidemic were still acutely felt. Last year's decline followed three years in a row of no increase in life expectancy, something not seen in almost a half century. This relative and absolute decline 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. However, reasons for the declining level of U.S. population health, both relative to other countries and absolutely, 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, both absolutely and relative to many other nations.

This year's pilot project theme focuses on how social disparities in the U.S. by socioeconomic position, race/ethnicity, and/or gender may help to explain declines in U.S. population health, relative to other nations and/or absolutely. There is evidence that declines in life expectancy in the U.S. have been concentrated at lower socioeconomic levels, while life expectancy among the upper socioeconomic strata continues to improve; those in the intermediate socioeconomic stratas seem to be experiencing little or no increase in life expectancy. This has been especially true among women, perhaps especially white women. But we still have much to learn as to what degree different portions of the U.S. population (defined by socioeconomic position, race/ethnicity, gender, geography and/or other factors) are experiencing declining (versus relatively flat or improving) levels of population health, and to what extent these trends can help to explain the worsening of U.S. population health, both absolutely and relative to other nations. This constitutes one area of potential focus for pilot project proposals.

We also know very little about the extent to which findings of relative and absolute declines in U.S. population health in terms of mortality and life expectancy generalize to and reflect declines in indicators of morbidity and functional capacity. This constitutes another potential set of foci for pilot proposals.

Finally, we know almost nothing about potential explanatory factors for the relative and absolute declines in U.S. population health indicators, both over time and comparatively across subgroups of the U.S. population and/or nations. Of greatest interest to the network are potential social, environmental and behavioral explanations (e.g., health behaviors/stress, social relationships, social and biophysical environments, psychological factors, etc.), but explanations in terms of other factors, including major variation in access to and utilization of health services, are also relevant. This is another potential set of foci for pilot projects.

Proposals and projects may address any of these issues or others relevant to understanding relative and/or absolute

declines in U.S. population health. Proposals must focus on health over the life course, especially in adulthood and older age, given that NIA is the primary funding agency for this network. Ideally, they would help to explain declines in U.S. population health both absolutely and relative to other comparable nations, but may focus more exclusively on one or the other (i.e., absolute or relative decline).

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

- **Feb. 28th, 2017, 5 p.m. local time:** Proposals are due in NIH format that includes no more than three single-spaced pages including Specific Aims, Significance, Innovation, and Research Design (references are not part of the 3-pg. limit). 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 March 19th: 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, 2017; however, an official start date of July 1, 2017 will be assigned.
- Duration of Pilot Projects: Until June 30, 2018.

EXPECTED OUTCOMES: (1) Presentation of preliminary findings must be given at the next full Network Meeting to be held on April 29, 2018 (on the Sunday directly following the annual meeting of the Population Association of America), in Denver, CO. (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." Single PI/institutional submissions only – no additional consortium arrangements.

SUBMISSION INSTRUCTIONS: Please submit proposals to Barbara Strane as a single PDF file **by 5 p.m. local time on Tuesday, February 28th** (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, and applications from recipients of network pilot grants in prior years will be considered, though new investigators will be favored, all other things being equal.

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 North Carolina, rhummer@email.unc.edu

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

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