

Writing health disparities research grants:

Tips from 3 decades of successful submissions

Part IV

Rena J. Pasick

Éxito! & MTPCCR Webinar
September 18, 2018

Updates

- APHA alumni gathering
- MTPCCR grant ended August 31 – Exito continues for 2 more cycles
- Retirement!

About

People

Research

Patient Care

Clinical Trials

Giving



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[UCSF Profiles](#)

Webinar Series Contents

OVERARCHING CONCEPTS	Webinar I
<ul style="list-style-type: none">• Key relationships: Mentors/Reviewers	
<ul style="list-style-type: none">• Your research question/focus	
<ul style="list-style-type: none">• Scope of the study	Webinar II
<ul style="list-style-type: none">• Integration of grant components	
GRANT COMPONENTS	Webinar III
<ul style="list-style-type: none">• Pilot data	
<ul style="list-style-type: none">• Importance of page one/Specific Aims	
<ul style="list-style-type: none">• Significance	Webinar IV
<ul style="list-style-type: none">• Research Strategy	
<ul style="list-style-type: none">• Timeline	
NUTS & BOLTS	Webinar IV
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<ul style="list-style-type: none">• Budget/Budget Justification	
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Webinar I Recap

Overarching Concepts

- Mentors

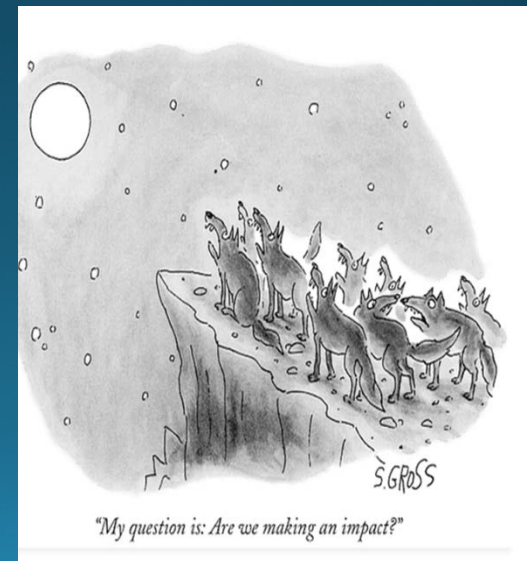
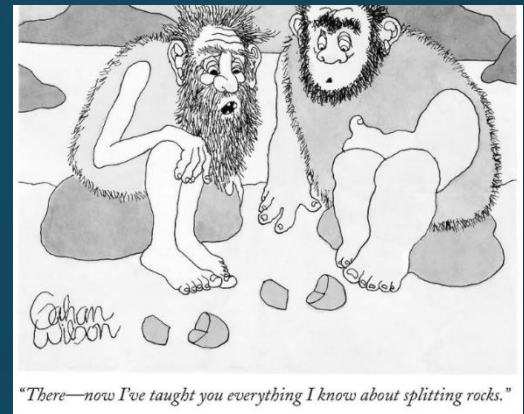
Intensive hands-on brainstorming, editing, writing

- Reviewers/Review Process

Give them explicitly what they need to draft their review

- Research Question

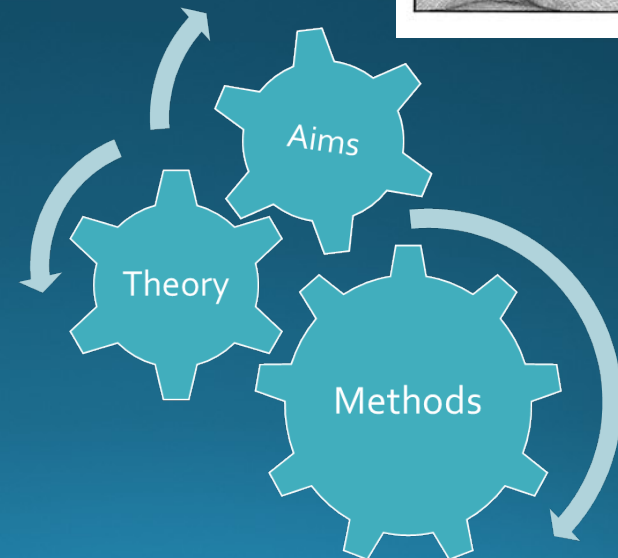
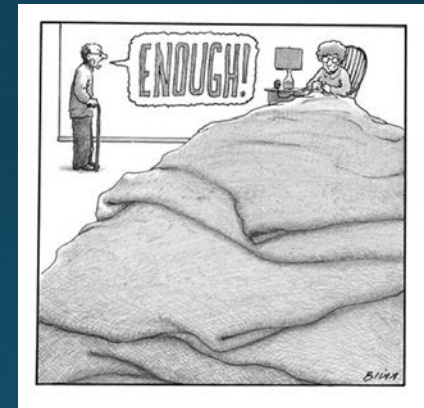
Must have novel aspects & real-world origins/applicability



Webinar II Recap

Overarching Concepts

- Scope of study
 - Frame the proposed study within the context of a longer term goal/ plan
 - Verify that what you're proposing is realistic
- Pilot Data
 - Reviewers are obsessed with it
- Integration
 - All study components must be tightly integrated
- Specific Aims page
 - Your relationship with reviewers is made or broken here
 - A condensed version of the entire grant



Webinar III Recap

Overarching Concepts

- Research Strategy
Tells the whole story: Who, What, Why
- Significance
Tells a compelling story
- Methods
Paint them a picture – first an overview, then the details
(By Aim)



Nuts & Bolts

Methods, Budget/Budget Justification, & Human Subjects

- Each and every action in the methods section must be consistent with the conceptual framework, and matched to skills, effort (personnel time), and all relevant costs
- Every dollar in the budget should be associated with text in the Methods section and explained in the Budget Justification
- Every point in the Justification should have budget and Methods counterparts
- Most everything that touches/involves participants should be included in the Human Subjects section

Integrate theory throughout

The conceptual framework should flow logically

- from the background
into the methods
 - measures
 - intervention elements
 - analysis plan

(Remember, it's ok to mix and match theories/constructs as long as you've justified it)

Every Methods Task --

must be reflected throughout and consistent with all sections¹

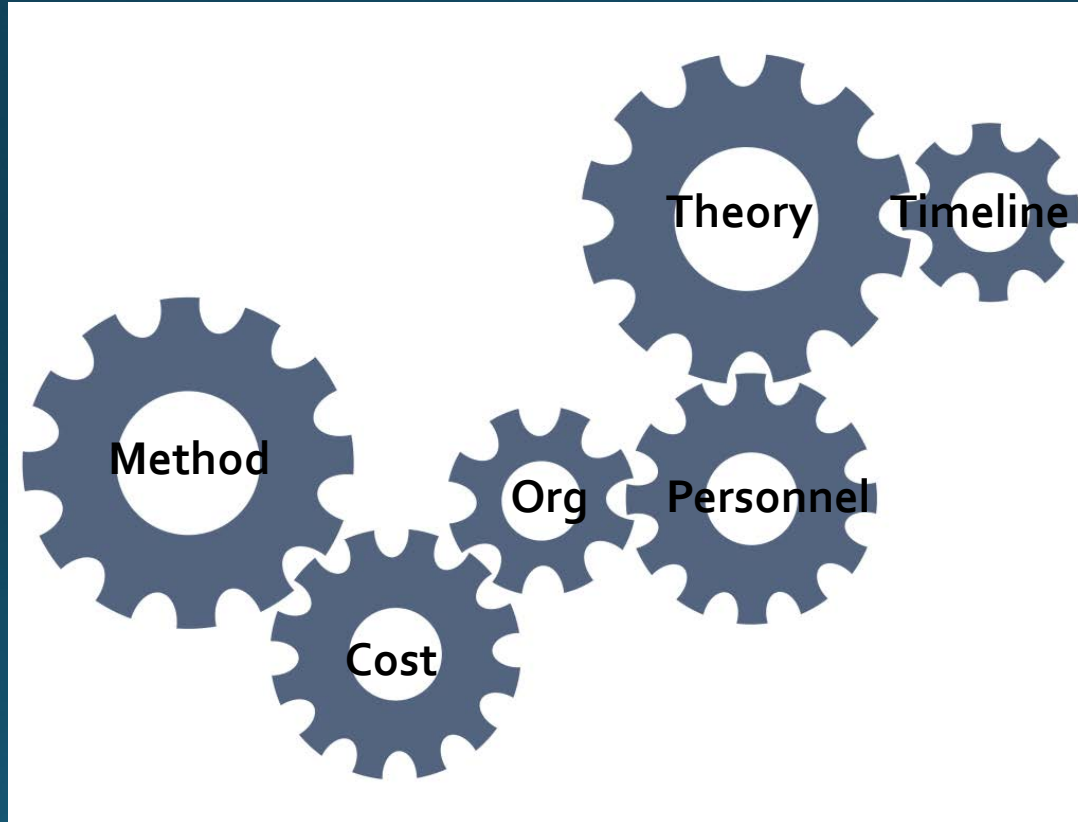
Method (Examples)	Conceptual Framework	Budget & Budget Justification ²	Project Org	Timeline
• Survey	Variables operationalize constructs	Personnel /skills ³ (dev, translation, imp, anal) Printing & Data entry or web costs Incentives	Role of PI Contributions of Co-Investigators Staff roles	Realistic, detailed time period for each task in relation to the others
• Intervention	Derived from and impact upon theorized concepts	All possible costs including fees/incentives to organizations and community individuals	Same as above	Same
• In-depth interviews and/or observations	Development or elaboration of concepts	All above Audio recording Transcription (translation as needed)	Same	Same

1 Especially including Human Subjects

2 Also Biosketches

3 Including community members if applicable – *always pay for their effort*

Change in one element likely to affect all the others



Important: Keep terminology identical throughout

Timeline

D.9. Timeline

Development of recruitment scripts, EWC computer programs, baseline and follow-up surveys, and telephone counseling protocols, will take place during the first 18 months of the study. Recruitment will begin in month 19, and collection of quantitative and qualitative data will continue through month 48. Analyses and reports will be completed during the final year.

	Year 1				Year 2				Year 3				Year 4				Year 5			
	7/07-6/08				7/08-6/09				7/09-6/10				7/10-6/11				7/11-6/12			
Quarter:	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Design/produce/translate/pretest protocols, materials, surveys	■	■	■	■	■	■														
Recruit and train telephone counselors and interviewers					■	■														
Initiate/continue recruitment, baseline surveys & counseling							■	■	■	■	■	■	■	■						
Initiate/continue follow-up survey									■	■	■	■	■	■	■	■				
Initiate/continue qualitative interviews									■	■	■	■	■	■	■	■				
Survey data cleaning & entry									■	■	■	■	■	■	■	■	■			
Coding and entry of qualitative data											■	■	■	■	■	■	■			
Write papers and final reports															■	■	■	■	■	■

Budget Justification (this one was 7 pages)

BUDGET JUSTIFICATION

Note: Each of the three study sites has a unique relationship with UCSF:

- San Francisco General Hospital – all clinical services are provided by UCSF. Thus all study costs for SFGH are included in the UCSF budget.
- Alameda County Medical Center, Highland General Hospital – The site PI, Dr. Twomey, provides care at HGH under contract from UCSF. Thus his support will be covered in the UCSF budget. All other costs appear in the ACMC subcontract.
- Contra Costa County Medical Services - All costs are covered in the subcontract.

Personnel:

Rena J. Pasick, DrPH – Principal Investigator (25% or 3.0 calendar months paid effort, years 1 and 5; 20% or 2.4 calendar months paid effort, years 2-4) - Dr. Pasick is Professor, UCSF Division of General Internal Medicine, and Assistant Director for Community Education and Outreach, UCSF Helen Diller Family Comprehensive Cancer Center (CCC). She has been a population-based cancer disparities researcher for over 25 years, having led many NCI funded RO1 and one PO1 grant which included intervention trials in public safety net hospitals (3 of which are participating in this study) on breast and cervical cancer screening. Dr. Pasick has also led methodological studies examining survey research methods across cultures and languages, the exploration of the cultural appropriateness of behavioral theories, studies of culture in health communication in clinical and community settings, and applications of mixed methods to the study of culture and cancer disparities. She is one of 68 national Komen Scholars, "leaders in breast cancer research and advocacy who have made significant contributions to advancing the field." She has served as Associate Editor of the *Journal of Mixed Methods Research*. She recently completed the NCI R01 study *Statewide Communication to Reach Diverse Low Income Women* (2007-13) with members of the current research team that identified low-income women at risk for hereditary breast and ovarian cancer among callers to California's toll-free phone line for free cancer screening, demonstrating a significantly higher rate of genetic counseling among those in the intervention vs delayed control. Her current research includes a Susan G. Komen-funded CBPR study, *Identification and Education of Low-Income Women at Risk for Hereditary Breast Cancer* (2010-2015) and the NCI-funded R21 CBPR study *Prostate Cancer Detection Decision-Making for Low-Income African American Men* (2013-15) based in public health clinics in Alameda County. Dr. Pasick will have primary responsibility for the leadership and overall scientific direction of the proposed study, and will be actively engaged in analyses of qualitative and quantitative data. She will oversee the work of the research team to ensure that all methods are designed and implemented to achieve study aims. In year 5 Dr. Pasick will lead dissemination activities.

No length limit: make the most of it

Budget Justification

Supplies:

- **Project-Specific Supplies:** Office supplies are required in excess of those needed in usual day-to-day operations. These include but are not limited to folders for transcripts and other printed forms, batteries for voice recorders, etc. For each year, \$480 is requested.

ALSO – specify **food** as needed (meetings with community members, events, etc. Otherwise, the grant cannot pay for it!!

A few words about style

Style Options

–avoid the
yawn



- Keep text clean, inviting, easy on the eye
- Minimize bolding and underlining (*don't shout at me!*)
-for emphasis, use a text box

II. RESEARCH STRATEGY

A. Significance

The excess burden of PCa borne by African American men should be treated as an urgent public health priority. Instead, early detection efforts have stalled in the face of questions regarding the mortality benefit of the PSA test and over-treatment of early stage disease following screening. Since the introduction of the PSA in the US, there has been a consistent decline of about 30% in PCa mortality overall,¹³ although the gap for African Americans persists.¹⁴ Statistical models have supported the role of PSA screening in the overall trend.¹⁵ While low-risk PCa has increased in the general US population, this is not true for low-income, uninsured men who consistently present with more advanced disease.^{16,17} Indeed, while the PSA debate focuses on the problems of over-diagnosis and overtreatment of men with screen-detected cancers, the greatest threats for low-income, uninsured men are under-detection and insufficient treatment.¹⁶

As the PSA debate continues, the universal emphasis on informed and shared decision-making has evolved with little regard for the implications for men of low health literacy or

time-pressured and often chaotic health care delivery settings. The Institute of Medicine defines health literacy as

*2. People with basic health literacy skills, (22% of US adults) can read and understand a short pamphlet explaining the importance of a screening test. They would not be able to reliably perform intermediate level tasks [eg use a chart to find the age when children should receive a particular vaccine.] Most would have difficulty understanding typical patient education handouts or filling in health insurance applications. (An additional 14% of adults perform below the basic skill level.)*⁵⁴

as "The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions."¹⁸ The definition of IDM (Box 1), when considered alongside a description of low health literacy (Box 2) reveals a deep chasm that poses yet another barrier to early detection of PCa in the highest risk groups. In fact, one study found African American PCa patients to be three times more likely to have low literacy skills than white men, and that men with low literacy skills were more than twice as likely to have a PSA level greater than 20 ng/mL at diagnosis compared with those of higher literacy.⁷ Indeed, in our community gatherings, men consistently ask "what is the prostate?" and "what does it do?"

The Centers for Disease Control has produced a brochure to assist African American men in IDM,⁵¹ but men of low literacy are less likely to attempt this process on their own. Yet the *practicality* of SDM as a standard of care, where clinicians

engage by eliciting patients' values and preferences, has not been established. Studies of the general population reveal a mix of appropriate and inadequate implementation of SDM guidelines for prostate screening.¹⁹⁻²³ Research specific to African American men and the few studies that address health literacy found greater barriers and inadequate SDM.²⁴⁻²⁷ Among the conclusions is that patients' ability to engage in SDM is determined by their literacy skills.²⁷ Thus far, research has not produced SDM strategies tailored for those who need it most: low-literacy African American men.²⁹⁻³⁰ To move beyond the current impasse, clinicians and policymakers need a clear understanding regarding if and how SDM can be used effectively with high-risk low-literacy men including identification of the optimal point in the early detection process for SDM.

B. Innovation

The novel features of this CBPR study include i) what is to our knowledge the first in-depth ethnographic exploration of prostate screening decision-making among low-literacy high-risk men in under-resourced settings; ii) development and feasibility testing of an approach to decision-making that shifts SDM *from the multitudes who get screened to the few with elevated PSA levels*; and iii) use of ancillary staff to reduce the time demands of SDM with low literacy patients for physicians. The use of an inductive approach and mixed methods, permitting examination of these issues from multiple perspectives, embeds this research in the real world of low income men and among the clinicians who provide their care. This is practice-based research, designed to emphasize external validity, the relevance and generalizability that enhance potential for translation into actual use.³¹ Finally, recognition of the multi-level nature of decision-making for PCa moves beyond the constraints imposed by data obtained only at the level of individual cognition, tapping influences

*1. IDM defined: the process patients go through to reach a healthcare decision by considering benefits, harms, risks; the match between these properties and personal values and preferences; understanding the uncertainty and limitations of a procedure.*¹⁰

Text boxes

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Lastly....

- Err on the side of maniacal proof-reading
- Liberally reference other sections
- Repetition is key
- Anticipate and state limitations (but don't get too carried away)
- Co-investigators need prodding – don't be shy. Don't let them wait until the last minute (tell them I said so!)
- Start on letters of support very early (draft an abstract as early as you can to send to them with your request)

Final Words

A proposal is never *finished* ...
It ends when you have to press “send”