UTHealth
The University of Texas
Health Science Center at Houston

THE UNIVERSITY OF TEXAS
MD Anderson
~~Cancer~~ Center
Making Cancer History®

UTH-MDA Population Health Initiative
Collaborative Projects Fund

The University of Texas Health Science Center at Houston (UTH) and the University of Texas MD Anderson Cancer Center (MDA) are pleased to announce an opportunity to apply for funding to support population health initiatives.

NATURE AND PURPOSE OF THIS RFP: UTH and MDA leadership has committed a total of $1M to fuel collaborations towards reaching their shared goal to:

> *"achieve a measurable and meaningful reduction in the burden of chronic disease especially among the underserved in whom the impact of these illnesses and adverse outcomes are most consequential."*

There are 3 types of funding opportunities: **Quick Start**, **Projects**, and an **Impact Fund**. These mechanisms support investments to seed collaborative projects that, if successful, will be positioned for further investment to expand and/or compete for extramural funds, fueling UTH and MDA's joint commitment to population health impact in **Texas**. Preference will be given to meritorious proposals that are new collaborations; and for Projects and Impact Fund proposals, those that describe specific plans to use the results of the proposed study to seek extramural funding.

Quick Start - $50K*/1 year	Projects - $100K*/2 years	Impact Fund - $100K*/2 years
- Supports implementation of evidence-based population health improvement projects in the clinic or community that are ready to begin within 1-2 months and are expected to generate impact within a year. - Projects must advance a Phase 1 Framework for a Healthy Texas strategy** and may build on/advance a Phase 1 concept. - Projects are expected to foster collaboration between UTH and MDA.	- Support projects aimed towards our shared goal. - Projects must advance a Phase 1 Framework for a Healthy Texas strategy** with impact in at least two of the 4 mission areas (Research, Clinical, Education, Community Engagement/Service Delivery) and may build on/advance a Phase 1 concept. - Projects are expected to foster collaboration between UTH and MDA.	- Supports seed funding for initiatives aimed towards our shared goal as follows: • Core resources for chronic disease prevention and control research; core resources for clinical and community practice • Chronic disease prevention and control education and training program - Projects must advance a Phase 1 Framework for a Healthy Texas strategy**and may build on/ advance Phase 1 concept. - Projects are expected to foster collaboration between UTH and MDA.
Application Due Date: April 5	**Applications Due Date: April 19**	**Applications Due Date: April 19**

**Phase 1 Framework for a Healthy Texas:
  o Strategy 1: Chronic Disease Prevention and Control Research and Practice
  o Strategy 2: Research to Evidence to Practice to Scale
  o Strategy 3: Population Health Data and Infrastructure
  o Strategy 4: Health Equity and Social Drivers of Health

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APPLICATIONS ARE DUE BY 5PM CST ON SPECIFIED DUE DATE
Late and/or incomplete applications will not be reviewed.

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Applicants Must Submit:

✓ *A complete electronic copy* (PDF, with all documents in one file) via email to Porsha.Vallo@uth.tmc.edu no later than 5:00 p.m. on the due date.

A complete packet includes <u>All Application Forms</u> applicable to each project type (Quick Start, Projects, or Impact Fund).

Notification of awards will be made in summer 2021.

Please direct any questions to: Porsha V. Day Porsha.Vallo@uth.tmc.edu or Mickie Lubin mdlubin@mdanderson.org

*maximum amount of award

APPLICATION GUIDELINES AND INSTRUCTIONS

Individual awards are up to $50,000 total over a one-year period.

Funds are provided by UTH and MDA and subject to the specific requirements of this unique collaborative funding mechanism.

The UTH-MDA Population Health Initiative awards will be based on number of meritorious proposals received, portfolio balance, and availability of funds.

When the application is ready for submission, email an electronic copy in PDF format with all documents combined in one file to Porsha.Vallo@uth.tmc.edu.

Purpose

Supports implementation of evidence-based population health improvement projects in the clinic or community that are ready to begin within 1-2 months and are expected to generate impact within a year. Projects should advance a Phase 1 Framework for a Healthy Texas strategy. Projects are expected to foster collaboration between UTH and MDA.

Phase 1 Framework for a Healthy Texas:
- o Strategy 1: Chronic Disease Prevention and Control Research and Practice
- o Strategy 2: Research to Evidence to Practice to Scale
- o Strategy 3: Population Health Data and Infrastructure
- o Strategy 4: Health Equity and Social Drivers of Health

Eligibility

Applications will be accepted from UTHealth and MD Anderson faculty and staff. Faculty must be at the level of assistant professor or above regardless of tenure status at the time of the submission deadline. Staff must be at the level of director or above at the time of the submission deadline.

Applications <u>must include</u> both a UTHealth and MD Anderson faculty/staff member as multiple principal investigators (Multi-PIs) and both parties should have a significant, defined role in the research project which should be described in the required Multiple PI Plan defined later in these application guidelines. At least one PI must be a faculty member.

Eligible applicants may submit only one **Quick Start** application per review cycle. The same project cannot be submitted to multiple funding types.

While the UTH-MDA Population Health Initiative encourages collaborations beyond the institutions, the funds awarded may not be subcontracted out to other institutions.

Only one active **Quick Start** project per applicant is permitted at any given time.

Review Criteria and Process

Proposals will be reviewed for merit. Meritorious proposals will receive a second stage review for award decision based on merit and considering preferences, portfolio balance, and availability of funds.

<u>Phase 1 Review</u>
- o Criteria:
  - ▪ **Overall Impact**: likelihood for the project to demonstrate near-term (within 1 year) impact towards a measurable and meaningful reduction in the burden of chronic disease and associated risk factors, especially among the underserved, in consideration of the following review criteria:
    - • Significance
    - • Investigator(s) (to include multi-PI roles, communication plan, decision-making process)
    - • Innovation
    - • Approach (to include evidence-base for program implementation, ability to start in 1-2 months, and to demonstrate impact within 1 year)
    - • Environment
- o Review panel: UTH-MDA Population Health Initiative leadership and/or their designees.

Phase 2 Review

Meritorious proposals will receive a second stage review for award decision based on merit and considering preferences, portfolio balance, and availability of funds. Preference will be given to new collaborations.

UTH-MDA Population Health Initiative Leadership reserves the right to alter the award amount at any time.

Funding Duration

Awards are limited up to $50,000 total over a one-year period.

Budget

UTH and MDA budgets must be prepared separately with separate justifications. However, the UTH and MDA Multi-PIs should ensure the budgets and justifications, when considered together, adequately describe support for the proposed project. Funding cannot be subcontracted to other institutions.

The budget and justification must clearly show the institution (UTH or MDA) where the funds will be allocated. Any pre-award requirements associated with the budget, institution-specific or grant-specific forms, and approvals should be managed through each institution consistent with each institution's requirements.

Effort: State effort for all personnel, including PI. Effort should be listed in calendar months. *(Example: 50% effort = 6 months)*

Allowable expenditures include:
- Project supplies
- Technical assistance – program staff, research nurses, data managers, protocol coordinators, research assistants, research associates, postdoctoral fellows, graduate students, and laboratory technicians (salary plus fringe benefits)
- Costs of computer time
- Special fees (pathology, photography, etc.)
- Stipends for graduate students and postdoctoral assistants if their role is to promote and sustain the project presented by the applicant
- Publication costs (journal charges) limited to $500 per year

Unallowable expenditures include:
- Faculty, staff, and non-program related administrative salaries
- Tuition
- Books and periodicals
- Membership dues
- Office and laboratory furniture
- Office equipment and supplies
- Rental of office or laboratory space
- Recruiting and relocation expenses
- Patient care costs
- Construction, renovation, or maintenance of building/laboratories
- Honoraria and travel expenses for visiting lecturers
- Travel to meetings
- Indirect costs

Budget Justification

The budget for all personnel positions (including PI and collaborators), equipment items $\geq$ $1,000, and individual supply items $\geq$ $2,000 should be itemized and justified in detail. Requests for computers must be thoroughly justified and are subject to approval. Anything not included or justified in the original budget may not be approved for payment at a later date.

Application Components
Applicants must submit the following using the templates provided for this funding program:

1. UTHealth Investigator Information and Abstract (1 page)
2. MD Anderson Investigator Information and Abstract (1 page)
3. Principal Investigator(s) Certification (1 page)
4. Principal Investigator NIH Biographical Sketch (5 pages each PI)
5. Proposal Narrative (2 pages)
   a. Project Description
   b. Expected Outcomes
   c. Timeline
6. Data Resources (1/2 page)
7. Budget – UTH (1 page)
8. Budget Justification – UTH (1 page)
9. Budget – MDA (1 page)
10. Budget Justification – MDA (1 page)
11. Multiple Principal Investigator Plan (1 page – see appendix)
12. MDA Requirements:
    - **MD Anderson RFA Faculty:**
      One (1) page letter of support from the Department Chair or supervising faculty member stating 1) the specifications of discretionary funds that will be used to cover the RFA's salary for budgeted effort, 2) protected time will be given for the project, 3) the applicant's project is truly independent (not an extension or subproject of the supervising faculty member), and 4) supervising faculty member's current & pending support.

Length of Application and Pagination
- Applications exceeding page limits will be returned.
- **All pages must be typed using Arial or Helvetica 11-point font size or larger; 1/2-inch side, top, and *bottom margins;* and numbered at the bottom**. The font restrictions also apply to the reference section.

Signatures
- The applicants must sign the Principal Investigator Certification on page 4 of the application.
- The applicants' Department Chair or Supervisor (if appropriate) should review and sign the application form at the bottom of page 2 (UTH) and page 3 (MDA).

Copies for Submission
A final electronic copy (PDF with all documents in one file) should be sent via email to Porsha.Vallo@uth.tmc.edu no later than 5:00 p.m. on the due date.

Notification of Review Outcome
UTH-MDA Population Health Initiative Leadership will notify applicants of review outcome via email.

Award Set-up
Following notification of an award, investigators should work with department staff for guidance on award setup and compliance issues that must be addressed.

> **MDA**: the MD Anderson PI is required to **complete and execute** a Research Contracts Tracking System (RCTS) record. The UTH PI should work with their department for award setup. Additional documents required with the RCTS are as follows:
> - Award Memo (email)
> - Application
> - Budget

> **MDA and UTH:** Applications involving human subjects or human tissues, animals, or biohazardous materials **must have** the appropriate committee (Institutional Review Board, Institutional Animal Care and Use Committee, Institutional Biosafety Committee) approval(s) prior to an award of funds. An IRB reliance agreement should be sought between the institutions for collaborative work.

All awardees must comply with the institutional Conflict of Interest Policy at MD Anderson (UTMDACC Policy ACA0001) and/or UTHealth (HOOP 94 Research Conflicts of Interest HOOP 221 Institutional Conflicts of Interest HOOP 20 Conflict of Interest, Conflicts of Commitment and Outside Activities).

Funds will not be released until all compliance issues involved with the project are approved. Upon receiving all required approvals, the UTH and MDA PIs should be notified by the multi-PIs or their designee so release of funds can be approved.

Reports from Awardees
Recipients of this funding will be expected to provide quarterly written progress reports (short; 1-page); and a final written report regarding progress, findings, and next steps to the UTH-MDA Population Health Initiative Leadership. Guidance will be provided to the PIs and will include both UTH and MDA reporting requirements.

A final report on the use of the funds and the outcome of the research must be submitted within **3 months after** the end of the award period. A standardized report form will be sent to awardees before the end of the award period. Both the progress report and final report should describe concrete plans for next steps, such as submission of a larger grant to an external funding agency, plans to scale and/or sustain the project, etc.

Awardees may be required to present results of their project in various venues, including to donors.

Acknowledgements
In all publications of findings derived by the use of these funds, the following acknowledgment must be included: "This work was supported by a grant from The University of Texas Health Science Center at Houston and The University of Texas MD Anderson Cancer Center Population Health Initiative. This support should be acknowledged by the grantee in all public communication of work resulting from this grant, including scientific abstracts (where permitted), posters at scientific meetings, press releases or other media communications, and Internet-based communications.

For biosketch purposes, this award should be referred to as the UTH-MDA Population Health Initiative Collaborative Projects Fund." More information may be provided to awardees in the award letter.

Residual Funds
Any UTH or MDA funds remaining after the first year must be returned to the institutions. UTH-MDA Population Health Initiative Leadership will consider requests for a well-justified one-time no cost extension for a period of up to 1 year.

For questions about preparation and submission of applications:

Porsha V. Day, Sr. Program Manager, Population Health
Email: Porsha.Vallo@uth.tmc.edu

Mickie Lubin, Program Director
Email: mdlubin@mdanderson.org

APPLICATION GUIDELINES AND INSTRUCTIONS

Individual awards are up to $100,000 total over a two-year period.

Funds are provided by UTH and MDA and subject to the specific requirements of this unique collaborative funding mechanism.

The UTH-MDA Population Health Initiative awards will be based on number of meritorious proposals received, portfolio balance, and availability of funds.

When the application is ready for submission, email an electronic copy in PDF format with all documents combined in one file to Porsha.Vallo@uth.tmc.edu.

Purpose
Support projects aimed towards our shared goal.

Projects must advance a Phase 1 Framework for a Healthy Texas strategy** with impact in at least two of the 4 mission areas (Research, Clinical, Education, Community Engagement/Service Delivery) and may build on/advance a Phase 1 concept. Projects are expected to foster collaboration between UTH and MDA.

**Phase 1 Framework for a Healthy Texas:
   o   Strategy 1: Chronic Disease Prevention and Control Research and Practice
   o   Strategy 2: Research to Evidence to Practice to Scale
   o   Strategy 3: Population Health Data and Infrastructure
   o   Strategy 4: Health Equity and Social Drivers of Health

Eligibility
Applications will be accepted from UTHealth and MD Anderson faculty and staff. Faculty must be at the level of assistant professor or above regardless of tenure status at the time of the submission deadline. Staff must be at the level of director or above at the time of the submission deadline.

Applications must include both a UTHealth and MD Anderson faculty/staff member as multiple principal investigators (Multi-PIs) and both parties should have a significant, defined role in the research project which should be described in the required Multiple PI Plan defined later in these application guidelines. At least one PI must be a faculty member.

Eligible applicants may submit only one **Projects** application per review cycle. The same project cannot be submitted to multiple funding types.

While the UTH-MDA Population Health Initiative encourages collaborations beyond the institutions, the funds awarded may not be subcontracted out to other institutions.

Only one active **Projects** project per applicant is permitted at any given time.

Review Criteria and Process
Proposals will be reviewed for merit. Meritorious proposals will receive a second stage review for award decision based on merit and considering preferences, portfolio balance, and availability of funds.

Phase 1 Review
   o   Criteria:
      ▪   **Overall Impact**: likelihood for the project to move us towards our shared goal by advancing a Phase 1 Framework for a Healthy Texas strategy in consideration of the following review criteria:
         •   Significance
         •   Investigator(s) (to include multi-PI roles, communication plan, decision-making process)
         •   Innovation
         •   Approach
         •   Environment
   o   Review panel: to be convened and to include UTH-MDA Population Health Initiative leadership.

Phases 2 Review
Meritorious proposals will receive a second stage review for award decision based on merit and considering preferences, portfolio balance, and availability of funds. Preference will be given to proposals that are new collaborations and proposals that describe specific plans to use the results of the proposed study to seek extramural funding.

UTH-MDA Population Health Initiative Leadership reserves the right to alter the award amount at any time.

Funding Duration
Awards are limited to $100,000 total over a two-year period. The second year of funding is contingent upon satisfactory progress and availability of funds. Each year must be budgeted separately.

Budget
UTH and MDA budgets must be prepared separately with separate justifications. However, the UTH and MDA Multi-PIs should ensure the budgets and justifications, when considered together, adequately describe support for the proposed research. Funding cannot be subcontracted to other institutions.

The budget and justification must clearly show the institution (UTH or MDA) where the funds will be allocated. Any pre-award requirements associated with the budget, institution-specific or grant-specific forms, and approvals should be managed through each institution as customary.

Effort: State effort for all personnel, including PI. Effort should be listed in calendar months. *(Example: 50% effort = 6 months)*

Allowable expenditures include:
- Project supplies
- Technical assistance – program staff, research nurses, data managers, protocol coordinators, research assistants, research associates, postdoctoral fellows, graduate students, and laboratory technicians (salary plus fringe benefits)
- Costs of computer time
- Special fees (pathology, photography, etc.)
- Stipends for graduate students and postdoctoral assistants if their role is to promote and sustain the project presented by the applicant.
- Publication costs (journal charges) limited to $500 per year

Unallowable expenditures include:
- Faculty, staff, and non-program related administrative salaries
- Tuition
- Books and periodicals
- Membership dues
- Office and laboratory furniture
- Office equipment and supplies
- Rental of office or laboratory space
- Recruiting and relocation expenses
- Patient care costs
- Construction, renovation, or maintenance of building/laboratories
- Honoraria and travel expenses for visiting lecturers
- Travel to meetings
- Indirect costs

Special Requirements
Recipients of this funding will be expected to provide a progress report at 1 year and a final report regarding progress, findings/outcomes, and next steps.

Budget Justification
The budget for all personnel positions (including PI and collaborators), equipment items ≥ $1,000, and individual supply items ≥ $2,000 should be itemized and justified in detail. Requests for computers must be thoroughly justified and are subject to approval. Anything not included or justified in the original budget may not be approved for payment at a later date.

Application Components
Applicants must submit the following using the templates provided for this funding program:
1. UTHealth Investigator Information and Abstract (1 page)
2. MD Anderson Investigator Information and Abstract (1 page)
3. Previous UTH-MDA Population Health Initiative Collaborative Projects Fund Support (1/2 page)
4. Principal Investigators Certification (1/2 page)
5. Principal Investigator NIH Biographical Sketch (5 pages each PI)
6. Statement of Relevance to Reducing the Burden of Chronic Disease in Texas Especially Among the Underserved (1/2 page)
7. Plans to Seek Extramural Funding (1/2 page)
8. Data Resources (1/2 page)
9. Budget - UTH (Year 1 and 2 – 1 page)
10. Budget Justification – UTH (1 page)
11. Budget - MDA (Year 1 and 2 – 1 page)
12. Budget Justification – MDA (1 page)

13. Project Plan (5 pages) ("Instructions for Preparing the Project Plan")
14. Multiple PI Plan (1 page – see appendix)
15. MDA Requirements:

> **MD Anderson RFA Faculty:**
> One (1) page letter of support from the Department Chair or supervising faculty member stating 1) the specifications of discretionary funds that will be used to cover the RFA's salary for budgeted effort, 2) protected time will be given for the project, 3) the applicant's project is truly independent (not an extension or subproject of the supervising faculty member), and 4) supervising faculty member's current & pending support.

Length of Application and Pagination

- **Applications exceeding page limits will be returned.**
- **All pages must be typed using Arial or Helvetica 11-point font size or larger; 1/2-inch side, top, and *bottom margins;* and numbered at the bottom**. The font restrictions also apply to the reference section.

Signatures

- The applicants must sign the Principal Investigator Certification on page 4 of the application.
- The applicants' Department Chair or Supervisor (if appropriate) should review and sign the application form at the bottom of page 2 (UTH) and page 3 (MDA).

Copies for Submission

A final electronic copy (PDF with all documents in one file) should be sent via email to Porsha.Vallo@uth.tmc.edu no later than 5:00 p.m. on the due date.

Instructions for Preparing the Project Plan (Limit Five (5) pages, not including references)

Specific Aims: Introduce the topic and specifically reference the relevance of the proposed project to our goal – to achieve a measurable and meaningful reduction in the burden of chronic disease, especially among the underserved in whom the impact of these illnesses and adverse outcomes are most consequential. State what is known about the topic and what the project will contribute to this knowledge base. State which "Framework for a Healthy Texas" strategy will be advanced as a result of this project. State the mission areas this project supports (research, clinical practice, education and training, community engagement and service delivery).

State the purpose of the overall project and expected outcome(s). Clearly describe the chronic disease problem being addressed and, specifically, the problem in Texas. List the Specific Aims by which the project will be accomplished. State the long-term goal that this project advances. Briefly elucidate the next step in your project and how these funds will assist you in reaching that step. Include plans to seek extramural funding to support next steps.

Significance/Relevance: Briefly sketch the background of the proposal and critically evaluate existing knowledge. Describe the importance of the preliminary data / project next steps. These are the preliminary data / project next step outcomes you expect to develop using the UTH and MDA funds.

Preliminary Studies: Applicants may employ this section to provide an account of the principal investigators' work pertinent to the proposal and/or any other information which will help to establish the experience and competence of the investigators to pursue the proposed project.

Design and Procedure: Describe the design / project approach and the procedures to be used to accomplish the Specific Aims of the work described in the proposal. Describe the protocols to be used and tentative sequence of the project steps. Describe how the data will be analyzed and interpreted. Describe new methodology/approaches and the advantage over any existing methodology/approaches. Discuss the potential difficulties and limitations of the proposed approach and alternative approaches to achieve the aims. Point out any procedures, situations, or materials that may be hazardous to personnel and the precautions to be exercised. Include a brief description of physical resources available if appropriate including the nature of, access to, and availability of any existing data.

Collaboration: Cite names and departments of collaborating investigators at UTH and MDA, and outside of the institution. Provide reasons for collaboration and effort involved. More detail can be provided in the Multiple Principal Investigator Plan.

References: Cite published literature to substantiate contentions, with either citation numbers in parentheses or as superscripts, and provide the complete references in a reference list at the end of the Project Plan. Do not provide the reference in the text. Each reference must include the names of all authors, the name of the book or journal, volume number, page numbers, and year of publication.

Notification of Review Outcome
UTH-MDA Population Health Initiative Leadership will notify applicants of review outcome via email.

Award Set-up
Following notification of an award, investigators should work with department staff for guidance on award setup and compliance issues that must be addressed.

> **MDA**: the MD Anderson PI is required to **complete and execute** a Research Contracts Tracking System (RCTS) record. The UTH PI should work with their department for award setup. Additional documents required with the RCTS are as follows:
> - Award Memo (email)
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> **MDA and UTH:** Applications involving human subjects or human tissues, animals, or biohazardous materials **must have** the appropriate committee (Institutional Review Board, Institutional Animal Care and Use Committee, Institutional Biosafety Committee) approval(s) prior to an award of funds. An IRB reliance agreement should be sought between the institutions for collaborative work.

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Funds will not be released until all compliance issues involved with the research are approved. Upon receiving all required approvals, the UTH and MDA PIs should be notified by the multi-PIs or their designee so release of funds can be approved.

Reports from Awardees
Recipients of this funding will be expected to provide a written progress report at 6 months, and a written and oral progress report with proposed budget for year 2 prior to the end of the first year of funding. This progress report will be presented to the UTH-MDA Population Health Initiative Leadership during one of their regular meetings. Guidance will be provided to the PIs and will include both UTH and MDA reporting requirements. Second year funding is contingent on acceptable progress and availability of funds. A report form template will be provided to awardees.

A final report on the use of the funds and the outcome of the project must be submitted within **3 months after** the end of the award period. A standardized report form will be sent to awardees before the end of the award period.

Both the progress report and final report should describe concrete plans for next steps, such as submission of a larger grant to an external funding agency, plans to scale and/or sustain the project, etc.

Awardees may be required to present research in various venues, including to donors.

Acknowledgements
In all publications of findings derived by the use of these funds, the following acknowledgment must be included: "This work was supported by a grant from The University of Texas Health Science Center at Houston and The University of Texas MD Anderson Cancer Center Population Health Initiative. This support should be acknowledged by the grantee in all public communication of work resulting from this grant, including scientific abstracts (where permitted), posters at scientific meetings, press releases or other media communications, and Internet-based communications.

For biosketch purposes, this award should be referred to as the UTH-MDA Population Health Initiative Collaborative Projects Fund." More information may be provided to awardees in the award letter.

Residual Funds
Any UTH or MDA funds remaining after the first year may be carried over to the second year. Any funds remaining beyond the 2-year award period must be returned to the institutions. UTH-MDA Population Health Initiative Leadership will consider requests for a well-justified one-time no cost extension for a period of up to 1 year, however, this request must be made as soon as the need for the no cost extension is identified, potentially as soon as the first year progress report and well before the end of the second year of funding.

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For questions about preparation and submission of applications:

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- Porsha V. Day, Sr. Program Manager, Population Health   Email: Porsha.Vallo@uth.tmc.edu
- Mickie Lubin, Program Director   Email: mdlubin@mdanderson.org

APPLICATION GUIDELINES AND INSTRUCTIONS

Individual awards are up to $100,000 total over a two-year period.

Funds are provided by UTH and MDA and subject to the specific requirements of this unique collaborative funding mechanism.

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When the application is ready for submission, email an electronic copy in PDF format with all documents combined in one file to Porsha.Vallo@uth.tmc.edu.

Purpose
Supports seed funding for initiatives aimed towards our shared goal as follows:
- Core resources for chronic disease prevention and control research; core resources for clinical and community practice
- Chronic disease prevention and control education and training program

Initiatives must advance a Phase 1 Framework for a Healthy Texas strategy**and may build on/ advance a Phase 1 concept(s). Initiatives are expected to foster collaboration between UTH and MDA.

**Phase 1 Framework for a Healthy Texas:
  - Strategy 1: Chronic Disease Prevention and Control Research and Practice
  - Strategy 2: Research to Evidence to Practice to Scale
  - Strategy 3: Population Health Data and Infrastructure
  - Strategy 4: Health Equity and Social Drivers of Health

Eligibility
Applications will be accepted from UTHealth and MD Anderson faculty and staff. Faculty must be at the level of assistant professor or above regardless of tenure status at the time of the submission deadline. Staff must be at the level of director or above at the time of the submission deadline.

Applications must include both a UTHealth and MD Anderson faculty/staff member as multiple principal investigators (Multi-PIs) and both parties should have a significant, defined role in the research project which should be described in the required Multiple PI Plan defined later in these application guidelines. At least one PI must be a faculty member.

Eligible applicants may submit only one **Impact Fund** application per review cycle. The same project cannot be submitted to multiple funding types.

While the UTH-MDA Population Health Initiative encourages collaborations beyond the institutions, the funds awarded may not be subcontracted out to other institutions.

Only one active **Impact Fund** project per applicant is permitted at any given time.

Review Criteria and Process
Proposals will be reviewed for merit. Meritorious proposals will receive a second stage review for award decision based on merit and considering preferences, portfolio balance, and availability of funds.

Phase 1 Review
  - Criteria
    - **Core Resources**
      Overall Impact: likelihood for the resource to fill a clear gap in expertise and/or capability to achieve a measurable and meaningful reduction in the burden of chronic disease and associated risk factors in Texas, especially among the underserved.

    - **Educational Program**
      Overall Impact: likelihood for the resource to lead to development of the next generation of population health researchers, educators, and/or practitioners with the education and expertise to achieve a measurable and meaningful reduction in the burden of chronic disease and associated risk factors in Texas, especially among the underserved. This program does not provide support for student scholarships or individual fellowships.

- o Review panel: to be convened and to include UTH-MDA Population Health Initiative leadership.

Phases 2 Review
Meritorious proposals will receive a second stage review for award decision based on merit and considering preferences, portfolio balance, and availability of funds. Preference will be given to proposals that are new collaborations and proposals that describe specific plans to use the results of the proposed study to seek extramural funding.

PIs of meritorious proposals may be invited to provide an oral presentation and asked to provide additional information to UTH-MDA Population Health Initiative Leadership as part of the review process.

UTH-MDA Population Health Initiative Leadership reserves the right to alter the award amount at any time.

Funding Duration
Awards are limited to $100,000 total over a two-year period. The second year of funding is contingent upon satisfactory progress and availability of funds. Each year must be budgeted separately.

Budget
UTH and MDA budgets must be prepared separately with separate justifications. However, the UTH and MDA Multi-PIs should ensure the budgets and justifications, when considered together, adequately describe support for the proposed research. Funding cannot be subcontracted to other institutions.

The budget and justification must clearly show the institution (UTH or MDA) where the funds will be allocated. Any pre-award requirements associated with the budget, institution-specific or grant-specific forms, and approvals should be managed through each institution as customary.

Effort: State effort for all personnel, including PI. Effort should be listed in calendar months. *(Example: 50% effort = 6 months)*

Allowable expenditures include:
- Project supplies and animal maintenance
- Technical assistance – program staff, research nurses, data managers, protocol coordinators, research assistants, research associates, postdoctoral fellows, graduate students, and laboratory technicians (salary plus fringe benefits)
- Costs of computer time
- Special fees (pathology, photography, etc.)
- Stipends for graduate students and postdoctoral assistants if their role is to promote and sustain the project presented by the applicant
- Publication costs (journal charges) limited to $500 per year

Unallowable expenditures include:
- Faculty, staff, and non-program related administrative salaries
- Tuition
- Books and periodicals
- Membership dues
- Office and laboratory furniture
- Office equipment and supplies
- Rental of office or laboratory space
- Recruiting and relocation expenses
- Patient care costs
- Construction, renovation, or maintenance of building/laboratories
- Honoraria and travel expenses for visiting lecturers
- Travel to meetings
- Indirect costs

Special Requirements
Recipients of this funding will be expected to provide progress reports at 6 months and 1 year, and a final report regarding progress, findings, and next steps.

Budget Justification
The budget for all personnel positions (including PI and collaborators), equipment items $\geq$ $1,000, and individual supply items $\geq$ $2,000 should be itemized and justified in detail. Requests for computers must be thoroughly justified and are subject to approval. Anything not included or justified in the original budget may not be approved for payment at a later date.

Application Components
Applicants must submit the following using the templates provided for this funding program:
1. UTHealth Investigator Information and Abstract (1 page)

2. MD Anderson Investigator Information and Abstract (1 page)
3. Principal Investigator(s) Certification (1 page)
4. Principal Investigator NIH Biographical Sketch (5 pages each PI)
5. Proposal Narrative (2 pages) to include:
   Project Overview (~1 paragraph)
   - Initiative Description
   - State Goals/Aims
   - State the expected outcomes – near-term and long-term
   - Indicate who will engage in the initiative and their roles
   Approach
   - Describe the approach to achieve the goals/aims and expected outcomes
   - Describe how the initiative meets the review criteria
   Budget (~1 paragraph)
   - State the amount of funding required and duration for support
   - Provide high-level budget justification
     (More detailed budget information may be requested for proposals selected for funding consideration)
6. Data Resources (1/2 page)
7. Multiple Principal Investigator Plan (1 page, see appendix)
8. MDA Requirements:
   MD Anderson RFA Faculty:
   One (1) page letter of support from the Department Chair or supervising faculty member stating 1) the specifications of discretionary funds that will be used to cover the RFA's salary for budgeted effort, 2) protected time will be given for the project, 3) the applicant's project is truly independent (not an extension or subproject of the supervising faculty member), and 4) supervising faculty member's current & pending support.

Length of Application and Pagination
- **Applications exceeding page limits will be returned.**

- **All pages must be typed using Arial or Helvetica 11-point font size or larger; 1/2-inch side, top, and *bottom margins;* and numbered at the bottom**. The font restrictions also apply to the reference section.

Signatures
- The applicants must sign the Principal Investigator Certification on page 4 of the application.
- The applicants' Department Chair or Supervisor (if appropriate) should review and sign the application form at the bottom of page 2 (UTH) and page 3 (MDA).

Copies for Submission
A final electronic copy (PDF with all documents in one file) should be sent via email to Porsha.Vallo@uth.tmc.edu no later than 5:00 p.m. on the due date.

Notification of Review Outcome
UTH-MDA Population Health Initiative Leadership will notify applicants of review outcome via email.

Award Set-up
Following notification of an award, investigators should work with department staff for guidance on award setup and compliance issues that must be addressed.

> **MDA**: the MD Anderson PI is required to **complete and execute** a Research Contracts Tracking System (RCTS) record. The UTH PI should work with their department for award setup. Additional documents required with the RCTS are as follows:
> - Award Memo (email)
> - Application
> - Budget

> **MDA and UTH:** Applications involving human subjects or human tissues, animals, or biohazardous materials **must have** the appropriate committee (Institutional Review Board, Institutional Animal Care and Use Committee, Institutional Biosafety Committee) approval(s) prior to an award of funds. An IRB reliance agreement should be sought between the institutions for collaborative work.

All awardees must comply with the institutional Conflict of Interest Policy at MD Anderson (UTMDACC Policy ACA0001) and/or UTHealth (HOOP 94 Research Conflicts of Interest HOOP 221 Institutional Conflicts of Interest HOOP 20 Conflict of Interest, Conflicts of Commitment and Outside Activities).

Funds will not be released until all compliance issues involved with the research are approved. Upon receiving all required approvals, the UTH and MDA PIs should be notified by the multi-PIs or their designee so release of funds can be approved.

Reports from Awardees
Recipients of this funding will be expected to provide a written progress report at 6 months, and a written and oral progress report with proposed budget for year 2 prior to the end of the first year of funding. This progress report will be presented to UTH-MDA Population Health Initiative Leadership during one of their regular meetings. Guidance will be provided to the PIs and will include both UTH and MDA reporting requirements. Second year funding is contingent on acceptable progress and availability of funds. A report form template will be provided to awardees.

A final report on the use of the funds and the outcome of the project must be submitted within **3 months after** the end of the award period. A standardized report form will be sent to awardees before the end of the award period.

Both the progress report and final report should describe concrete plans for next steps, such as submission of a larger grant to an external funding agency, plans to scale and/or sustain the project, etc.

Awardees may be required to present research in various venues, including to donors.

Acknowledgements
In all publications of findings derived by the use of these funds, the following acknowledgment must be included: "This work was supported by a grant from The University of Texas Health Science Center at Houston and The University of Texas MD Anderson Cancer Center Population Health Initiative. This support should be acknowledged by the grantee in all public communication of work resulting from this grant, including scientific abstracts (where permitted), posters at scientific meetings, press releases or other media communications, and Internet-based communications.

For biosketch purposes, this award should be referred to as the UTH-MDA Population Health Initiative Collaborative Projects Fund." More information may be provided to awardees in the award letter.

Residual Funds
Any UTH or MDA funds remaining after the first year may be carried over to the second year. Any funds remaining beyond the 2-year award period must be returned to the institutions. UTH-MDA Population Health Initiative Leadership will consider requests for a well-justified one-time no cost extension for a period of up to 1 year, however, this request must be made as soon as the need for the no cost extension is identified, potentially as soon as the first year progress report and well before the end of the second year of funding.

For questions about preparation and submission of applications:

Porsha V. Day, Sr. Program Manager, Population Health
Email: Porsha.Vallo@uth.tmc.edu

Mickie Lubin, Program Director
Email: mdlubin@mdanderson.org

APPENDIX

1. Instructions for Preparing the Multiple PI Plan
2. Framework for a Health Texas Executive Summary

Instructions for Preparing the Multiple PI Plan
(Limit One (1) page)

The Multiple PI Plan ("Plan") should include the following: a rationale for choosing a multiple PI approach should be described. The governance and organizational structure of the leadership team and the project should be described, including communication plans, process for making decisions on project direction, and procedures for resolving conflicts. The roles and administrative, technical, scientific, and clinical and/or community responsibilities for the project or program should be delineated for the PIs and other collaborators. If budget allocation is planned, the distribution of resources to specific components of the project or the individual PIs must be delineated in the Plan.

Framework for a Health Texas Executive Summary

UTHealth (UTH) and MD Anderson (MDA) share a clearly defined mission to serve Texas through research, education, clinical care, and community service. Our combined footprint in one of the largest and most diverse cities in the nation, combined with our statewide reach, position us uniquely to lead the charge for improved Texas population health. Academic health systems like UTH and MDA who are committed to population health improvement must move beyond the first curve of individual patient care and the second curve of health management of populations seeking care at their institutions to the third curve – population health improvement.1 With this in mind, we have joined forces to create the UTH-MDA Population Health Initiative.

Working together, UTH and MDA will expand our impact to influence the full spectrum of health and disease across the lifespan, from primary prevention to innovative treatments for chronic diseases such as cancer, heart disease, stroke, and mental illness, from childhood nutrition and vaccination to healthy aging and survivorship. Together we will bridge the gap between the fields of public health and medicine, define the national standard for population health training, clinical and public health practice, and research, and cultivate a new generation of scientists, healthcare professionals, and community practitioners who think differently about health and disease. Our collaboration is purposed to directly and indirectly improve the lives of all Texans - preventing disease before it occurs, treating it when it strikes, and supporting a healthy recovery – both physical and mental – in the years that follow.

In the fall of 2018, Dr. Giuseppe Colasurdo (UTH president) and Dr. Peter Pisters (MDA president) cast a vision for collaboration around population health and charged institutional leaders to further develop this vision. In March 2019, administrative leaders were appointed to engage faculty and staff in refining the vision and defining program priorities to improve Texas population health across our institutions' four shared mission areas. To date, more than 100 faculty and staff across the two institutions have contributed to this effort.

Faculty leaders identified Chronic Disease Prevention and Control as the singular "grand challenge" - the greatest opportunity to improve population health in Texas – and developed four key strategies to address it:

1. Chronic Disease Prevention and Control Research and Practice
2. Research to Evidence to Practice to Scale
3. Population Health Data and Infrastructure
4. Health Equity and Social Drivers of Health

Together the grand challenge and four strategies form the "Framework for a Healthy Texas." The relevance of this framework was brought into sharp focus by both the COVID-19 pandemic and the growing national awareness around systemic inequities that drive disparate health outcomes among populations. The disproportionate impact of COVID-19 on individuals with comorbidities and communities of color demands a more intentional approach that seeks both to improve overall outcomes and close gaps between populations. The importance of emergency preparedness and response, including connected and robust data systems, a substantial and well-trained workforce, and innovative approaches (e.g., telehealth, community health workers, etc.) to serving all Texas communities, has never been so evident.

Over the course of seven months, numerous faculty and staff spanning the breadth of UTH and MDA collaborated across four mission-area workgroups to develop 32 separate proposals/themes, each intended to impact Texas population health. Together these formed the proposed framework. Some are shovel-ready projects to innovate service delivery and improve outcomes; others represent thematic areas for investment to improve population health or concepts requiring additional development:

- The Research Workgroup identified 11 thematic areas for development, including precision population health, cancer survivorship research, dissemination and implementation science (moving research into practice), and population health policy research. Faculty also prioritized investments in platforms to support population health/chronic disease data, infectious disease and pandemic health data, virtual research, and health equity;
- The Clinical Workgroup developed project proposals targeting HPV vaccination, tobacco cessation and lung cancer screening, and cancer survivorship. Several of these could be implemented immediately and include a research component to learn how best to disseminate evidence-based interventions in a clinical environment;
- The Education & Training Workgroup proposed new programs in chronic disease prevention and control, dissemination and implementation science, data science, the business of health, and pandemic and disaster preparedness, each aimed at preparing the next generation of population health researchers and practitioners while strengthening the current workforce; and
- The Community Engagement & Service Delivery Workgroup advanced, among other proposals, a community health improvement platform to bring tools and expertise to Texas communities and developed proposals for a joint population health collaborative in Acres Homes to advance population health improvement at the community level, a policy think tank to drive upstream population health interventions, and an evaluation core to assure we are measuring progress towards defined outcomes.

The next step is to provide the additional granularity required to create a comprehensive Blueprint for a Healthy Texas. This will involve fully developing prioritized Phase 1 proposals as well as implementing shovel-ready projects where feasible. Leadership engagement in four key areas will be critical to the success of Phase 2:

- Endorsement of the framework;
- Direction to continue forward with the blueprint, including any key strategic priorities;
- Identification of leaders to advance efforts related to shared data infrastructure; and
- Consensus as to the desired structure (e.g., joint School of Population Health) around which to coordinate these efforts.

A critical success factor is the explicit endorsement of institutional leadership. With that, an interdisciplinary and cross-institutional team would have the mandate needed to fully engage in the next phase of detailed planning and project implementation.

Addressing the grand challenge collaboratively will allow for the timely and widespread dissemination of best practices and evidence-based interventions to diverse clinical and community settings. It will provide the tools to identify, address, and ultimately eliminate health disparities. Most importantly, it will enable a measurable and meaningful reduction in the incidence of chronic disease and associated risk factors for all Texans. The Blueprint for a Healthy Texas will serve as a model for others and guide UTH and MDA researchers, clinicians, educators, and community practitioners in their efforts to apply the best that Texas institutions have to offer to the consequential work of improving Texas population health. Together we can multiply our impact and make a difference in the lives of Texans.

UTH-MDA Population Health Initiative: Phase 1 - Framework for a Healthy Texas

Grand Challenge: Chronic Disease Prevention and Control	Research (T=Themes)	Clinical Practice	Education & Training	Community Engagement & Service Delivery
Strategy 1: Chronic Disease Prevention & Control Research and Practice	*Chronic Disease Prevention and Control* ☐ T1 Chronic Disease – Risk Prevention and Management ☐ T2 Population Health Genomics – from Clinical Practice to Research ☐ T3 Cancer Survivorship Research	☐ Pilot Project: Coordination of Transitions of Cancer Survivors from Oncology Care at MDACC League City Clinics to Survivorship Care at the UT Health Bayshore Primary Care Clinics	☐ Disease Prevention and Control ☐ Asset: Workforce Needs Assessment	Activating Innovative Strategies to Increase HPV Vaccination Uptake in the State of Texas ☐ Caring for Cancer Caregivers
Strategy 2: Research to Evidence to Practice to Scale	*Moving Research to Practice through Intervention Development and Dissemination & Implementation Science* ☐ T4 Dissemination and Implementation Science Platform ☐ T5 Research to Practice ☐ T6 Community and Public Health Networks	☐ UTP Pilot Intervention to Increase Uptake of HPV Vaccination among Adolescents and Young Adults via Automated Text Messaging and Brief Education ☐ HPV vaccine hesitancy and uptake within two institutions of the UT System – A catalyst for population-level advances ☐ Improving the Quality of Lung Cancer Screening and Smoking Cessation among Primary Care Patients ☐ Smoking Cessation and Lung Cancer Screening for Dental Patients ☐ Mitigating Co-Morbid Conditions and Competing Cardiovascular Risk Among Cancer Survivors	☐ Dissemination & Implementation Science ☐ Business of Health	☐ Improving the Health of Texans - Community by Community ☐ Population Health Evaluation Core

Policy

	☐ T7a Population Health Policy Research			☐ Think Tank: Research to Policy Mobilization ☐ Tobacco Control ☐ Coalition Building Framework for Pop. Hlth Improv
Strategy 3: Population Health Data & Infrastructure	*Development of a coordinated population health infrastructure and data platform* ☐ T8 Infectious Disease and Pandemic Health ☐ T9 Population Health Data Platform ◄·····► ☐ T10 Virtual Research Platform ☐ T7b Population Health Policy Research – Data		☐ Pandemic and Disaster Preparedness ☐ Data Science	☐ Computational Social Drivers of Health ☐ Asset: Inventory - Funded CPRIT Grants to UTH or MDA ◄·····► ☐ Asset: Population Health Data Inventory
Strategy 4: Health Equity & Social Drivers of Health	*Health Equity and Social Determinants of Health* ☐ T11 Health Equity Platform	*(Guiding principle: Include clinics with MLIU patients as intervention settings)*	*(Cross-cutting theme considered in all proposed programs)*	☐ Population Health Collaborative (Acres Homes) ☐ Medical Legal Partnership