Request for Pilot Research Proposals
Due Date: Friday, January 8, 2021 at 5 p.m. EST

REQUEST FOR PROPOALS
The National Institute on Aging (NIA)-funded Interdisciplinary Network on Rural Population Health and Aging (INRPHA) invites investigators to submit proposals for pilot research that addresses key thematic priority areas (detailed below) related to *U.S. rural population health and aging trends and disparities*. Projects will begin as early as April 15, 2021 and must be completed by June 30, 2022.

RESEARCH FOCUS
U.S. population aging is occurring more rapidly in rural than in urban areas, rural areas are home to disproportionate shares of older and poorer health people, and rural-urban and within-rural disparities in health and life expectancy are growing. Slow-moving stressors that have manifested over the past 40 years (e.g., population aging, industrial transformation, rising income inequality, immigration, climate change) and short-term economic, policy, and environmental shocks (e.g., the COVID-19 pandemic, health care policy changes, natural disasters) affect rural people and places differently than their urban counterparts due to greater concentrations of vulnerable groups, less diversified economies, thinner institutions, and fewer local services in rural areas. However, rural places are not monolithic, and the specific mechanisms driving overall rural declines in health and increasing rural-urban and within-rural disparities are not clear. Moreover, research on intersections between race, rurality, and health and how these factors vary across different U.S. regions (e.g., Appalachia, Delta South, Black Belt, Rio Grande Valley, and Native-American regions) is sparse.

INRPHA facilitates innovative research on the multilevel and multidimensional exposures shaping and being shaped by health and aging trends among different rural populations and regions in the U.S. Pilot research proposals may address any of INRPHA's five key priority areas below. The specific questions listed under each theme are illustrative, not exhaustive. Projects may address additional questions and topics not listed here that concern rural population health and aging (e.g., COVID-19).

1. **Identify trends and disparities in middle-age and older adult health and well-being across different types of rural areas and among different vulnerable populations within rural areas and identify the mechanisms driving these trends and disparities.**
    - *Where, how, and why did a rural mortality penalty emerge in the 1980s, and why has it grown in each subsequent decade?*
    - *Where are health outcomes better than might be expected based on demographic and economic indicators (i.e., resilient places) and why?*
    - *Where, how, and why do markers of demographic and social vulnerability (e.g., race/ethnicity, nativity, gender, SES, veteran status) interact with rurality and/or regional location to differentially affect various health and aging outcomes?*

2. **Identify the implications (e.g., social, economic, political, and infrastructural) of population health and aging trends in rural areas.**
    - *What have been the impacts of retirement migration on rural areas?*
    - *How does health vary between rural areas characterized by population loss versus those characterized by population gain (e.g., retirement migration and natural amenity population growth places)?*

- *What are the implications of aging in place and other new health challenges in rural areas (e.g. the opioid crisis, rise in lifestyle related diseases)?*
- *How do population health trends and their determinants vary by race/ethnicity, nativity, gender, SES and/or across different types of rural areas and/or regions?*

3. **Identify relationships between economic livelihood strategies, economic well-being, and health among middle- and older-age adults in rural America.**
    - *What are the relationships between income and employment adequacy and health among middle-age and older rural adults?*
    - W*hat role have federal and state safety net policy changes played on relationships between economic livelihoods, well-being, and health among rural adults?*
    - *How do relationships between economic livelihood strategies, economic well-being, and health vary by race/ethnicity, nativity, gender, SES and/or across different types of rural areas and/or regions?*
    - *What is the extent and nature of informal caregiving in rural areas, especially in the context of the COVID-19 pandemic?*

4. **Identify the contributions of physical and/or social isolation on physical, mental, and cognitive health and healthy aging in different rural areas.**
    - *How does limited access to various services (e.g., health, transportation, housing, legal) affect healthy aging in rural areas?*
    - *In what ways does social capital substitute for service infrastructure?*
    - *How do relationships between physical and/or social isolation and health vary by race/ethnicity, nativity, gender, SES and/or across different types of rural areas and/or regions?*

5. **Identify where and how exposures to environmental change and/or climate hazards have affected rural middle-age and older populations.**
    - *What are the health and well-being implications of environmental shocks (e.g., natural disasters) and/or long-term environmental stressors (e.g., climate-related decline in farming economies) in rural areas?*
    - *What types of rural areas are most prepared for or resilient to environmental shocks and stressors?*
    - *How do relationships between environmental shocks/stressors and health vary by race/ethnicity, nativity, gender, SES and/or across different types of rural areas and/or regions?*

In addition to the questions posed above, we are also interested in projects that propose innovative methods and/or propose to use existing data in innovative ways to address one or more of these five priority areas.

BUDGET

Investigators may request total (direct + indirect) costs of **up to $15,000**, with a limit of 8% on IDC. Proposals requesting less than the maximum amount are encouraged. Funds can be used for investigator and/or research assistant salaries, travel, and/or costs associated with data acquisition. They cannot be used to purchase equipment. Proposals must be submitted by a single institution, and funds will be obligated to successful grantees as fixed-price sub-awards. Further sub-awards from the grantee's institution to other institutions are not allowed. Grantees will receive 80 percent of the award at the beginning of the project, with the remaining 20 percent distributed upon submission of a final report. Grantees will need to provide evidence of IRB approval from their home institution *before* funds can be distributed. This process can take

time but is easier for projects deemed "exempt," than those requiring an "expedited" or "full" IRB review. Grantees should plan accordingly.

PROPOSAL FORMAT and TIMELINE

Proposals are due by Jan. 8, 2021, 5 p.m. EST: Proposals must be submitted as a single PDF file in NIH format (min. 11-pont font) and include the following:

- Cover page with investigator(s) names and contact information, project title, and a 30-line project summary;
- No more than 3 single-spaced pages that include the following sections: Specific Aims, Significance, Innovation, and Research Design (which must include hypotheses and a description of the proposed data and methods);
- References;
- Detailed Budget and Budget Justification. Note that when calculating the total requested budget, indirect costs are part of the total budget, which cannot exceed $15,000.
- Protection of Human Subjects description. *All awarded projects will require institutional IRB approval before funding can be distributed, even if the project is deemed "exempt."*
- NIH formatted biosketch for all investigators. If multiple investigators are included, a biosketch is requested for each investigator. However, a single PI must be identified.

February 5, 2021: We will notify applicants of decisions and request budget modifications (when necessary) and human-subjects approval.

April 15, 2021: We expect that investigators will begin their projects as early as April 15, 2021. However, final award receipt is contingent upon submission of IRB approvals/exemptions and final approval from NIA. Budget funds will be transferred to your institution as soon as possible thereafter.

Duration of Pilot Projects: April 15, 2021-June 30, 2022

EXPECTED OUTCOMES

(1) Pilot grantees will be expected to provide a brief presentation about their planned project at the 2021 INRPHA meeting to be held in-person and/or virtually in Summer, 2021, and a full presentation summarizing their project findings at the 2022 INRPHA meeting (COVID-19 has caused uncertainty in exact meeting dates, locations, and delivery modes); (2) Participation in future INRPHA activities; and (3) Written report upon completion of the project (due by June 30, 2022). Subsequent outcomes stemming from the pilot, including the submission of external funding proposals, receipt of external funding, and publications must be reported to INRPHA. All research resulting from the pilot project must credit NIA grant R24-AG065159. All publications must be submitted to PubMed Central.

SUBMISSION INSTRUCTIONS

Submit proposals to Leif Jensen (lij1@psu.edu) as a single PDF file **by 5 p.m. EST on Friday, January 8, 2021**.

SELECTION CRITERIA

Proposals will be evaluated for: (a) the significance and quality of the proposed research; (b) relatedness of the project to one or more of INRPHA's five priority areas or to rural population health and aging generally; (c) feasibility that the project can be completed within one year; (d) likelihood that the proposed research will result in submission of an NIA proposal within 2 years; (e) likelihood the research will result in important publications with insights into rural population health and aging; and (f) credentials of investigator(s). Researchers at any career stage and from any disciplinary background are eligible to apply. Early career investigators are especially encouraged to apply. While not required, interdisciplinary proposals, junior-senior teams, and

budgets indicating matching institutional support will be regarded favorably. Note that INRPHA will provide mentorship and/or assistance to grantees for follow-up NIA/NIH proposal development.

For more information about this RFP, please contact:
Leif Jensen, Penn State, lij1@psu.edu

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