



Request for Applications

From Discovery to Community Mini-grants Program 2011-2012

This Request for Applications seeks grant proposals from community organizations that are interested in informing their communities about new research findings. Applicants will be asked to choose from a list of scientific discoveries that have been made by researchers at Emory University, Morehouse School of Medicine, or Georgia Tech. They will be asked to describe how they would inform their members and others in their communities about these new discoveries. The scientists themselves will be available to participate.

Background

The Community Engagement and Research Program (CERP) is a core component of the Atlanta Clinical Translational Science Institute (ACTSI), a collaborative effort of Emory University, Morehouse School of Medicine, and Georgia Institute of Technology. The CERP supports community-university research partnerships, facilitates community input into university research, and seeks to increase health research in community settings that is both responsive and relevant to the health needs of the community. In addition, the program builds community capacity to participate in research as a partnership, benefiting both the researchers and the community.

The CERP Mini-Grants Program, *From Discovery to Community*, is designed to support these goals by providing funding to community-based organizations (CBOs) to foster partnerships with researchers and disseminate research findings that are of interest and relevant to communities. Researchers from the ACTSI partner institutions have identified recent scientific discoveries that may make a difference in the health of communities in the metro Atlanta or southwest Georgia areas. CERP is making mini-grants available to CBOs in these regions to collaborate with researchers and implement activities to disseminate these findings.

Program Description

CERP is requesting proposals from CBOs to conduct dissemination activities (e.g., community forums, development of educational materials, local presentations by researchers, etc.) around particular health topics. The topics have been proposed by researchers who have specific research findings they believe should be shared with local communities to help improve their health. Selected CBOs who are selected will receive a mini-grant of up to \$4,000 to conduct activities to share the information, working in concert with the researcher whose findings are being shared.



Research Topics

The following health-related topics/discoveries have been identified by researchers as ready for dissemination at the community level:

1. **Applying Service Learning for Community Capacity Building (Refugee Communities in DeKalb County)**
2. **High Rates of Community Violence Result in Significant Levels of Civilian Posttraumatic Stress Disorder and Depression**
3. **Findings from the Emory-Udall Parkinson's Disease Center**
4. **An Educational Website for the Prevention of Commercial Sexual Exploitation of Children (CSEC)**
5. **Tango and dance classes for older people with low vision and/or Parkinson's Disease**
6. **Health Risks Associated with Cigar Use**
7. **EPICS (Educational Program to Increase Colorectal Cancer Screening)**
8. **Encouraging Black End Stage Renal Disease Patients to Start Transplant Evaluation Process Early May Alleviate Racial Disparities in Access to Kidney Transplantation**

(Abstracts describing each topic or discovery in more detail are attached to the end of this RFA, beginning on page 8.)

Interested CBOs should select one of the above topics and develop a proposal to disseminate these findings, using the attached guidelines. Proposals will be reviewed by members of the CERP and its community Steering Board to select the 2011-2012 grantees. Grantees will be notified of grant award in November of 2011, for dissemination activities to occur January through May 2012. Grantees and their research partners are expected to begin their collaborative project planning between **November 2011 and January 2012**. Proposal guidelines follow below.

Eligibility

Applicant organizations must meet the following criteria:

1. Be not-for-profit under Section 501c(3) of the Internal Revenue Code,
2. Serve communities within Atlanta's five-county core metropolitan area including Clayton, Cobb, DeKalb, Fulton and Gwinnett *or* communities within the 31-county southwest Georgia area (including Baker, Ben Hill, Berrien, Brooks, Calhoun, Clay, Clinch, Coffee, Colquitt, Cook, Crisp, Decatur, Dougherty, Early, Echols, Grady, Irwin, Lanier, Lee, Lowndes, Miller, Mitchell, Quitman, Randolph, Seminole, Sumter, Terrell, Thomas, Tift, Turner, and Worth),
3. Address the proposal requirements outlined in this RFA.

No grants will be awarded to individuals. Organizations that have previously received funding from CERP before are eligible to apply again. **However, prior recipients must include a description of their prior project (maximum of one page) and progress to date. Applicant must also propose new work under the current RFA. Proposals may not extend previous projects.**



Application Procedures

- Select a topic from the **Research Topics List** above.
- Provide a brief one-page **letter of intent** that includes: organization name; contact person's address, email and telephone number; a brief statement that your organization plans to apply for the ACTSI CERP mini-grants program; and the topic area you plan to address in your proposal.
- Provide **five copies** of a complete application, following the requirements outlined below.
- Proposed activities should be implemented and end within a five-month period (January 2012-May 2012).

Application Requirements

- A cover letter that includes:
 - Organization Name
 - Contact Person (Name, address, phone and fax number, and e-mail address)
 - Region/County Represented
- A proposal narrative (**using attached Proposal Narrative Template**) that:
 - Is no more than 5 pages (references, the budget, and the budget justification are not included in this count) 6 pages if organization previously awarded an ACTSI CERP mini-grant- see eligibility requirements.
 - Is in black font color, and a font size of 11 points or larger (Times Roman, Arial, etc.)
 - Includes a detailed description of the community and a high priority health disparity
 - Describes organizational experience and capacity to disseminate health information to the community
 - Describes interest in collaborating with a researcher to disseminate the identified research findings
 - Describes the approach or the method(s) to be used in disseminating the research findings
- Proposed budget and budget justification
- A copy of the organization's 501(c)3 documentation



Selection Process & Review Criteria

A selection committee appointed by the CERP Director and Co-Director will review all applications. The selection will also include review and input by the CERP Community Steering Board. Decisions will be based on the following criteria:

- **Relevance of Findings and Potential Impact in Community:** extent to which the identified topic and the description of the community and health issue demonstrate an understanding of the community's needs and the potential impact of the research **(15 points)**
- **Relevance of the Findings-** the relevance of the research findings to the identified community. **(10 points)**
- **Experience and Leadership:** organizational history and leadership needed to conduct the proposed activities. **(20 points)**
- **Interest in Research:** description of why the CBO is interested in partnering with academic researchers to disseminate research findings. **(10 points)**
- **Proposed Dissemination Activities:** description of proposed dissemination activities and the extent to which the CBO demonstrates understanding of appropriate channels for dissemination and collaboration with researcher(s) **(45 points)**
- **Budget and Justification:** clarity and cost-effectiveness of the budget and justification and their connection to project description (no points)

Total Points: 100



Important Dates

- Tuesday, September 13, 2011 – *From Discovery to Community* RFA Release
- Monday, September 26, 2011 (5:00 pm) – Letter of Intent due (mail or fax)
- Tuesday, October 4, 2011 (2:00 pm) - Technical assistance teleconference for potential applicants
- Monday, October 24, 2011 (5:00 pm) – Complete application due (5 copies)
- No later than Friday, November 11, 2011– Notification of Awards
- January 9, 2012 – Project Start Date
- Monday, May 14, 2012 – Project End Date

Letters of Intent

Letters of intent are strongly recommended but are not mandatory and must be **received by 5:00pm EST Monday, September 26, 2011** via mail to the application. Please mark letters of intent to the attention of Dr. Katherine Erwin.

Final Applications

Applicants must mail 5 copies of their final applications **to Dr. Katherine Erwin at the address below**. Applications must be **RECEIVED** by 5:00 pm **Monday, October 24, 2011**. ****Do not fax or e-mail application(s)**.

Katherine Erwin, DDS, MPA
Morehouse School of Medicine
720 Westview Drive, SW
Atlanta, Georgia, 30310
404-756-5231 (fax)

Technical Assistance

A teleconference outlining this program and the proposal process will be held **Tuesday, October 4, 2011 at 10:00 a.m. Call-in details are:**

- **Toll-free conference line: 866-248-0559**
- **Reservation conference meeting room number *8747177***
 - **(The star key must be pressed before and after the room number)**

If you have questions related to application submission, please contact Katherine Erwin, DDS, MPA, at 404-756-5278.

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Proposal Narrative Template

(Narrative should be no more than 5 pages, using black type and a font size of 11 points or larger.)
The points awarded should be in the same range as mentioned on page four.

1. Research Findings/Discoveries to Disseminate: Identify the research finding(s) the CBO plans to disseminate and the community in which activities will take place. (15 points)
2. Relevance of the Findings: Describe the relevance of the research findings to the identified community. (10 points)
3. Community Background: Describe the community served by the CBO and the health issue or disparity that will be addressed by the chosen research findings. Also, describe the impact of the health issue in your community and the potential impact the research findings may have in addressing this issue. This may include statistics or survey data for the community. (10 points)
4. Experience, Organizational Capacity, and History: Describe the CBO's organizational history and leadership to address the identified health issue. Consideration will be given to applicants with a track record of disseminating research findings or health information in the community. Be sure to include a description of past and current programs and services to address health issues. (20 points)
5. Interest in Research: Describe why the CBO is interested in partnering with academic researchers to disseminate research findings and information to the community. If applicable, describe prior experience working with a researcher, college or university, particularly in disseminating research findings. (10 points)
6. Proposed Dissemination Activities: Describe proposed activities the CBO will conduct to disseminate the chosen research findings. Include a description of how these activities will be promoted within the community. Please submit a timeline of proposed activity(s) for the proposal written or chart format. In addition, also include specific plans for collaborating with the identified researcher to ensure accurate translation of the findings to the community. (45 points)

Budget and Budget Justification (not included in 5-page limit)

Each proposal must include a detailed budget and justification. The samples that follow are merely examples and not meant to suggest required elements.



Sample Budget and Justification Guidelines

Please provide an estimated budget and budget justification for the 5-month project period. Do not exceed \$4,000. (You may use the example budget items below or propose other items relevant to your proposed activities.)

Budget	
ITEMS	AMOUNT
Program materials	
Computer software	
Office supplies – paper, folders, binders, etc.	
Printing costs	
Food/refreshments	
Telephone costs	
Postage	
Local travel	
Personnel	
Stipend(s) &/or salary support for staff or volunteers	
TOTAL	No more than \$4,000

Narrative Budget Justification

Please include brief explanations for all of the categories mentioned in your budget.

Example Categories:

Educational Materials – Explain the cost for educational materials per anticipated number of participants (if relevant).

Computer Software – Explain any need for specialized software and how it relates to the project.

Office Supplies – Briefly describe the need for specific supplies and an explanation of how the cost has been estimated.

Local Travel – Explain need for all travel and anticipated expenses. Travel must be directly related to proposed activities.

Personnel:

Stipend(s) &/or Salary Support– Explain the specific need for stipends and/or salary support for staff or volunteers. Identify project responsibilities of each identified person included in the budget. For salary coverage, provide the amount per hour and estimated hours per week.

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Research Abstracts

1. Applying Service Learning for Community Capacity Building (Refugee Communities in DeKalb County)

A service learning course will be offered to students enrolled in Emory College of Arts & Sciences in Spring 2012 (January – May 2012). The topic of this special seminar will be Community Health Practice among Refugees and Immigrants. This course will explore and integrate basic global health knowledge, concepts and skills to enable students to become active participants in their community's health by getting engaged with at least one of the several ongoing health initiatives by the local health departments or other refugee immigrant agencies working in community health. External partners will be involved to help students acquire the necessary skills to translate knowledge to action, and learn to become agents of social change to improve health outcomes and eliminate health disparities. Some of the most important health issues to address will be Reproductive Health, Diabetes Education, Physical Activity & Healthy Nutrition, Increased access to health care.

The aim of the educational program is to understand and practice culturally competent health care. This program will disseminate pertinent health information to the communities involved and increase their self-awareness of specific health issues affecting their members, such as mental health, reproductive health, healthy nutrition and finding means to increase access to health care. Students will learn to effectively respond to cultural differences that can impact the clinical encounters and quality of care among recent refugees and immigrant groups. There will be an opportunity for students' engagement with the refugee and immigrant communities during our field trips to our partner health agencies and organizations as part of the course related requirements. The community members will benefit directly by the dissemination of our study findings to the stakeholders and key community members. Community partnerships are proven to be an effective way to design health interventions and achieve favorable health outcomes.

2. High Rates of Community Violence Result in Significant Levels of Civilian Posttraumatic Stress Disorder and Depression

A growing number of studies indicate that low-income, African Americans living in urban environments are at especially high risk for both exposure to traumatic events and development of mental and physical health consequences. In such populations, exposure to trauma may begin early in life; studies from similar samples suggest that initial trauma exposure during childhood or adolescence is common. The ultimate goal of this proposal is to combine mental health research and basic neuroscience research to inform the development of evidence-based approaches to early intervention in populations of high risk of traumatization.



Risk factors for the development of trauma-related disorders include biological factors, such as genotype and brain physiology, and early environmental factors, or the interaction of these factors. Our research takes a first step toward filling this gap by evaluating maternal parenting behavior and biological risk factors in trauma exposed low-income women and their children. We use physiological paradigms developed from basic neuroscience animal models in order to describe biomarkers of vulnerability and resilience in the aftermath of childhood trauma. These research paradigms are adapted for use with school-age children. We also measure anxiety symptoms in children and assess the effects of parenting and traumatic experiences on these symptoms as well as the physiological biomarkers. Finally, we examine gene by environment interactions by genotyping both mothers and their children. Recent findings from the Grady Trauma Project indicate that specific gene alleles confer risk to individuals exposed to severe childhood abuse. Although this research is still in the investigational stage, we anticipate that it will result in recommendations for empirically grounded intervention and prevention approaches aimed at increasing resilience and decreasing risk in low-income urban populations. A particular community organization through which the research could be implemented and the results disseminated would be non-profit community childcare centers.

3. Finding from the Emory-Udall Parkinson's Disease Center

The aim of the Emory-Udall Outreach is to share scientific knowledge about Parkinson's Disease (PD) with PD patients and their caregivers. We have over 45 PD researchers at Emory, whose research we'd like to share with the local PD community, from animal models of PD to nutrition in PD to the environmental causes of PD. In order to develop a coherent outreach plan, a Community Outreach Board has been established. This outreach board is composed of six patients, one patient support partner, the coordinator for the Atlanta chapter of the American Parkinson's Disease Association (APDA), a neurology clinic nurse from the Grady Memorial Hospital in Atlanta, and the Emory-Udall center director and coordinator. In May, the first Udall Center Community Roundtable event on Parkinson's disease research was held. The event involved fifteen researchers from Emory who discussed their research with small groups of patients and families in the format of simultaneous roundtable discussions. Seventy-two people attended this event, primarily patients and their families. The feedback was very positive, with a resounding request for continued researcher-community dialogue. To foster development of a reciprocal relationship between the Center and its community partners, the Center would like to support local PD organizations and their efforts to increase awareness of PD and of PD research activities.

4. An Educational Website for the Prevention of Commercial Sexual Exploitation of Children (CSEC)

Although 200,000 – 300,000 youths are at risk for commercial sexual exploitation of children (CSEC) in the U.S., no primary prevention efforts aimed at youths exist. In response, we developed and tested a CSEC educational tool for use in a family planning clinic serving teens. The educational tool seeks to impact youths' attitudes toward CSEC victims and support no tolerance toward pimping and its glorification.



The web-based tool includes a documentary-style video, information about risks inherent in CSEC, different ways that youth are victimized and resources available regarding CSEC. Focus group discussions were conducted to test the tool's concepts and language. Subsequently, a mixed methods pilot study was performed with patients aged 18 and under (n=48) at an urban family planning teen clinic.

Pre-test responses indicated participants had considerable knowledge of CSEC and held attitudes that would support CSEC prevention. Accordingly, positive, but limited change in knowledge and attitudes were observed after interacting with the website. Qualitative data indicated that participants felt the website was informative, impactful and relevant. Many participants expressed gratitude for this prevention effort: "you will help so many people with this because it is very real in our neighborhoods." Participants endorsed the website and the clinic setting as appropriate formats for CSEC prevention efforts with young people. These results indicate the acceptability of CSEC prevention education in a family planning teen clinic and the need for CSEC prevention efforts tailored to youth.

5. Tango and Dance Classes for Older People with Low Vision and/or Parkinson's Disease

Parkinson's Disease is a movement disorder with great personal and public costs. 1 million people have PD in the US, which will double by 2030. Training programs may complement current medication/surgical options, which are partially effective, but with fewer side effects. In studies 1 and 2, individuals with PD participated in adapted tango classes for 20 lessons. On average, those who participated improved on disease severity, walking, balance and endurance. This is important because they may have less fall risk after the classes. Also, participants reported they enjoyed the classes and noted improvements in their physical abilities. Tango may be appropriate and effective for improving the ability to get around in people with PD, and may be as good as regular exercise and other forms of dance.

Another group at risk and in need of effective forms of exercise is older adults with low vision, for whom fall incidence is high. The American Geriatrics Society makes research examining visual problems and fall-prevention a high priority. In study 3, a group of oldest old adults (80 and older) participated in a group tango program. They improved their balance and strength, as well as an important aspect of cognition- the ability to keep track of where you are in space. Although the class took place over 3 months, participants did not slow in their walking speed. The class was feasible and people enjoyed themselves. These programs might help individuals who experience increased isolation and decreased physical health as a result of visual and motor problems.

6. Health Risks Associated with Cigar Use

Cigars contain the same toxic and carcinogenic compounds found in cigarettes and have a greater level of nicotine. Habitual cigar use and persons who inhale deeply stand an increased risk for developing coronary heart disease and chronic obstructive pulmonary disease (lung disease).

The SAMHSA's National Survey on Drug Use (NSDUH), reports cigar use more than doubled in new users in the United States from 1993 through 1998. Furthermore, cigar use has remained



consistently higher among young adults 18-25 year olds since year 2000. In 2009, cigar sales in the United States rose by 15.3% and generated more than \$2.9 billion in retail sales with over 5 million cigars consumed with an estimated 13.6 million (5.6 percent) persons that smoke cigars in the US. The highest rates of past month cigar use in 2009 also differs by race/ ethnicity/gender with whites and African Americans males reporting past month cigar use significantly higher than their female counterparts. Many cigar smokers feel that cigars are not as carcinogenic as cigarettes because they don't inhale. However, cigars contain the same toxic and carcinogenic compounds found in cigarettes and have a greater level of nicotine. Conventional cigar smoking is linked to an increased risk for cancers of the lung, oral cavity, larynx, and esophagus. Habitual cigar use and persons who inhale deeply stand an increased risk for developing coronary heart disease and chronic obstructive pulmonary disease. Educating young African American and white males (18-25) regarding the health risks associated with cigar use is very important. Community-based organizations that work with male populations, provide tobacco education, cessation and or prevention, as well others will be successful in getting the word out about the risk factors of cigar use.

7. EPICS (Educational Program to Increase Colorectal Cancer Screening)

Colorectal cancer is the second leading cause of cancer death, and the death rate is higher among African Americans than in any other racial or ethnic group. The results of this research, if widely disseminated, will help many African Americans avoid this cancer or have it detected early, when it can be cured.

We have developed an educational intervention that has been successful in promoting colorectal cancer screening among African Americans, as demonstrated in a research project. The intervention is known as EPICS (Educational Program to Increase Colorectal Cancer Screening). It consists of three or four educational sessions delivered to a group of about 8-10 individuals over a three or four week period. We seek a community-based organization to deliver this intervention to groups of individuals, especially African-Americans, 50 years of age and older. We will provide training to one or more facilitators as well as an implementation guide, template print materials, and PowerPoint presentations.

8. Encouraging Black End Stage Renal Disease Patients to Start Transplant Evaluation Process Early May Alleviate Racial Disparities in Access to Kidney Transplantation

Racial disparities in access to renal transplantation exist among patients with End Stage Renal Disease in the Southeastern United States. Disparities in access start early in the transplant process, from lower physician referral for transplant at dialysis centers, to patient scheduling of the transplant evaluation once referred. Encouraging physicians at dialysis centers to refer their minority patients to transplant earlier, as well as supporting patients to schedule their transplant evaluation appointments earlier, may help alleviate racial disparities in access to renal transplantation. We recommend working with the Southeastern Kidney Council, Georgia Transplant Foundation, or regional dialysis centers to target dialysis centers that have a consistent history of poor transplant rates so that both physicians and patients in the dialysis community can act to increase earlier referral and evaluation among black ESRD patients.