

FOA: Research on Diabetes Care for Populations with Health Disparities

OVERVIEW

On May 26th, the National Institutes of Health (NIH) released a Funding Opportunity Announcement (FOA) to support innovative research to develop, test, and evaluate comprehensive strategies to improve care for adults with Type 2 diabetes mellitus from populations with health disparities. Strategies may include multi-level/multi-component interventions (including new models of health care), clinical trials, studies, and other projects that effectively adapt and implement recommended guidelines of comprehensive clinical care. Although this FOA is not limited to these, the NIH-designated health disparity populations include:

- Blacks/African Americans;
- Hispanics/Latinos;
- American Indians/Alaska Natives;
- Asian Americans, Native Hawaiians and other Pacific Islanders;
- Socioeconomically disadvantaged populations;
- Underserved rural populations; and
- Sexual and gender minorities.

The full FOA is available [here](#). NIH will accept several rounds of applications through 2024, with the first round of applications due on October 5th.

FUNDING

Application budgets will be limited to a maximum of \$500,000 in direct costs.

The scope of the proposed project should determine the project period. The maximum project period is five years.

ELIGIBLE APPLICANTS

Eligible applicants include:

- Higher education institutions;
- Not-for-profit organizations with and without 501(c)(3) status;
- For-profit organizations; and
- Faith- or community-based organizations.

Applicants may submit more than one application, provided that each application is scientifically distinct.

AREAS OF INTEREST

Areas of interest include, but are not limited to:

- Interventions to increase screening and prevention of Type 2 diabetes in populations with health disparities.

- Studies on the effectiveness of individualizing care guidelines for people with diabetes from populations with health/health care disparities based on various factors¹.
- Research on strategies to address non-adherence or adverse events for at-risk populations including persons with cognitive impairment and/or complex illnesses and health regimens.
- Strategies to implement care guidelines in the context of challenging housing- and/or work-related conditions or settings.
- Studies that explore clinician decision-making and best practices related to prioritizing or integrating care guidelines for people with diabetes and other coexisting health conditions.
- Innovative multi-level or multi-component interventions that promote a proactive Type 2 diabetes care delivery model and evaluate its effect on diabetes-related health outcomes and health care disparities.²
- Innovative strategies that enhance Type 2 diabetes patient self-management, continuity of care, medical specialty referrals and/or shared patient care in health care settings with limited resources and clinical personnel. These strategies may include digital interfaces and electronic health records portals, among others.
- Research on Type 2 diabetes health care coordination between traditional and alternative settings (e.g., pharmacies, fire stations, other community resources) and its impact on utilization of and quality of Type 2 diabetes (and coexisting chronic health conditions) health care services, and/or health outcomes.
- Studies that evaluate telehealth effectiveness on the continuity of diabetes care during public health emergencies (e.g., natural and human made disasters, pandemics including COVID-19, and others), especially in terms of reducing diabetes health care and health disparities.
- Studies that evaluate the impact of public health emergencies (e.g., natural and human made disasters, pandemics -including COVID-19 and others) on timely access to recommended health tests and services for persons with Type 2 diabetes, and ancillary care (e.g., dialysis, wound care, surgical care), including lessons learned and strategies that enhanced access and continuity of care.

APPLICATION

Reviewers will provide an overall impact score for each proposal that will reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the research field(s) involved.

Reviewers will also consider and provide a separate score for each of the following:

- Significance
- Investigator(s)
- Innovation
- Approach
- Environment

¹ Age (e.g., older adults), sex/gender, race/ethnicity, urban/rural settings, pregnancy status, coexisting health conditions, state of progression of the disease, and social determinants of health, including whether health care is provided in urban or rural settings.

² Such interventions include studies exploring the role of health information technology across different levels on patient self-management, patient-clinician shared decision making, and care coordination for diabetes and other coexisting chronic health conditions.

As applicable, reviewers will also consider additional criteria when determining scientific and technical merit of each proposal, including but not limited to protections for human subjects and budget/period of support requested. Final funding decisions will depend on:

- Scientific and technical merit of the proposed project;
- Availability of funds; and
- Relevance of the proposed project to program priorities.

Timeline

Proposals must be submitted by October 5th for the first round. Applicants for this round may submit an optional non-binding Letter of Intent by September 5th to Larissa Aviles-Santa at avilessantal@nih.gov.

Questions may be submitted to the appropriate scientific/research, peer review, and financial/grants management contact(s) listed in the FOA.