



CARES CENTER

CANCER AWARENESS, RESEARCH, ENGAGEMENT & SUPPORT

Request for Applications:

Pilot and Feasibility Studies in Persistent Poverty areas across the Cancer Continuum
(RFA-CARES-25-001)

CARES Center Overview

The CARES Center: Cancer Awareness, Research, Engagement, and Support Center led by the University of Alabama at Birmingham (UAB) in partnership with the Minority Health & Health Equity Research Center (MHERC) and the O'Neal Comprehensive Cancer Center invites applications for **pilot and feasibility studies to address disparities across the cancer control continuum in areas characterized by persistent poverty.**

[Persistent poverty areas](#) are here defined as Census tracts with $\geq 20\%$ of residents living in poverty for ≥ 30 years.

Project Focus Areas

The goal of the CARES center is to implement and evaluate changes in Living Environments (Economic, Physical, Social, and Service) on cancer risk factors, specifically those related to nutrition, physical activity, and health care access/utilization, as outlined by the Alcaraz framework [Alcaraz et al. *Understanding and addressing social determinants to advance cancer health equity in the United States: a blueprint for practice, research, and policy*. CA: A Cancer Journal for Clinicians, 2020; **70**(1): p. 31-46].

- Projects may address disparities at any point on the cancer control continuum, from prevention to survivorship, including palliative care.
- Projects may build on the currently funded CARES Center's projects (page 3) or propose other projects in areas affected by persistent poverty. Projects focusing on rural areas are encouraged.
- Priority will be given to projects that demonstrate relevance to the focus of the CARES Center, utilize its core facilities, and are likely to result in a future R01 (or equivalent) funding.

Example of research non-responsive to this RFA:

- Individual-level interventions that do not address structural conditions or systems in areas affected by persistent poverty, e.g., interventions to improve colorectal cancer screening at the individual level without addressing referral systems, reimbursement policies, or other structural factors that would allow sustainable improvement in screening for the community;
- Evaluation of multi-level interventions that do not address long-term sustainability

More information is available on our website, please watch the [presentation](#) on the RFA.

Key Dates

Letter of Intent Due Date:	September 6, 2024
Invitation for Full Application:	September 20, 2024
Full Application Due Date:	November 18, 2024
Anticipated Start Date:	May 1, 2025

Funding

Available funds are approximately \$100,000, and two pilot projects will be funded. Project budgets may not exceed \$50,000 per year in total costs. Funding is for one year, with a possibility to apply for an additional year of funding contingent upon availability of funds. Faculty salary support is an allowable expense.

Eligibility

Preference will be given to proposals that include at least one early-stage investigator. Early-stage investigators applying as PIs must be mentored by a senior faculty member with a strong record of NIH funding in the area related to the proposed research. Early-stage investigators will participate in training provided by the CARES Career Enhancement Core.

Review Process

Letters of intent will be reviewed by the CARES Center Steering Committee and Community Advisory Board.

Letter of Intent Instructions:

Applicants should submit a Letter of Intent that includes:

1. A one-page project summary including project title, investigators, research question, and a brief description of the project and its relevance to cancer prevention and control in persistent poverty areas and CARES center goals.
2. A one-page lay summary that includes the primary goals(s), significance/potential impact, innovation, and approach to facilitate review by members of the CARES Center Community Advisory Board. In this section, applications should describe any community engagement research strategies, including but not limited to community partners, recruitment, retention, and dissemination.
3. NIH biographical sketches.

Please submit a letter of intent (LOI) to Kaitlyn Waugaman, kjwaugaman@uabmc.edu, **by Friday, September 6, at midnight**. The full application will be due November 18, 2024. The anticipated start date is May 1, 2025.

With any questions, please contact Kaitlyn Waugaman, MPH, RDN, LDN, 412-508-5498, kjwaugaman@uabmc.edu



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About the CARES Center

The goal of the UAB CARES Center is to reduce the burden of cancer and cancer disparities in persistent poverty areas by expanding research and research capacity through implementation and evaluation of multilevel interventions to improve cancer outcomes across the cancer control continuum from prevention to survivorship. The Center works to reduce disparities among persons at risk of developing cancer, cancer patients, and survivors, especially among minority race/ethnicity individuals living in persistent poverty areas. The UAB CARES Center includes 2 research projects and 4 cores, which are available to support CARES Center Pilot and Feasibility Study applicants and recipients with relevant services and expertise. More information is available on the [CARES Center website](#).

Administrative Core

The Administrative Core will assist with budgetary issues and human subjects' projection, including IRB issues. Additionally, the Core will provide support through the UAB MHERC Community Outreach and Community Health Worker (COaCH) Core. The COaCHes will be available to work with project recipients to assist with identifying partners for implementation of project activities in targeted communities, support recruitment and other research activities, and disseminate research findings to the community as appropriate.

Research and Methods Core

The Research and Methods Core provides consultation on study design, data management, and statistical analysis, with emphasis on applications of statistical principles in exploring multilevel factors influencing disparate cancer outcomes in persistent poverty areas. The Core will provide support with: (1) developing conceptual models that reflect the multilevel factors driving cancer disparities in persistent poverty areas, and pathways for testable research hypotheses; (2) identifying appropriate study designs and use appropriate statistical methods to test hypotheses, with emphasis on multilevel approaches; (3) data management and quality control services; and (4) dissemination and implementation support.

Career Enhancement Core

The Career Enhancement Core will develop and sustain of a diverse cadre of early-career investigators that can be integrated into funded pilot projects. Training activities are provided by the CARES center and the NCI Persistent Poverty Initiative Network.

Developmental Core

The Developmental Core will support the development and implementation of funded pilot projects by (1) coordinating with other CARES cores to utilize their resources for methodologies, intervention development, and identification of community partners; (2) supporting investigators with IRB applications, training, and identifying personnel as needed; and (3) evaluating progress. This may involve coordinating with existing projects to leverage their personnel and build on the ongoing staff and work, or linking investigators with available resources, such as the Recruitment and Retention Shared Facility (RRSF). The RRSF offers recruitment and retention support, survey administration, qualitative interviews, and focus group moderation.

Project 1: Cancer Prevention through Enhanced EnvironMenT – The Cancer PREEMpT Study (MPIs: Bateman & Oates)

This project will test whether a comprehensive community intervention that improves the neighborhood built and social environments can reduce cancer risk in persistent poverty areas. The specific aims of Cancer PREEMpT include: 1) Assessing whether the enhancement of living (built and social) environments leads to increased public safety, use of parks and community spaces, community events, and prevention services; 2) Determining the effect of improved living environments on community-level perceptions and behaviors related to cancer risk, such as walkability and safety, self-reported physical activity, social cohesion and collective efficacy, and use of preventive care and cancer screening; and 3) Evaluating the impact of improved living environments on self-reported and objective chronic stress (including allostatic load) and healthcare utilization (including cancer screening). Using a multisectoral approach to bring together citizens, organizations, businesses, and local governments to improve their living environment, Cancer PREEMpT will engage community members in five adjacent persistent poverty census tracts in Birmingham, Alabama. After a community-engaged needs assessment, modifications will be made in the built and social environments, followed by an evaluation in Year 5. We will apply sequential explanatory mixed methods assessments using a two-group design with independent samples at pre- (Year 1) and post-intervention (Year 5), and focus groups with residents. To ascertain impact on healthcare utilization, we will compare Electronic Health Records of all residents of the target area receiving care through the UAB Health System with residents of control urban persistent poverty communities. Cancer PREEMpT will fill a research gap by providing evidence for reduced cancer risk in persistent poverty areas through a community-engaged, stakeholder-supported intervention that improves the living environment.

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Project 2: Leveraging Adaptation and Multilevel Implementation Strategies to Address Unique Health Promotion Challenges among Cancer Survivors in Persistent Poverty Areas (LEAP) (MPIs: Rogers & Zubkoff)

The overall goal of this study is to reduce health disparities experienced by cancer survivors and their co-survivors living in primarily Black persistent poverty areas by improving health behaviors. This study uses established Implementation Science frameworks and significant input from multiple local stakeholders to adapt two efficacious interventions into a new community-delivered LEAP Program, and implement and evaluate this program. Our specific aims are: Aim 1 - Adapt efficacious diet and physical activity interventions designed for cancer survivors (and their co-survivors) to the persistent poverty context and social determinants of health. Building off two efficacious diet and physical activity interventions for cancer survivors (and their co-survivors), BEAT Cancer and RENEW, we will adapt them into the LEAP Program. The adaptation process will focus on acceptability, feasibility, sustainability, and social determinants of health in persistent poverty areas. Aim 2 – Implement the LEAP program in persistent poverty areas using multilevel implementation strategies. We will identify implementation strategies, develop a LEAP Implementation Toolkit, and implement the LEAP program. Aim 3 – Evaluate LEAP program implementation in persistent poverty areas. Using a mixed methods approach, we will examine 3 types of outcomes: implementation (readiness, reach, acceptability, fidelity, sustainability), service (safety, cost), and client (diet quality, physical activity, body mass index, quality of life). We will use a 2-cluster prospective design in which our work will start in 4 persistent poverty census tracts (Cluster 1) and be replicated in the remaining 5 persistent poverty census tracts (Cluster 2) where the other CARES CENTER project will intervene to improve the living environment (built and social). This will allow us to examine whether persistent poverty living environment improvements enhance the adaptation and implementation of the LEAP program.

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