

APPENDIX A

PROGRAM CONSIDERATIONS

A. Translation spectrum: All projects should fall under the umbrella of T2 - T4 translation research and address diabetes, prediabetes/metabolic syndrome, or obesity prevention or treatment. The following definitions for the stages of translational research will be used:

- **T2 Research: translation to patients:** Phase 2 and 3 clinical trials, and controlled studies leading to clinical application and evidence-based guidelines
- **T3 Research – translation to practice:** Effectiveness, cost effectiveness, and comparative effectiveness studies conducted in practice sites, ensuring the translation of results from clinical studies into clinical practice settings
- **T4 Research – translation to population:** Dissemination and implementation research, which identifies and resolves barriers to implementation of evidence-based guidelines into community practice

B. Address health equity: To be responsive to this funding program, proposals must address a health equity issue or add to the evidence base about the issue with the ultimate goal of eliminating disparities in diabetes and related conditions.

The following definitions for health equity and related themes will be used:

- **Health equity:** Reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups. Health equity can be viewed both as a process (the process of reducing disparities in health and its determinants) and as an outcome (the ultimate goal: the elimination of social disparities in health and its determinants).¹
- **Health disparities:** Differences in health (or in key determinants of health such as education, safe housing, and freedom from discrimination) that adversely affect marginalized or excluded groups. Disparities in health and in the key determinants of health are how we measure progress toward health equity.¹
- **Social determinants of health:** The conditions in which one lives, learns, works, plays, worships, and ages, and these conditions are shaped by historical and contemporary policies, law, governance, investments, culture, and norms. Addressing the root causes of health inequities, such as the social determinants of health, is important in part to help enable sustainable interventions by engaging multiple sectors and addressing multiple health outcomes simultaneously.²
- **Social needs:** unmet material needs experienced by individuals, such as food and housing insecurity.³

Additional health equity related resources for applicants and reviewers can be found [here](#).

C. Utilize WU-CDTR services: Applicants are required to include use of WU-CDTR cores & services to support their proposed research and to consult with core personnel during the development of their proposal to discuss application of available WU-CDTR tools and services. Information about available [cores and services](#) can be found on the Center website.

If you're unsure if your project fits within the mission of this RFA, please contact our team at cdtr@wustl.edu.

APPENDIX B

SCORED REVIEW CRITERIA

Reviewers will consider each of the review criteria below in the determination of scientific merit, and give a separate score for each, following standard NIH review guidelines.

Additional guidance related to health equity considerations for applicants and reviewers can be found here: [Questions and Resources for Reviewing Research Proposals for Sensitivity to Health Equity Issues](#)

- 1) **Significance:** Does the project address an important problem or a critical barrier to progress in the field? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field? Are the scientific rationale and need to test the proposed hypothesis or intervention well supported by preliminary data, clinical and/or preclinical studies, or information in the literature? Does the application have the potential to advance the PI's research career and lead to extramural funding? How strong is the intention to focus on health equity issues in the proposed research? How central are health equity issues to the study aims?
- 2) **Investigators:** Are the PI, collaborators, and other researchers well suited to the project? If Early Stage Investigators or those in the early stages of independent careers, do they have appropriate experience and training? How appropriate is the team composition for achieving the equity-related goals of the study?
- 3) **Innovation:** Does the application challenge and seek to shift current research or clinical practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions? Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed? Does the design/research plan include innovative elements, as appropriate, that enhance its sensitivity, potential for information or potential to advance scientific knowledge or clinical practice? Does the proposed research study have the potential to yield meaningful insights about an important health-equity issue?
- 4) **Approach:** Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Have the investigators included plans to address weaknesses in the rigor of prior research that serves as the key support for the proposed project? Have the investigators presented strategies to ensure a robust and unbiased approach, as appropriate for the work proposed? Are potential problems, alternative strategies, and benchmarks for success presented? Does the application include a description of the pathway(s) or mechanism(s) whereby intended impact on equity would be achieved? How strong are the proposed study design and methods for identifying equity impact of the intervention being evaluated? How appropriate is the dissemination plan for achieving the equity-related goals of the study?
- 5) **Environment:** Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements?

BUDGET GUIDELINES

1) Allowable Direct Cost Items: Funding will be provided for items essential to the conduct of the project.

A. Personnel

- i. Allowable personnel expenses include salary and applicable fringe benefits for: the principal investigator, co-investigator(s), postdocs and graduate students if employees receiving a salary, and other professional and technical staff.
- ii. The current NIH salary cap must be used if applicable. Cost sharing of salary is necessary when using the salary cap or in other situations where the effort exceeds the amount of salary being requested.
- iii. Current KL2/K12 scholars may not request support for effort already supported by their K award. This effort should be shown as cost shared on the budget form pages (show effort, no dollars) and described in the budget justification.

B. Consultant Costs

- i. Provide the names and organizational affiliations of all consultants other than those involved in consortium/contractual costs and provide any expected compensation, travel and other related expenses. When applicable, signed agreements which meet all compliance requirements of the individual grantee organization must be in place prior to any project-related consultant work being performed.

C. Equipment

- i. Only equipment essential to the conduct of this project is allowed. A detailed description must be provided with an explanation as to how it directly relates to this project and is not otherwise available.
- ii. For budget submission purposes, equipment should be defined as items > \$5,000 and having a useful life of more than 2 years. Upon award, a grantee institution may re-categorize items to meet internal definitions. Items costing less than \$5,000 should be included in the Supply category.

D. Travel

- i. Travel must adhere to the grantee's established travel policy and is only allowable if needed to conduct the project. *Travel to general scientific meetings is not allowable.*

E. Other Expenses

- i. Publication costs are limited to \$1,000.

F. Consortium/Contractual Costs

- i. Sub-agreements proposed to organizations other than WU-CDTR partners (includes associated community organizations) must be approved by the WU-CDTR Administration prior to submission of the application. The participating consortium organization must submit a separate face page, detailed budget page(s), and budget justification to the PI who will include it as part of the overall application submission.

G. Other allowable budget categories include: Supplies and Patient Care Costs.

2) Unallowable Direct Cost Items

A. Funding will not be provided for the following:

- Administrative personnel
- Stipends for students/trainees
- Dependent Tuition Fringe Benefit

- Administrative supplies/services normally considered indirect costs (i.e. office supplies, phone, fax and modem line charges, etc.)
- Office equipment and furniture
- Tuition
- Purchasing and binding of periodicals and books
- Dues and membership fees
- Honoraria or travel expense for lectures
- Maintenance/Service Contracts
- Construction, alteration, maintenance or rental of buildings or building space
- Faculty/Staff recruiting /relocation expenses
- Entertainment/Social Expenses
- Pre-award costs
- Any expense contrary to applicant's institutional reimbursement policies

B. Facilities & Administrative Costs (F&A)

Do not include F&A Costs in the applicant or consortium organization budgets. F&A costs are expected to be a contribution to the program by institutions outside of WUSTL. Any exceptions will be identified in the Notice of Award.