Harvard Catalyst Community Health Innovation and Research Program (HC-CHIRP)

Request for Pilot Grant Applications:
Addressing Childhood Obesity through Translational Research

Applications Due: February 28, 2013 at 5:00pm

I. Key Dates
Request for applications (RFA) announcement: January 10, 2013
Informational and networking session: January 22, 2013 at 4:00pm
Applications due*: February 28, 2013 at 5:00pm
Funding decisions announced: late April, 2013
Anticipated funding start date: June 1, 2013

* All applications must be submitted online at the following URL:
https://cbmi.catalyst.harvard.edu/formsJsf/pfChildObesity.jsf

II. Award Amount
$100,000 per year for a one year period.

III. Overview and Goals
The Harvard Catalyst childhood obesity pilot grant opportunity will support novel research partnerships with the potential to generate evidence or tools that will contribute to translational research leading to measurable impact on one of today’s most serious threats to the nation’s health. Grants will begin approximately in June 2013 and should be completed within 12 months. It is expected that pilot projects will lead to additional funding from other sources that will broaden their goals, scope, scale, and results.

Harvard Catalyst Community Health Innovation and Research Program (HC-CHIRP) leads the Childhood Obesity Initiative in collaboration with the Harvard Catalyst’s Child Health Committee and Health Disparities Research Program. This pilot grant opportunity seeks to engage a broad range of policy, public health, clinical, and other investigators from across the Harvard community, and will provide seed money for interdisciplinary translational research to prevent and treat childhood obesity.

The RFA will fund applications for pilot data and feasibility studies for innovative childhood obesity research projects, or the development of tools, measures and resources that will be used in future studies to decrease the burden of childhood obesity. As rates of childhood obesity disproportionately affect African Americans, Latinos, Native Americans, and children from low socioeconomic status families, particular focus is needed on interventions to reduce disparities in obesity by race/ethnicity and socioeconomic status. Investigators from across Harvard are encouraged to submit novel and innovative proposals that have the potential to contribute to the prevention or reduction of the burden of childhood obesity. In Section IV below, specific research priority areas are identified which represent gaps in knowledge identified by the Harvard research community in the Spring of 2012. Applications in these areas are encouraged but not required and there is no assumption that funding will be awarded in each category. This RFA is not designed to support traditional bench science or to provide core funding for existing clinical/behavioral/policy interventions and such studies will be considered non-responsive to this RFA.
HC-CHIRP encourages research teams to discuss their proposals with program staff prior to
submission. To arrange a time to speak please email Ryan Kennedy, Research and Evaluation
Specialist, at childhood.obesity@catalyst.harvard.edu.

IV. Priority Areas

1. Research and evaluation on socio-cultural aspects of the food and physical activity
environment
While interdisciplinary collaboration is an emphasis for all Harvard Catalyst pilot grants, it is
particularly relevant to reducing disparities in childhood obesity. Researchers from a broad range of
disciplines can help us recognize how socioeconomic and cultural factors may interact with
environmental opportunities for food choice and physical activity, and work with intended audiences
to tailor prevention strategies so they are grounded in understanding and respect for competing
belief systems. Behavioral economists, psychologists, sociologists and anthropologists, linguists,
city planners, GIS experts, technology experts, marketing, advertising and communications
specialists, and artists are among those whose expertise and methodologies we hope to engage in
this pilot grant program.

2. Research on childhood obesity development, transitions, and life-course
Life-course research emphasizes the important influence of early experience on later life health.
Research is especially needed to understand critical and sensitive periods for obesity development
throughout childhood, from antenatal life to young adulthood and how to effectively intervene to shift
trajectories from unhealthy toward healthy development and how to maintain healthy trajectories
over time in an obesigenic environment. Such interventions could occur at many levels—individual,
family, pediatrician, and community. Investigators are encouraged to submit proposals to elucidate
life-course determinants of obesity risk and interventions aimed at keeping children healthy or
shifting children to improved risk trajectories.

3. Research and evaluation on reducing the consumption of sugar-sweetened beverages
The Harvard childhood obesity research community has played a key role in a national focus on
sugar-sweetened beverages (SSBs) as an important and entirely non-nutritious contributor to the
childhood obesity epidemic. We encourage proposals that design and test novel and multi-faceted
complementary strategies to reduce SSB consumption by children. These may include or combine
advertising, marketing and other aspects of access, pricing, behavioral economics, institutional
campaigns, multi-city agreements and collaborations, and strategies intended to increase
substitution of water for SSBs.

4. Technology, research, or tool/resource development that can contribute to a reduction in
childhood obesity
Many technological advances in epidemiologic, diagnostic, and medical therapeutic tools fail to
address the unique needs of children at risk for obesity. Investigators are encouraged to submit
proposals that have the potential to prevent childhood obesity through the development of
technological tools or resources that would support surveillance, research, or interventions. Deficits
in technology development for childhood applications exist in a number of areas: i) technologies
designed to diagnose or intervene in childhood obesity, ii) efficacy of existing technologies in the
childhood population, iii) modifications of existing technologies to accommodate the needs of
infants, children, and adolescents, and iv) applications of existing technologies, including electronic
media for novel childhood obesity research.

5. Research in pediatric clinical interventions
Pediatric primary care can play an important role in the prevention and treatment of childhood
obesity through direct intervention and linkage to community-based obesity prevention programs.
Research is needed on innovations in pediatric care to address childhood obesity. Research on the
role and capacity of pediatric providers to address obesity in the context of changing health care
systems is also encouraged.
6. Research and evaluation of policies and other interventions in families, early childhood settings, and schools

Behavior and physiology are programmed early; it is easier to develop patterns than change them, and early childhood is the key period for setting healthy trajectories. To achieve healthier eating patterns in children requires access to families, and it may be most feasible to reach many adults through their roles as parents and grandparents. We encourage research and evaluation proposals that engage in a concerted way the various people and settings that are prominent in children’s lives and trusted by parents or other primary care providers. These may include community health centers and pediatric clinicians; pre-school, family day care and child care centers, schools, and other programs that reach out to and ally with parents and families, including home visiting programs. Programs are encouraged to go beyond information transfer, make creative use of natural opportunities for peer-to-peer connections and mutual support, and respect families’ multiple and competing priorities, world views, and traditions.

7. Strengthening capacity of state and city systems to implement and evaluate evidence-based policy and its integration within community-based public health

Projects that involve partnerships with existing state and city resources and foster policy approaches to address childhood obesity would be responsive. Because of our belief that policy can be the most cost-effective public health tool, particularly in reducing disparities, Harvard Catalyst maintains a strong relationship with the Massachusetts Department of Public Health (MDPH). Evidence-based interventions such as the Childhood Obesity Research Demonstration (CORD) and Mass in Motion (http://www.mass.gov/eohhs/consumer/wellness/healthy-living/about-mass-in-motion.html), a multi-year investment in local communities, will help change policy, environments, and systems affecting almost half of the population of the Commonwealth. These programs present outstanding opportunities for community-based participatory evaluation and innovation. For example, there is a need for tools, databases, and community mapping technologies that help establish baselines and track changes over time. Changes in policy also create opportunities for a variety of natural experiments, and evaluations conducted as part of such experiments can stimulate further policy changes. Other related areas that may be fruitful for collaborative investigation include regulatory, procurement, and other contracting mechanisms, and concerns over legal liabilities that may follow from these and other local policy innovations.

8. Research and evaluation of innovative collaborations with industry

Partnering with industry to promote healthy eating and physical activity is an effective approach since industry is neither monolithic nor immune to community concerns and interests. Retailers may be particularly cooperative; their management may make their spaces and databases available, and encourage the participation of their personnel and HR programs, particularly if incentives can be aligned to produce mutual benefit. Marketing, packaging, product placement and other strategies drawing on behavioral economics might be investigated. Strategies that reduce food waste may contribute to childhood obesity reduction if they increase consumption of healthy foods in families and settings serving children. Companies whose products encourage physical activity may be especially attracted to testing creative translation innovations. Some market-driven strategies may serve to increase disparities; a more precise understanding of who benefits from such strategies would be useful.

V. Eligibility

Principal Investigator Eligibility

Any faculty member who holds a Harvard University appointment as assistant professor, associate professor, or professor irrespective of type of degree or institutional affiliation is eligible to be the principal investigator. Investigators who hold appointments such as lecturer, instructor, or research scientist are eligible to apply as principal investigator if approved by and with the support of their department chair, and must provide a letter verifying their appointment title and status at Harvard.
Undergraduates, graduate students, clinical trainees, post-doctoral, and clinical fellows cannot serve as the principal investigator of an application, but may serve as co-investigators, provided they make a substantial contribution to the project. If you have questions about whether you are eligible to apply, please email childhood.obesity@catalyst.harvard.edu or call 617-432-7810.

At least one co-investigator is required and there is no limit to the number of co-investigators that may be listed. While researchers may submit only one application as principal investigator, they may be listed as a co-investigator on multiple applications.

- Proposed project must be collaborative – single investigator projects are not responsive to the RFA. Inter-disciplinary and inter-institutional collaborations are encouraged.
- This RFA encourages applications from junior or mid-level investigators. For junior investigators, appropriate supervision and mentoring need to be provided.

Co-Investigator Eligibility
Trainees (e.g. students, clinical trainees, post-doctoral fellows, clinical fellows) may serve as co-investigators if they make a substantial contribution to the project. A substantial contributor helps conceive of the experimental idea, contributes to the intellectual development of the project, and/or designs the study or part thereof (scientific or technical details), and will be involved with the study throughout the funding year.

For questions regarding eligibility, see contact information below in Section VIII.

VI. Proposal Submission Information
All applications must be submitted at the following URL:
https://cbmi.catalyst.harvard.edu/formsJsfrpfChildObesity.jsf

Funding may not commence until all applicable human and animal subject protocols have been approved and copies, with approval letters, sent to Amy Webber, Pilot Grants Administrator, at childhood.obesity@catalyst.harvard.edu.

Allowable Costs
- Faculty salary support: Harvard Catalyst pilot grants will provide salary support for up to 5% effort and in compliance with the NIH salary cap. However, please note that there is no minimum or maximum effort commitment requirement (effort above 5% will have to be cost shared by the faculty’s institution).
- Other personnel support: Salary and fringe benefits are allowed for technical support, such as: research fellows, research assistants, clinical coordinators, research nurses, etc. However, salary support for ancillary personnel, such as mentors, secretaries, and administrative assistants, is not allowed.
- Non-personnel research expenses: Some allowable expenses are: supplies, equipment (under limited circumstances), travel to research meetings, study subject stipends, study subject transportation costs, study subject refreshments for meetings or focus groups, and statistical and computational services including personnel and computer time. All expenses must be directly related to the proposed research.
- Unallowable costs are: general office supplies and equipment, computers and laptops (unless specifically requested and justified), membership dues and fees, subscription costs, mailing costs, rent, and other costs generally identified as facilities and administrative.
- Facilities and administrative costs: Facilities and administrative costs, also known as indirect costs, are not permitted.
- Subcontracts: Pass-through subcontracts to other sites are not permitted. A separate budget page should be submitted from all sites that are to share the grant funds. Subsequently, Harvard Catalyst will directly subcontract to all sites.
Format and Required Components:
PART I: A completed online webform application:
https://cbmi.catalyst.harvard.edu/formsJsf/pfChildObesity.jsf

PART II: Administrative Documents (as one PDF file):
1. For each institution that will receive funds, the following forms must be completed:
   a. PHS 398 Face Page, to be signed by institutional official. One Face Page per funded site.
   b. PHS 398 Form Page 4: Detailed budget for one year. Refer to Section VI for allowable costs. If more than one site will share the budget, the combined total should not exceed $100,000 and each site is required to submit a separate budget page.
   c. Narrative Budget Justification.
   d. A brief statement describing the work to be performed at each institution (2-3 sentences per institution).
2. If IRB and/or IACUC approval is required and has not been obtained, please indicate the status of, and the plans for obtaining approval. Funds will not be released without the necessary approvals. The strength of the plan for obtaining the necessary approvals will be assessed as part of the review process.
3. PHS 398 Biographical Sketches for the principal investigator, co-investigators and significant collaborators. An eRA Commons ID is requested for all co-investigators.
4. Letter from the principal investigator’s department verifying appointment title if investigator’s appointment is other than assistant professor, associate professor, or professor (see Section V – Principal Investigator Eligibility).

PART III. Scientific Proposal (as a separate PDF file via the application webform) is limited to five pages, not including references. You may use Arial font, 11 point, single-space, with 0.7 inch margins.
1. Required sections and page limits:
   a. Project Title and abstract in lay language (250 words maximum).
   b. Introduction (1 page). Describe the scientific background for your grant application. Critically evaluate existing knowledge, explain how your pilot proposal relates to gaps in current knowledge and the themes of this RFA, and specifically discuss how your project has the potential to impact childhood obesity.
   c. Project Details (2½ - 3½ pages). Describe the specific aim(s) that will be completed in the funding period. For each aim, provide the study details, and delineate an approximate timeline for the activities related to that aim, including realistic milestones with which to judge progress of the project. Preliminary data are not required, but can be included if they speak to feasibility. Please describe contributions from each member of the team in the design and execution of the proposed study. If IRB and/or IACUC approvals are necessary for your project, indicate your plans to obtain IRB and/or approval.
   d. Future Plans (1/2 to 1 page). Describe how you propose to extend and fund your project past the year of support. Provide an overview of the future research plan and types of funding for which you intend to apply.
   e. References (limit to 1 additional page).
   f. Appendix material will not be accepted. All figures and tables should be included in the body of the application, and count toward the page limits.

Online Submission Information: Successful submissions will result in an automated email response sent to the principal investigator. This email acknowledgement will contain an application ID number that should be used in all future correspondence regarding the application.
VII. Review Processes and Criteria
Completed applications submitted by 5:00pm on February 28, 2013 will be put forward for review by a Scientific Review Committee that will provide merit scores for each application.

Specifically, applicants should address the following questions in their proposals:

- Does the proposal provide a novel approach or tool to an identified problem/obstacle in childhood obesity research, or does it identify a new topic of research?
- Does the project address disparities in childhood obesity?
- If successful, how will the results impact childhood obesity?
- Is the project feasible in the project period and with available budget?
- Does the project have a high potential to lead to future funding?
- Do the investigators have the requisite skills and experience to carry out the project successfully?
- Is the project collaborative across disciplines or institutions?
- If the principal investigator is a junior or mid-level investigator, is appropriate supervision and mentoring provided?

VIII. Contact Information
All inquiries related to the application process or eligibility should be directed to Amy Webber, Pilot Grants Administrator, Harvard Catalyst (617-432-7810), childhood.obesity@catalyst.harvard.edu.

Inquires relating to scientific research areas, or to arrange a time to discuss a potential proposal should be directed to Ryan Kennedy, Research and Evaluation Specialist, Harvard Catalyst (617-432-1814), childhood.obesity@catalyst.harvard.edu.

Inquiries relating to financial or grants management areas should be directed to Lucy Kolessin, Director of Finance and Research Administration, Harvard Catalyst (617-432-7804), lucy_kolessin@hms.harvard.edu.