

**University of Arkansas at Pine Bluff**  
**Minority Research on Tobacco & Addictions**  
**Request for Proposals (RFP) 2017-2018**

In November 2000, Arkansans passed Initiated Act One, which directed a portion of Arkansas' Master Tobacco Settlement revenue to the Arkansas Department of Health for tobacco prevention and cessation programs including funding specifically for tobacco prevention and cessation programs in minority communities. The Arkansas Department of Health has partnered with the University of Arkansas at Pine Bluff since 2002 to implement tobacco prevention and cessation in minority communities.

The mission of the Minority Research Center on Tobacco & Addictions is to provide assistance to the state (Arkansas) and nation in tobacco and other substance abuse research, prevention, education, technical assistance, and evaluation, especially in regard to minority populations (Blacks, Hispanics, Marshall Islanders, and Asians).

In 2017-2018 the Minority Research Center (MRC) is offering a unique source of funding that supports emerging scholars and researchers from all disciplines, who are engaged in evidence linked research that directly contributes to the elimination of smoking and tobacco use among minority populations. The purpose of the award is to gather preliminary data or demonstrate proof-of-principle for tobacco-related research with potential for high impact among minority populations in Arkansas. The research priorities are:

**Option I** – Research focused on alternative smoking device prevalence among minority youth and young adults

**Option II** – Research focused on tobacco cessation among minority pregnant women and/or minority women preparing for a pregnancy

**Option III** – Research focused on decreasing minorities' exposure to secondhand smoke (SHS)

**Option IV** - Research focused on decreasing tobacco use among minority adults

**Option V** – Research focused on decreasing tobacco use among minority youth

**Applicants may apply for funds under Option I through V.**

Tobacco use remains the leading cause of preventable death and disease in the United States. Each year, over 400,000 people nationwide die from tobacco- related illnesses. In Arkansas, smoking claims more than 5800 lives annually.

**Currently Arkansas ranks:**

- 1st State to have a smoke-free car law
- 1st State to have smoke-free medical grounds law
- 3rd in the nation to include statewide smoke-free psychiatric facilities/grounds
- Among first in the nation to restrict sales to minors of e-cigarettes and other e-nicotine products

### **Toll of Tobacco Use in Arkansas**

- Each year 5800 Arkansans die prematurely from illnesses caused by smoking.
- Approximately 68,700 Arkansas youth are expected to die prematurely as a result of smoking. Secondhand smoke kills approximately 510 non-smoking Arkansans every year. Each year tobacco use costs Arkansas upwards of \$1.2 billion, including at least \$242 million in state-funded Medicaid health care costs and an additional \$1.4 billion in lost productivity.

### **Barriers to Tobacco Elimination**

- Tobacco use/promotion is woven into popular culture: social media, TV shows, movies, music lyrics and videos, and video gaming/apps.
- Tobacco companies are marketing products relying on menthol, fruit, and other sweet flavorings to lure the young population. These products include dip/chew, spitless, electronic nicotine devices, little cigars, and cigarillos.

### **Target Population**

Special populations that are disproportionately burdened by smoking are especially relevant. These include persons with chronic mental illness, substance use disorders, those in the criminal justice system, patients with chronic illnesses caused by smoking (e.g., COPD, cancer, heart disease, diabetes) young adults, disadvantaged socioeconomic communities, those who live in rural and/or medically underserved areas, racial and ethnic minority populations, etc.

Proposals that will evaluate the results of the intervention(s) in terms of actual numbers of smokers who attempt to quit and/or successfully quit are encouraged. During review the intended outcome of the project is given careful consideration and projects with the maximum likelihood of impact and measurement of outcomes will be given high priority. Project timelines should be a maximum of 1 year from grant award date.

### **Disease Burden Overview**

At the forefront of the fight in Arkansas is the Tobacco Prevention and Cessation Program (TPCP) at the Arkansas Department of Health. Launched in 2001, the TPCP has several components aimed at reducing tobacco use by Arkansans. TPCP provides data and resources: <http://www.healthy.arkansas.gov/programsServices/tobacoprevent/Pages/DataReports.aspx>

Tobacco use causes devastating disease and premature death in every population in the United States. The Centers for Disease Control and Prevention website is a comprehensive resource for Smoking and Tobacco Use Information.

[http://www.cdc.gov/tobacco/basic\\_information/health\\_disparities/index.htm](http://www.cdc.gov/tobacco/basic_information/health_disparities/index.htm)  
<http://www.cdc.gov/reproductivehealth/TobaccoUsePregnancy/index.htm>

## Related Guidelines and Recommendations

Current clinical practice guidelines and systems-change resources can be found at the website Treating Tobacco Use and Dependence. April 2013. Agency for Healthcare Research and Quality, Rockville, MD.

<http://www.ahrq.gov/professionals/clinicians-providers/guidelines/recommendations/tobacco/clinicians/update/index.html>

## Example National Targets

The U.S. government program, Healthy People ([www.Healthypeople.gov](http://www.Healthypeople.gov)) includes a 2020 Tobacco Use Goal to “Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.” Healthy People 2020 objectives are selected to communicate high-priority health issues. Example objectives include:

### TU-2.1 Reduce tobacco use by adolescents

Baseline: 26.0 percent of adolescents in grades 9 through 12 used cigarettes, chewing tobacco, snuff, or cigars in the past 30 days in 2009

Target: 21.0 percent

### TU-3.5 Reduce the initiation of the use of tobacco products by young adults aged 18 to 25

Baseline: 10.9 percent of young adults aged 18 to 25 years who had not previously used tobacco products in their lifetime first used tobacco products in the past 12 months in 2008

Target: 8.9 percent

### TU-6 Increase smoking cessation during pregnancy

Baseline: 11.3 percent of females aged 18 to 49 years (who reported having a live birth in the past 5 years and smoking at any time during their pregnancy with their last child), stopped smoking during the first trimester of their pregnancy and stayed off cigarettes for the rest of their pregnancy in 2005.

Target: 30.0 percent

### TU- 11.1 Reduce the proportion of children aged 3 to 11 years were exposed to secondhand smoke

Baseline: 52.2 percent of children aged 3 to 11 years were exposed to secondhand smoke in 2005-08

Target: 47.0 percent

### TU-11.2 Reduce the proportion of adolescents aged 12 to 17 years exposed to secondhand smoke

Baseline: 45.5 percent of nonsmoking adolescents aged 12 to 17 years were exposed to secondhand smoke in 2005-08

Target: 41.0 percent

TU-11.3 Reduce the proportion of adults aged 18 years and older exposed to secondhand smoke

Baseline: 37.6 percent of nonsmoking adults aged 18 years and older were exposed to secondhand smoke in 2005-08(age adjusted to the year 2000 standard population)

Target: 33.8

<http://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use/objectives>

The Coordinating Council of the Arkansas Chronic Disease Forum, the Chronic Disease programs of the Arkansas Department of Health, and their Coalitions and partners, developed of a set of Arkansas-specific Healthy People 2020 Chronic Disease Objectives (ARHP2020 CDz Objectives) related to chronic disease prevention and control.

<http://www.healthy.arkansas.gov/programsServices/chronicDisease/Initiatives/Pages/HealthyPeople2020.aspx>

**Eligibility**

Investigators from Arkansas not-for-profit organizations are eligible for Minority Research Center funding, including but not limited to colleges, universities, hospitals, laboratories, research institutions, community-based organizations, voluntary health agencies, health maintenance organizations and other tobacco control groups. Organizations cannot accept funding or support from the tobacco industry. The funding is open to investigators holding an MD, PhD, or equivalent. The PI must supervise the research project and any trainees directly and in person.

**Details on Grant Award Mechanisms**

**Option I: Research focused on alternative smoking device prevalence among minority youth and young adults.**

**Purpose:** To gather preliminary data or demonstrate proof-of-principle to support the feasibility of a new paradigm or research hypothesis. High quality of innovation and clear potential impact are two key components of this mechanism, with the ultimate goal of providing initial support for research with a strong rationale, resulting in funding leverage from other funding agencies.

**Anticipated Number of Grants: 1**

**Maximum Award Amount per Year: \$9,999**

**Maximum Duration: 1 year**

**Allowable Direct Costs:** Salaries, fringe benefits; supplies; equipment, travel.

**Project-Related Travel:** As needed (must be fully justified).

## **Indirect Costs: Not Allowable**

### **Award Requirements:**

- Applicants must have a PI-status at the sponsoring institution.
- Awardees are required to commit at least 5% of their research effort each year to activities supported by this award.
- All research must be conducted in Arkansas.
- No advance payments will be made. Grant amounts may be claimed only on a reimbursement basis. A separate financial record must be maintained by the Awardee.
- The Awardee must submit a final report on study results to the MRC within 3 months after the finalization of the study. Reprints of articles, published or in press or copies of draft manuscripts, should be included with all reports. From time to time, the MRC Program Manager may ask for information on study progress.
- Awardees are expected to publish their findings in scientific journals. In addition to manuscript publication, Awardees may present their findings at scientific meetings. All publications that result from a project supported by the MRC must carry the following acknowledgment: "This research was supported by University of Arkansas at Pine Bluff, Minority Research Center on Tobacco and Addictions, which is supported by the Arkansas Department of Health, Tobacco Prevention and Cessation Program with Master Settlement Agreement dollars, to (name of Awardee)". Awardees will provide to the MRC Director/members the opportunity to view manuscripts or abstracts 30 days prior to submission for publication or other public disclosure. MRC will review all manuscripts and abstracts and may provide comments on content. The Principal Investigator will consider any such comments in good faith, but is under no obligation to incorporate any MRC suggestions.

### **Option II: Research focused on tobacco cessation among minority pregnant women and/or minority women preparing for a pregnancy**

**Purpose:** To gather preliminary data or demonstrate proof-of-principle to support the feasibility of a new paradigm or research hypothesis. High quality of innovation and clear potential impact are two key components of this mechanism, with the ultimate goal of providing initial support for research with a strong rationale, resulting in funding leverage from other funding agencies.

**Anticipated Number of Grants: 1**

**Maximum Award Amount per Year: \$9,999**

**Maximum Duration: 1 year**

**Allowable Direct Costs:** Salaries, fringe benefits; supplies; equipment, travel.

**Project-Related Travel:** As needed (must be fully justified).

**Indirect Costs: Not Allowable**

**Award Requirements:**

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- Awardees are expected to publish their findings in scientific journals. In addition to manuscript publication, Awardees may present their findings at scientific meetings. All publications that result from a project supported by the MRC must carry the following acknowledgment: "This research was supported by University of Arkansas at Pine Bluff, Minority Research Center on Tobacco and Addictions, which is supported by the Arkansas Department of Health, Tobacco Prevention and Cessation Program with Master Settlement Agreement dollars, to (name of Awardee)". Awardees will provide to the MRC Director/members the opportunity to view manuscripts or abstracts 30 days prior to submission for publication or other public disclosure. MRC will review all manuscripts and abstracts and may provide comments on content. The Principal Investigator will consider any such comments in good faith, but is under no obligation to incorporate any MRC suggestions.

**Option III: Research focused on decrease minorities' exposure to secondhand smoke (SHS)**

**Purpose:** To gather preliminary data or demonstrate proof-of-principle to support the feasibility of a new paradigm or research hypothesis. High quality of innovation and clear potential impact are two key components of this mechanism, with the ultimate goal of providing initial support for research with a strong rationale, resulting in funding leverage from other funding agencies.

**Anticipated Number of Grants: 1**

**Maximum Award Amount per Year: \$9,999**

**Maximum Duration: 1 year**

**Allowable Direct Costs:** Salaries, fringe benefits; supplies; equipment, travel.

**Project-Related Travel:** As needed (must be fully justified).

**Indirect Costs: Not Allowable**

**Award Requirements:**

- Applicants must have a PI-status at the sponsoring institution.
- Awardees are required to commit at least 5% of their research effort each year to activities supported by this award.

- All research must be conducted in Arkansas.
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#### **Option IV: Research focus on decrease tobacco use among minority adults**

**Purpose:** To gather preliminary data or demonstrate proof-of-principle to support the feasibility of a new paradigm or research hypothesis. High quality of innovation and clear potential impact are two key components of this mechanism, with the ultimate goal of providing initial support for research with a strong rationale, resulting in funding leverage from other funding agencies.

**Anticipated Number of Grants: 1**

**Maximum Award Amount per Year: \$9,999**

**Maximum Duration: 1 year**

**Allowable Direct Costs:** Salaries, fringe benefits; supplies; equipment, travel.

**Project-Related Travel:** As needed (must be fully justified).

**Indirect Costs: Not Allowable**

#### **Award Requirements:**

- Applicants must have a PI-status at the sponsoring institution.
- Awardees are required to commit at least 5% of their research effort each year to activities supported by this award.
- All research must be conducted in Arkansas.
- No advance payments will be made. Grant amounts may be claimed only on a reimbursement basis. A separate financial record must be maintained by the Awardee.

- The Awardee must submit a final report on study results to the MRC within 3 months after the finalization of the study. Reprints of articles, published or in press or copies of draft manuscripts, should be included with all reports. From time to time, the MRC Program Manager may ask for information on study progress.
- Awardees are expected to publish their findings in scientific journals. In addition to manuscript publication, Awardees may present their findings at scientific meetings. All publications that result from a project supported by the MRC must carry the following acknowledgment: "This research was supported by University of Arkansas at Pine Bluff, Minority Research Center on Tobacco and Addictions, which is supported by the Arkansas Department of Health, Tobacco Prevention and Cessation Program with Master Settlement Agreement dollars, to (name of Awardee)". Awardees will provide to the MRC Director/members the opportunity to view manuscripts or abstracts 30 days prior to submission for publication or other public disclosure. MRC will review all manuscripts and abstracts and may provide comments on content. The Principal Investigator will consider any such comments in good faith, but is under no obligation to incorporate any MRC suggestions.

#### **Option V: Research focus on decrease tobacco use among minority youth**

**Purpose:** To gather preliminary data or demonstrate proof-of-principle to support the feasibility of a new paradigm or research hypothesis. High quality of innovation and clear potential impact are two key components of this mechanism, with the ultimate goal of providing initial support for research with a strong rationale, resulting in funding leverage from other funding agencies.

**Anticipated Number of Grants: 1**

**Maximum Award Amount per Year: \$9,999**

**Maximum Duration: 1 year**

**Allowable Direct Costs:** Salaries, fringe benefits; supplies; equipment, travel.

**Project-Related Travel:** As needed (must be fully justified).

**Indirect Costs: Not Allowable**

#### **Award Requirements:**

- Applicants must have a PI-status at the sponsoring institution.
- Awardees are required to commit at least 5% of their research effort each year to activities supported by this award.
- All research must be conducted in Arkansas.
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### Key Dates

<b><i>RFP Issued</i></b>	<b>March 1, 2017</b>
<b><i>Application submission due</i></b>	<b>May 31, 2017</b>
<b><i>Application reviewed</i></b>	<b>June 13, 2017</b>
<b><i>Applicants notified</i></b>	<b>June 16, 2017</b>
<b><i>Awards Period</i></b>	<b>July 1, 2017- June 30, 2018</b>

### How to Submit

**Requirements for Submission:** Ensure that your proposal falls within the research priorities of the Minority Research Center on Tobacco & Addictions Request for Proposals. Non-human studies and educational programs fall outside the scope of the MRC 2017 RFP and will not be considered for an award. The application consists of 3 main sections:

- A. MRC Application Form
- B. Budget
- C. Supporting documents

Save proposal as a Word file and email it to [mrc@uapb.edu](mailto:mrc@uapb.edu). Do not convert this application form to a PDF file. Include an abbreviated CV (no more than 5 pages) and a maximum of 5 supporting documents (optional).

*Deadline for receipt of proposals is 5:00 PM CST on Wednesday, May 31.*

**Applications will be evaluated using the following 100 point scale:**

- Research design - 35 points
- Feasibility of accomplishing the project - 20 points
- Investigators' qualifications - 10 points
- Significance of the project to a minority community – 25 points

- Probability for Significant Future Funding – 10 points

**Applicants Notification:** All applicants will be notified via email by the date noted above. If you have questions regarding this RFP, direct them to Earnette Sullivan, Program Manager at [mrc@uapb.edu](mailto:mrc@uapb.edu) or call 870-730-1137.

