Ashley Peddicord-Austin

Hello, everyone and welcome.

We'll get started in just a moment as we allow for the attendees to enter.

All right. We'll go ahead and get started.

Thank you so much for joining us today, and thank you for joining the Centers for Medicare & Medicaid Services at the Office of Minority Health and our Minority Research Grant Program Application Assistance Webinar.

My name is Ashley Peddicord-Austin, and we're really pleased that you could spend some time with us today.

Before we dive into today's webinar, I would like to share the purpose.

So, the Minority Research Grant Program, or MRGP, as we often call it, has these sessions in order to provide some additional assistance to possible grantees by providing background information, firsthand experience from those who have been through this, and answer any questions that you may have.

And we hope that today's session will be able to help you get more familiar with our program, especially as you consider whether your institution would like to apply.

So joining us today is Dr. Flora Ukoli, at Meharry Medical College, and she's one of our 2007 grantees.

She'll speak about her institution's research and share some experience applying for the grant.

We would like today's session to be an opportunity for you to learn about the Minority Research Grant Program broadly but also from the perspective of a grantee who was previously in your shoes.

We can go ahead to the next slide.

So here's our agenda for today.

We'll begin with an overview of the program, MRGP, as you'll hear us call it; followed by a presentation from Dr. Ukoli, details on this year's 2023 Notice of Funding Opportunity, which would include eligibility requirements and how to submit an application via the grants.gov website.

And then, after those items, we'll conclude with time for questions from the audience.

On this slide, we also have instructions regarding accessibility for today's event.

To access the live transcript feature, go to the menu at the bottom of the screen and click on the live transcript icon.

After you click the icon, click on View Full Transcript, which will allow closed captioning to appear at the bottom of your screen.

And then the transcript will show on the right-hand side of your screen.

Next slide, please.

So, before we dive into the overview of the program, we wanted to give a little bit of background on CMS and our office.

So, CMS, Centers for Medicare & Medicaid Services, is the largest provider of health insurance in the United States, responsible for ensuring more than 160 million individuals and making sure that they can get the care and coverage they need and deserve.

Our office, the Office of Minority Health, or OMH, as you'll see it written, is one of eight minority health offices within the larger US Department of Health and Human Services.

We serve as the principal advisor to the entire CMS agency on the needs of minority and underserved populations.

That includes racial and ethnic communities, people of Limited English proficiency, lesbian, gay, bisexual, transgender, and queer persons, persons with disabilities, and those who live in rural areas or otherwise geographically isolated areas, and persons who are otherwise affected by poverty or inequity.

We can go to the next slide.

We'll start with a brief overview of the Minority Research Grant Program.

Go ahead, please.

So, again, as we often refer to it, MRGP, it's administered by our office to support researchers at minority serving institutions that explore how CMS can better meet the healthcare needs of the populations we serve.

Additionally, MRGP supports CMS's efforts to advance health equity by increasing understanding and awareness of health disparities, developing and disseminating solutions, and implementing sustainable actions.

Next slide, please.

For the last two decades, CMS has provided MRGP grantees with funds to further health equity research to support researchers pursuing topics that impact minority populations investigate the root cause of health disparities and foster the dissemination of grantee research within our programs.

The grant program gives our communities the opportunity to benefit from the research as well as a fantastic opportunity to help minority serving institutions and their researchers to grow their work and their portfolio.

Go ahead to the next slide.

We do have a short video that highlights the Minority Research Grant Program. So, we will now show this video.

Video plays: The Minority Research Grant Program helps researchers at minority serving institutions like yours build a portfolio while funding studies important to the health care needs of medically underserved populations across the nation.

As a grantee, you can investigate the root causes of health disparities, share best practices for reducing these disparities, and better improve the health of racial and ethnic minorities, people living in rural areas, individuals with disabilities, and sexual and gender minorities.

Becoming a grantee allows you to partner with the Centers for Medicare & Medicaid Services, grow your research credentials, increase the public's knowledge on health equity, and share your findings to join the ranks of other Minority Research Grant Program awardees who've published dozens of manuscripts that have been widely cited.

For over two decades, minority research grant program awardees have uncovered health equity barriers and solutions in the U.S. by addressing a variety of issues and chronic conditions and health care access.

The Minority Research Grant Program strengthens the capacity of Historically Black Colleges and Universities, Hispanic-Serving Institutions, Tribal Colleges and Universities, and Asian-American and Native American Pacific Islander Serving Institutions and helps widen the pipeline of researchers making a difference in disparities affecting minority health care.

To learn more about the Minority Research Grant Program, eligibility requirements, and how to apply, visit go.cms.gov/minorityresearch.

Ashley Peddicord-Austin

Thank you so much, team, for helping us play the video.

And for those who maybe couldn't see or access the online content right now, it's a graphic video.

It's only a couple of minutes long.

So, if you're interested in sharing it with your colleagues or others to help spread information about the program, please feel free to.

It is available on the CMS YouTube.

So we'll go ahead to the next slide, if we could.

And, at this point, I will be turning it over to our next speaker, Brian Young, who is the lead for the grant program within our office.

And he'll reveal a little bit more detail about the program.

Thank you, Ashley.

Brian Young

Hello, everyone. My name is Brian Young, and I am a public health advisor within CMS's Office of Minority Health.

Through the Minority Research Grant Program, we've set out to achieve several goals.

The first is to develop capacity at minority serving institutions to research health disparities and social determinants of health.

This support for minority researchers helps them grow to a point where they can conduct research independently and be competitive for other major grants from other funding institutions.

Next slide, please.

The second goal aims to understand the root cause of issues that lead to health disparities and identify repeated interventions.

Institutions investigate these root causes by exploring local conditions and populations, specifically, medically undeserved populations.

Next slide, please.

Lastly, the research funded by the MRGP uses various methods to broadly disseminate best practices for addressing health disparities, providing culturally competent care for all patients.

CMS reviews these findings and best practices to strengthen CMS programs.

Next slide, please.

So, I'd like to share a few summary highlights from the 48 grantees funded between 2005 and 2020 MRGP cycles so you can better understand the impact MRGP has had on the grantees and the grantees' research has had in the communities.

The MRGP has funded a range of projects focusing on various populations that experience health disparities.

Grantees from Historically Black Colleges and Universities and Hispanic-Serving Institutions have focused on health disparities affecting African Americans and Hispanics, respectively.

Through research efforts from the fund to grantees, we were able to see the impact MRGP has had.

Many of the grantees reported disseminating their findings academically through peer-reviewed journals and conferences, as well as to the communities that they served or that participated in their research.

The Minority Research Grant Program is an opportunity for health equity researchers to not only expand their research efforts but to also disseminate the findings through diverse methods.

Next slide, please.

So we have funded health equity researchers at minority serving institutions through the MRGP for almost three decades.

This slide shows our 2022 grantees, the Board of Trustees at the University of Illinois, Prairie View A&M University, and the University of Hawaii, who have all examined critical public health disparities.

Next slide, please.

So now, I'd like to introduce our next speaker, our feature grantee Dr. Flora Ukoli, on behalf of Meharry Medical College.

Dr. Ukoli, you may begin.

Next slide, please.

Dr. Flora Ukoli

So, this study took place at Meharry Medical College, and we were partnering with our health center, Matthew Walker Comprehensive Health Center.

These two institutions are known for one thing.

They have one thing in common.

They provide health services for under-insured and uninsured persons.

And most of the people we see here are African Americans.

Next slide.

So, my study then in 2007 was about prostate cancer screening.

The reason I picked this topic is because prostate cancer is the most commonly diagnosed cancer among men and the second leading cause of cancer deaths among males.

And African Americans are disproportionately burdened by this disease.

And their incidence is like 23 percent higher than the incidence in White men.

And they, unfortunately, had a two-fold higher mortality than Whites.

And it is believed that this is because they present late because they didn't have access to preventive healthcare.

But some people also think that there's a biological basis to do with their genetic predisposition to the disease or that there's a different prostate cancer variant that affects Black people.

Next slide.

So, this lower screening rate that we're talking about is highest among older African-Americans and men of low income.

And it is also because they don't have enough knowledge about the fact that prostate cancer can be detected early and, therefore, get a better treatment outcome.

But, you see, the issue they have is they have limited access, and they have competing priorities.

There are other things in their lives that prevent them from going for preventive healthcare.

So, strategies that are out there to make this a better situation is to improve the knowledge and the attitude about prostate cancer, particularly among men at high risk.

And so that means we want to look at men who are African American, men who are low income, and those who have a positive family history for prostate cancer.

Next slide.

The goal of my study was to improve prostate cancer screening rates among low-income African Americans.

Most of the time we say non-compliant because these are people who did not show up for screening at the right time.

The aim of the study was to improve their knowledge and their attitudes towards early detection of prostate cancer.

The specific objectives of the study were as follows.

Evaluate their level of knowledge and attitude about prostate cancer, identify screening barriers, and then we want to develop a culturally sensitive educational intervention for these men.

And we're going to use the focus group, and we're also going to use what we call the community advisory board.

This board will be a group of 10 to 12 people who will be representative of the African American community.

Then the fourth objective was to evaluate the efficacy and the impact of this intervention.

Next slide.

This is just a quick diagram to explain that we decided to arrange our activities into four phases.

In Phase 1, we assess the problem.

And we use three different ten-person focus groups, and then we summarize all what was discussed.

Then the Phase 2 is to develop the intervention in partnership with a set community advisory board.

Then Phase 3 is to implement the intervention, and we were going to use community navigators who, in the view of the advisory board, should be African American men.

And then, in Phase 4, we do this statistical evaluation.

Next slide.

So here is how we selected the people in the focus groups.

You can see that we had men who have been screened and diagnosed with prostate cancer.

We had their family members.

And we also had men who had never been screened.

So, we have three different types of focus groups because we're looking for all kinds of views.

And then the community advisory board, you can see we have seven lay African Americans, five men, two women.

We have two community leaders, and then we had one physician.

Next slide.

So, in the first year, we recruited 366 people.

They completed the survey, and they received the information and the education.

But when it came to follow-up, we were only able to find 148 to complete the follow-up survey.

So, the research staff, again, we had more than fortunately, but let me just say four community navigators that were trained, but only two were active.

Then we also had a research coordinator.

Two were trained; one was active.

And then we had a bunch of students, medical students, who assisted at one point or the other.

Altogether, there were five students who were in this project.

Next slide.

These are just quick results.

I can go through all of these, but I'll just say that most of them, over 80 percent were aware that there's a blood test for prostate cancer and that the cause of the cancer is unknown, that they're supposed to use surgery to remove the cancer.

You know, a lot of people knew all of that.

But, to our shock, there were some things that some people said were not right at all.

If you look at the tail end of this graph, you will see that some people said screening starts at the age of 25.

And very few knew that you needed a biopsy to confirm the diagnosis.

And some people were saying that vasectomy was a risk for prostate cancer.

So most people knew a lot, but there were some people who didn't know about prostate cancer.

Next slide.

Here you can see that this graph just shows you the level of knowledge by income.

So those who had excellent knowledge, that is the green bar.

Those who had good knowledge is the red bar, and those who had poor knowledge is the blue bar.

So you can see that poor knowledge was highest among the lowest income groups.

So about 20 percent of them had poor knowledge, while among the people who earn 50,000 and above, that percentage was about 3 percent.

Next slide.

So the barriers to prostate cancer screening that we identified, the first one was cost, 44.8 percent of these men did not have health insurance.

And they've stated clearly that they didn't have out-of-pocket money to pay for this.

Cancer phobia, about 33 percent, one-third of them were afraid of the diagnosis.

And some were just afraid of the examination, particularly the rectal exam.

And they thought it was going to be painful or uncomfortable.

Now, scheduling conflict was about a quarter of them said they couldn't schedule their time.

And then about a third of them also said they lacked information about screening, and they did not know where to go for the screening.

Next slide.

In summary, we had 252 men aged 40 to 81 with a mean age of about 51 years, and about 60 percent of them had high school diploma or less.

So many of them rated themselves to be in good and very good health.

About half of them said so.

But health insurance coverage was very low.

It was quite low.

And their knowledge, as we said, was not very good in some groups, especially the older men, 65 and older were more knowledgeable.

For the younger men who really need to know and go and get screening early appear to be less knowledgeable.

And the major barrier to screening was lack of health insurance or cost.

And fear of cancer diagnosis was just the second barrier to screening.

Next slide.

The lessons we learned at this time was that using the focus group and the community advisory board was very effective.

So that's a good thing people should use in future, continue to use them.

Community navigators are central to the success of this program.

But they really and truly need additional training, or we need to be hiring or recruiting people who already have some form of training with community outreach and data collection.

I used a fee-for-service strategy because I wanted to encourage the community navigators to do their job.

But you have to be careful with that because there are some drawbacks to fee-for-service strategy.

As for the policy implication, primary care providers should continue to offer prostate cancer screening routinely for men who are not insured or under-insured because, when you decide to say that you want to share decision-making, you're sort of throwing the ball back into the court of somebody who might not be very knowledgeable about the screening process.

Next slide.

So let's look at the grant submission process.

In my case, the instruction was concise and easy to follow.

All the dates for deadline, because they tell you when you can submit and you should submit before deadlines, they were all there.

And they had the names of the contact persons that you reach out to if you're having any problems.

But what made it most easy for me was that I had one other person who had done this grant before, and that person who was my mentor.

And we worked together.

Actually, her name was also on the grant.

And so, when you have a mentor and you're working with a mentor, everything appears to be much easier.

Next slide.

The funding, so money is a very delicate thing to handle.

But, in my case, we just made sure that about 50 percent of the money went to salaries of those who are in the grant.

We used about 5 percent of the funds for equipment and travel.

And 8 percent went to our health center.

They had a sub award because most of the men we saw we gave them their address to go and get their prostate cancer screening there.

But, now, this was a two-year grant.

So some of the money in the second year, we had about 12 percent that was used for paying the community navigators.

They did about 630 hours, two of them in a year.

And then we had a lot of money put aside for the community participants because we were interested in giving them cash because one thing that stops them from participating in studies is transportation.

So that was the money for all of that.

Next slide.

And that is the end.

Thank you.

Brian Young
Thank you, Dr. Ukoli.

So next we're going to review MRGP's Notice of Funding Opportunity.

So next slide, please.

So I'm excited to share that, on May 11, 2023, CMS OMH released the 2023 Minority Research Grant Program Notice of Funding Opportunity.

We are now accepting applications via grants.gov.

And the deadline to submit applications is Wednesday, July 12, 2023, at 3pmEastern Standard Time.

This year, we can award grants up to $333,000 each to eligible institutions.

Next slide, please.

Now, before we provide a demonstration on how to properly submit an application through grants.gov, I would like to go over some of the eligibility requirements.

Next slide, please.

Applications undergo a thorough review process, evaluating the level of innovation, community collaboration, and scientific rigor.

To be eligible, researchers should focus on developing suitable interventions for health disparities impacting minority populations.

Health equity researchers with suitable projects from the following types of minority serving institutions may apply, Historically Black Colleges and Universities, Hispanic-Serving Institutions, Asian-American and Native American Pacific Islander Serving Institutions, and Tribal Colleges and Universities.

Newly eligible minority serving institutions in 2023 include Predominantly Black Institutions, Native American Serving Non-Tribal Institutions, and Alaska Native and Native Hawaiian Serving Institutions.

For more information on eligibility requirements, you can visit the program's website listed on the screen.

Next slide, please.

Next, we will provide a demonstration on how to properly submit an application through grants.gov.

Next slide, please.

When you visit grants.gov, the first thing you will need to do is click on Search Grants tab.

Next, you will type the MRGP grant number into the Opportunity Number box and click Search.

Make sure you include the dashes, as they are part of the grant number.

Next slide, please.

So once you've clicked Search, the MRGP grant number will appear and you will proceed by clicking on the actual grant number.

Finally, the minority serving grant opportunity will appear providing more information, such as the grant synopsis and eligibility requirements.

Once you have completed reading all the MRGP requirements, you may proceed by clicking Apply.

Next slide, please.

So now we will have our Q&A session.

So you can submit your questions using the Q&A feature, and we will answer as many questions as time allows.

Are there any questions in the chat or the Q&A?

Ashley Peddicord-Austin: Thank you.

Yep.

So if you go to the bottom where you often find, like, mute and video and all that, there is a Q&A.

You can type it in there.

And I believe you're also able to use the chat if that's easier for you as well.

So, Brian, there was one question while people start thinking and typing in that I thought we would bring up, which is about actually using the grants.gov platform and the deadline.

So, as we understand, it's advised you don't wait until the last day because it is not as quick as filling out a form and making an attachment, right?

Brian Young: Yes.

And then sometimes grants.gov may have downtime.

So it's best to at least submit it a couple of days before the deadline.

Ashley Peddicord-Austin: And then the person who is actually authorized from the minority serving institution needs to be the one to actually submit the application, correct?

Brian Young: Correct.

Ashley Peddicord-Austin: Okay.

So even if you aren't a minority serving institution but you're partnering with them, you would work with them ahead of time, but the actual submission has to be done by the person with authority.

Brian Young: That is correct.

Ashley Peddicord-Austin: Okay.

Now, we do have one question in the chat.

And please feel free.

We have tons of time so, you know, as many questions as you have, we'll get through what we can.

We do have one question that is asking about the letter of intent.

Brian, do you want to speak to that a little bit?

Brian Young: Yeah.

So the letter of intent is optional.

And you don't have to submit one.

You can still apply for the grant.

Ashley Peddicord-Austin: Yeah, and I think that deadline passed, right?

Brian Young: I think it was the 11th.

Ashley Peddicord-Austin: Yeah.

I think it was just the other week.

So if you haven't done it, no worries.

But, if you have, that's, you know, good information.

So we do have one question in the chat.

Can more than one researcher apply from each institution if their focus area or the thing that they're submitting for is something different?

So that would be, like, one school would have two different applications, basically, like, two different topics.

Can you speak to that, Brian?

Yes.

So that is totally normal.

You can definitely submit more than one application from your institution as long as it's different research.

Ashley Peddicord-Austin: All right.

Great.

Thank you.

And Dr. Ukoli is on still if you have questions directly for her.

We'll defer, of course.

So I'll let you know if there's any that look like they're meant for you.

All right.

Going back to our Q&A here.

So the research project can be done by our university, we are a Hispanic-serving institution, all in the local community or the city, by students, by faculty, or both?

Brian Young: So are you saying who should submit the application?

Ashley Peddicord-Austin: So I think – yeah.

That's probably important to – first, the person that would submit it is typically like the PI.

Brian Young: Yes.

It would definitely be a faculty member, not from the student.

Ashley Peddicord-Austin: But do students sometimes support the research or help with it?

How does that go?

Brian Young: Yeah.

So, like, tons of the research, they usually have like graduate assistants or some type of assistants.

But it still would be submitted through their – like, their boss or through the PI, like you said, Ashley.

Ashley Peddicord-Austin: Okay.

So probably – generally there's like a lead person like Dr. Ukoli was the lead person, but I'm guessing that there are others that helped do the work behind the scenes.

Brian Young: So not the application of research project.

Could you explain a little bit more what you mean?

Dr. Ukoli: What is that question again?

Ashley Peddicord-Austin: So the person is asking about not the application process but for –the actual work.

Like, say they submit the grant.

They actually are funded.

And then, in executing the work –

Dr. Ukoli: Well, if you are writing a grant and you are the principal investigator, like as I was, you are conducting that research. You are doing the work.

If there are two other people that you added as investigators who are working with you, you assign to them what you want them to do. But you are the one doing the main work. And you hire other people to work with you and for you.

And you're responsible for everything. If anything goes wrong, you are responsible. The other people were working with you and, if they don't meet your standard, you have to change them.

In my presentation, you saw, I said, I trained four navigators where two were active because two were not doing what we wanted them to do. We had to let them go.

And sometimes, if you have a mentor and you pick a mentor, the mentor's not going to help you go and collect data.

The mentors just going to tell you how to get the data.

They're not going to go with you to the field.

So if you see the way I structured the salaries for the people on my team, I got 30 to 40 percent of my salary in this grant, but other people is like 10 percent or 5 percent because we didn't expect them to come and do the work.

So that's what happens.

The PI is responsible for doing the work.

Brian Young: Thank you, Dr. Ukoli, for that answer.

Ashley Peddicord-Austin: And I think we definitely, you know, see and expect that there's sometimes partnering sometimes between the institution and someone else in the community.

So that's one of the questions here is kind of following up about that part.

So, for the project itself, not the application but the project, should it include only our university community or health disparity on the local area?

So I imagine it could be either, but it's probably more common that it's the area, right?

It doesn't have to be the local area, per se, does it?

Brian Young: No, no.

Dr. Ukoli: Also, if you're all trying to give us money or giving Meharry some money to do something, why would I go and collect data in North Carolina?

I will be collecting data around Nashville, around my locality, around my state because other people will have a grant to do something where they are.

But if I wrote a grant that said I was going to collect data in Africa, and you funded it, which you shouldn't because CMS covers the health of under-insured people in America.

So any grant that we're writing must meet that little, you know, criteria that has something to do with the type of people that CMS cares for.

And it is easiest to do something in the area where you are residing.

But if I want to do something in North Carolina, then I get a co-investigator in North Carolina.

So I'll be collecting some data here, and the other person will be collecting some data there, and we are comparing both.

So it all depends on what somebody wants to do.

You pick the correct team to be able to achieve what you decided you wanted to actually do.

Ashley Peddicord-Austin: Thank you.

And so, to kind of recap, you know, most commonly it's going to be your local community, not per se your university.

It's not restricted to that, but it is restricted to something that CMS serves.

So not Africa, the United States, the territories and tribal, you know.

It can be broad in that sense, though.

Do feel free to put in the chat again if we're not answering the question.

It looks like I think we're good.

So going on then to a couple other questions that we got in, let's transfer real quick over to the chat so I don't forget these.

let's see.

Dr. Ukoli, a question for you.

Do you feel that your experience was beneficial through this program, was beneficial to the overall achievement of your study and your research?

Dr. Ukoli: Yes, it was.

Of course it was beneficial because at least 500 and something men got educated about prostate cancer, early detection, and everything.

A certain number of them got screened, so we achieved something.

That was what we were trying to do.

Not all of them followed up and did what we asked them to do,

but more than half of them did, so it was beneficial.

And it was now an experience for me to develop another grant to do the same thing in Memphis because I went on to submit another grant to do almost the same thing in Memphis, collaborated with a lady right there in the health center, in the Shelby Health Center.

So it was beneficial.

Ashley Peddicord-Austin: Yeah.

And I understand that, you know, relative to some other grants, sometimes the funding amount can be considered small.

But to start and initiate research and to grow it, you know, it's often that research starts small

and then this can be grown into other grant programs, other areas.

And we've heard that from grantees in the past too.

So thank you, Dr. Ukoli.

All right.

Another question in the chat.

Does the grant provides stipend tuition support for graduate students?

So, Brian, unless there's something I'm not aware of, I think it's more so about how you would disperse the funding depending on, like, who would be employed.

Dr. Ukoli: I can address that.

I take my grant and assign a full time salary to a postdoctoral fellow somebody, that's like 50,000, $60,000, for a year.

Your money is gone.

So, normally, you can get a part-time.

You can get a student or a graduate student working on your grant part-time.

But if you as the PI is already fully funded from other sources, and you're only looking for 5 percent or 10 percent of your salary, you might get such a person,

but is the person experienced enough to carry out all the responsibilities that you are supposed to carry out?

So maybe it would be better to make that person write the grant.

Let that person be the PI, and you can be the mentor on that grant.

So, like, as I am right now, I wish I had a junior faculty here.

That person will be writing this grant as the PI, and I will be on it for five or 10 percent as the mentor.

So that's what I will say.

Yes, in short, you can get a post graduate to be the PI.

And then they are now responsible for everything.

Ashley Peddicord-Austin: Okay.

So depending on who you're thinking of and what kind of role they would play versus who would be the PI, there's potential, I guess, then for some of the funding to go to income.

I guess I don't want to overstate the mediocre.

Brian Young: It's all up to you and how you write up your budget proposal.

It's up to you who you get -- you can get a postgrad or you can get an undergrad.

It's all up to you.

Ashley Peddicord-Austin: Okay.

And, Brian, there was another question about the page numbers for the grant.

Brian Young: Could you explain a little bit more.

Ashley Peddicord-Austin: The question is, is the grant 6 or 12 page grant? Is there a page limit?

Brian Young: I'm concerned what they mean, right, because it's definitely way over 6 to 12 pages.

Just the project narrative is 20.

Ashley Peddicord-Austin: Okay.

Maybe that person is able to put a little bit more in, and we'll come back to that.

All right.

So this one person said that they were registering for the application, but there was a message about creating a workplace to add them or to add them to an existing workplace.

This person is coming from Howard University.

So we all know that that would be an eligible institution.

Any tips there, Brian?

Or maybe there's a general contact, or they can follow up with us.

Brian Young: Yeah.

You have to contact someone on grants.gov, unfortunately.

Like, our website and grants.gov are not connected.

Totally different folks.

Ashley Peddicord-Austin: Okay.

Brian Young: So maybe someone else from Howard has applied before perhaps?

That's what I'm thinking.

Ashley Peddicord-Austin: Maybe.

So is there a grants.gov contact for that sort of -- or should we maybe encourage them to check the site and then email us if they can't find something?

Brian Young: Yes, yes.

That's what I would say too.

But, you know, I'm going to reach out to our grants office to see if they have a contact in grants.gov.

And so send me that question, And then I will follow up, please.

Ashley Peddicord-Austin: Okay, great. And I'm going to put an email address in the chat.

This is -- Brian checks it directly, but this is particularly for this grant program.

So that will be a good email to use for this type of question if you can't get the answer through grants.gov or some additional assistance is needed.

So that would then be if you're having problems during the submission.

Most of them are grants.gov related, so there might be some limits to what we can do.

But we certainly would want to know if you had something going on, and there might be something that we can assist with.

But do check the site, too, for any help that they would be able to offer directly.

Likewise, someone asked if there was a program officer person to write to before, during, and after.

So there is, and mostly it's Brian.

And so Brian's the one who would be usually checking OMHGrants@cms.hhs.gov.

That email address is in the chat.

But should you be awarded the grant, there's an entire team, really, that's kind of on standby to offer technical assistance.

They have a learning series, newsletters and things to try and keep everybody up to date, know what's going on and share information.

So should you be selected for the grant, there's really quite a bit of support. And Brian is still the lead from application to close. But there's a team to support behind him. You want to speak to that anymore, Brian?

Brian Young: Nope. You're correct. We have a whole grants team here at CMS who, you know, helps provide guidance, as well, after folks are awarded.

Ashley Peddicord-Austin: Great. Looks like there are two more questions in the chat. We probably have time for a couple more if anybody's still thinking about submitting.

So first one, I think this one would be to you, Brian, but welcome any additional thoughts.

For those without grant experience, would it be better to collaborate with someone who has had experience to increase the likelihood of success?

Or, in other words, how much does one's experience influence the decision to make an award to a particular application?

Brian Young: So your experience does not affect, you know, if you get the award or not.

It really doesn't. So you could reach out to someone who has gotten a grant before, but this is not required.

As long as your research proposal was good, then we're good, basically.

Ashley Peddicord-Austin: So it's more about the strength of the proposal than their CV.

Brian Young: Uh-huh.

Ashley Peddicord-Austin: So, in that terms, it might be good to have a mentor or somebody, you know, offered guidance or comments before you submit.

But it's not -- -It's not required.

It's not, per se, a requirement.

All right.

Another question, and I think this one's to Brian as well.

Does this funding opportunity prefer applications that are focused on a specific health issue or health disparity, related knowledge, and/or attitudes in general.

Brian Young: That's totally up to you.

Ashley, what would you say?

Because I'm trying to say without saying it because, you know, we can't answer certain questions.

Ashley Peddicord-Austin: So I would recommend -- I mean, in general, we can't say, this would -- like this topic wouldyou know, be eligible or this topic would work or whatever.

But it is probably best to think about what CMS is working on, you know, certainly.

Is it a program that CMS has, Medicare & Medicaid marketplace chip?

Is it a population our office is working on?

You know, are we talking about the right people here?

But then topic wise, like, if you wanted to get into like behavioral health or a particular disease or a particular condition, it's very open.

I think we've seen a lot, sometimes broad and sometimes very particular.

You know, we have sometimes very specific disease focuses, and other time there's a broader focus.

It might be good to look through, like, the CMS framework, the CMS OMH website and kind of some of the equity pushes out of CMS to get a feel for what the agency in general is looking at.

But it doesn't have to be one of those.

It's more about the strength of the proposal, I think, than the topic.

Brian Young: So this is what I'll say.

If you search your topic on cms.gov and you don't see anything about it, then I wouldn't submit a proposal about it.

I think it should be connected to something, some kind of program or policy here at CMS.

Ashley Peddicord-Austin: There should be a connection.

But it could be answering a question that we don't have maybe.

Maybe there's a data gap that a proposal can fill.

So that's certainly something of value as well.

So very much open.

Unfortunately, we can't really directly answer the question.

Hopefully, that's helpful guidance.

So we do have a couple of minutes.

If there's no more questions, you know, we can always wrap up early.

As you all think, let's go ahead and advance to the next slide.

So this is contact information for Dr. Ukoli, who was kind enough to provide this for us.

And if we advance one more, this is, of course, again, the same email you saw before and then our website with all of the information about the grant program.

So if you're looking for a link to grants.gov, details about the populations, examples of past grantees, that video that we saw, all of that can be found on this website, which is go.cms.gov/minorityresearch.

And then, if you have questions, issues with your application, or any other pieces that you want to reach out to us about, please feel free at OMHGrants@cms.hhs.gov.

All right. So we'll do a last call for any questions.

Brian Young: One more question in the chat.

So, again, unfortunately, we can't answer that question because it's too research-specific.

Ashley Peddicord-Austin: Maybe -- yeah. So the question in the chat is could we research mental health issues like stress or coping in relation to student success in a nursing program?

So, we can't answer specific questions about what you could or couldn't research, but we generally encourage folks to apply.

All right. So we'll do a last call for any questions. But, as always, we're here otherwise. And we really thank you for your time today.

Glad you could join us, and we hope that you apply.

Thank you all.

Thank you.

Thank you, Dr. Ukoli.

Thank you, Dr. Ukoli. You were great.

Thank you.

All right.

Thank you.

Take care. Have a great day.