American Diabetes Association®
Connected for Life

RESEARCH PROGRAMS - REQUEST FOR APPLICATIONS

Leveraging Innovative Behavioral & Psychosocial Interventions for Diabetes Prevention through Nutrition & Lifestyle

Background: Adopting a healthy lifestyle is essential for preventing and managing diabetes across the life span. Lifestyles that include a well-balanced diet and regular physical activity have been shown to prevent and delay the onset of type 2 diabetes (T2D), improve glucose control, and reduce complications risk in those with more established disease. Despite robust evidence to support these benefits, it is estimated that 1/3 of American adults have prediabetes and more than 84% are unaware of their heightened risk. Additionally, the prevalence of obesity in the USA has reached an all-time high with 74% of American adults being overweight (including 42.5% with obesity and 9% who are severely obese). An overweight, sedentary lifestyle dramatically increases the risk of developing prediabetes and subsequent progression to T2D. An obese 18-year-old has more than 70% lifetime risk of developing T2D. Given these alarming statistics, there is an urgent need to more effectively translate evidence-based nutritional and lifestyle guidelines into sustainable healthy diets and physical activity behaviors in those at greatest risk. The American Diabetes Association® (ADA) 2019 consensus report—Nutrition Therapy for Adults with Diabetes or Prediabetes: A Consensus Report (*Diabetes Care*® 2019 May;42(5):731-754) recommends 7–10% bodyweight reduction to prevent progression from prediabetes to T2D and notes the potential for diabetes remission. In addition, the ADA has broadly disseminated nutrition and physical activity guidance including evidence-based consensus reports for professionals and recipe guides, meal planning tools, and physical activity recommendations for patients.

Goal: While many barriers to healthy lifestyles are a result of health inequities that must be addressed at the governmental level, this request for applications (RFA) is soliciting research to elicit sustained behavioral change at the individual and community level with interventions tailored to different racial and socioeconomic groups across the life span. Importantly, applicants should indicate how the proposed research will have a significant impact ("move the needle") on outcomes in those individuals at risk of, or living with, diabetes. The goal of this RFA is to identify person-centered, yet scalable, dietary and lifestyle interventions with the greatest potential for adoption and maintenance of diabetes-preventing or diabetes-mitigating lifestyles by individuals at greatest risk.

Scope: This RFA will prioritize

- Behavioral interventions that help encourage and sustain healthy diet and increased physical activity.
- Psychosocial interventions that more effectively incorporate cultural or personal preferences, psychological supports, comorbid conditions, socioeconomic status, food insecurity, and other factors that may impact consistency with an eating and/or exercise plan and its effectiveness.

- Approaches that better tailor medical nutrition therapy (MNT) and diabetes self-management education and support (DSMES) to different racial and socioeconomic groups in sustainable real-world settings.
- Comparison and/or utilization of different delivery methods aided by wearable technology (e.g. accelerometers, continuous glucose monitors, etc.)
- Cost-effectiveness studies to support third-party coverage and policy change.

Applications that do not directly address the defined scope of the RFA will be triaged and not move forward to peer review.

Application procedure: Application instructions, the link to our online application portal, and applicable forms are available on the grants page of the ADA website.

Review Criteria: Applications will be evaluated on potential to ultimately improve the lives of people with T1D and T2D through precision medicine approaches. Importantly, applicants should indicate how the proposed research will have a significant impact ("move the needle") on outcomes in those individuals living with diabetes. Originality, relevant experience of the Principal Investigator, availability of the appropriate facilities and resources, the ability of the investigator/site to recruit the patient population, access to, and availability of, data sources, samples, and study medications (if applicable) and for fellowships, relevant experience and training history of the Mentor, are also pertinent. The specific timeline for progress of enrollment, data analyses, and/or other major project milestones and an appropriate budget allowing for the completion of the proposed work need to be stated.

Only Postdoctoral Fellowship (PDF) applications that are moved to full review will receive reviewer critiques, which will be sent within 1 month of final notification. This applies to both funded and unfunded submissions.

For all other award mechanisms (Junior Faculty Development, Innovative Basic Science, Innovative Clinical/Translational Science): Only LOIs invited to submit a full application will receive reviewer critiques, which will be sent within 1 month of final notification. This applies to both funded and unfunded submissions.

All applications must be submitted through our online grant portal. Please visit the ADA Research Programs website at https://professional.diabetes.org/research-grants for full program details and application instructions for each grant type.

Questions about this request for applications should be addressed to grantquestions@diabetes.org.

American Diabetes Association®

OPEN WINDOW AND DEADLINES:

AWARD TYPE	OPEN DATE	SUBMISSION DEADLINE	AWARD START DATE
TRAINING			
Postdoctoral Fellowship	▪ May 16, 2022	▪ **June 27, 2022, 5PM ET (LOI not required)**	September 1, 2022
DEVELOPMENT			
Junior Faculty	▪ Letter of Interest (LOI): May 16, 2022 ▪ Invitation to apply from ADA: July 18, 2022	▪ **LOI: June 27, 2022, 5pm ET** ▪ **Grant application: August 29, 2022, 5pm ET**	November 15, 2022
RESEARCH			
Innovative Clinical or Translational Science	▪ Letter of Interest (LOI): May 16, 2022 ▪ Invitation to apply from ADA: July 18, 2022	▪ **LOI: June 27, 2022, 5pm ET** ▪ **Grant application: August 29, 2022, 5pm ET**	November 15, 2022

AWARD MECHANISMS

AWARD	AWARD TERM	APPLICANT	ELIGIBILITY	MAXIMUM FUNDING	SUPPORT	INDIRECT SUPPORT
TRAINING						
Postdoctoral Fellowship	Up to 3 years	Postdoctoral Fellow	MD, MD/PhD, PhD, DVM with confirmed postdoctoral position by award start date	$54,835–$65,598/year salary stipend, plus $5K/year research allowance*	Salary support, plus allowances for training & fringe / health insurance	$5K/year fringe & health insurance
DEVELOPMENT						
Junior Faculty	Up to 3 years, contingent on previous career development award funding (NIH K, etc.)	Faculty up to & including Asst Prof or equiv.	Junior faculty in independent position, <10 years research training following terminal degree, pre-R01, no concurrent career development support	$138,000/year, plus student loan repayment ($10k/yr)	Project support & PI salary up to $75K (excludes fringe)	Up to 10% directs
RESEARCH						
Innovative Clinical or Translational Science	Up to 3 years	Any level faculty	New & established PIs with <$500K current research support	$200,000/year	Project support & PI salary up to 20% total cost	Up to 10% directs

** The ADA's Grants Program aligns with NIH's Stipend Standards for any given year. The ADA will adjust and communicate any changes prior to award distribution, as needed.*