

Request for Applications

Innovative Research to Support the Psychological and Emotional Needs of People with Diabetes

Background:

Diabetes is more than a physical health condition. The disease has significant behavioral, psychological, and social impacts. Diabetes self-management is demanding and complex. Activities such as monitoring blood glucose, utilizing insulin pumps or injecting insulin, taking oral medications, regular physical activity, and healthy eating all require a comprehensive understanding of diabetes. It also requires healthy coping mechanisms, and skills in problem-solving and risk reduction. This poses a burden and demands high levels of self-efficacy, resilience and daily self-management. Emotional and mental health problems such as diabetes distress, depression, and eating disorders are common and associated with suboptimal glucose control, increased rates of complications, lower quality of life, and increased healthcare costs.

Depression is present in about one in four adults with diabetes. Individuals with Type 1 diabetes (T1D) and Type 2 diabetes (T2D) have nearly double the risk of suicide compared with the general population. Twenty-seven percent of teenagers with T1D report moderate to high risk of depression and 8% have suicidal thoughts. Diabetes distress is defined as the emotional response to the relentless burden of daily self-management, including the fear of complications, and social and financial challenges. Diabetes distress affects 33-50% of people with diabetes. Distress manifests as fatigue, tension, and burnout.

People with diabetes, especially young women, have high rates of disordered eating such as bulimia, binge eating, night eating syndrome, anorexia and avoidant restrictive food intake disorder. Bulimia is the most common eating disorder in women with T1D whereas women with T2D are more likely to deal with binge eating.

American Diabetes Association's position statement "[Psychosocial Care for People with Diabetes: A Position Statement of the American Diabetes Association](#)" provides diabetes care providers with evidence-based guidelines for psychosocial assessment and care of people with diabetes and their families. Similarly, the ADA's "[Standards of Medical Care in Diabetes](#)" emphasizes the importance of integrating psychosocial screening and care with a collaborative, patient centered approach provided to all people with diabetes with the goals of optimizing health outcomes and health related quality of life. Despite the availability of evidence-based guidance only 25% to 50% of people with diabetes who have depression get diagnosed and treated. As such, there is an urgent need to more effectively address the psychological and emotional needs of people with diabetes so they may achieve optimal health and well-being.

Goal:

The mission of the American Diabetes Association is to prevent and cure diabetes and improve the lives of all people affected by diabetes. Mental health is an integral part of diabetes management, and the ADA seeks to close the wide gap between the psychological and emotional needs of people with diabetes and the care and support available. This request for applications (RFA) is soliciting proposals for interventional, generalizable and scalable research to better understand and address how to improve all aspects of the integration of mental health care into clinical settings serving people with diabetes, especially for disadvantaged lower socioeconomic level families where health disparities are most evident.

**Scope:**

This call is focused on translational research to more effectively deliver personalized, patient-centered psychological and emotional care that considers the context of the person with diabetes, as well as their individual values and preferences. Research areas may include but are not limited to strategies for improving patient communications and interactions, problem identification, psychosocial screening, diagnostic evaluation, intervention, and intervention scalability. For the purposes of this RFA, research proposals focusing on potential physiological and biological underpinnings of psychological conditions are out of scope.

Applications that do not directly address the defined scope of the RFA will be triaged and will 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 the potential of the research, if successful, to have a major impact on closing the wide gap between the psychological and emotional needs of people with diabetes and the care and support available. Alignment with the goals of the RFA, degree of innovation and scientific rigor are key considerations. Relevant experience of the Principal Investigator, availability of the appropriate facilities and resources, the ability of the investigator/site to recruit target populations, and/or show access to, and availability of, data sources, samples and study medications (if applicable) are also pertinent. For fellowships, relevant experience and training history of the Mentor will be strong considerations. 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 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/content-page/current-funding-opportunities> for full program details and application instructions for each grant type.

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



OPEN WINDOW AND DEADLINES:

AWARD TYPE	OPEN DATE	SUBMISSION DEADLINE	AWARD START DATE
TRAINING			
Postdoctoral Fellowship	September 19, 2022	November 7, 5PM ET (LOI not required)	April 1, 2023
DEVELOPMENT			
Junior Faculty Development	<ul style="list-style-type: none"> ▪ Letter of Interest (LOI): September 19, 2022 ▪ Invitation to apply from ADA: January 30, 2023 	<ul style="list-style-type: none"> ▪ LOI: November 14, 2022, 5pm ET ▪ Grant application: March 13, 2023, 5pm ET 	July 1, 2023
RESEARCH			
Innovative Clinical or Translational Science	<ul style="list-style-type: none"> ▪ Letter of Interest (LOI): September 19, 2022 ▪ Invitation to apply from ADA: January 30, 2023 	<ul style="list-style-type: none"> ▪ LOI: November 14, 2022, 5pm ET ▪ Grant application: March 13, 2023, 5pm ET 	July 1, 2023

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	\$54,840-\$66,600*/year salary stipend, plus \$5K/year research allowance and \$5K/year fringe benefits	Salary support, plus allowances for training & fringe / health insurance	\$5K/year fringe & health insurance
DEVELOPMENT						
Junior Faculty Development	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 PI 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