



Winthrop P. Rockefeller  
Cancer Institute

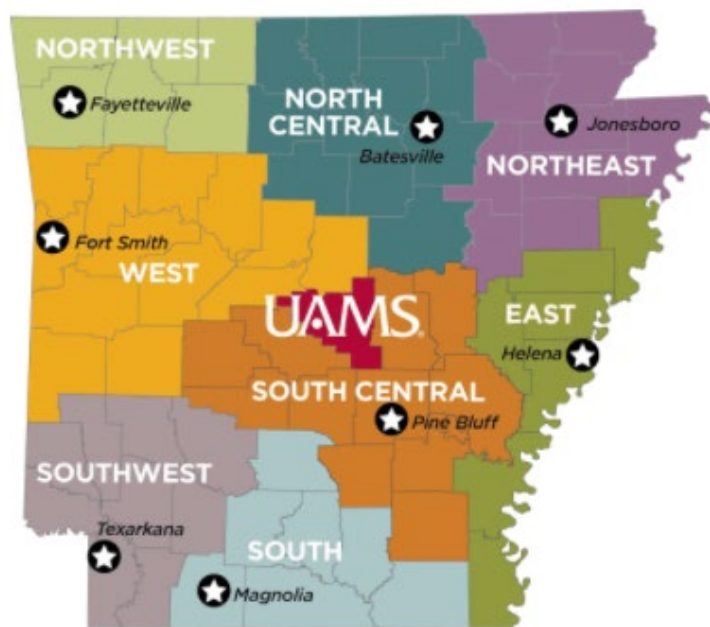
## Winthrop P. Rockefeller Cancer Institute Rural Research Award Program 2022 Request for Applications

**Letters of Intent due: 4:00pm, Monday, May 2, 2022**

The Winthrop P. Rockefeller Cancer Institute invites applications for the Rural Research Award Program (RRAP). RRAP supports research that is cancer-focused and strives to address a healthcare problem in rural Arkansas populations. Funding will support investigators or teams of investigators seeking to collect data for competitive NCI/NIH R01 grant submissions. Areas of special funding interest include projects that focus on prostate, colon, breast, and/or lung cancer; cancer patient outcomes; cancer screening and prevention; and/or cancer health disparities.

### UAMS Rural Research Network

The UAMS Rural Research Network was established in January 2020 to leverage the existing clinical and educational infrastructure of UAMS Regional Programs for research and to help ensure that Arkansas’ rural populations are included in health research. The network comprises UAMS’ eight Regional Campuses, located across the state, and is supported by an intra-institutional partnership. Its partners are UAMS Community Health & Research, the Translational Research Institute, UAMS Regional Programs, and the Winthrop P. Rockefeller Cancer Institute.



The Network is a response to the stark health disparities for rural populations. Forty-two percent of Arkansans live in rural areas compared to just 15% for the United States. The problems of poverty and health care inequity are particularly concentrated in rural, minority populations. Rural Americans are more likely to die from heart disease, cancer, unintentional injuries, chronic lower respiratory disease and stroke than urban Americans. Better systems for both healthcare treatment and access to research have the potential to make a positive impact in the lives of rural Arkansans. The Rural Research Network provides a platform to expand research participation opportunities to rural residents, many of whom are older adults and/or from underrepresented minority populations.

More information about the Rural Research Network, including a list of network sites and their resources as well as a demographic snapshot of each site, is available in the attached appendix. Use of the Network is encouraged, but not required.

## Informational Webinar April 6, 2022

An informational webinar will be held at 4:00 pm on Thursday, April 6, 2022 via Zoom to provide interested applicants with specific information on this opportunity's focus, application process, population within Regional Programs and the Network. Program staff will provide additional information during the webinar to help identify the resources needed and the ideal site(s) for your project. Please register for the webinar using the [Information Session Registration Link](#) to receive the Zoom meeting information. Those who cannot attend but are interested in receiving updates and notifications about the RFA are encouraged to register. The webinar will be recorded and made available on our website.

### 2022 Award Information

**Eligibility:** Applicants must be faculty members at UAMS, Arkansas Children's/ACRI, CAVHS, and/or the University of Arkansas at Fayetteville with a rank of Assistant Professor or above. Priority will be given to research teams with Winthrop P. Rockefeller Cancer Institute members. Winthrop P. Rockefeller Cancer Institute memberships are open to faculty members at UAMS, Arkansas Children's/ACRI, CAVHS and University of Arkansas at Fayetteville who are actively conducting cancer research as evidenced by grant funding or publication of cancer focused peer-reviewed articles within the last two years. To learn more about Winthrop P. Rockefeller Cancer Institute membership or to apply, visit the [membership page](#).

**Application Process:** Applicants must first submit a Letter of Intent (LOI). Following review, the strongest proposals will be invited to submit a full application. Applicants invited to submit a full application are required to submit their projects for regulatory and institutional review as part of the application process. They are also required to attend a consultation with the Cancer Institute's Biostatistics shared resource. Other consultations may also be required, depending on the nature of the project, at the discretion of Cancer Institute leadership.

**Award:** Up to three separate grants with a maximum budget of \$100,000 each will be awarded. Funding is for 18 months, with start dates between September 1, 2022 and November 1, 2022. Extensions are not permitted.

The opportunity supports a broad range of projects and approaches, including but not limited to clinical research, retrospective data analysis, sample collection, educational interventions, or projects that target behavioral health outcomes.

**Expenses:** Applicants are encouraged to utilize and budget appropriately for use of Winthrop P. Rockefeller Cancer Institute Shared Resources and the Network's research staff, if applicable. Effort for statistical support and analyses must be included. Funds may also be used to purchase computers for new hires and supplies including educational and marketing materials specifically related to the proposed research. Up to \$1,500 may be budgeted for travel directly related to presenting the results and/or publication fees. Funds may not be used for faculty salary support with the exception of statistical support. Indirect costs are not allowed. Matching funds are allowed.

**Progress Report:** Projects that receive a RRAP grant will be expected to submit periodic progress reports both during and after the completion of the award.

**Publications:** Publications resulting from a RRAP award will be required to cite the [Winthrop P. Rockefeller Cancer Institute](#) according to the Institute's citation requirements. Additionally, projects utilizing the Rural Research Network will be required to cite [TRI](#) according to their citation requirements.

**Contact:** If you have any questions about the RRAP or the application process, please contact Nia Indelicato at [nlindelicato@uams.edu](mailto:nlindelicato@uams.edu).

### LOI Instructions and Process

**LOI Content:** Please use the provided LOI Cover Page and Instructions to complete your Letter of Intent. You can download the document [here](#) or use the copy included in the appendix.

LOIs are limited to 1,200 words and should be typed and single spaced with 0.5-inch margins. Arial font should be used with a minimum font size of 11p. A minimum font size of 9p can be used in Figure and Table legends. The final submitted LOI should be a single PDF document with all required components identified through subheadings. LOI content must include the following information:

- Project Summary- Please provide a brief summary of the project. Your summary should be written for a diverse scientific audience.
- Need- Need for this research and any unique or innovative aspects of the proposed research
- Rural Health Focus- Please describe how the project will impact rural health in Arkansas. Describe the populations that will benefit and the potential for positive change in the areas of rural healthcare and/or rural healthcare research.
- Scientific Approach – Please provide a brief description of the proposed research approach and methodology.
- Plan for Extramural Funding – Please describe your plan for obtaining extramural peer-reviewed funding with the data collected through this award. Be as specific as possible, identifying the funding institution and mechanism (e.g., NCI R01, NIMHD R01) and likely co-PIs, co-Is or other key personnel that will be collaborating on the extramural submission.

**Submitting your LOI:** LOIs should be submitted [via email](#) as a single PDF to Nia Indelicato no later than 4:00 pm on May 2, 2022. Please contact Nia Indelicato at [nlindelicato@uams.edu](mailto:nlindelicato@uams.edu) if you have any questions related to this funding mechanism.

**LOI Review and Selection:** The RRAP Advisory Team will review all LOIs and rank applications based on content provided in the LOI and their assessment of feasibility, potential for impact and potential for the project to result in a competitive NCI/NIH grant application. All PIs submitting LOIs will be informed of their application status following review.

## **Full Application Requirements**

**Consultations and Budget Review:** All projects invited to submit a full application may be required to consult with Cancer Institute leadership. Details on this consultation will be included with the invitation for a full application. The goal of this consultation is to ensure that your project goals fully align with resources available through the WPRCI Rural Research Award Program and that your methodology is optimal to meet your goals within the eighteen-month award period. Consultations will assess and discuss use of resources, scientific feasibility, timeline of proposed work and the project budget.

A consultation is required with the Cancer Institute’s Biostatistics shared resource. Other consultations may be required depending on the specifics of each project.

### **Required Pre-Reviews and Approvals:**

All cancer-related research must go through a two-stage scientific review within the Winthrop P. Rockefeller Cancer Institute to meet standards set by the National Cancer Institute. The first review in the appropriate Disease Oriented Committee (DOC) provides multidisciplinary review of the concept and protocol by a team of disease site experts. The second stage review by the Protocol Review and Monitoring Committee (PRMC) provides a more in-depth scientific, statistical and feasibility review by cancer clinical research experts.

Projects selected for full application are required to submit for DOC approval by June 13, 2022 and have full DOC approval by July 20, 2022. Projects are also required to submit for PRMC approval by July 20, 2022 and have PRMC approval by September 1, 2022.

**Regulatory Approvals:** Projects selected for full application must be submitted to the relevant research regulatory body (e.g. IRB) for approval by June 13, 2022 and must receive full approval, if applicable, by September 1, 2022. Projects exempt from IRB submission must provide an official letter from the IRB stating that the proposed research has been determined as non-human subjects research. Submission of a determination request does not constitute proof of IRB submission.

**Full Proposal Review and Selection:** Applications will be evaluated by a peer-review panel using the NIH scoring system. The review panel will recommend proposals, based on scientific merit, to Cancer Institute leadership. The peer-review panel will also review for resources used, as well, including space, equipment, shared resources, etc. Cancer Institute Leadership will consider the scientific review along with feasibility, potential for impact and potential for the project to result in a competitive NCI/NIH R01 grant application. Recommendations will be made to the Winthrop P. Rockefeller Cancer Institute Director for final selection.

### Overall Timeline for 2022 Rural Research Award Program

Informational Webinar	April 6, 2022, 4:00 pm
LOI Deadline	May 2, 2022, 4:00 pm
Full Applications Invited by	May 16, 2022
RRAP Consultations	May 16, 2022 – June 6, 2022
Statistical Consultations	May 16, 2022 – June 6, 2022
Proof of Regulatory Submission and Proof of DOC Submission	June 13, 2022 (via email by 4:00 pm)
Full Applications Due	June 27, 2022, 4:00 pm
Proof of DOC Approval and PRMC Submission	July 20, 2022
Awardees Announced	August 1, 2022
Regulatory and PRMC Approval by Project Start Date	September 1, 2022 September 1 – November 1, 2022

# WINTHROP P. ROCKEFELLER CANCER INSTITUTE RURAL RESEARCH AWARD APPENDIX

## UAMS Rural Research Network Information

### Rural Research Network Study Sites

UAMS Regional Programs is comprised of eight community clinical centers broadly dispersed throughout rural Arkansas (previously known as the Area Health Education Centers [AHECs]). The Centers serve as the study sites for the Rural Research Network. Each site is different, offering a variety of opportunities, resources and access to special populations.

UAMS Regional Campus	Location	Examples of Staffing & Resources**	EPIC	Counties Served
Northwest	Fayetteville & Springdale	Research coordinator, phlebotomists, diabetes educators, pharmacists, family medicine residents, LPN / RN, access, and education staff for the residency program and students. Includes telehealth capabilities and in-house clinical laboratory.	Yes	Benton, Boone, Carroll, Madison, Newton, Washington
East	Helena	Research coordinator, APRN/RNs, health educators, prevention and wellness programs including a Fitness Center with strong community connections. Includes telehealth capabilities, the establishment of a Telehealth Training Center, and in-house clinical laboratory.	Yes	Chicot, Crittenden, Desha, Lee, Monroe, Phillips, St. Francis
South Central	Pine Bluff	Research coordinator (TBH), diabetes educator, phlebotomist, family medicine residents, LPN / RN, access, and education staff for the residency program and students. Includes telehealth capabilities and in-house clinical laboratory.	Yes	Arkansas, Cleveland, Drew, Garland, Grant, Jefferson, Hot Spring, Lincoln, Lonoke, Prairie, Saline
West	Fort Smith	Research coordinator, phlebotomists, diabetes educator, pharmacists, family medicine residents, LPN / RN, access, and education staff for the residency program and students. Clinical services include OB/GYN services. Includes telehealth capabilities and in-house clinical laboratory.	Yes	Conway, Crawford, Faulkner, Franklin, Johnson, Logan, Montgomery, Perry, Polk, Pope, Sebastian, Yell, Scott
North Central	Batesville	Research coordinator, phlebotomists, family medicine residents, LPN / RN, access, and education staff for the residency program and students. Includes telehealth capabilities and in-house clinical laboratory.	Yes	Baxter, Cleburne, Fulton, Independence, Izard, Marion, Searcy, Sharp, Stone, White
Southwest	Texarkana	Research coordinator, phlebotomists, diabetes educators, pharmacists, family medicine residents, LPN / RN, access, and education staff for the residency program and students. Includes telehealth capabilities and in-house clinical laboratory.	Yes	Clark, Hempstead, Howard, Pike, Lafayette, Little River, Miller, Nevada, Sevier
South	Magnolia	Research coordinator, family medicine residents, LPN / RN, access, and education staff for the residency program and students. Includes telehealth capabilities and in-house clinical laboratory.	Yes	Ashley, Bradley, Calhoun, Columbia, Dallas, Ouachita, Union
Northeast	Jonesboro	Research coordinator (TBH – in process), phlebotomists, pharmacists, family medicine residents, LPN / RN, access, and education staff for the residency program and students. Clinical services include OB/GYN services. Includes telehealth capabilities and in-house clinical laboratory.	Yes	Clay, Craighead, Cross, Greene, Jackson, Lawrence, Mississippi, Poinsett, Randolph, Woodruff

\*\* Regional Programs are staffed with clinical teams for a family medicine practice. While resources are regional, depending on current patient volume, and the depth or demand of the research project, resources may need to be budgeted within the project.

For additional information about regional programs, go to the [REP 2020-2021 Annual Report](#). The latest report from the Arkansas Central Cancer Registry, highlighting the differences in incidence and mortality between rural and urban areas, is available [here](#). Additionally, queries can be run using the Arkansas Central Cancer Registry's most updated data [here](#); select "Urban/Rural" on the "Geography" tab.

If using the Rural Research Network, please consider each site for the best fit for your study. Research coordinators with data collection and enrollment experience are physically located within 6 of the 8 study sites. Recruitment is underway to expand research support to all sites.

The following charts provide statistical information on each Rural Research Network site.



**Regional Programs BoilerPlate Information (1-1-2021 to 12-31-2021)**

	Magnolia	Texarkana	Pine Bluff	Fayetteville	Fort Smith	Jonesboro	Batesville	Helena	Total
<b>Total Distinct Patients, N(%)</b>	3420 (8.3)	6819 (18.7)	6842 (15.1)	10728 (14.9)	8215 (17.6)	5793 (13.8)	3053 (9.8)	1018 (1.9)	45816
<b>Total Patient Visits</b>	12423 (8.3)	28127 (18.7)	22713 (15.1)	22335 (14.9)	26424 (17.6)	20670 (13.8)	14762 (9.8)	2871 (1.9)	150325
<b>Age (years), Mean (SD)</b>	43	48	51	42	32	41	53	47	
<b>Age Ranges, N(%)</b>									
Under 12	1511 (12.2)	499 (1.8)	663 (2.9)	1333 (6.0)	5850 (22.1)	2849 (13.8)	657 (4.5)	240 (8.4)	13602 (9.0)
12-17	693 (5.6)	2537 (9.0)	835 (3.7)	2279 (10.2)	3692 (14.0)	1195 (5.8)	653 (4.4)	145 (5.1)	12029 (8.0)
18-24	943 (7.6)	1957 (7.0)	1455 (6.4)	2936 (13.1)	2652 (10.0)	1695 (8.2)	880 (6.0)	148 (5.2)	12666 (8.4)
25-34	1441 (11.6)	2503 (8.9)	2372 (10.4)	3068 (13.7)	3082 (11.7)	2834 (13.7)	1181 (8.0)	341 (11.9)	16822 (11.2)
35-44	1292 (10.4)	3380 (12.0)	3054 (13.4)	2678 (12.0)	2697 (10.2)	2505 (12.1)	1575 (10.7)	366 (12.7)	17547 (11.7)
45-54	1644 (13.2)	4241 (15.1)	3107 (13.7)	2528 (11.3)	2367 (9.0)	2521 (12.2)	1899 (12.9)	370 (12.9)	18677 (12.4)
55-64	2114 (17.0)	5961 (21.2)	4309 (19.0)	2704 (12.1)	2583 (9.8)	2904 (14.0)	2317 (15.7)	388 (13.5)	23280 (15.5)
65-74	1590 (12.8)	4473 (15.9)	3879 (17.1)	2831 (12.7)	2042 (7.7)	2355 (11.4)	2508 (17.0)	573 (20.0)	20251 (13.5)
75+	1195 (9.6)	2576 (9.2)	3039 (13.4)	1978 (8.9)	1459 (5.5)	1812 (8.8)	3092 (20.9)	300 (10.4)	15451 (10.3)
<b>Gender, N (%)</b>									
Male	1998 (58.4)	3991 (58.5)	4119 (60.2)	5822 (54.3)	4539 (55.3)	3434 (59.3)	1801 (59.0)	578 (56.8)	26282 (57.3)
Female	1421 (41.5)	2828 (41.5)	2720 (39.8)	4905 (45.7)	3675 (44.7)	2359 (40.7)	1251 (41.0)	440 (43.2)	19599 (42.7)
Missing	1 (0.0)	0 (0.0)	3 (0.0)	1 (0.0)	1 (0.0)	0 (0.0)	1 (0.0)	0 (0.0)	7 (0.0)
<b>Race, N(%)</b>									
NULL	11 (0.3)	5 (0.1)	16 (0.2)	319 (3.0)	6 (0.1)	5 (0.1)	0 (0.0)	3 (0.3)	365 (0.8)
AMERICAN INDIAN OR ALASKAN NATIVE	9 (0.3)	18 (0.3)	24 (0.4)	53 (0.5)	60 (0.7)	14 (0.2)	3 (0.1)	1 (0.1)	182 (0.4)
ASIAN	22 (0.6)	26 (0.4)	55 (0.8)	173 (1.6)	124 (1.5)	36 (0.6)	15 (0.5)	4 (0.4)	455 (1.0)
BLACK OR AFRICAN AMERICAN	2066 (60.4)	3125 (45.8)	4994 (73.0)	593 (5.5)	952 (11.6)	1829 (31.6)	72 (2.4)	605 (59.4)	14236 (31.0)
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	0 (0.0)	1 (0.0)	5 (0.1)	594 (5.5)	10 (0.1)	5 (0.1)	5 (0.2)	0 (0.0)	620 (1.4)
OTHER	90 (2.6)	241 (3.5)	117 (1.7)	717 (6.7)	1882 (22.9)	394 (6.8)	99 (3.2)	7 (0.7)	3547 (7.7)
UNKNOWN (FOR USE IF PATIENT REFUSES OR FAILS TO D	82 (2.4)	61 (0.9)	70 (1.0)	720 (6.7)	193 (2.3)	76 (1.3)	130 (4.3)	11 (1.1)	1343 (2.9)
WHITE	1140 (33.3)	3342 (49.0)	1561 (22.8)	7559 (70.5)	4988 (60.7)	3434 (59.3)	2729 (89.4)	387 (38.0)	25140 (54.8)
<b>Ethnicity, N(%)</b>									
NULL	8 (0.2)	4 (0.1)	16 (0.2)	324 (3.0)	6 (0.1)	6 (0.1)	0 (0.0)	3 (0.3)	367 (0.8)
African (Continental)	1 (0.0)	2 (0.0)	4 (0.1)	3 (0.0)	3 (0.0)	2 (0.0)	6 (0.2)	0 (0.0)	21 (0.0)
African American	33 (1.0)	124 (1.8)	101 (1.5)	174 (1.6)	30 (0.4)	45 (0.8)	4 (0.1)	14 (1.4)	525 (1.1)
Alaska Indian	5 (0.1)	0 (0.0)	0 (0.0)	16 (0.1)	0 (0.0)	1 (0.0)	0 (0.0)	0 (0.0)	22 (0.0)
Aleutian	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.0)
American Indian	0 (0.0)	10 (0.1)	1 (0.0)	4 (0.0)	39 (0.5)	4 (0.1)	1 (0.0)	0 (0.0)	59 (0.1)
American Indian or Alaska Native: Not Specified/Unknow	1 (0.0)	0 (0.0)	1 (0.0)	0 (0.0)	5 (0.1)	1 (0.0)	0 (0.0)	0 (0.0)	8 (0.0)
American Indian or Alaska Native: Other	0 (0.0)	1 (0.0)	1 (0.0)	0 (0.0)	4 (0.0)	2 (0.0)	1 (0.0)	0 (0.0)	9 (0.0)
Arab or Middle Eastern	2 (0.1)	2 (0.0)	5 (0.1)	17 (0.2)	7 (0.1)	5 (0.1)	0 (0.0)	0 (0.0)	38 (0.1)
Asian Indian/Indian Sub-Continent	2 (0.1)	4 (0.1)	10 (0.1)	45 (0.4)	29 (0.4)	12 (0.2)	3 (0.1)	1 (0.1)	106 (0.2)
Asian: Not Specified/Unknown	14 (0.4)	3 (0.0)	8 (0.1)	36 (0.3)	41 (0.5)	12 (0.2)	7 (0.2)	0 (0.0)	121 (0.3)
Asian: Other	5 (0.1)	14 (0.2)	15 (0.2)	39 (0.4)	43 (0.5)	4 (0.1)	4 (0.1)	1 (0.1)	125 (0.3)
Black or African American: Not Specified/Unknown	399 (11.7)	824 (12.1)	833 (12.2)	157 (1.5)	355 (4.3)	658 (11.4)	31 (1.0)	116 (11.4)	3373 (7.4)
Black or African American: Other	108 (3.2)	444 (6.5)	744 (10.9)	39 (0.4)	198 (2.4)	286 (4.9)	18 (0.6)	68 (6.7)	1905 (4.2)
Chinese	1 (0.0)	0 (0.0)	0 (0.0)	8 (0.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	9 (0.0)
European Descent	2 (0.1)	2 (0.0)	5 (0.1)	37 (0.3)	3 (0.0)	5 (0.1)	3 (0.1)	1 (0.1)	58 (0.1)
Filipino	0 (0.0)	1 (0.0)	1 (0.0)	3 (0.0)	4 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	9 (0.0)
Haitian	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (0.0)
Hispanic or Latino	66 (1.9)	154 (2.3)	60 (0.9)	1509 (14.1)	2443 (29.7)	346 (6.0)	103 (3.4)	6 (0.6)	4687 (10.2)
Hispanic/Latino: Not Specified/Unknown	1 (0.0)	6 (0.1)	0 (0.0)	20 (0.2)	40 (0.5)	10 (0.2)	10 (0.3)	1 (0.1)	88 (0.2)
Hispanic/Latino: Other	1 (0.0)	3 (0.0)	2 (0.0)	16 (0.1)	42 (0.5)	13 (0.2)	8 (0.3)	0 (0.0)	85 (0.2)
Japanese	1 (0.0)	0 (0.0)	1 (0.0)	2 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	4 (0.0)

Korean	0 (0.0)	0 (0.0)	1 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.0)
Mexican	0 (0.0)	0 (0.0)	0 (0.0)	4 (0.0)	5 (0.1)	1 (0.0)	3 (0.1)	0 (0.0)	13 (0.0)
Native Hawaiian	0 (0.0)	1 (0.0)	0 (0.0)	8 (0.1)	1 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	10 (0.0)
Native Hawaiian or Other Pacific Islander: Not Specified/	0 (0.0)	0 (0.0)	0 (0.0)	192 (1.8)	2 (0.0)	2 (0.0)	1 (0.0)	0 (0.0)	197 (0.4)
Native Hawaiian or Other Pacific Islander: Other	0 (0.0)	1 (0.0)	0 (0.0)	281 (2.6)	3 (0.0)	1 (0.0)	1 (0.0)	0 (0.0)	287 (0.6)
Non-Hispanic or Latino	2428 (71.0)	3726 (54.6)	4570 (66.8)	4391 (40.9)	2179 (26.5)	2999 (51.8)	1391 (45.6)	664 (65.2)	22348 (48.7)
North African (Non-Black)	1 (0.0)	1 (0.0)	1 (0.0)	1 (0.0)	1 (0.0)	3 (0.1)	1 (0.0)	1 (0.1)	10 (0.0)
Puerto Rican (Island)	0 (0.0)	0 (0.0)	0 (0.0)	2 (0.0)	1 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	3 (0.0)
Puerto Rican (Mainland)	0 (0.0)	0 (0.0)	0 (0.0)	2 (0.0)	0 (0.0)	1 (0.0)	0 (0.0)	0 (0.0)	3 (0.0)
Unknown	27 (0.8)	35 (0.5)	53 (0.8)	615 (5.7)	126 (1.5)	57 (1.0)	67 (2.2)	5 (0.5)	985 (2.1)
Vietnamese	0 (0.0)	0 (0.0)	2 (0.0)	4 (0.0)	7 (0.1)	2 (0.0)	0 (0.0)	0 (0.0)	15 (0.0)
West Indian	0 (0.0)	0 (0.0)	1 (0.0)	2 (0.0)	3 (0.0)	2 (0.0)	0 (0.0)	0 (0.0)	8 (0.0)
White: Not Specified/Unknown	220 (6.4)	841 (12.3)	233 (3.4)	2101 (19.6)	1778 (21.6)	904 (15.6)	1103 (36.1)	83 (8.2)	7263 (15.8)
White: Other	94 (2.7)	616 (9.0)	173 (2.5)	676 (6.3)	814 (9.9)	409 (7.1)	287 (9.4)	54 (5.3)	3123 (6.8)

<b>Health Literacy, N(%)</b>									
NULL	2 (0.2)	4 (0.1)	4 (0.1)	0 (0.0)	3 (0.1)	1 (0.0)	1 (0.1)	0 (0.0)	15 (0.1)
A little	17 (1.4)	71 (2.1)	93 (3.5)	25 (1.6)	101 (4.2)	78 (3.4)	62 (3.7)	5 (1.4)	452 (2.9)
English translation required (do not translate question)	2 (0.2)	4 (0.1)	3 (0.1)	22 (1.4)	268 (11.0)	7 (0.3)	15 (0.9)	2 (0.6)	323 (2.1)
Extremely	264 (21.6)	2078 (61.5)	1573 (58.6)	926 (60.3)	1218 (50.2)	1189 (51.4)	1197 (71.4)	300 (83.6)	8745 (56.1)
Not at all	9 (0.7)	186 (5.5)	130 (4.8)	36 (2.3)	148 (6.1)	113 (4.9)	65 (3.9)	2 (0.6)	689 (4.4)
Quite a bit	873 (71.5)	863 (25.5)	699 (26.0)	458 (29.8)	424 (17.5)	694 (30.0)	263 (15.7)	37 (10.3)	4311 (27.6)
Somewhat	54 (4.4)	173 (5.1)	182 (6.8)	69 (4.5)	265 (10.9)	229 (9.9)	74 (4.4)	13 (3.6)	1059 (6.8)

<b>Insurance, N(%)</b>									
NULL	194 (5.5)	354 (5.0)	384 (6808.0)	954 (8.5)	699 (8.3)	824 (13.9)	2 (0.1)	16 (1.5)	3427 (7.2)
AGENCY	59 (1.7)	86 (1.2)	71 (6808.0)	2471 (21.9)	127 (1.5)	35 (0.6)	29 (0.9)	14 (1.3)	2892 (6.1)
BLUE CROSS AND BLUE SHIELD	589 (16.6)	1058 (15.0)	1380 (6808.0)	1405 (12.4)	958 (11.3)	777 (13.1)	843 (26.9)	199 (18.9)	7209 (15.1)
COMMERCIAL AND MANAGED CARE	399 (11.2)	877 (12.4)	1180 (6808.0)	1918 (17.0)	783 (9.3)	739 (12.4)	689 (22.0)	214 (20.3)	6799 (14.3)
MEDICAID	1386 (39.0)	2344 (33.2)	2085 (6808.0)	1881 (16.7)	4672 (55.3)	2405 (40.5)	453 (14.4)	269 (25.6)	15495 (32.5)
MEDICAID MANAGED CARE	66 (1.9)	526 (7.5)	171 (6808.0)	165 (1.5)	172 (2.0)	229 (3.9)	43 (1.4)	15 (1.4)	1387 (2.9)
MEDICARE	429 (12.1)	863 (12.2)	950 (6808.0)	679 (6.0)	410 (4.9)	480 (8.1)	728 (23.2)	143 (13.6)	4682 (9.8)
MEDICARE MANAGED CARE	216 (6.1)	605 (8.6)	643 (6808.0)	394 (3.5)	314 (3.7)	253 (4.3)	188 (6.0)	84 (8.0)	2697 (5.7)
OTHER GOVERNMENT	12 (0.3)	117 (1.7)	48 (6808.0)	69 (0.6)	39 (0.5)	35 (0.6)	37 (1.2)	5 (0.5)	362 (0.8)
PENDING MEDICAID	66 (1.9)	35 (0.5)	100 (6808.0)	36 (0.3)	68 (0.8)	57 (1.0)	14 (0.4)	10 (1.0)	386 (0.8)
SELF-PAY	128 (3.6)	170 (2.4)	143 (6808.0)	1301 (11.5)	200 (2.4)	95 (1.6)	105 (3.3)	82 (7.8)	2224 (4.7)
WORKER'S COMPENSATION	9 (0.3)	15 (0.2)	37 (6808.0)	16 (0.1)	3 (0.0)	7 (0.1)	5 (0.2)	1 (0.1)	93 (0.2)





Winthrop P. Rockefeller  
Cancer Institute

## Winthrop P. Rockefeller Cancer Institute Rural Research Award LOI Cover Page and Instructions

Project Title:

Principal Investigator																					
Last Name	First Name	Middle Name																			
Academic Rank:	Degree(s):	College:																			
Institution: (check all that apply) <input type="checkbox"/> ACRI <input type="checkbox"/> UAMS <input type="checkbox"/> CAVHS <input type="checkbox"/> Other:		Department/Division:																			
Are you a Cancer Institute Member? <input type="checkbox"/> yes <input type="checkbox"/> no		Dept. Budget Manager:																			
Telephone:	Email Address:																				
<b>Demographic Information:</b> Are you Hispanic, Latino/a or Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer  Race: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Native American Indian or Alaska Native</td> <td><input type="checkbox"/> Caucasian/White</td> </tr> <tr> <td><input type="checkbox"/> Native Hawaiian or other Pacific Islander</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> African American/Black</td> <td><input type="checkbox"/> Prefer not to answer</td> </tr> </table> Ethnicity: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Hispanic/Latino</td> </tr> <tr> <td><input type="checkbox"/> Non-Hispanic/Non-Latino</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> </tr> </table> Gender Identity: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Male</td> <td><input type="checkbox"/> Transgender Female/Male-to-Female</td> </tr> <tr> <td><input type="checkbox"/> Female</td> <td><input type="checkbox"/> Transgender Male/Female-to-Male</td> </tr> <tr> <td><input type="checkbox"/> Gender-Fluid</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Non-Binary</td> <td></td> </tr> </table>			<input type="checkbox"/> Native American Indian or Alaska Native	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Other	<input type="checkbox"/> Asian	<input type="checkbox"/> Unknown	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Non-Latino	<input type="checkbox"/> Unknown	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender Female/Male-to-Female	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender Male/Female-to-Male	<input type="checkbox"/> Gender-Fluid	<input type="checkbox"/> Unknown	<input type="checkbox"/> Non-Binary	
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<input type="checkbox"/> Non-Binary																					

Co-Investigators		
Name	Department and Institution	Role on Project

continued on the next page

<b>Key Contacts:</b> Please list ALL people you would like included on communications regarding your letter of intent, your application, and the application process.		
<b>Name</b>	<b>Email</b>	<b>Role on Project/Relation to PI</b>

**Letter of Intent Instructions**

Please attach a separate document that addresses the following prompts. Please identify each component answer with clear subheadings.

Your response is limited to 1,200 words (combined). It should be typed and single spaced with 0.5-inch margins. Arial font should be used with a minimum font size of 11p. A minimum font size of 9p can be used in Figure and Table legends. Please include page numbers with the PI's last name at the bottom of each page.

- **Project Summary-** Please provide a brief summary of the project. Your summary should be written for a diverse scientific audience.
- **Need-** Need for this research and any unique or innovative aspects of the proposed research
- **Rural Health Focus-** Please describe how the project will impact rural health in Arkansas. Describe the populations that will benefit and the potential for positive change in the areas of rural healthcare and/or rural healthcare research.
- **Scientific Approach –** Please provide a brief description of the proposed research approach and methodology.
- **Plan for Extramural Funding –** Please describe your plan for obtaining extramural peer-reviewed funding with the data collected through this award. Be as specific as possible, identifying the funding institution and mechanism (eg. NCI R01, NIMHD R01) and likely co-PIs, co-Is or other key personnel that will be collaborating on the extramural submission.

Please combine this cover page, the answers to the questions, and a copy of the NIH biosketches for the project PI(s) and Co-I(s) (5 page maximum each) into one PDF for submission. Please use the most current NIH biosketch format, which can be found on the [NIH's website](#).