

## Sample ARCC Funded Proposals

The attached document includes two samples of successful funded proposals submitted by community-academic teams to the **ARCC Seed Grant Program**. The first is for a partnership-building grant and the second is for a CBPR implementation grant. It may be helpful to look at these examples but please keep in mind that it's necessary to carefully craft a proposal to meet the specific requirements of the funding opportunity being pursued.

For additional information on the ARCC Seed Grant Program:

<http://www.nucats.northwestern.edu/funding/seed-grants/arcc-seed-grants/index.html>

## **Refugee Communities: Disability, Health, & Inclusion Partnership Project**

The demographic landscape of the United States is becoming increasingly diverse, a result of growing immigrant and refugee populations. This overall trend has parallels for sub groups such as people with disabilities. As ethnic diversity among individuals with disabilities increases, service delivery systems must be prepared to respond to the cultural implications of an increasingly diverse client base. However, disability-related services have been slow in responding to this challenge. Research indicates underrepresentation of ethnically diverse persons with disabilities in disability and rehabilitation research, creating knowledge gaps in the field and leading to poor outcomes. To redress these research and service gaps, leaders in the field of disability and rehabilitation recommend establishing collaborative partnerships with ethnic minority communities as a first step toward the development and evaluation of culturally relevant interventions.

Our project is in response to the need identified above and proposes the development of a community-academic partnership between Northwestern University (██████████), (██████████), (██████████) and refugee service agencies and refugee communities in Chicago. Chicago has a large presence of refugee communities and refugee service agencies. A recent ethnographic study conducted by one of the Co-PIs showed how disabled refugees were at high risk of falling through cracks between refugee and disability service systems, underscoring the need for our project. The partnership will draw upon community-based participatory research (CBPR) approaches such as key informant interviews and group facilitation exercises to develop a Community Advisory Board (CAB). The role of the CAB will be to identify cultural and systemic issues affecting the health of refugees with disabilities in Chicago and their access to disability-related services. The activities of the CAB will culminate into a systematic research plan and grant application to empirically assess community-identified issues affecting disabled refugees, with the long-term goal of developing culturally-specific and empirically-supported interventions targeted at this group.

## A. SPECIFIC AIMS AND OBJECTIVES

The purpose of our project is to develop a CBPR partnership aimed at identifying cultural and systemic issues affecting the health and well-being of refugees with disabilities resettled in Chicago and determining the role of research in addressing them. Through the partnership we seek to mutually enhance the project partners' (Northwestern University and ██████████) capacity for research and outreach with refugee communities. We define our community of interest to include disabled refugee adults and children, their families, and service providers working with them.

**Specific Aim 1:** To develop a robust and sustainable community-academic partnership involving the project partners and refugee service agencies and refugee communities in Chicago in order to create a framework that will support and guide future research and action addressing the health, inclusion, and well-being of refugees with disabilities.

*Objective 1: To identify and engage refugee service agencies, refugee community organizations and refugee community leaders in a participatory research partnership.*

*Objective 2: To foster the development of a Community Advisory Board, evolving into a Research Advisory Group to support and guide future community-engaged research activities.*

**Specific Aim 2:** To identify and prioritize community needs, to understand facilitators and barriers affecting prioritized areas of need, and to translate the relevant findings into systematic plans for future research.

*Objective 1: To use group facilitation techniques to identify and prioritize issues affecting the health of disabled refugees and their use of disability and rehabilitation services.*

*Objective 2: To translate relevant findings from objective 1 into logic models and research plans which will be further developed into research grant submissions.*

## B. BACKGROUND AND SIGNIFICANCE

The demographic landscape of the US is becoming increasingly diverse. Most recent estimates indicate that foreign-born individuals account for 12.5% of the national population<sup>1</sup> and 21.7% of the Chicago population,<sup>2</sup> with nearly all of Chicago's neighborhoods and surrounding suburbs projected to gain foreign-born residents.<sup>3</sup> This foreign-born population includes large numbers of refugees resettled in the US after being displaced from their countries of origin by civil war or political persecution. The US is one of the leading refugee resettlement countries having resettled over 2.5 million refugees since 1975. The Midwest, specifically Chicago, has consistently received large numbers of refugees since 1983 and has a strong presence of refugee service agencies<sup>4,5</sup>. The growing immigrant and refugee populations portend increasing ethnic diversity among individuals with disabilities resulting in diverse needs and varying attitudes to service utilization.<sup>6</sup> Consequently, service delivery systems must be prepared to respond to the cultural implications of an increasingly diverse client base.

While the development and implementation of culturally adapted interventions has been embraced in broader healthcare delivery, disability-related services have been slow to follow suit despite legislative support in this area in the form of the Rehabilitation Amendments Act of 1992.<sup>7</sup> This lag in development of culturally adapted disability services mirrors a similar shortcoming within disability and rehabilitation research. Findings of a recent survey indicate that ethnically diverse persons with disabilities continue to be underrepresented in rehabilitation research, creating knowledge gaps in the field and leading to poor rehabilitation outcomes.<sup>8</sup>

Underrepresentation in research and service planning is likely to be greater for refugee communities owing to their racial invisibility. Evidence from recent research with disabled

refugees in Chicago indicates how this group is especially likely to fall through cracks between refugee and disability service systems. This is because mainstream disability service providers seldom reach out to refugee communities and also because of cultural incongruence between disabled refugees needs and what service systems are able to offer.<sup>9</sup> These findings highlight the need for more disability-related research and programming involving ethnically diverse communities, including new immigrants and refugees.<sup>8,10</sup> The proposed project is a response to this need and represents a critical first step toward understanding the issues that affect the well-being of refugees with disabilities and developing culturally-relevant interventions in response.

### C. NEED FOR A PARTNERSHIP GROUNDED IN CBPR PRINCIPLES

Historically, dialogue and networking between disability and refugee communities in Chicago has been virtually non-existent, hindering disability-related research and interventions targeting disabled refugees. While a relationship exists between the academic and community Co-PIs, we seek to extend this partnership to include additional experts with research interests and service ties involving the community of interest.

Community-based participatory research (CBPR) offers a promising conceptual and practical framework for guiding the proposed partnership. CBPR is widely recognized as an important tool in transcultural research owing to its fundamental premise of congruence with community values and responsiveness to community-identified issues. Consequently, research driven by CBPR principles has greater expected buy-in among disenfranchised cultural minorities.<sup>11</sup> CBPR also constitutes an empirically-supported research approach with proven success and credibility with refugee communities<sup>12,13</sup> and disability communities<sup>14,15</sup> alike. In both instances, it has been described as an approach that provides historically marginalized individuals with opportunities to exercise their voice and to act collectively for social change. For these reasons, leading disability and rehabilitation researchers recommend the use of CBPR for engaging ethnic minority communities in disability-related research.<sup>8</sup>

### D. PARTNERSHIP PROCESS

**Composition:** The proposed partnership will build on the 'core' of an existing working relationship between the two Co-PIs (██████████ and ██████████). ██████████ and ██████████ have known each other since 2003 and have worked together on multiple research projects at the University of ██████████, including one where they co-led focus groups with Latinos with disabilities. During the early 2000s ██████████ collaborated with the ██████████ ██████████ to develop the Immigrants with Disabilities Rights Collaborative (IDRC). Seeking to reactivate this project, ██████████ invited ██████████ to join IDRC in 2009. Subsequently they collaborated on outreach efforts targeted at disability awareness and cross-cultural dialogue in immigrant and refugee communities. These efforts included a joint presentation at the 2007 Refugee and Immigrant Conference in Chicago and a disability awareness/networking event in 2008 held in north Chicago, where a large number of resettled refugees live. This project is envisioned as an expansion of this long-term mutual interest.

The literature recommends that 'core' partners reflect on their existing capacities and resources during the early stages of a CBPR partnership.<sup>16</sup> Such a self-appraisal exercise revealed that while the Co-PIs bring certain strengths to the table (e.g. prior experience with CBPR, immigrant background, familiarity with refugee/disability issues), additional partners would be necessary to scaffold the partnership with infrastructural support and research and topical expertise. Therefore invitations were extended to ██████████, ██████████,

and [REDACTED], all three of who were known to one or both the Co-PIs through their existing professional networks. These three individuals bring with them considerable expertise in disability and refugee issues and anthropological and social science research, and together with the two CO-PIs constitute the current project team. To further fortify the partnership, additional partners (organizational and individual) will be recruited from refugee service agencies and refugee communities. These partners are deemed crucial for the success of the partnership as they will represent lived experiences and service realities of refugees with disabilities.

**Identification and Recruitment of Partners:** After perusing the existing research and service literature and discussing possible leads through the professional networks of current partnership members, the following organizations have been identified as a starting point for identification and recruitment of new members: [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED] and the [REDACTED]. The Co-PIs will approach representatives of these organizations for in-person 'key informant' meetings. Meetings will be intended to capture the informants' perspectives on unmet needs among resettled refugees with disabilities (with disability defined broadly as by the Americans with Disabilities Act of 1990); their interest in joining the partnership; whether their organization encourages and supports partnerships; the resources they can offer the partnership; and their referrals for other organizations and refugee community leaders who could be invited to join. We will also obtain referrals for community events and cultural programs. The Co-PIs will attend these events to build new relationships with community members and to identify potential partners and community leaders who might not be affiliated with specific organizations.<sup>17</sup> Information gained from interviews and networking activities will be used iteratively to generate a tiered list of individuals and organizations who will be approached to join the partnership.<sup>18</sup>

**Selection Criteria for Community Partners:** Using recommendations from the literature<sup>16</sup>, we will select partners who have service ties with the community, are well-respected in the community, and are knowledgeable about community issues. To encourage participation of community members who are not affiliated with any specific organization, we will offer transportation assistance and stipends to attend meetings. We will also arrange for translators to ensure that language barriers do not preclude participation of community members.

**Methods:** Once sufficient members have been recruited into the partnership (at least three refugee community organizations and two community leaders), monthly group meetings will be organized. Meeting venues will be rotated between the facilities of the community partner agency ([REDACTED]) and the facilities of the refugee partner organizations. Meetings will be jointly chaired and facilitated by the two Co-PIs. During these meetings we will use group facilitation techniques to systematically proceed toward identifying disabled refugees' needs and developing the partnership's research agenda. The first two meetings will be dedicated to ice-breaking, introducing the idea of a Community Advisory Board (CAB) and developing a shared vision and a set of partnership norms for the CAB. At the third meeting, we will begin with theoretically-guided brainstorming based on the nominal group technique (NGT).<sup>19</sup> NGT offers an easy and participatory process for group members to first individually brainstorm and then collaboratively discuss ideas. Using this technique and the 'Trajectory model of understanding health disparities in immigrants and refugees',<sup>20</sup> we will generate a working list of issues affecting the health of disabled refugee adults and children. Identified issues will be prioritized

based on the criteria of capacity, feasibility, and community impact. The top three issues will be selected for further discussion in subsequent meetings, where we will use force field analysis<sup>21</sup> (attachment II) to collectively identify facilitators and barriers that affect each issue and influence access to disability and rehabilitation services specifically related to that issue. We will use the information from this exercise to formulate research questions and to determine what kind of research evidence is needed to illuminate these questions. Next, we will collaboratively discuss appropriate research methodologies and develop a logic model and research plan to empirically answer the research questions generated. All meetings will be documented through regular meeting minutes. To maintain communication between meetings, documented minutes and future meeting agendas will be circulated among the group through email or phone updates.

**Decision Making:** To ensure that decisions represent the support of all partnership members despite potential disagreements we will use the 70% consensus technique<sup>21</sup> where a consensus is reached if all members can buy into a decision with at least 70% of their support.

**Establishing Norms:** To ensure that the CAB reflects the shared vision and values of the partnership, norming exercises<sup>21</sup> (attachment III) will be used whereby group members will be asked to brainstorm ideas to jointly develop a mission statement and operating norms. As the CAB matures to the stage of applying for external funding, a Memorandum of Agreement will be developed to outline the roles, responsibilities, and expectations for each participating member.

**Expected Outcomes:** Our anticipated outcomes include (1) Development of a CAB to guide future research activities (2) Identification and prioritization of disabled refugees' disability and health-related needs (3) Development of a research plan and logic model to empirically assess prioritized areas

**Evaluation of the Partnership:** The partnership process will be evaluated through semi-structured qualitative interviews with all members. Interviews will be conducted and analyzed by the Co-PIs and a community intern (a youth member of ██████████) who will be trained in basic qualitative research methods. By training the new generation of the organization's staff in the short term we hope to foster the organization's capacity for research in the long-term. We will seek IRB approval for conducting these interviews.

**Timeline:** The proposed activities will be carried out over 9 calendar months. We deem this timeline to be feasible for completion of the proposed activities within the available budget.

Month (M)	M1	M2	M3	M4	M5	M6	M7	M8	M9
Key Informant Meetings	X	X							
Attending cultural events and programs		X	X	X	X	X	X		
<b>Group Meetings</b>									
Meeting 1. Ice-breaking; Community Advisory Board founded			X						
Meeting 2. Mission Statement and Group Norms developed				X					
Meeting 3 + Key Informant Meetings. Identification & prioritization of needs	X	X			X				
Meeting 4. Force Field Analysis						X			

Meeting 5. Research Plan & Logic model developed							X		
Meeting 5/6. Discussion and selection of grant opportunities							X	X	
<b>Process Interviews with CAB members</b>								X	
Meeting 7. Evaluation data analyzed and reported to CAB; Grant Updates; Future Steps									X

**E. Future Plans and Sustainability**

**Research Grants.** Our long-term research goal is to develop culturally-specific and empirically-supported interventions for refugees with disabilities. We have identified two research pathways to realize this goal. The pathway selected will depend on fit with community-identified needs.

(1) We will apply for an ARCC implementation grant to collect pilot data in preparation for an NIH R21 grant on ‘Reducing Health Disparities among Minority and Underserved Children’ (PA-11-105) due in January 2014. This funding announcement emphasizes research proposals targeted at children with disabilities and children from refugee/immigrant communities.

(2) We will apply for a Merit fellowship grant through the National Institute on Disability and Rehabilitation Research (NIDRR) or a demonstration grant through the Office of Refugee Resettlement to collect pilot data in preparation for a 3-year NIDRR field-initiated grant focusing on culturally-appropriate vocational rehabilitation services. This agenda fits well with the funding priorities of the Office of Refugee Resettlement and also with NIDRR’s 5-year long-range plan.

**Partnership Sustainability.** Our plan is that the CAB will transition to a Research Advisory Group (RAG)<sup>19</sup> over the course of the funding period. The RAG’s focus will be on continued sustainability of the partnership and research activities to address community needs. To sustain member involvement after funding ceases without imposing unrealistic time constraints on members, we will propose that monthly meetings give way to quarterly meetings. Members will also be able to choose the extent of their involvement as ‘advisors’/‘supporters’ versus ‘research collaborators’.<sup>20</sup> The current academic members of the partnership are all committed to ongoing involvement in collaborative development of future grants and research opportunities. The academic Co-PI plans to stay in the Chicago-area after the completion of her fellowship term and will continue to be involved in the partnership, possibly extending it to involve other academic institutes.

To support the sustained involvement of community partners we will seek funding from the Chicago Community Trust Fund and/or the State Coordinator of Refugees to support RAG meetings. We will encourage RAG meetings to be jointly hosted on a rotational basis between [REDACTED], the [REDACTED], and a refugee agency such as the [REDACTED]. This will ensure sustained involvement of the three key stakeholder groups: the disability service community, refugees and the refugee service community, and the academic community. To further boost sustainability, we will continue to draw fresh energy and ideas into the partnership through ongoing recruitment of new members. [REDACTED] has already identified younger staff members interested in the project who can be folded into the partnership over time. [REDACTED] has also expressed interest in using information gained from this project to explore funding for the creation of a new full/part-time position specifically for outreach to new immigrant/refugee communities.

## CORE PARTNERS

██████████ (Co-PI). ██████████ has a background in Political Science and Community Development from ██████████ University and ██████████ University respectively. He has been involved as a community consultant and peer researcher in community-engaged research projects focusing on disability issues at ██████████ University and the University of ██████████. He has co-authored a peer-reviewed article in the *Journal of Vocational Rehabilitation* and a chapter in the influential book, *Race, culture, and disability: Rehabilitation science and practice*. Since 1988, he has worked as a community organizer and policy analyst at ██████████, a nationally-recognized ██████████ promoting the empowerment, independence, and community inclusion of Chicagoans with disabilities. ██████████ has five departments including one dedicated to outreach to underserved communities. This grant intends to inform and strengthen this department's foray into new immigrant/refugee communities. As the Employment and Immigration Policy Coordinator at ██████████, and as the former coordinator of the Immigrants with Disability Rights Project, ██████████ is the best representative from ██████████ to serve as Co-PI on this project.

██████████ (Co-PI). ██████████ is a Postdoctoral Fellow at Northwestern University's ██████████. She is an Occupational Therapist with a PhD in Disability Studies from the University of ██████████. ██████████ has been involved in research with people with disabilities in general, and with ██████████, in particular, since 2002. ██████████ has academic training and research experience in Community-Based Participatory Research. She has guest lectured on this topic and has also published CBPR articles in peer-reviewed journals such as *Disability & Rehabilitation* and *Disability & Society*. She recently completed a two-year ethnographic study with disabled Somali and Cambodian refugees living in Chicago for which she won numerous research and writing awards.

██████████ (Co-I). ██████████ is the Founding Director of the ██████████ at Northwestern University. Her vision is for ██████████ to host and support diverse interdisciplinary research projects addressing refugee issues. ██████████ will contribute the Center's infrastructural and informational resources and her anthropological skills to this project. In return, she hopes to build her own capacity for CBPR, a methodology that is new to her.

## SUPPORT PARTNERS

██████████ (Academic Consultant). ██████████ is a visiting Assistant Professor/Project Coordinator at ██████████. She has extensive experience doing research and outreach with refugee/immigrant communities in Boston and Chicago. She will support the Co-PIs by sharing her field contacts and providing strategic and conceptual guidance on group facilitation and grant-writing efforts.

██████████ (Academic Consultant). ██████████ is an Assistant Professor at Northwestern University's Department of ██████████. She is currently working on an ARCC implementation grant with a different department at ██████████ and targeting a different population. Owing to our shared interests in building ██████████'s capacity for research and action around disability-related social justice issues, ██████████ will support our project through consultations on social science methods and health disparities.



ARCC Seed Grant Application Budget Spreadsheet Form

BUDGET CATEGORY	SUPPORT REQUESTED				Total	SUPPORT IN-KIND	
	Community Co-PI Funds		Academic Co-PI Funds			Funding Source	Amount
	Pre-IRB	Post-IRB	Pre-IRB	Post-IRB			
<b>Personnel</b>							
Community Co-PI (████████)	\$ 2,500.00	\$ 1,500.00			\$ 4,000.00		
Academic Co-PI (████████)						National Institution for Disability and Rehabilitation Research	\$ 11,033.00
Academic Co-PI (████████)						Volunteer time	\$ 1,500.00
Staff Coordinator (████████)			\$450.00	\$450.00	\$ 900.00		
Youth Researcher/Community Intern (TBD)	\$ 100.00	\$ 550.00			\$ 650.00		
Academic Consultant (████████)			\$500.00	\$500.00	\$ 1,000.00		
Academic Consultant (████████)						Volunteer time	\$ 1,000.00
Data Entry							
<b>Sub-total: Personnel</b>	<b>\$ 2,600.00</b>	<b>\$ 2,050.00</b>	<b>\$ 950.00</b>	<b>\$ 950.00</b>	<b>\$ 6,550.00</b>		<b>\$ 13,533.00</b>
<b>Non-Personnel</b>							
Translator Fees			\$ 421.00	\$ 421.00	\$ 842.00		
Meetings	\$165.00	\$ 85.00			\$ 250.00		
Equipment							
Travel/Mileage			\$ 229.00	\$ 114.00	\$ 343.00		
Supplies	\$ 150.00				\$ 150.00		
Stipends for meeting attendance	\$ 775.00	\$ 450.00			\$ 1,225.00		
<b>Sub-total: Non-Personnel</b>	<b>\$ 1,625.00</b>		<b>\$ 1,185.00</b>		<b>\$ 2,810.00</b>		
<b>TOTAL DIRECT COSTS</b>	<b>\$ 6,275.00</b>		<b>\$ 3,085.00</b>		<b>\$ 9,360.00</b>		
<b>TOTAL INDIRECT COSTS</b>	<b>\$ 627.00</b>						
<b>TOTAL EXPENSES</b>					<b>Total Requested</b>	<b>Total In-Kind</b>	
	<b>\$ 6,902.00</b>		<b>\$ 3,085.00</b>		<b>\$ 9,987.00</b>		<b>\$ 13,533.00</b>

## Budget Justification

### A. Personnel

**A.1. Personnel Total** **\$6,550.00**

**A.2 Personnel (Community Co-PI Funds)** **\$4,650.00 (requested)**

**A.2.1. Community Co-PI Total** **\$4,000.00<sup>1</sup> (requested)**

██████████ will serve in the capacity of community Co-PI. ██████████ works full time at ██████████ as the Employment and Immigration Policy Coordinator. He will work on this project at a fixed stipend and will contribute 12.5% of his regular weekly effort which amounts to 5-7 hours per week. He will carry out the following activities: co-conducting 'key informant' interviews with the academic Co-PI, analyzing themes from 'key informant' interviews, attending community events (up to 1 event a month), co-facilitating monthly group meetings and post-meeting debriefing activities, analyzing the outcomes of group facilitation exercises and planning future strategies, conducting partnership evaluation interviews and analyzing results of the partnership evaluation.

**A.2.2. Community Intern/Youth Researcher** **\$650.00 (requested)**

We plan to hire a community intern/youth researcher to provide logistical support to the community Co-PI. This individual will be recruited from the cadre of youth volunteers/workers at ██████████. Discussions on the appropriate candidate are ongoing. The community intern/youth researcher will be paid at the rate of \$10 per hour which is the standard hourly rate for undergraduate student workers at local universities. This community intern/youth researcher will carry out the following activities: assisting the Co-PIs with developing meeting agendas and meeting minutes and making copies for the group meetings, assisting the community Co-PI with managing the community partner budget, assisting the academic Co-PI with the development of a semi-structured interview guide for evaluating the partnership, assisting the Co-PIs with scheduling and conducting evaluation interviews and transcribing interview notes, assisting with organizing results of the partnership evaluation.

**A.3 Personnel (Academic Co-PI Funds)** **\$13,533.00 (in-kind), \$1,900.00 (requested)**

**A.3.1 Academic Co-PI** **\$11,033.00 (in-kind)<sup>1</sup>**

██████████ will serve in the capacity of academic Co-PI. ██████████ is a Postdoctoral Fellow at the ██████████ where her position is funded by a National Institute for Disability and Rehabilitation Research post-doctoral Advanced Rehabilitation Research Training grant. Funding for her work on this project will therefore not come out of the ARCC seed grant budget. ██████████ will contribute 37.5% of her regular weekly effort to this grant which amounts to 15 hours per week. She will carry out the following activities: getting referrals for 'key informant' interviews, co-conducting 'key informant' interviews with the community Co-PI, transcribing notes from 'key informant' interviews and analyzing themes, attending community events (up to 2 events a month), organizing monthly group meetings, reviewing and disseminating meeting minutes and agendas, co-facilitating monthly group meetings and post-meeting debriefing activities, documenting outcomes of group facilitation exercises, training the community intern on conducting research interviews, conducting

---

<sup>1</sup> Stipend across 9 calendar months

evaluation interviews with partner members, analyzing and compiling results of the partnership evaluation, searching and summarizing grant opportunities for the Community Advisory Board.

**A.3.2. Academic Co-I \$1,500.00 (in-kind)**

██████████ will serve in the capacity of academic Co-I. ██████████ is the Founding Director of the ██████████ at Northwestern University. ██████████ will be volunteering her time for this project with her efforts valued approximately at 1% of her earnings at Northwestern University. Funding for her work on this project will therefore not come out of the ARCC seed grant budget. ██████████ will be involved in the following activities: providing guidance with IRB submissions, attending key group meetings and keeping abreast of remaining meetings through meeting minutes and email/phone correspondence with the Co-PIs, reviewing the results of group facilitation exercises, and providing conceptual feedback and technical guidance with research grant applications.

**A.3.3. Staff Coordinator \$900.00 (requested)**

██████████ is Research Fellow at the ██████████. ██████████ will contribute 60 hours to this project (at her regular salary rate of \$15/hour) as a staff coordinator. She will carry out the following activities: conducting literature and funding searches, helping with IRB development, helping with organizing group meetings and making reminder phone calls to partnership members, compiling and organizing meeting minutes and outcomes of group facilitation exercises for review by partner members.

**A.2.4. Academic Consultant \$1,000.00 (requested)**

██████████ is a Visiting Research Assistant Professor and Project Director at the ██████████ ██████████ at the University of ██████████. ██████████ will contribute to this project at a fixed stipend of \$1000. ██████████ will be involved in the following activities: providing referrals and contacts for refugee service organizations and refugee community leaders, developing a tiered list of potential partners with the two Co-PIs, attending all group meetings, bi-monthly debriefing with the two Co-PIs, reviewing the results of group facilitation exercises, and providing conceptual and technical guidance with research grant applications.

**A.2.4. Academic Consultant \$1,000.00 (in-kind)**

██████████ is an Assistant Professor in the Department of ██████████ at Northwestern University. ██████████ will be volunteering her time for this project with her efforts valued approximately at 1% of her earnings at Northwestern University. ██████████ will be involved in the following activities: providing consultation on social science research in the area of health disparities for people with disabilities through monthly phone meetings with the two Co-PIs and attending key group meetings.

## **B. Non- Personnel**

**B.1. Non-Personnel Total**                      **\$2,810.00**

**B.2. Non-Personnel (Community Co-PI Funds)**                      **\$1,625.00 (requested)**

**B.2.1. Meetings**                      **\$250.00 (requested)**

We plan to provide light snacks (cookies, fruit, and juice) at all group meetings. We plan 7 meetings with approximately 12 persons at each meeting. Budgeting \$250 to provide for snacks will give us approximately \$35 for each meeting which would be sufficient to cover light snacks for 12 attendees.

**B.2.2. Supplies**                      **\$150.00 (requested)**

We will need flip chart easel pads, permanent markers, and plastic dinnerware for group facilitation meetings. We request \$150 to cover these expenses.

**B.2.3. Stipends for refugee community partners to attend meetings** **\$1,225.00 (requested)**

We plan to offer stipends (\$25/meeting) so that refugee community leaders not affiliated with any specific organization are reimbursed for their attendance at group meetings. We anticipate an upper limit of 7 individuals at each meeting who might not be affiliated with any specific organization amounting to 49 persons across all 7 meetings.  $7 \text{ individuals} \times 7 \text{ meetings} \times 25 = 1225$ .

**B.3. Non-Personnel (Academic Co-PI Funds)**                      **\$1,185.00 (requested)**

**B.3.1. Translator Fees**                      **\$842.00 (requested)**

Language barriers constitute a major obstacle hindering new immigrant and refugee communities from participating in research. According to the US department of Labor Statistics, the median hourly rate for language translators is \$18.68. We anticipate needing 22.5 hours of translator services across meetings to be able to support one language other than English [(7 meetings @ 2 hours/meeting = 14 hours), evaluation interviews (1 hour-long interview), and time to translate interview questions and consent forms (7.5 hours)]. Since refugees come from diverse linguistic communities, we would like to support at least two languages other than English amounting to 45 hours of translator services  $\times 18.68/\text{hour} = \text{approx. } 842$ .

**B.3.2. Travel**                      **\$343.00 (requested)**

Transportation is another barrier hindering the participation of low and middle-income individuals in research. We plan to host our meetings initially at the community partner site and subsequently rotate meetings at one or more of the refugee agencies. Regardless of where we host the meetings we would like to cover the transportation costs of all attendees other than those with academic affiliations. We plan to cover these costs through one-day (unlimited rides) CTA passes and ADA paratransit services. We anticipate up to 8 people needing transportation assistance, of these we expect 6 will use fixed route CTA services and 2 will need ADA paratransit services (for people with more severe mobility impairments). Across 7 meetings, this amounts to 42 CTA passes and 14 paratransit roundtrip rides. We would therefore like to budget for 45 CTA bus passes at \$5.75 per pass [ $45 \times 5.75 = \text{approx. } 258.75$ ] and 14 paratransit round trips at \$6 per roundtrip [ $14 \times 6 = 84$ ].

**B.3. Indirect Costs (Community C-PI Funds)**                      **\$627.00 (requested)**

## Developing and Implementing a CBPR Partnership to Find Solutions to Physical Inactivity in Chicago's South Asian Community

### 1. Summary

Asian Indians and Pakistanis (South Asians) in the United States (U.S.) are at higher risk for coronary heart disease (CHD) and type 2 diabetes (DM) than most other racial/ethnic groups. Regular physical activity (PA) has been shown to prevent CHD and DM, yet there is little evidence of successful PA interventions for South Asians. In our recent survey of the South Asian community in Chicago's ██████████ neighborhood, we found very high levels of physical inactivity and overweight/obesity, especially among women. These individuals were mostly recent immigrants who described how the social, economic, and cultural context of immigration made it difficult to engage in healthy behaviors. In an effort to address these high rates of physical inactivity, ██████████ and Northwestern University are partnering to find solutions that will have relevance in this community's context.

This project will use a community-based participatory research (CBPR) approach to first understand how South Asian women conceptualize PA and its relationship to their health. From this understanding, we will develop a culturally appropriate PA intervention. The research will take place in Chicago's ██████████ and ██████████ neighborhoods; a densely populated residential area which encompasses ██████████, one of the largest South Asian business districts in the U.S. Specific aims are to: **1)** Use focus groups to understand the social, cultural, economic, and environmental factors that affect PA in South Asian women; **2)** Conduct 4 group exercise classes; **3)** Disseminate the results to the community, to providers, and to organizations that are developing PA interventions for South Asians or other immigrant populations; **4)** Use information learned to develop and evaluate a physical activity intervention for South Asian women. By the end of this process, we will also have developed a sustainable community-academic partnership aimed at helping Chicago's South Asians achieve better health.

## 2. Project description

### A. Specific Aims

Our specific aims for this CBPR implementation grant are to: **1)** Use focus groups to understand the social, cultural, economic, and environmental factors that affect PA in South Asian women; **2)** Conduct 4 group exercise classes for South Asian women that incorporate traditional Indian yoga and dance; **3)** Disseminate the results to the community, to providers, and to organizations that are developing PA interventions for South Asians or other immigrant populations; **4)** Use information learned to develop and evaluate a physical activity intervention for South Asian women. By choosing a CBR approach to developing a physical activity intervention for South Asian women, we believe that the research will be more “understandable, responsive and pertinent to South Asian women’s lives.”<sup>1</sup>

### B. Background and Significance

There is growing recognition that South Asian individuals are at higher risk for coronary heart disease (CHD) and diabetes (DM) compared to most other racial/ethnic groups in the U.S. Regular physical activity has been shown to prevent CHD and DM, yet there is little evidence of successful interventions for South Asians.<sup>2</sup> A recent national study found that individuals of South Asian-origin were the least physically active Asian American group.<sup>3</sup> Since South Asians have some of the lowest rates of PA participation when compared with other ethnic groups, it is important to understand the unique influences on PA for this population. The correlates of PA participation for South Asians are likely to be similar to the general population for demographic and psychological influences, though differences may be apparent when examining social, cultural, and environmental correlates.<sup>4</sup>

Chicago has the third largest South Asian population in the U.S.<sup>5</sup> Compared to the general South Asian population in Illinois, the South Asians in [REDACTED] neighborhoods are more recent immigrants. Data from Census 2000 shows that 20% of the South Asian households in the [REDACTED] and [REDACTED] census tracts are living below the federal poverty level, compared to 11% of households in Illinois. Much of the research on South Asian health in the US has been conducted in South Asian physicians; very few studies have specifically examined the health of lower income South Asians.

The proposed project targets South Asian women because in our recent survey in the [REDACTED] neighborhood of Chicago, we found that South Asian women were at highest risk for physical inactivity and overweight/obesity.<sup>6</sup> Seventy-five percent of women we surveyed said they wanted to be more physically active, and the most common types of physical activity reported by women were walking, stretching, and housework.

### C. Approach

**Focus groups:** We will use qualitative methods to understand South Asian immigrant women’s concepts about PA and the type of PA interventions that would be most relevant for them. We will conduct 8 focus groups, which will be stratified by age (18-39 or 40-65 years), current PA levels (currently exercising or not exercising), and preferred language (English or Hindi) since we

have previously found that these characteristics impacted attitudes about health.<sup>7</sup> Each focus group will have 8 participants and will be conducted by [REDACTED] (NU project coordinator) and [REDACTED] ([REDACTED] project coordinator). All focus groups will be held at [REDACTED] and will be audio-taped with participant consent.

Together, [REDACTED] and NU will develop a focus group question guide to facilitate the discussion. Based on the PA literature, some sample topic areas for the discussion will likely be: 1) definitions of PA; 2) current and past involvement in PA; 3) barriers/facilitators to PA; 4) perceived benefits from being physically active; 5) relationship between cultural identity and PA; 6) recommendations on PA interventions and resources for community.

[REDACTED] has agreed to oversee and conduct all aspects of participant recruitment for focus groups. Participants, 18 to 65 years, will be recruited via flyers distributed and posted in [REDACTED] community program sites and also through in-person community outreach. [REDACTED] has been working with [REDACTED] over the past 3 years to recruit individuals for interviews on heart disease and their recruitment methods have been successful. Focus groups participants will be reimbursed \$15/hour (anticipate 2 hours total).

Analysis: [REDACTED] has asked [REDACTED] to lead the focus group analysis because of her prior experience analyzing qualitative data. The coding guide will be developed by the [REDACTED] and NU team. Transcription and translation of the focus groups will be prepared verbatim by the NU and [REDACTED] project coordinators. Focus group text will be entered into NVivo, a software program that facilitates qualitative data analysis. [REDACTED] and NU project coordinators will work with [REDACTED] to code and analyze the interviews. Each of the transcripts will be independently coded by two coders. Transcripts will be analyzed using an iterative coding process with consensus and triangulation on thematic findings. The preliminary analysis and relevant quotes will be presented to our larger team, including [REDACTED] ([REDACTED]-Co-PI) and members of the community advisory board. This group discussion will allow us to further refine themes and develop consensus on which areas to focus on for future interventions.

Pilot exercise classes: Once women have participated in focus groups, we will offer them 4 free 50-minute exercise classes which will be held at [REDACTED]. We will also advertise the classes to other South Asian women through the [REDACTED] outreach workers and fliers. The exercise sessions will be designed using information from the focus groups, but at this time we anticipate that sessions will incorporate elements of yoga and traditional Indian dance (bhangra). The classes will be led by certified instructors. We will determine interest and uptake; we will also briefly interview women about their experiences in the classes. These classes respond to the [REDACTED]'s wish and CBPR principle to balance research with action. The classes will provide a community service in addition to providing pilot data for future grants.

Dissemination: We will be jointly responsible for disseminating results nationally and locally. Both project coordinators, with assistance from [REDACTED], will write a report on the process and outcomes of this project which will be available on the [REDACTED] website. [REDACTED] will also lead the team in preparation of a scientific manuscript. Dr. [REDACTED] and Ms. [REDACTED] will

continue to work with community-based organizations in Chicago and nationally who have helped them disseminate findings previously. Results of this project will be highlighted at [REDACTED]'s annual fundraiser where close to 800 community members are in attendance.

**Next steps for further research and external funding:** We plan to submit to the NHLBI for this RFA: *Nutrition and Physical Activity Research to Promote Cardiovascular and Pulmonary Health (R01) (PA-09-243)*. Data from this CBPR implementation project will be central to developing a strong NIH proposal because it will provide qualitative data on PA among South Asians, as well as evidence that we can engage the South Asian community in research. We will also pursue local funding since Mrs. [REDACTED] has well-established relationships with Illinois funders.

**D. Table 4 shows the timeline for the proposed grant**

Project Activities	Each interval is one month- total project period is 18 months																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Capacity and partnership building																		
Develop MOU	X																	
Form community advisory board	X																	
Research methods training for [REDACTED]		X					X											
Review of on-line CBPR curriculum	X			X		X			X		X		X					
Attend ARCC/CERC workshops			X					X				X						
Research-related activities																		
Submit IRB			X															
Develop focus group (FG) protocol		X	X															
Recruitment (n=64)				X	X	X	X											
Conduct FGs				X	X	X	X											
Transcribe FGs							X	X										
FG analysis								X	X	X	X							
Exercise classes														X				
Disseminate findings													X	X	X			
Prepare reports													X	X				
Prepare and submit R01 application														X	X	X	X	X



### 3. Collaborative Plans

Partnership description: This project will be led by Mrs. [REDACTED], Executive Director at [REDACTED] ([REDACTED]), and Dr. [REDACTED], a general internist and researcher, at Northwestern University (NU). [REDACTED] has been working with Dr. [REDACTED] for the past 3 years on a National Heart Lung and Blood Institute (NHLBI) study to develop culturally appropriate heart disease education materials for South Asian immigrants. Even though the heart disease study was initiated and run by Dr. [REDACTED], it has allowed both partners to develop trust, begin building a relationship, and involve [REDACTED] in the development of the education materials.

For this CBPR proposal, [REDACTED] led the identification of the research question and defined the goals of the project. This happened when Dr. [REDACTED] (Northwestern PI) received a \$50,000 seed grant from NU's Center for Healthcare Equity (CHE) for a project using mobile SMART phone technology to motivate and monitor physical activity in South Asian women. Dr. [REDACTED] approached [REDACTED] as a potential partner for this new project. It was at this time that Mrs. [REDACTED] suggested to Dr. [REDACTED] "step back from the technology. Consider much more basic, but important questions that could impact South Asian women's participation in exercise." For example, "How do these women, who are recent immigrants and lower-income, overcome the emotional exhaustion they experience in their day-to-day lives so they can engage in any kind of physical activity;" and "How does the family support or hinder women's participation in physical activity;" "Do women feel safe exercising outside?" Staff at [REDACTED] recognize that technology can be innovative, but not if it has no relevance in people's lives. Together, we have begun to look for resources to support this research, agreed on a research methodology, and have started to think about sustainability early in the process so we can incorporate it as a critical component into all aspects of this work.

Infrastructure: [REDACTED] is a not-for-profit, community based organization established in 1993. [REDACTED] provides comprehensive and integrated social services to immigrants from India, Pakistan, and Bangladesh. [REDACTED] has five locations, and this project will mainly be based at their Chicago location. The Chicago [REDACTED] location occupies approximately 15,000 sq ft space at [REDACTED] N [REDACTED] Ave Chicago, IL 60645. Currently, they are providing the following services: senior home care, hot lunch program, senior day care, immigration services, and a summer youth program. They recently started a depression screening project with the Coalition of Limited English Speaking Elderly (CLESE) to help identify and refer South Asian and Bosnian Immigrants with depression. [REDACTED]'s strong community presence, the trust that they engender, and their current outreach work, make them an outstanding partner for this project.

Dr. [REDACTED] and her staff are based at Northwestern University's Department of Medicine, Division of [REDACTED]. The four major research themes in [REDACTED] include: 1) Health Communication, 2) Quality Improvement and Patient Safety in Primary Care, 3) Reducing Disparities for Vulnerable Populations, and 4) Clinical Epidemiology. [REDACTED] has approximately 22,000 sq ft of space at [REDACTED], Chicago, IL. There are weekly conferences and

research seminars for faculty and fellows to present their work. Dr. Kandula will continue to have access to GIM resources and support for the successful completion of this project.

#### **Plans for capacity building and training**

Memorandum of understanding: At the outset of this project, we will develop a memorandum of understanding (MOU) that outlines the collaborative agreement guidelines for our project. The MOU will address the following area: 1) Roles and responsibilities of [REDACTED] and NU; 2) Communication plan; 3) Handling of disagreements 4) Data- ownership and sharing; 5) Authorship guidelines for reports and scientific papers; 6) Plans for dissemination of findings.

Community Advisory Board: We will also be forming a community advisory board which will be comprised of 4 community members who guide the development of the partnership and program. [REDACTED] will oversee the selection of the CAB with input from NU. The CAB will meet 3 times during the course of this project and asked to provide input on our MOU, research plan, interpretation of results, dissemination of results, and designs of interventions. Each CAB member will receive an honorarium.

Training in CBPR and responsible conduct of research: Dr. [REDACTED] has had some training in CBPR during her RWJ fellowship, at the NIH Office of Behavioral and Social Sciences Research course on "Behavioral Randomized Control Trials," and at ARCC's CBPR workshop "Involvement of All Partners in Interpretation of Findings and Moving from Data to Action." Dr. [REDACTED] is also graduated from the Community Leadership Program run by the Leadership Center for Asian Pacific Americans. Mrs. [REDACTED] and Ms. [REDACTED] do not have prior CBPR training. Mrs. [REDACTED] and Ms. [REDACTED] ([REDACTED] Project Coordinator) will attend 3 ARCC workshops in the 18-month timeline for this project. Dr. [REDACTED] and her team will attend ARCC workshops with [REDACTED] so that we can strengthen our partnership through formal co-learning. We will also utilize the on-line curriculum, "Developing and Sustaining Community-Based Participatory Research Partnerships: A Skill-Building Curriculum." The curriculum is available at: <http://www.cbprcurriculum.info/>. We will review and discuss 7 units over the first one year; the timing of the units will partly depend on the relevance of the unit content at each project stage. [REDACTED] project staff will also undergo training in the responsible conduct of research and any other certification required by the Northwestern University Institutional Review Board.

Research methods training: Dr. [REDACTED] has had extensive training and experience in qualitative methods and the use of focus groups. She will conduct a one hour session on the design and conduct of focus groups so [REDACTED] staff understands the process of the focus groups. Dr. [REDACTED] will also conduct a one-hour session on how transcripts are coded and analyzed since this will be a collaborative process. The first session will be conducted in month 2 of the project period and the second session in month 7.

How we will work together: During the first 4 months of the project, we anticipate that the NU project coordinator will meet with the [REDACTED] project coordinator on a weekly basis, in-person or by phone conference. For the next 14 months, they will meet bi-weekly. The entire team (both Co-PI's and coordinators) will meet together once a month at [REDACTED] for the first 13 months of the project and then bi-monthly.

ARCC Seed Grant Application Budget Spreadsheet Form

BUDGET CATEGORY	SUPPORT REQUESTED				Total	SUPPORT IN-KIND	
	Community Co-PI Funds		Academic Co-PI Funds			Funding Source	Amount
	Pre-IRB	Post-IRB	Pre-IRB	Post-IRB			
<b>Personnel</b>							
Community Co-PI	672	4,704			5,376		
Academic Co-PI						GIM	7,250
Project Coordinator	1,292	6,462	1,488	7,536	16,778		
Community Consultant							
Academic Consultant				1,200	1,200		
Data Entry							
<b>Sub-total: Personnel</b>	1,964	11,166	1,488	8,736	23,354		7,250
<b>Non-Personnel</b>							
Consultant Fees	300	1,280			1,580		
Meetings							
Equipment							
Travel/Mileage	11	154	22	262	449		
Supplies				325	325		
Research Subject Fees		2,240		0	2,240		
<b>Sub-total: Non-Personnel</b>		3,985		609	4,593		
<b>TOTAL DIRECT COSTS</b>		17,115		10,833	27,948		
<b>TOTAL INDIRECT COSTS</b>		1,711		0	1,711		7,250
<b>TOTAL EXPENSES</b>		18,826		10,833	29,659		7,250
			<b>Total Requested</b>			<b>Total In-Kind</b>	

## Developing and Implementing a CBPR Partnership to Find Solutions to Physical Inactivity in Chicago's South Asian Community

### Combined Budget Justification

**Overview** This project will use a community-based participatory research (CBPR) approach to first understand how South Asian women conceptualize PA and its relationship to their health. From this understanding, we will develop a culturally appropriate PA intervention. The research will take place in Chicago's [REDACTED] and [REDACTED] neighborhoods; a densely populated residential area which encompasses [REDACTED] Avenue, one of the largest South Asian business districts in the U.S. Specific aims are to: 1) Use focus groups (n=64) to understand the social, cultural, economic, and environmental factors that affect PA in South Asian women; 2) Conduct 4 group exercise classes; 3) Disseminate the results to the community, to providers, and to organizations that are developing PA interventions for South Asians or other immigrant populations; 4) Use information learned to develop and evaluate a physical activity intervention for South Asian women. By the end of this process, we will also have developed a sustainable community-academic partnership aimed at helping Chicago's South Asians achieve better health.

#### KEY PERSONNEL

[REDACTED], MD., MPH. (Principal Investigator) Dr. [REDACTED] is Assistant Professor of Medicine at Northwestern University's Feinberg School of Medicine (NUFSM) and also has appointments in the Institute for Health Services Research and the Center for Communication in Healthcare. She currently is supported by a National Health Lung and Blood Institute career development award (5K23HL084177-"Culture specific multimedia cardiovascular disease education for Asian Indians").

Dr. [REDACTED] will oversee day-to-day study operations throughout the entire 18-month study period. Dr. [REDACTED] and Mrs. [REDACTED] (community Co-PI) will work together to build a successful partnership and complete the proposed research-related activities. Dr. [REDACTED] will work closely with the [REDACTED] and NU Project Coordinators [REDACTED] and [REDACTED] to develop the focus group guide and conduct focus groups. Dr. [REDACTED] will also lead qualitative data interpretation and manuscript writing.

Dr. [REDACTED] has an appointment with Northwestern University (NU) and with the affiliated Northwestern Medical Faculty Foundation clinical practice plan (NMFF). The percentage of effort in this application represents NU effort on the proposed project in relation to professional effort encompassed by the dual NU and NMFF appointments. Dr. [REDACTED] will commit 2% effort to this study over an 18-month period. Her 2% effort will be in-kind.

[REDACTED] (Co-PI) is Executive Director of [REDACTED]. Mrs. [REDACTED] will be involved in developing the CBPR partnership, providing input on the focus groups, helping to analyze the findings, and disseminating the results to the South Asian community. Mrs. [REDACTED] will also be actively involved in the planning of the future R01, and she will take the lead on pursuing future funding

through local Illinois funders. Mrs. [REDACTED] will be leading the development of the Community Advisory Board.

Mrs. [REDACTED] will devote 2% effort over 18 months throughout the project period. We are requesting \$5376.00 to cover Mrs. [REDACTED]'s salary and fringe benefits over the 18-month period.

**NU Project Coordinator - [REDACTED], BDDS., M.P.H.** is a Project Coordinator in [REDACTED] at NU. Ms. [REDACTED] speaks Hindi, Urdu, and English fluently. She has worked with Dr. [REDACTED] over the past three years on the NHLBI-funded project, "Culture specific multimedia cardiovascular disease education for Asian Indians," where she conducted community outreach, recruitment, primary data collection, and also helped with data entry and management. For the current project, Ms. [REDACTED] will oversee development of data collection forms, monitor supplies, and oversee all day-to-day study activities. She will help with translation of materials, co-facilitate focus groups, and assist with focus group analysis. During the first 12 months, Ms. [REDACTED] will help coordinate capacity building activities with [REDACTED], IRB submissions, and will conduct 8 focus groups with the [REDACTED] program coordinator. She will troubleshoot problems as they arise, consulting where necessary with Dr. [REDACTED]. During the last 6-months, Ms. [REDACTED] will assist with transcription, analysis, an interpretation of focus groups. She will also attend all research related trainings with [REDACTED] staff.

Over the 18-month project period, Ms. [REDACTED] will devote 12.5% of her time to this project, and thus we are requesting a total of \$9024.00 to cover Ms. [REDACTED]'s effort. We are requesting \$5,951.00 for Year 1 and \$3,073.00 for the last 6 months.

**[REDACTED] Project Coordinator - [REDACTED]** is the program coordinator at [REDACTED] and has held this position since 2007. Ms. [REDACTED], who is a native of India, is fluent in several Indian languages. She oversees 3 main programs at [REDACTED]'s Chicago location: Adult Day Services, CCP In-home Services, and Nutrition. Ms. [REDACTED] has actively participated in various projects through the Coalition of Limited English Speakers (CLESE) such as the Alzheimer's, Depression, and Emergency Response system thru CLESE. Ms. [REDACTED] has a special interest in women's health education and has been working with South Asian women to provide education on heart disease, menopause, and breast cancer. For the past 3 years, she has worked with Dr. [REDACTED] and Ms. [REDACTED] to recruit and coordinate focus groups for Dr. [REDACTED]'s heart disease project.

As the community Project Coordinator for this CBPR implementation project, Ms. [REDACTED] will work closely with Ms. [REDACTED] in all aspects of research and capacity building. Specifically, she will participate in research and CBPR-related trainings, develop focus group discussion guide, assist with translation of materials, recruit participants, co-facilitate focus groups, and help with the transcription, analysis, and interpretation of focus groups. Ms. [REDACTED] will also coordinate the community exercise classes and disseminate information to community members.

Over the 18-month project period, Ms. [REDACTED] will devote 12.5% of her time to this project, and thus we are requesting a total of \$ 7,754.00 to cover Ms. [REDACTED] effort. We are requesting \$5,169.00 for Year 1 and \$2,585.00 for the final 6 months .

**Community outreach specialist-** TBN will receive \$10.00/hour for 8 hours of community outreach to increase awareness and participation in the pilot exercise classes. We are requesting \$80.00 to cover the community outreach specialist who will be based at [REDACTED].

**Fringe benefits.** Northwestern University (NU) has negotiated a fringe benefit rate per agreement with DHHS. Fringe benefits include a pension plan, social security, medical, dental, disability and life insurance plans, unemployment and workmen's compensation.

NU employee benefits have been calculated based on the following DHHS approved rates:

- 9/1/09 - 8/31/10 .... 24.50%
- 9/1/10 - 8/31/11 .... 25.30% (estimated)
- 9/1/11 - 8/31/12 .... 25.60% (estimated)

[REDACTED] Fringe benefits rate at [REDACTED] is 12.0%. Fringe benefits include a pension plan, social security, medical, dental, disability and life insurance plans, unemployment and workmen's compensation.

## TRAVEL

Funds are requested for two forms of travel in each year:

- NU Site travel: Travel funds are also requested each year to cover the cost of travel for Dr. [REDACTED] and Project Staff to travel to [REDACTED] and exercise classes.  
 $\$ 0.55 \text{ per mile} \times 8 \text{ trips} \times 10.19 \text{ miles (each way)} \times 2 = \$90$

2 trips to [REDACTED] Chicago for exercise classes:  $\$0.55 \text{ per mile} \times 10.19 \text{ miles each way} \times 2 \times 2 = \$44.84$

2 trips to exercise classes at [REDACTED] Carol Stream:  $\$0.55 \text{ per mile} \times 34 \text{ miles each way} \times 2 \times 2 = \$149.60$

- [REDACTED] site travel: Travel funds are also requested to cover the cost of travel for [REDACTED] staff to travel to NU and to exercise class locations. \$90.00 is requested for [REDACTED]'s staff travel related costs.  $\$ 0.55 \text{ per mile} \times 8 \text{ trips} \times 10.19 \text{ miles each way} \times 2 = \$90$

2 trips for Ms. [REDACTED] to exercise classes at [REDACTED] Carol Stream:  $\$0.55 \text{ per mile} \times 34 \text{ miles each way} \times 2 \times 2 = \$74.80$

### MATERIALS AND SUPPLIES

NU is requesting \$325.00 to cover materials and supplies related to conduct of focus groups and fliers for outreach. We will have to have demographic information sheets as well as fliers for focus group related activities and also advertisements for the exercise classes. [REDACTED] has requested that NU provide these materials.

### CONSULTANTS

**Academic consultant:** [REDACTED], PhD is Assistant Professor of Preventive Medicine at NU. Dr. [REDACTED] is a Kinesiologist whose research focuses on the mental and physical impact of exercise. She is particularly interested in investigating potential mechanisms underlying the exercise-depression relationship and the role of physical activity in chronic disease prevention. Dr. [REDACTED] has extensive training and experience in the assessment of physical activity and in the development and implementation of physical activity interventions. Dr. [REDACTED] currently holds a K07 award from NCI to examine the effects of exercise on pain, depression, and fatigue in breast cancer survivors. For this project, Dr. [REDACTED] will provide feedback on the focus group discussion guide, the interpretation of data from focus groups, and also input on future interventions and grant submissions.

NU is requesting \$1200.00 to pay Dr. [REDACTED] for 12 hours of consultation (\$100/hour) during the 18-month project period.

#### **Community consultants:**

**Yoga instructor-** We are requesting \$200.00 for the yoga instructor, who has previously worked with [REDACTED]. The instructor charges \$50 per hour session and we will pay him for 4 hours of consultation time, 2 hours of which will be instruction in the exercise classes.

**Bhangra instructor-** We are requesting \$400.00 for the certified bhangra instructor. This individual is TBN, however based on the class fees for bhangra instruction at other community centers the instructor will be paid \$100/hour for consultation and for conducting instruction as part of the exercise classes.

### OTHER EXPENSES

#### **Subject Reimbursement**

- Focus group: \$1,920.00 is requested to reimburse 64 focus group participants at \$30.00 per person.
- \$320.00 is requested to provide lunch to focus group participants (\$5 per person).

#### **Community Advisory Board**

The 4 members of the community advisory board will attend 3 meetings over the 18-month period to provide input on the MOU, focus group findings, dissemination, and future interventions. Each CAB member will receive \$75.00 (gift card) for attending each of the meetings as a way to thank them for their involvement and time. We are requesting \$900.00 to cover the honorarium for the CAB.

#### OTHER PROJECT OR MATCHING FUNDING

Dr. [REDACTED] (Northwestern PI) received a seed grant (\$50,000) from Northwestern University's Center for Healthcare Equity (CHE) for a pilot project using mobile SMART phone technology to motivate and monitor physical activity in South Asian women. This project will be conducted in collaboration with the Center for Embedded Network Sensing (CENS) at UCLA. Dr. [REDACTED] approached [REDACTED] as a potential partner for the SMART phone project; however [REDACTED] suggested that we conduct formative work on physical activity in the community as a first step since technology will not be a solution to many of the cultural, psychological, and social issues related to physical activity.

The ARCC funds do not overlap in any way with the grant from CHE. Most importantly, MAFS is not receiving any funding from the CHE project. The CHE grant is being used to provide salary support for the SMART phone programmer (UCLA), purchase SMART phones, provide salary support for a NU Project Coordinator to conduct focus groups about the usability and design of the SMART phones and applications, and provide reimbursement for focus group participants. The SMART phone focus groups will not address any of the fundamental questions about the social, cultural, and psychological context of physical activity for South Asian women. The CHE funds will also be used to conduct a small pilot project, with 20 women, to determine feasibility of using SMART phones to motivate and monitor physical activity.

We also plan to request \$5,000 through CERC to support a GIS component to our work so that we can determine neighborhood "walkability" and identify environmental factors in the [REDACTED] area neighborhoods that may impact future physical activity interventions.



Northwestern University  
Feinberg School of Medicine

Department of Preventive Medicine  
Suite 1400  
680 N. Lake Shore Drive  
Chicago, Illinois 60611-4402

Phone 312-908-7914  
Fax 312-908-9568



NORTHWESTERN  
UNIVERSITY

[REDACTED]  
Division of [REDACTED]  
Northwestern University  
Chicago, IL 60611

Dear [REDACTED],

I look forward to working with you on **Developing and Implementing a CBPR Partnership to Find Solutions to Physical Inactivity in Chicago's South Asian Community**. As the research from your career development award has shown, chronic disease that are related to physical inactivity are significant problems in Chicago's South Asian community. It has become increasingly clear that very few interventions are addressing the health needs of South Asians in the U.S., and that there are important social, cultural, and economic factors impacting the high prevalence of physical inactivity in this community.

As you know, my expertise includes assessment of physical activity and the development and implementation of physical activity interventions. I am specifically interested in the effect of exercise on symptoms of clinical depression and quality of life in various patient populations. As a consultant on this study, there are several areas in which my expertise can be of help to you. Specifically, I will work with you on: 1) developing focus group discussion guide; 2) interpretation of data from focus groups; 3) and providing input on future interventions and grant submissions. I am interested in your work because as we have discussed before, your prior research found that stress and depression were consistent themes for many South Asian immigrants and impacted their physical activity. It will be important to understand how future interventions can address the psychological barriers to physical activity for South Asian immigrants. I am hopeful that this opportunity will lead to continued collaborations.

Addressing physical inactivity remains a challenge for all communities. I am confident that your partnership and formative work with [REDACTED] will benefit the health of South Asians in Chicago.

Best,

[REDACTED], PhD

Assistant Professor

Department of [REDACTED]  
Feinberg School of Medicine

Northwestern University

680 N. Lake Shore Drive, Suite 1400

Chicago, IL 60611

Ph: [REDACTED]

Fax: [REDACTED]

[REDACTED]@northwestern.edu

The Joseph and Bessie Feinberg Foundation is endowed by Bernard, Louis, Reuben, and Samuel H. Feinberg  
The McGaw Medical Center of Northwestern University



February 22, 2010

**RE: Developing and Implementing a CBPR Partnership to Find  
Solutions to Physical Inactivity in Chicago's South Asian Community**

Dear [REDACTED],

I am very pleased that you are applying for an ARCC Seed Grant to support partnership building and research in the South Asian community. As your primary mentor for your career development award, I have been very impressed with your ability to develop community partnerships and develop a culturally targeted heart disease education program for the South Asian community.

I am completely committed to helping you complete the work that you have outlined in this proposal. As Division Chief of General Internal Medicine, I will ensure that you will continue to have the resources and protected time to be committed towards this research.

This project has important implications for chronic disease prevention in a population with extremely high rates of coronary artery disease and diabetes and for which prevention strategies have not been studied much. This seed grant will likely lead to future funding from the National Heart, Lung, and Blood Institute, which is very interested in developing community-based interventions that promote physical activity in minority communities. Once again, I give your application my strongest support and wish you success.

Sincerely,

A handwritten signature in black ink, which is mostly illegible due to blurring and the way it is written.

[REDACTED] MD MPH  
[REDACTED] of General Internal Medicine

#### 4. Brief description of proposed project leadership

■■■■ is a non-profit 501 (C) (3) organization started in 1993 by ■■■■■■■■■■ to provide comprehensive and integrated social services to South Asian immigrants. Ms. ■■■■■ is a lawyer by training, and after immigrating to the U.S. she observed many of the problems facing the South Asian immigrant community. She started ■■■■■ with her own funds, so that she could begin to address the needs of the South Asian community. In addition to its Chicago location, ■■■■■ now has 5 suburban locations where they provide senior day care and home care services. Ms. ■■■■■ has obtained significant funding from the Illinois and Chicago Departments on Aging and the Illinois Coalition for Immigrant and Refugee Rights. ■■■■■ also partners with the Coalition of Limited English Speaking Elderly (CLESE) to provide culturally appropriate services for elderly immigrants. For the past 10 years, ■■■■■ has conducted health promotion programs to educate and encourage South Asian families to live healthy lifestyles. This implementation grant will be central to capacity-building at ■■■■■ so they can use CBPR as a method to develop more effective health promotion programs, including programs that promote increased PA. In 2009, CLESE presented the Pillar of Service Award to Ms. ■■■■■.

After completing her primary care residency at New York University's Bellevue Hospital, ■■■■■■■■■■, MD, MPH, was a Robert Wood Johnson Foundation Clinical Scholar at the University of Chicago. Dr. ■■■■■ is an expert in Asian American health and health promotion for minority communities. She is a recipient of a Mentored Patient-Oriented Research Career Development Award (K23) from the National Heart, Lung, and Blood Institute to develop and evaluate culturally appropriate heart disease prevention for South Asians. Her publications appear in numerous peer-reviewed journals including the *American Journal of Public Health*, *American Journal of Preventive Medicine*, *Patient Education and Counseling*, and *Social Science and Medicine*. In addition to research, Dr. ■■■■■ has taken a leadership role in research and advocacy on Asian American health by serving as a National Advisory Committee Member for the Robert Wood Johnson Foundation's Local Funding partnerships Program and as a Board Member for the Asian Health Coalition of Illinois.

NU Project Coordinator - ■■■■■■■■■■, B.D.S., M.P.H. is Project Coordinator in GIM. Ms. ■■■■■ speaks Hindi and English fluently. She has worked with Dr. ■■■■■ and ■■■■■ over the past three years on the NHLBI-funded project, "Culture-specific, multimedia cardiovascular disease prevention for Asian Indians," where she oversaw the project and conducted community outreach, recruitment, and qualitative and quantitative data collection.

■■■■ Project Coordinator- ■■■■■■■■■■, M.S., has been employed by ■■■■■ since 1999. Currently, she is the program coordinator at ■■■■■ and oversees all the programs, but is mostly involved in three programs: Adult Day Services, CCP In-home Services, and Nutrition. She has already worked closely with Dr. ■■■■■ on the heart disease project. Ms. ■■■■■ is from India and migrated to U.S in 1998. She has always had a desire to educate and empower women in the community. Through her involvement in this CBPR partnership, Ms. ■■■■■ will participate in research-related training, capacity-building, and the design, conduct, and use of focus group data to develop physical activity intervention for South Asian women.

## References

1. Israel BA, Schulz AJ, Parker EA, Becker AB. Review of community-based research: assessing partnership approaches to improve public health. *Annu Rev Public Health*. 1998;19:173-202.
2. Sriskantharajah J, Kai J. Promoting physical activity among South Asian women with coronary heart disease and diabetes: what might help? *Fam Pract*. Feb 2007;24(1):71-76.
3. Ye J, Rust G, Baltrus P, Daniels E. Cardiovascular risk factors among Asian Americans: results from a National Health Survey. *Ann Epidemiol*. Oct 2009;19(10):718-723.
4. Bopp M, Lattimore D, Wilcox S, et al. Understanding physical activity participation in members of an African American church: a qualitative study. *Health Educ Res*. December 1, 2007 2007;22(6):815-826.
5. Rangaswamy P, Kalayil AL. *Making Data Count: South Asian Americans in the 2000 Census with Focus on Illinois*. Chicago, IL: South Asian American Policy and Research Institute (SAAPRI); Spring, 2005.
6. Kandula N, Tirodkar M, Khurana N, Lauderdale D, Makoul G, Baker D. Knowledge Gaps and Misconceptions about Coronary Heart Disease among South Asian Americans (In press, *American Journal of Preventive Medicine*); 2009.
7. Tirodkar MA, Baker DW, Makoul GT, Khurana N, Paracha MW, Kandula NR. Explanatory Models of Health and Disease Among South Asian Immigrants in Chicago. *J Immigr Minor Health*. Feb 4 2010.