REQUEST FOR PROPOSALS

The Network on Life Course Health Dynamics and Disparities in 21ˢᵗ Century America (NLCHDD), funded by the National Institute on Aging, invites interested researchers to submit pilot proposals that have the potential to increase understanding of how US adult health and mortality outcomes are shaped by multiple (e.g., state and local) contexts simultaneously.

RESEARCH FOCUS

Health and mortality among middle-aged and older adults differ markedly across geographic areas of the United States. Pilot projects funded by the NLCHDD in past years examined why these outcomes differ across state contexts **or** across local contexts. The current request for applications by NLCHDD seeks to fund pilot proposals that examine how multiple contexts **jointly** shape health and mortality of midlife and older adults. Examining multiple contexts is essential because it: 1) reflects the reality that people are embedded in multiple contexts, each having independent or synergistic effects on adult health and mortality, and 2) can identify appropriately targeted strategies and interventions. Proposals might examine, for example, how state policy contexts affect adult health in rural versus urban counties; or how the relative importance of different contexts for health changes across the life course and differs by gender, race/ethnicity, and SES. The NLCHDD intends to fund 2-3 proposals this year that examine how multiple geographic contexts shape health and mortality of midlife and older adults.

Contextual Data Resources That May Be Useful

- The NLCHDD website contains a [catalogue of contextual datasets](#).
- The Health and Retirement Study (HRS) has [linked historical census data and a Contextual Data Resource Series](#) to support research into the social, economic, and physical contexts of aging. These data are available via restricted user agreements.
- The National Longitudinal Study of Adolescent to Adult Health (Add Health) contains hundreds of contextual data files going back to the 1990s. The data are available via a [restricted user contract](#).
- The [Contextual Data Resource (CDR)](#) has variables at multiple geographic scales on local socioenvironmental conditions that can be linked to studies of aging.
- [The State Policy & Politics Database](#) has annual data on over 70 state policies that are relevant for population health.
- Additional linkable data can be accessed via the MiCDA [Geographic Linkage Repository](#).

THE NLCHDD

Now in its 11ᵗʰ year of operation, the NLCHDD is a research network funded by the National Institute on Aging that promotes population research to increase understanding of health dynamics and disparities in the United States. The network is led by Jennifer Ailshire (University of Southern California), Sarah Burgard (University of Michigan), Taylor Hargrove (University of North Carolina at Chapel Hill), and Jennifer Karas Montez (Syracuse University). Its members include emerging and established investigators, [listed here,](#) from universities around the country.

FORMAT OF PROPOSALS

Cover page with title and investigator's name and an abstract that clarifies the value of the research; NIH Face-Page (Form Page 1); PHS 398 Checklist; NIH biosketch for all key personnel; PHS 398 budget page and budget justification; and a 3-page proposal covering specific aims, significance, innovation, and research design/methods. Proposals using human subjects will need institutional IRB approval before funding is awarded. **Note: When calculating total requested budget, IDC amount is part of the total budget and should be included on the budget form on the line that says "Consortium/Contractual Costs – Facilities and Administrative Costs."** Investigators may request total (direct + indirect) costs in the range of $25,000 - $50,000, **with a limit of 8% on indirect costs (IDC)**. Funds can be used for research assistance, salaries, travel, data acquisition, etc. Principal Investigators must hold a PhD.

Additional Requirements:
- Proposals must be submitted to and approved by the Principal Investigator's office of sponsored research and be signed by an institutional official to be considered for review.
- PIs must be affiliated with a U.S. university.

Submit proposals as a single PDF file by **Friday, February 14, 2025**, to bakerdav@usc.edu.

TIMETABLE
- February 14, 2025: Proposals due to bakerdav@usc.edu.
- March 1, 2025: Notification of decisions and requests for IRB approvals.
- July 1, 2025: Estimated earliest start date (pending receipt of IRB approvals).
- June 30, 2026: Latest end date of pilot project.

SELECTION CRITERIA

Proposals will be evaluated for: 1) the quality of the proposed research; 2) contribution to the NLCHDD topic for the year; 3) likelihood that proposed work will result in K99/R00, K01, R03, or R01 funding within 2 years; 4) likelihood the research will result in important publications with insights into population health; and 5) credentials of investigators. Early stage and under-represented investigators are especially encouraged to apply.

EXPECTED OUTCOMES: Awardees are required: 1) to give an overview of their project's findings and participate in the NLCHDD annual meeting on the Saturday afternoon/evening and Sunday (May 9-10, 2026) after the Population Association of America meeting in St. Lous, MO; 2) to participate in future NLCHDD annual meetings and activities; and 3) to produce a written report upon completion of the project. Subsequent outcomes—such as grant funding and publications—must also be reported to the NLCHDD. All research resulting from the pilot must credit NIA grant **R24AG045061** and all resulting articles must be submitted to PubMed Central.

For more information about scientific issues, please contact:
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For questions about administrative and budget issues, contact: David Baker (bakerdav@usc.edu).