HEI RFA 23-1: RFA 23-1: ASSESSING HEALTH EFFECTS OF TRAFFIC-RELATED AIR POLLUTION IN A CHANGING URBAN TRANSPORTATION LANDSCAPE

This file includes answers to questions asked at the webinar held on February 2, 2023. We also posted the slides of the webinar. The recording of the webinar was only recorded for internal purposes. If you don't find an answer to your question here, you can consult our frequently asked questions page at https://www.healtheffects.org/faqs or email Dr. Hanna Boogaard at jboogaard@healtheffects.org for more information.

1 ELIGIBILITY, STUDY TEAMS AND REVIEW PROCESS

Are international applicants outside of North America eligible for this RFA?	Yes, international applicants are welcome to apply as long as they meet the principal investigator requirements and are at an eligible institution.
What is the definition of an eligible organization?	Lead organization must be an academic or independent, non-profit, free standing research institution.
For studies in low- and middle-income countries (LMIC), does the project have to be led from within the LMIC?	No, but the team should include as key members researchers from countries where the analysis is proposed.
Can the study be conducted in multiple countries?	Yes, but the team should include as key members researchers from countries where the analyses are proposed.
Is an institute from the US required for the application?	No, this is not a requirement.
For the PI, can I apply as a senior research associate working at university (not a faculty position)?	Yes, as long as you have a stable position at a university and have an advanced degree (PhD, MD, or equivalent).
Can a given entity be in more than one proposal?	Generally, if you have more than one idea, we encourage you to prepare one application for the idea you think is better. You may collaborate on multiple applications; if you are involved with more than one proposal it would be better to be on the study team than to lead. We do not make recommendations regarding specific research ideas.
Will studies in LMIC receive priority?	No, in reviewing proposals, we consider the relevance to the objectives of the RFA, scientific merit, experience, competence, and diversity of the research team, adequacy of facilities and reasonableness of the proposed budget.

Is there an advantage to having a big project? If the proposal is rated only on merit, a big project might score better.	No, one criterion is reasonableness given the budget and time.
Are letters of support from stakeholder groups allowed for the preliminary stage?	Yes, they are allowed but not required at the preliminary application stage.

2 BUDGET AND TIMELINE

What budget areas can the contract support (e.g., salary, equipment, travel...)?	These are all allowable budget categories. Full budgets are not required with preliminary applications. Please see forms F-4 and F-5 of the full application package for information on the allowable budget categories.
Is there a preferred budget range for the proposals submitted to this RFA?	Overall, a total of $5 million will be available for this RFA. HEI expects to fund a small number of studies (2 to 3 years in duration). No further guidance is given regarding the budget and the expected number of studies because the scope may differ, and costs depend on the country.
Can I use funds to buy equipment and is there a suggested high limit for costs associated with equipment?	Yes, equipment is an allowable category. There are no guidelines regarding the portion of the budget to allocate for each budget category. In general, the budget needs to include enough funding for each aspect of the proposed study so that the Research Committee can be confident that the work will be completed. Applicants should use their best judgment to allocate the budget across all aspects of the study.

3 SCOPE OF THE RFA

Would primary data collection and cohort study be ok for a proposal?	Yes, new data collection is considered within the scope.
Please can the proposal be a continuation (full scale) of a survey already conducted?	Yes, leveraging existing data is considered within the scope.
Are smaller studies, like a panel study, possible with biomarkers of effects, within the scope of the RFA?	Yes, inclusion of clinical and subclinical markers of disease to study the mechanistic pathways by which TRAP elicit adverse health outcomes will be considered responsive, such as pregnancy outcomes, lung function, blood pressure, and atherosclerosis.

Does this RFA mainly fund epidemiological studies (but not toxicological studies)?	Multiple epidemiologic study designs would be considered responsive, including cohort studies, case–cohort, case–control, accountability (intervention), cross-sectional studies and panel studies. Moreover, burden and health impact assessment studies are also welcome. Indeed, animal studies and in vitro studies are not considered responsive.
If the samples from tail pipe emissions are already collected, would the toxicological study be within the scope of the proposal?	It depends. A panel study looking at biomarkers of effect would be responsive. An animal study or in vitro study would not be considered responsive.
The objective focused on interventions might focus on the health benefits using existing epidemiology. Would such a proposal be seen as stronger if it included an epidemiology component?	Both such study designs would be responsive to the RFA.
A study of interventions focused on vehicle electrification would emphasize the health benefits of lost vehicle emissions, and potentially increased electricity generation emissions. Is that within scope?	Yes.
Would construction activity and emissions be an adequate focus for the RFA?	No, for intervention studies the RFA targets key measures to reduce TRAP and improve public health, as well as to assess the health benefits of measures designed to mitigate traffic or achieve other policy objectives.
Would a proposal that only has an exposure component be responsive to the RFA?	No, the proposal should include a health component.
How is long-term exposure defined in the RFA?	Long–term exposure is defined as a duration of months to years.
Are the health impacts defined as 2-3 years, since that is the duration of the funding?	No, the 2 to 3 years is the study duration.
Can you speak to the tension between long-term exposure, and the need for novel or improved exposure assessment methods to estimate current exposures?	We ask for long-term exposure and health studies, which should include current or more recent exposures (e.g., during the past 5 years) to reflect the changes in concentrations and composition of TRAP associated with the rapidly changing transportation landscape.