Health Services Research in Alzheimer's disease and Related Disorders (HSR-ADRD) Funding Program

PURPOSE

Through the Alzheimer's Association William and Sheila Konar Health Services Research Initiative, the Alzheimer's Association announces the Health Services Research in Alzheimer's disease and Related Disorders (HSR-ADRD) Funding Program aimed at advancing health services research that ensures high-quality, equitable, and person-centered dementia care across the healthcare continuum. This program is focused on actionable, equity-driven studies that incorporate the voices of individuals and communities impacted by dementia.

BACKGROUND

The detection and diagnosis of Alzheimer's disease and related dementias (AD/ADRD) are critical components of effective care and treatment. Yet, substantial disparities exist in timely and accurate diagnoses, disproportionately affecting minoritized populations. For example, socioeconomic status influences the likelihood of receiving a diagnosis and the quality of subsequent care. Evidence indicates that individuals from minoritized racial and ethnic groups, rural areas, and low-income settings face significant delays or misdiagnoses compared to their more privileged counterparts. At the individual level, cultural differences in the perception of dementia symptoms may delay care-seeking behaviors, while language barriers or mistrust in the healthcare system may further limit access to diagnostic services. At the community and health system levels, unequal access to advanced diagnostic technologies, insufficient provider training on culturally competent care and use of newly available biomarker-based diagnostic tools, and biases within healthcare delivery systems compound the challenges. These inequities exacerbate health disparities and diminish opportunities for early intervention, ultimately impacting long-term outcomes for individuals and their families.

Despite recent innovations, the field has yet to adequately investigate or address the complex interplay of multilevel factors driving disparities in dementia detection and diagnosis. Furthermore, existing research has predominantly focused on well-resourced populations, leaving significant gaps in understanding how these disparities manifest and persist across different groups. This lack of actionable data perpetuates inequities and restricts progress toward equitable care.

Moreover, funding mechanisms often focus on large-scale efficacy studies or advanced stages of care delivery, leaving critical early-phase research and pilot studies underfunded. As a result, innovative approaches to reducing disparities remain untested and underutilized. The Alzheimer's Association Health Services Research (AA-HSR) Program aims to address this gap by supporting research that builds scientific evidence on disparities in dementia detection and diagnosis and fosters innovative solutions to advance equitable care. By bridging this funding gap, the AA-HSR Program seeks to accelerate the development of sustainable, evidence-based practices that ensure timely and accurate diagnoses for all individuals, regardless of their background.

AREAS OF FOCUS

Areas of focus represent the high-priority research topics for which the Alzheimer's Association actively seeks proposals. While the outlined areas provide guidance, they are intentionally broad to encourage a diverse range of innovative research ideas. Researchers are encouraged to employ diverse methodologies and data types to build a

robust scientific foundation addressing these disparities, their impact, and potential solutions. The examples provided should not constrain applicants from pursuing their creative approaches that address challenges in this field.
Areas of interest include **but are not limited to:**

- Studies investigating how multilevel factors—such as individual, interpersonal, community, organizational, and public policy level factors—or the intersectionality of factors like age, race, ethnicity, sexual orientation, gender identity, geography, language, living alone and disability status contribute to disparities in detecting and diagnosing Alzheimer's disease and related dementias.
- Comparative studies analyzing care pathways within health systems for various subpopulations. These could include investigations into delays in diagnosis, misdiagnoses, or disparities in access to diagnostic services and technologies using data from claims, encounters, and/or electronic health records (EHR).
- Research focused on identifying effective, scalable, and sustainable practices or policies that promote equitable detection and diagnosis of dementia, including innovative payment and delivery models.
- Pilot testing of novel care and payment models aimed at reducing disparities in access, quality, and outcomes related to diagnostic tools and services, particularly for populations affected by socioeconomic, geographic, and healthcare coverage inequities.
- Implementation research exploring evidence-based interventions, care models, and technologies designed to improve the equitable detection and diagnosis of Alzheimer's disease and related dementias in diverse healthcare settings.
- Evaluation of strategies and care models that aim to mitigate disparities in access and accuracy of diagnostic approaches for Alzheimer's disease and related dementias.
- Community-driven research that meaningfully engages historically excluded populations in defining research questions, designing studies, and developing measures to better understand and address disparities in dementia detection and diagnosis.

Innovative approaches that develop or refine methodologies for studying these disparities, particularly those focused on underrepresented and underserved populations, are highly encouraged. Projects that integrate novel technologies, apply intersectional frameworks, or demonstrate potential for scalable and sustainable solutions are particularly well-aligned with this program's objectives.

GENERAL CONSIDERATIONS AND ELIGIBILITY

Applications will be accepted from researchers at all career levels, including postdoctoral fellows, instructors, assistant, associate, and full professors. Eligible applicants must be affiliated with academic institutions, government agencies, health plans or systems, or non-profit organizations. Applicants are required to hold a terminal degree (e.g., PhD, DrPH, MD, DO, or an equivalent doctoral-level credential) and possess documented expertise in health services research related to dementia, aging, or a closely associated field.

This program seeks proposals that utilize rigorous methodologies to address disparities in the detection and diagnosis of Alzheimer's disease (AD) and related dementias (ADRD). Studies may employ quantitative, qualitative, or mixed-methods approaches and must align with the program's focus on generating actionable findings that advance equity and improve outcomes in dementia care.

Eligible study designs include but are not limited to:

- **Observational studies** that analyze existing disparities and identify gaps in diagnostic practices.
- **Cross-sectional studies** that examine specific populations and care pathways at a single point in time to identify inequities.
- **Cohort studies** that track populations over time to evaluate disparities in access to diagnostic tools and services.
- **Pragmatic randomized controlled trials (RCTs)** that test interventions aimed at reducing disparities in real-world settings.
- **Implementation science studies** that explore the deployment of evidence-based interventions to address equity in dementia diagnosis and detection.
- **Longitudinal studies** that assess the long-term impact of targeted interventions or systemic changes on reducing diagnostic disparities.
- **Health economics studies** that evaluate cost-effectiveness and sustainability of innovative care and diagnostic models.
- **Technology integration studies** that explore the application of advanced tools such as artificial intelligence and telehealth in reducing diagnostic inequities.
- **Evaluation studies** that assess the effectiveness of policies, programs, and interventions designed to promote equity in AD and ADRD diagnosis.

Data sources may include:

- **Primary data** such as surveys, interviews, and focus groups designed to capture firsthand insights from diverse populations.
- **Secondary data** from large datasets, registries, electronic health records (EHR), and claims data, providing a robust foundation for analyzing disparities and evaluating interventions.

Proposals must explicitly outline the research question, study design, methodologies, and data sources. Each application should include a strong justification for the chosen approach and demonstrate how the study will generate meaningful insights into disparities in dementia detection and diagnosis.

Researchers who are delinquent in reporting on previous grants or have unresolved deliverables from prior awards are not eligible to apply. Additionally, adjunct faculty, current students, and individuals holding only temporary academic appointments are ineligible to serve as principal investigators but may participate as collaborators. For clarity on eligibility or if you are unsure of your status, please contact the Alzheimer’s Association grants team at grantsapp@alz.org.

This program is committed to advancing research that meaningfully addresses disparities and ensures that the voices and needs of diverse populations are central to all funded projects

Current members of the Association’s Medical and Scientific Advisory Group (MSAG) and the International Research Grant Program (IRGP) Council are ineligible to (a) compete for any research grant and (b) be included as co-investigator or to receive any financial benefit from an application. These individuals may be listed as key personnel/collaborator to an application and will be recused from participating in their peer-review.

Note: Alzheimer's Association grants are generally open to scientists and researchers across the globe; however, as a U.S.-based charity, the Alzheimer's Association is subject to, and complies with, U.S. law. As a result, the Alzheimer's Association cannot award, and will not award, grants in violation of applicable U.S. statutes and regulations. This means, among other things, that the Alzheimer's Association cannot, and will not, fund any individual or entity (i) that is subject to U.S. comprehensive or targeted sanctions or if awarding funding would result in a violation of such sanctions, (ii) that is on the U.S. List of Specially Designated Nationals or entities owned or controlled by such persons, or (iii) when doing so is otherwise prohibited by U.S. laws related to combating terrorism.

FUNDING AND AWARD PERIOD

This program provides funding of up to $250,000 (inclusive of direct and indirect costs) over a two-year period, with Year 1 funding capped at $137,500 and Year 2 funding capped at $112,500. Indirect costs, limited to 10% of total direct costs and must cover essential operational expenses. Ethical approvals, such as Institutional Review Board (IRB) certifications, are not required at the time of application but must be submitted prior to the project start date, which must fall within six months of the award notification. Investigators should plan accordingly, as institutional ethical reviews may require 90 days or more for completion. Grant terms may be extended without additional funding (no-cost extension) upon electronic request submitted at least 45 days before the grant expiration. Extensions typically range from six to twelve months and are limited to six months per year of the award duration (e.g., a two-year award may qualify for a single six-month extension). Applicants are encouraged to design projects that align with program objectives, are feasible within the funding limits and timeline, and provide a strong justification for resource allocation.

LETTER OF INTENT (LOI) AND APPLICATION SUBMISSION AND REVIEW PROCEDURES

All applicants must submit a Letter of Intent (LOI) through Proposal Central. Hard copies or email submissions will not be accepted. First-time users must register and complete a Professional Profile before submission. The LOI must be submitted by a single Principal Investigator (PI) and within the active grant cycle; late submissions will not be considered.

The LOI ensures applicant eligibility and alignment with program priorities while aiding in the review process. Applicants must provide essential details, including PI and institution information, project title, area of focus, and a brief project description (up to 1,000 characters) covering methodology, aims, innovation, and anticipated impact. ORCID ID and a signed institutional W9 or W8 form are required, along with a biosketch for the PI.

Budget details are not required at this stage.

LOI Evaluation Criteria

LOIs are reviewed by a panel of experts based on:

- The innovation and novelty of the proposed project, particularly in the context of the PI's recently funded work.
- Alignment with the Alzheimer's Association's research priorities and the program's objectives.

- The potential impact of the project in addressing knowledge gaps and advancing outcomes related to disparities in dementia detection and diagnosis.
- Evidence of methodological rigor in addressing the proposed research questions, including the inclusion of the lived experience and/or community perspective or voice in the project design and analysis.

Applicants will be notified via email if invited to submit a full proposal. Feedback on LOIs will not be provided.

Full Application Requirements

Once an LOI is approved, applicants will be invited to submit a full application through Proposal Central. Detailed instructions and templates will be available in the system. Submissions must be completed by the specified deadline, and late or incomplete applications will not be considered.

The full application must include the following sections:

1. **Engagement Plan (1-2 pages):** Detail how individuals with lived experience and/or communities will be involved in the research, including strategies for recruitment, compensation, training (if applicable), and their roles in planning, implementation, and dissemination.
2. **Problem Statement (1 page):** Clearly define the research problem, objectives, and significance of the study.
3. **Work Plan (5 pages):** Provide a detailed description of the study design, methodology, and analytical approaches.
4. **Available Resources and Budget Justification (2 pages):** Outline the resources required to complete the study and justify the requested budget.
5. **Biosketch (5 pages per key personnel):** Submit biosketches for the Principal Investigator (PI), Co-PIs, and key personnel following the NIH format or equivalent.
6. **Data Management and Sharing Plan (3 pages):** Detail plans for managing and sharing data, including any limitations. Use the NIH template if applicable.
7. **References (1 page):** List references in a style commonly used in your field.

Additional Submission Requirements:

- A signed W9 form for U.S.-based entities or a W8 form for non-U.S. entities must be included.
- All applications must be submitted by the same PI listed on the approved LOI. Applications submitted on behalf of another applicant will be rejected.
- Proofread applications carefully; changes or additional materials will not be accepted after submission.

Evaluation Criteria:

Applications will be reviewed on:

- **Action-Oriented Research**: The study must aim to generate actionable findings with a clear pathway to application in dementia care practices or policy.
- **Equity and Representation**: Research must actively engage diverse populations, ensuring underrepresented groups are meaningfully included, with their needs reflected in the study design and outcomes.
- **Person-Centered Research**: The voices, needs, and values of individuals and care partners must inform all phases of the research.
- **Multiperspective Collaboration**: Proposals must demonstrate collaboration between at least two stakeholder groups within the dementia care ecosystem.

Applicants are responsible for ensuring submissions are complete, adhere to all requirements, and are submitted before the deadline.

For questions, contact grantsapp@alz.org.

DATA ACCESS CONFIRMATION

Applicants must specify whether their proposed research will utilize primary or secondary data and confirm their access or readiness to secure these data:

- Primary Data: Applicants must outline their data collection plans, including the study design, target population, and recruitment strategy. Feasibility must be demonstrated with supporting documentation, such as Institutional Review Board (IRB) approval (if already obtained) or a timeline for securing approval.
- Secondary Data: Applicants must provide evidence of data access, such as a letter of support from the data custodian, confirmation of a data use agreement, or an explanation of their role in an ongoing study involving the dataset.

Clear documentation is essential to ensure that data access aligns with the proposed research timeline and objectives.

DEADLINE AND AWARD DATES:

Date	Activity
January 9, 2025	Letter of Intent Launch
February 26, 2025	LOI submission deadline
March 19, 2025	Full proposal invitations
April 23, 2025	Application submission Deadline
May-June 2025	Application Review
July 15, 2025	Award Notification

The Letter of Intent and application must be submitted by 5:00 PM Eastern Time on the respective deadlines. Late submissions, hard copies, or email submissions will not be accepted

BUDGET INFORMATION

Applicants must submit a budget summary (max 2 pages) with their application. A detailed budget will be required and approved before fund disbursement for awarded projects. The total budget, including direct and indirect costs, must not exceed $250,000 for up to two years, with indirect costs capped at 10% of total direct costs.

Allowable Costs:

- Research supplies and small laboratory equipment (purchases over $10,000 require prior approval).
- Software strictly for data collection and analysis.
- Salaries for PIs, scientific, and technical staff.
- Open access publication fees and membership to ISTAART.
- Travel to scientific meetings: A total of $12,500 over a two year period may be requested for travel purposes and is not to exceed $7,000 in any given year.

Non-Allowable Costs:

- Standard computer hardware/software (e.g., Microsoft Office).

- Major equipment (e.g., freezers, ultracentrifuges).
- Construction, tuition, or office space rent.
- General liability insurance, wire fees, or indirect compensation for Alzheimer's Association staff or council members.
- Visa costs and fees
- Expenses such as Data Network Recharges and Computing and communication device support services. However, data sharing and/or data storage for imaging, sequencing and other study data is allowed.
- We reserve the right to decline any charge that is an institutional feed and/or service charge.

Funds must primarily support direct research costs.

For More Information, contact: grantsapp@alz.org.

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