UAMS

Winthrop P. Rockefeller Cancer Institute

Winthrop P. Rockefeller Cancer Institute Rural Research Award Program
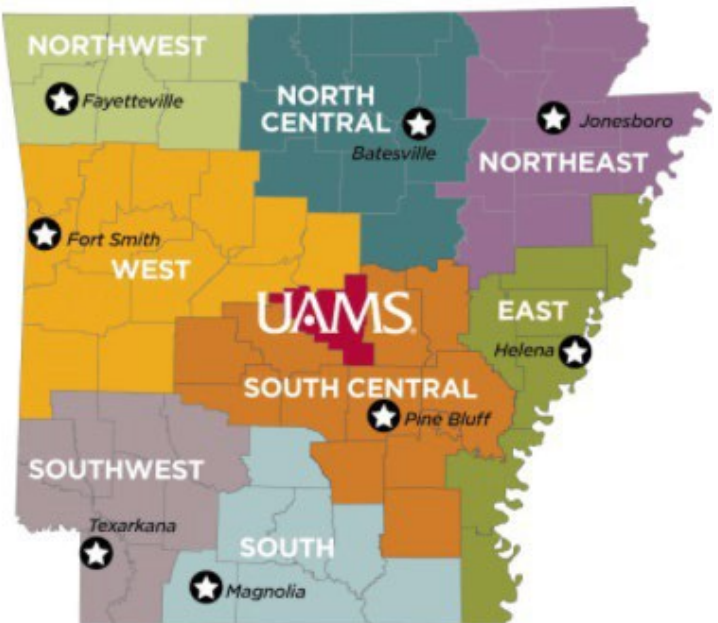
Request for Applications 2024

Full Applications Due: 4:00pm, Monday, April 15, 2024

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

UAMS Rural Research Network

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

The Network is a response to the stark health disparities for rural populations. Forty-one percent of Arkansans live in rural areas compared to just 14% for the United States. The problems of poverty and health care inequity are particularly concentrated in rural, minority populations. Rural Americans are more likely to die from heart disease, cancer, unintentional injuries, chronic lower respiratory disease and stroke than urban Americans. Better systems for both healthcare treatment and access to research have the potential to make a positive impact in the lives of rural Arkansans. The Rural Research Network provides a platform to expand research participation opportunities to rural residents who receive their medical care within the UAMS Regional Campuses, many of whom are older adults and/or from underrepresented minority populations.

More information about the Rural Research Network, including a list of network sites and their resources as well as a demographic snapshot of each site, is available in the attached appendix. Applicants are encouraged to budget for the use of the Rural Research Network's support staff to assist with research coordinator services such as participant recruitment, screening for eligibility, consent, data collection including administration of survey instruments and collection of biometrics such as HbA1c, BMI, and blood pressure, and day-to-day operations of the research projects including scheduling and appointment reminder calls.

Informational Session Tuesday, March 5th, 2024

An informational session will be held at 11:00 a.m. on Tuesday, March 5, 2024, in the Betsy Blass conference room (CI 10014) to provide interested applicants with specific information on this opportunity's focus, application process, population within Regional Programs and the Network. Program staff will provide additional information during the webinar to help identify the resources needed and the ideal site(s) for your project. Please register for the webinar using the Information Session Registration Link. Those interested are asked to attend in person, if possible, but a zoom link will be available as well. Those who cannot attend but are interested in receiving updates and notifications about the RFA are encouraged to register. The webinar will be recorded and made available on our website.

2024 Award Information

Eligibility: Applicants must be UAMS faculty members with a rank of Assistant Professor or above. Priority will be given to research teams with Winthrop P. Rockefeller Cancer Institute members. Winthrop P. Rockefeller Cancer Institute membership is open to UAMS faculty who are actively conducting cancer research. To learn more about Winthrop P. Rockefeller Cancer Institute membership or to apply, visit the membership page.

Award: A maximum budget of $100,000 will be awarded. Funding is for an 18-month project period, with a start date between September 1, 2024 and November 1, 2024, depending on regulatory approval.

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

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

Required Consultations: Projects selected for funding are required to attend a biostatistical consultation with either the Cancer Institute's Biostatistics shared resource group or TRI's Biostatistics, Epidemiology and Research Design (BERD) group. Program staff will help you determine which group will best fit your project's needs. Other consultations may also be required depending on the nature of the project and as determined by program leadership.

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

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

Required Budget Review: All applicants must submit their proposed budget via email to Nia Indelicato by April 1, 2024 for administrative review. Program leadership will review each proposed budget to identify any issues and communicate with each PI regarding any needed adjustments prior to application submission.

Institutional Requirements for Awardees

Required Pre-Reviews and Approvals:

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

Projects selected for funding are required to submit for DOC approval by July 15, 2024, and expected to submit for either the September or October 2024 PRMC meetings. Nia Indelicato will help each invited applicant begin their pre-review and approval process.

Regulatory Approvals: Projects selected for funding must be submitted to the relevant research regulatory body (e.g. IRB) for approval by July 15, 2024, and must receive full approval, if applicable, by October 1, 2024. **Projects exempt from IRB submission must provide an official letter from the IRB stating that the proposed research has been determined as non-human subject research**. Submission of a determination request does not constitute proof of IRB submission. Invited applicants are encouraged to enter their project in CLARA (or submit for an official determination for non-human subject research) as soon as possible.

Full Application Instructions

All components detailed below are required. This funding mechanism is modeled after the NIH R03 mechanism. Proposals should be typed and single spaced with 0.5-inch margins. Arial font should be used with a minimum font size of 11p. A minimum font size of 9p can be used in Figure and Table legends. The final submitted full application should be a single PDF document with all required components identified through subheadings.

Full Application Content:

1. Cover page to include the following ([download here](#)) (1 page):
   a. Title of project
   b. Principal Investigator's name, department and contact information
   c. Co-investigator's name, department and contact information
2. Overview page (1 page) to include the following:
   a. Project summary (30 lines maximum)
   b. Project narrative (3 sentences maximum)
3. Specific aims (1 page)
4. Research strategy (3 pages). The following sections are required:
   a. Significance
   b. Innovation
   c. Approach, and
   d. Plan for Extramural Funding and Publication
   e. A section on preliminary studies (if relevant)
5. References cited (1 page)
6. Detailed budget form ([download here](#)) (1 page)
   a. Please be sure to adjust your budget form to reflect an 18-month timeframe in column L
7. Budget justification ([download here](#)) (no page limit)
8. Facilities and other resources (no page limit)
9. Equipment (no page limit)
10. NIH Biosketch of PI(s) and Co-I(s) (5 page maximum).
11. Letters of Support (no page limit). A letter of support from your Division or Department chair is required. Additional letters of support may be submitted with the application if appropriate to confirm support for the proposed work.

Submitting your Full Application: Applications should be submitted electronically as a single PDF using the REDCap form, no later than 4:00 pm on Monday, April 15, 2024. Please contact Nia Indelicato (nlindelicato@uams.edu) if you have any questions related to this funding mechanism or the application portal.

Full Proposal Administrative Review: Applications will first undergo an administrative review by RRAP staff. Applications that do not include all required components will not be considered, and the PI will be notified.

Full Proposal Scientific Review: Applications that pass the administrative review will then undergo scientific review. These scientific reviews will be passed along to the RRAP Advisory Team.

Full Proposal Final Review: The RRAP Advisory Team will consider the scientific review along with feasibility, potential for impact and potential for the project to result in a competitive NCI/NIH R01 grant application. The RRAP Advisory Team will rank the proposals and make recommendations to the Winthrop P. Rockefeller Cancer Institute Director for final selection.

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

Overall Timeline for 2024 Rural Research Award Program Award Process

Informational Webinar	March 5, 11:00 a.m.
Full Applications Due	April 15, 4:00 pm
Awardees Announced	June 14
Regulatory and Doc Submission	July 15
DOC Approval and PRMC Submission	August 21
Planned PRMC Meeting	September 4 or October 2
Project Start Date	Between September 1 and November 1, 2024

WINTHROP P. ROCKEFELLER CANCER INSTITUTE RURAL RESEARCH AWARD APPENDIX

UAMS Rural Research Network Information

Rural Research Network Study Sites

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

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

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

For additional information about regional programs, go to the REP 2021-2022 Annual Report. The latest report from the Arkansas Central Cancer Registry, highlighting the differences in incidence and mortality between rural and urban areas, is available here. Additionally, queries can be run using the Arkansas Central Cancer Registry's most updated data here; select "Urban/Rural" on the "Geography" tab.

If using the Rural Research Network, please consider each site for the best fit for your study. Research coordinators with data collection and enrollment experience are physically located within 5 of the 8 study sites. Recruitment is underway to expand research support to all sites.

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

Regional Programs BoilerPlate Information (1-1-2022 to 12-31-2022)

Variable	Magnolia	Texarkana	Pine Bluff	Fayetteville	Fort Smith	Jonesboro	Batesville	Helena	Total
Total Distinct Patients, N(%)	2599 (6.1)	7127 (18.7)	6982 (15.0)	5836 (10.3)	8131 (18.5)	5786 (13.6)	3188 (11.1)	759 (1.9)	40342
Total Patient Visits	8985 (6.1)	27685 (18.7)	22131 (15.0)	15203 (10.3)	27389 (18.5)	20073 (13.6)	16488 (11.1)	2830 (1.9)	140784
Age (years), Mean (SD)	45	46	51	44	32	39	54	46	
Age Ranges, N(%)									
Under 12	961 (10.7)	2074 (7.5)	647 (2.9)	1028 (6.8)	6435 (23.5)	2810 (14.0)	728 (4.4)	193 (6.8)	14876 (10.6)
12-17	349 (3.9)	2372 (8.6)	738 (3.3)	1296 (8.5)	3425 (12.5)	1412 (7.0)	699 (4.2)	150 (5.3)	10441 (7.4)
18-24	635 (7.1)	1937 (7.0)	1287 (5.8)	1783 (11.7)	2707 (9.9)	1710 (8.5)	862 (5.2)	164 (5.8)	11085 (7.9)
25-34	1040 (11.6)	2051 (7.4)	2319 (10.5)	2052 (13.5)	3216 (11.7)	2794 (13.9)	1275 (7.7)	306 (10.8)	15053 (10.7)
35-44	1005 (11.2)	2828 (10.2)	2892 (13.1)	1675 (11.0)	2703 (9.9)	2451 (12.2)	1660 (10.1)	414 (14.6)	15628 (11.1)
45-54	1223 (13.6)	3959 (14.3)	3153 (14.2)	1712 (11.3)	2515 (9.2)	2516 (12.5)	2080 (12.6)	460 (16.3)	17618 (12.5)
55-64	1590 (17.7)	5380 (19.4)	4416 (20.0)	1861 (12.2)	2636 (9.6)	2919 (14.5)	2704 (16.4)	501 (17.7)	22007 (15.6)
65-74	1413 (15.7)	4656 (16.8)	3698 (16.7)	2072 (13.6)	2262 (8.3)	2261 (11.3)	3139 (19.0)	456 (16.1)	19957 (14.2)
75+	769 (8.6)	2428 (8.8)	2981 (13.5)	1724 (11.3)	1490 (5.4)	1200 (6.0)	3341 (20.3)	186 (6.6)	14119 (10.0)
Gender, N (%)									
Female	1527 (55.7)	4102 (54.8)	4304 (57.9)	3186 (51.3)	4547 (53.5)	3421 (57.3)	1901 (57.3)	465 (58.3)	23453 (58.0)
Male	1072 (39.1)	3025 (40.4)	2678 (36.0)	2649 (42.7)	3584 (42.1)	2364 (39.6)	1286 (38.8)	294 (36.8)	16952 (42.0)
Missing	1 (0.0)	0 (0.0)	0 (0.0)	1 (0.0)	0 (0.0)	1 (0.0)	1 (0.0)	0 (0.0)	4 (0.0)
Race, N(%)									
NULL	29 (1.1)	5 (0.1)	7 (0.1)	73 (1.2)	0 (0.0)	7 (0.1)	9 (0.3)	0 (0.0)	130 (0.3)
AMERICAN INDIAN OR ALASKAN NATIVE	9 (0.3)	23 (0.3)	21 (0.3)	48 (0.8)	76 (0.9)	15 (0.3)	6 (0.2)	1 (0.1)	199 (0.5)
ASIAN	34 (1.3)	22 (0.3)	76 (1.0)	110 (1.8)	118 (1.4)	53 (0.9)	23 (0.7)	10 (1.3)	446 (1.1)
BLACK OR AFRICAN AMERICAN	1671 (61.6)	3122 (41.7)	5164 (69.6)	445 (7.3)	889 (10.5)	1860 (31.2)	70 (2.1)	439 (55.0)	13660 (33.8)
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	0 (0.0)	2 (0.0)	1 (0.0)	182 (3.0)	15 (0.2)	6 (0.1)	3 (0.1)	0 (0.0)	209 (0.5)
OTHER	95 (3.5)	450 (6.0)	150 (2.0)	353 (5.8)	2087 (24.5)	433 (7.3)	123 (3.7)	7 (0.9)	3698 (9.2)
UNKNOWN (FOR USE IF PATIENT REFUSES OR FAILS TO	32 (1.2)	44 (0.6)	60 (0.8)	273 (4.5)	243 (2.9)	51 (0.9)	103 (3.1)	5 (0.6)	811 (2.0)
WHITE	729 (26.9)	3459 (46.2)	1503 (20.3)	4352 (71.0)	4703 (55.3)	3361 (56.3)	2851 (86.2)	297 (37.2)	21255 (52.6)
Ethnicity, N(%)									
ETHNICITY									
NULL	32 (1.2)	4 (0.1)	8 (0.1)	74 (1.2)	2 (0.0)	8 (0.1)	9 (0.3)	0 (0.0)	137 (0.3)
African (Continental)	1 (0.0)	1 (0.0)	4 (0.1)	1 (0.0)	1 (0.0)	1 (0.0)	3 (0.1)	0 (0.0)	12 (0.0)
African American	75 (2.8)	100 (1.3)	90 (1.2)	108 (1.8)	38 (0.4)	56 (0.9)	6 (0.2)	8 (1.0)	481 (1.2)
Alaska Indian	7 (0.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.0)	2 (0.1)	0 (0.0)	10 (0.0)
American Indian	0 (0.0)	13 (0.2)	4 (0.1)	10 (0.2)	38 (0.4)	7 (0.1)	0 (0.0)	0 (0.0)	72 (0.2)
American Indian or Alaska Native: Not Specified/Unkno	0 (0.0)	3 (0.0)	3 (0.0)	5 (0.1)	11 (0.1)	2 (0.0)	0 (0.0)	0 (0.0)	24 (0.1)
American Indian or Alaska Native: Other	0 (0.0)	2 (0.0)	1 (0.0)	1 (0.0)	8 (0.1)	2 (0.0)	1 (0.0)	0 (0.0)	15 (0.0)
Arab or Middle Eastern	3 (0.1)	2 (0.0)	5 (0.1)	9 (0.1)	9 (0.1)	10 (0.2)	0 (0.0)	0 (0.0)	38 (0.1)
Asian Indian/Indian Sub-Continent	6 (0.2)	3 (0.0)	18 (0.3)	18 (0.3)	25 (0.3)	15 (0.3)	8 (0.2)	2 (0.3)	95 (0.2)
Asian: Not Specified/Unknown	14 (0.5)	3 (0.0)	12 (0.2)	21 (0.3)	38 (0.4)	15 (0.3)	7 (0.2)	0 (0.0)	110 (0.3)
Asian: Other	14 (0.5)	15 (0.2)	26 (0.4)	25 (0.4)	52 (0.6)	11 (0.2)	8 (0.2)	1 (0.1)	152 (0.4)
Black or African American: Not Specified/Unknown	334 (12.3)	838 (11.2)	648 (8.7)	110 (1.8)	303 (3.6)	643 (10.8)	25 (0.8)	77 (9.6)	2978 (7.4)
Black or African American: Other	125 (4.6)	390 (5.2)	544 (7.3)	26 (0.4)	178 (2.1)	251 (4.2)	18 (0.5)	33 (4.1)	1565 (3.9)
Chinese	0 (0.0)	0 (0.0)	0 (0.0)	3 (0.0)	1 (0.0)	2 (0.0)	0 (0.0)	0 (0.0)	6 (0.0)
Cuban	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.0)	0 (0.0)	1 (0.0)
Eskimo	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.0)	1 (0.0)	0 (0.0)	2 (0.0)

European Descent	1 (0.0)	2 (0.0)	3 (0.0)	17 (0.3)	4 (0.0)	5 (0.1)	3 (0.1)	1 (0.1)	36 (0.1)
Filipino	0 (0.0)	3 (0.0)	2 (0.0)	0 (0.0)	3 (0.0)	0 (0.0)	2 (0.1)	0 (0.0)	10 (0.0)
Haitian	0 (0.0)	0 (0.0)	1 (0.0)	0 (0.0)	1 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (0.0)
Hispanic or Latino	53 (2.0)	275 (3.7)	45 (0.6)	751 (12.3)	2351 (27.6)	365 (6.1)	121 (3.7)	3 (0.4)	3964 (9.8)
Hispanic/Latino: Not Specified/Unknown	3 (0.1)	13 (0.2)	0 (0.0)	5 (0.1)	51 (0.6)	10 (0.2)	10 (0.3)	0 (0.0)	92 (0.2)
Hispanic/Latino: Other	2 (0.1)	13 (0.2)	0 (0.0)	7 (0.1)	46 (0.5)	11 (0.2)	7 (0.2)	0 (0.0)	86 (0.2)
Japanese	0 (0.0)	1 (0.0)	1 (0.0)	2 (0.0)	0 (0.0)	2 (0.0)	0 (0.0)	0 (0.0)	6 (0.0)
Korean	0 (0.0)	0 (0.0)	1 (0.0)	0 (0.0)	0 (0.0)	1 (0.0)	0 (0.0)	0 (0.0)	2 (0.0)
Mexican	0 (0.0)	3 (0.0)	1 (0.0)	5 (0.1)	18 (0.2)	7 (0.1)	2 (0.1)	0 (0.0)	36 (0.1)
Native Hawaiian	0 (0.0)	1 (0.0)		1 (0.0)	1 (0.0)	0 (0.0)	1 (0.0)	0 (0.0)	4 (0.0)
Native Hawaiian or Other Pacific Islander: Not Specified	0 (0.0)	1 (0.0)	2 (0.0)	21 (0.3)	3 (0.0)	1 (0.0)	1 (0.0)	0 (0.0)	29 (0.1)
Native Hawaiian or Other Pacific Islander: Other	0 (0.0)	1 (0.0)		96 (1.6)	3 (0.0)	1 (0.0)		0 (0.0)	101 (0.2)
Non-Hispanic or Latino	1635 (60.3)	3979 (53.2)	5224 (70.4)	3020 (49.3)	2323 (27.3)	3053 (51.2)	1254 (37.9)	542 (67.9)	21030 (52.0)
North African (Non-Black)	0 (0.0)	2 (0.0)	4 (0.1)	0 (0.0)	2 (0.0)	3 (0.1)	0 (0.0)	0 (0.0)	11 (0.0)
Puerto Rican (Island)	0 (0.0)	2 (0.0)	0 (0.0)	2 (0.0)	2 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	6 (0.0)
Puerto Rican (Mainland)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.0)	1 (0.0)	0 (0.0)	0 (0.0)	2 (0.0)
Samoan	0 (0.0)	1 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.0)
Unknown	21 (0.8)	38 (0.5)	51 (0.7)	243 (4.0)	181 (2.1)	37 (0.6)	62 (1.9)	2 (0.3)	635 (1.6)
Vietnamese	0 (0.0)	0 (0.0)	1 (0.0)	3 (0.0)	10 (0.1)	6 (0.1)	2 (0.1)	0 (0.0)	22 (0.1)
West Indian	0 (0.0)	2 (0.0)	2 (0.0)	0 (0.0)	4 (0.0)	0 (0.0)	1 (0.0)	1 (0.1)	10 (0.0)
White: Not Specified/Unknown	158 (5.8)	809 (10.8)	151 (2.0)	911 (14.9)	1734 (20.4)	775 (13.0)	1129 (34.2)	66 (8.3)	5733 (14.2)
White: Other	115 (4.2)	607 (8.1)	130 (1.8)	341 (5.6)	688 (8.1)	484 (8.1)	504 (15.2)	23 (2.9)	2892 (7.2)

Health Literacy, N(%)

NULL	0 (0.0)	1 (0.1)	1 (0.1)	1 (0.1)	1 (0.1)	0 (0.0)	2 (0.3)	0 (0.0)	6 (0.1)
A little	10 (1.8)	11 (0.8)	58 (3.6)	15 (1.7)	52 (4.4)	24 (2.6)	24 (3.0)	2 (1.0)	196 (2.7)
English translation required (do not translate question)	2 (0.4)	3 (0.2)	7 (0.4)	6 (0.7)	105 (8.9)	5 (0.5)	12 (1.5)	2 (1.0)	142 (2.0)
Extremely	127 (22.8)	961 (69.8)	915 (56.4)	492 (55.0)	531 (45.0)	501 (55.0)	559 (70.1)	154 (76.2)	4240 (58.5)
Not at all	11 (2.0)	21 (1.5)	51 (3.1)	18 (2.0)	49 (4.2)	38 (4.2)	31 (3.9)	2 (1.0)	221 (3.0)
Quite a bit	369 (66.2)	271 (19.7)	420 (25.9)	276 (30.9)	245 (20.8)	237 (26.0)	108 (13.6)	31 (15.3)	1957 (27.0)
Somewhat	18 (3.2)	31 (2.3)	101 (6.2)	60 (6.7)	147 (12.5)	87 (9.5)	37 (4.6)	9 (4.5)	490 (6.8)

Insurance, N(%)

NULL	42 (1.6)	295 (4.1)	220 (3.1)	860 (16.1)	318 (3.9)	652 (12.2)	2 (0.1)	0 (0.0)	2389 (5.6)
AGENCY	59 (2.2)	68 (0.9)	92 (1.3)	451 (8.4)	127 (1.6)	40 (0.8)	36 (1.1)	4 (0.5)	877 (2.1)
BLUE CROSS AND BLUE SHIELD	490 (18.1)	1027 (14.3)	1451 (20.1)	973 (18.2)	1094 (13.4)	875 (16.4)	873 (26.4)	185 (23.2)	6968 (16.4)
COMMERCIAL AND MANAGED CARE	310 (11.5)	823 (11.4)	1260 (17.5)	1038 (19.4)	866 (10.6)	802 (15.1)	755 (22.8)	188 (23.6)	6042 (14.2)
MEDICAID	1132 (41.9)	2718 (37.8)	2138 (29.7)	1535 (28.7)	4691 (57.3)	2456 (46.1)	517 (15.6)	209 (26.2)	15396 (36.3)
MEDICAID MANAGED CARE	44 (1.6)	711 (9.9)	192 (2.7)	160 (3.0)	152 (1.9)	230 (4.3)	45 (1.4)	13 (1.6)	1547 (3.6)
MEDICARE	309 (11.4)	837 (11.6)	966 (13.4)	572 (10.7)	475 (5.8)	432 (8.1)	701 (21.2)	87 (10.9)	4379 (10.3)
MEDICARE MANAGED CARE	213 (7.9)	576 (8.0)	709 (9.8)	242 (4.5)	341 (4.2)	256 (4.8)	217 (6.5)	49 (6.1)	2603 (6.1)
OTHER GOVERNMENT	10 (0.4)	138 (1.9)	59 (0.8)	59 (1.1)	44 (0.5)	45 (0.8)	38 (1.1)	3 (0.4)	396 (0.9)
PENDING MEDICAID	64 (2.4)	56 (0.8)	122 (1.7)	48 (0.9)	86 (1.1)	54 (1.0)	30 (0.9)	12 (1.5)	472 (1.1)
SELF-PAY	59 (2.2)	219 (3.0)	176 (2.4)	261 (4.9)	306 (3.7)	129 (2.4)	91 (2.7)	45 (5.6)	1286 (3.0)
WORKER'S COMP	1 (0.0)	1 (0.0)	1 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	3 (0.4)	33 (0.1)
WORKER'S COMPENSATION	9 (0.3)	16 (0.2)	43 (0.6)	7 (0.1)	6 (0.1)	4 (0.1)	10 (0.3)	0 (0.0)	68 (0.2)