



My ERC Experience

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General outline

- Background
- Brief timeline – from initial thoughts (June 2021) to resubmission (February 2023)
- Overview of current proposal
- Reflections and tips
- Q&A

Background

- PhD in (Biological) Anthropology, 2015, University of Missouri
- Several short-term research and teaching positions
- MSCA in 2019 (99!) → PANSOC 2021



ERC – Brief Timeline

- Out-of-order stages of grief: denial, bargaining, acceptance...
- Enspire Go/No Go → anger!
- First draft – not great
- “Draw” outside the box → new idea
- Multiple drafts and submission (who needs a Christmas break?)
- Interview!
- Not funded → no time for depression
- Revise and resubmit

The initial idea (Enspire Go/No Go)

- Suggested a “typical” research project
- Feedback ranged from potentially helpful to rather rude and irrelevant...
 - “Oh, really? I’ll show them.”



First draft

- Still more of a “typical” project
- Tried to force into “critique/expansion of existing theory”
- Feedback: better but...no one including me was very excited about it



"Draw" Outside the Box

"A NEW NORMAL, NOT BACK TO NORMAL"

Competing hypotheses:

A) popn continuously gets unhealthier because "root causes" are not addressed by standard public health + clinical approaches

(social determinants / social models)

B) "What doesn't kill you makes you stronger"

C) "Can't we all just get along?"

Is health measured @ indiv or pop level or both?

OVERALL CONCEPT: ID/ASSESS/EVALUATE PATTERNS OF ~~POP~~ POPN HEALTH OVER TIME AS "PRODUCT" OF INTERACTIONS/FEEDBACK BETWEEN CHRONIC + INFECTIOUS DISEASES

MAIN HYPOTHESIS: AT AGGREGATE LEVEL, SEASONAL EPIS PRODUCE MINOR FLUCTUATIONS IN CHRONIC/DISABILITY PREVALENCE, ULTIMATELY APPEARING AS RELATIVELY CONSISTENT TREND THAT MASKS DIRECTIONAL ~~TRENDS~~ TRENDS TOWARDS POORER HEALTH AT INDIVIDUAL LEVEL

Recent paper % in US w/ disability ↑ by 1% since 2016

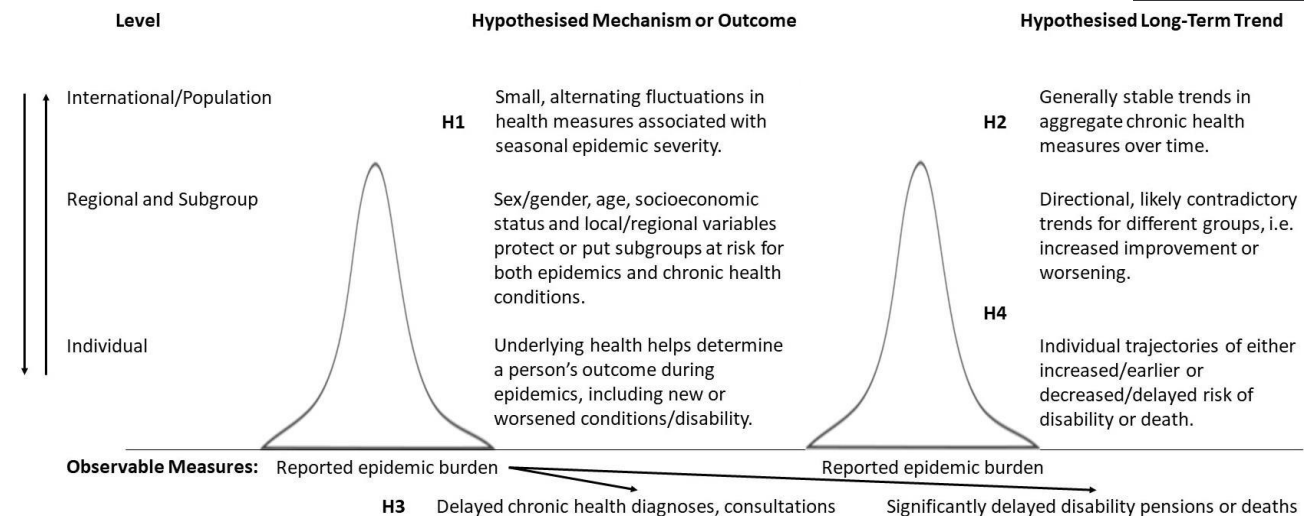
Older, poorer, sicker die
younger, richer, healthier become less so

more prevalent among older, women, hispanic, poorer, less educ, less employed but X-S, not longitudinal

RELEVANCE FOR: ANTHRO, DEMOGRAPHY, PUBLIC HEALTH, (SOC) EPI, EVOL THEORY [OTHERS?]

Writing and Submission

- Able to devote majority of time to proposal (B1, then B2)
- Key advances from previous drafts:
 - *Built* on existing theory and previous research but proposed my *own* novel framework
 - *One* project with multiple components
- Christmas 2021: first time I saw my family in 2.5 years. Finished the proposal at my parents' dining room table!



Interview!

- Presentation (5 minutes/slides presentation + 20 min Q&A)
- Six practice interviews + dress rehearsal
- Just *knew* that I didn't get it then



Rejection

- Earlier than expected but not surprising – “B”
- Feedback actually quite good
 - PI’s ability to conduct ground-breaking research (2 Goods, 1 Very Good, 1 Excellent, 1 Exceptional)
 - Evidence of creative independent thinking (2 Goods, 3 Excellents)
 - Required scientific expertise and capacity (1 Good, 1 Very Good, 3 Excellents)
- Main issues with data, methods, and feasibility (also indicated by questions asked during interview)



Revise and Resubmit

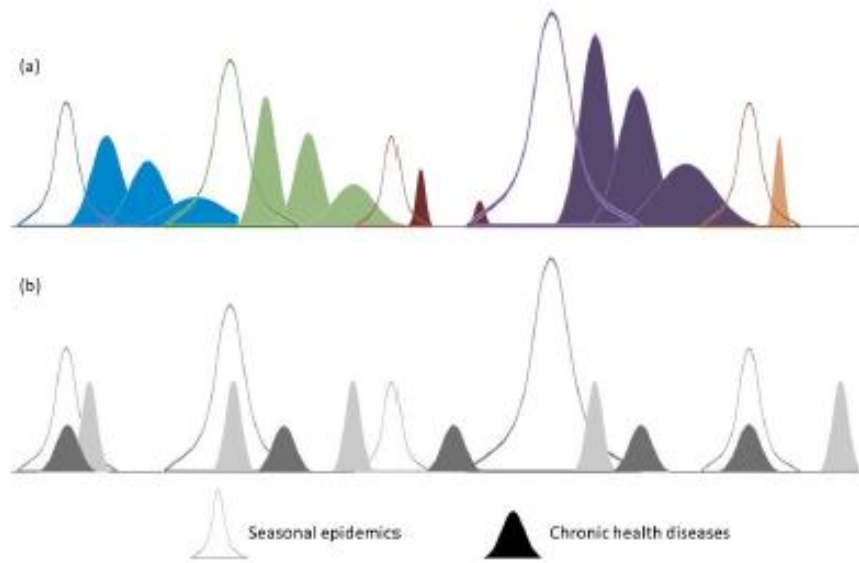
- Considerations:
 - Timing – now or next year (or never)?
 - New level – STG to COG
 - What stays and what goes?
- Until Christmas:
 - Brainstorming including more sketches!, investigating alternative data sources, applying for RCN funds...(also prepping job interviews and travel)
- Christmas:
 - *Some* work but this year I took an actual break!
- After Christmas:
 - About two more drafts for colleagues to review + in-person discussion
 - B2, then B1

Overview of Current Proposal (B2)

- Section a (State of the Art and objectives) (~4.5 pages)
 - First paragraph/page needs to be attention-grabbing!
 - Current theory and research – highlight (relevant) major gaps
 - “Beyond the State of the Art” – detailed description of novel framework and ways my project will advance, hypotheses/ predictions

Element	Gaps in Current Approaches	Beyond the State of the Art
Time	<ul style="list-style-type: none"> • Epidemiological transition theory focuses on <i>dramatic shifts</i> in disease burdens throughout human history. • Demographic or epidemiological analyses often estimate impacts of <i>single epidemic seasons</i> on at-risk groups. • Epidemic models typically produce <i>single outbreaks</i> per simulation. 	<ul style="list-style-type: none"> • Explicit consideration of smaller-scale changes in health conditions in countries <i>in the same stage</i> of the epidemiological transition. • Focus on the <i>dynamic interactions</i> between seasonal epidemics and chronic health conditions will enable understanding of trends <i>over time</i>. • A novel epidemic model developed in this project will allow <i>multiple epidemics</i> per simulation.
Level of Analysis	<ul style="list-style-type: none"> • Typically, individual, subgroup <i>or</i> population-level research of health conditions. 	<ul style="list-style-type: none"> • The novel framework emphasises how individual health outcomes influence subgroup and population patterns and vice versa, and how different levels of analysis <i>may show divergent trends</i>.
Health Measures	<ul style="list-style-type: none"> • Theoretical predictions of population health dynamics <i>over-rely on mortality</i> rather than morbidity data. • Epidemic models may include other health conditions as variables or risk factors, but typically only model the change or outcome for <i>one type of health condition</i> (e.g., flu cases and deaths). 	<ul style="list-style-type: none"> • The proposed theoretical framework addresses how infectious and non-communicable disease <i>morbidity</i> explains population health dynamics, using <i>multiple measures of population health</i>. • The model in this project will allow <i>simultaneous changes</i> in chronic and infectious diseases affecting individuals in the simulated population, including <i>potential feedback</i> between them.

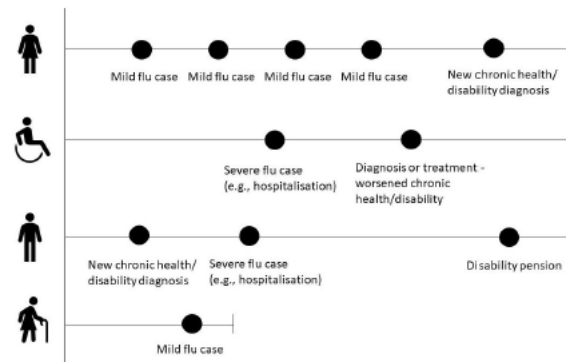
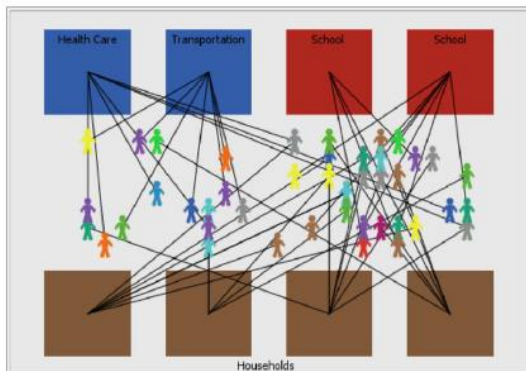
Overview of Current Proposal (B2)



- Section b (Methodology) (~9.5 pages including figures and tables)

- Operationalization: data sources and planned analyses, description of different stages, justification for methods/data selection, Gantt table, risks and mitigations, gains and future research

- Most space on research stage involving simulation model (unusual/specialized)



Reflections and Tips

- Time
 - How much do you have? How much will you need?
 - Plan for at least 3-4 drafts *after* you've come up with a good idea
 - Don't forget to schedule time for searching/reading literature, and waiting for feedback from others
- Enspire or other service??
- Structure:
 - B1: Emphasize the idea
 - B2 (and probably interview): Fill out details of methods and data/feasibility
- Be true to self but also be prepared to let go of your fave bits

Most Importantly

- Is it an ERC Idea? (Or can you at least make it *sound* like one?)
 - “Groundbreaking” “Novel” “Major leap forward” “Paradigm shift” “No traditional grant agency could fund it” “High risk, high gain”
 - Contradictions:
 - Individual grant...but have a team
 - Groundbreaking and risky...but feasible
 - Avoid “typical” structures and terms (work packages, consortia/advisory boards, etc.)
 - How will it advance your (and other) discipline(s)?
 - “*Excellence* is the sole criterion.”
 - CV is important but idea matters more



Thank you!