CHeP 2017 Trailblazer Award

RFA FAQ

NOTE FAQ SECTIONS COINCIDE WITH SECTIONS OUTLINED IN THE RFA

JUMP TO:

## Section II: Types of Projects

Q: What are the focus areas of the 2017 RFA?

A: This year's RFA is focused on addressing health equity. Applications must demonstrate a direct link between the projects and health equity or health inequity.

Q: What is health equity and inequity?

A: Health Equity – "Health equity exists when all people have the opportunity to thrive and no one is limited in achieving comprehensive health and wellness because of their social position or any other social factors/determinant of health (income, education, race/ethnicity, sexual identity, and disability)." (ASTHO, 2011)

Health inequity – "Health inequities exist when there are differences in health outcomes which are...unnecessary and avoidable...unfair and unjust. Health inequities are systematic disparities in health, or in the major social determinants of health, between groups with different levels of underlying social advantage/ disadvantage (for example, by virtue of being poor, female, or members of a disenfranchised racial/ ethnic, religious, or sexual minority)." (ASTHO, 2011)
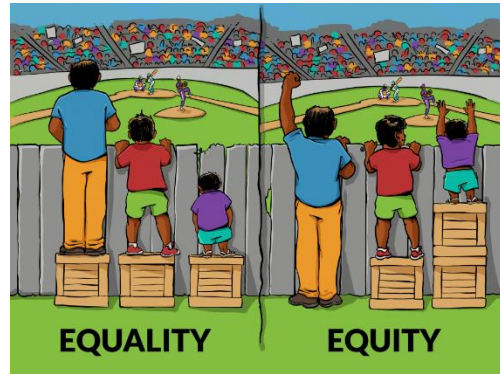
Health equity is focused on meeting groups of people where they are because all groups of people are not starting at the same place.

Due to the key contributors of health inequity, an approach focused on policy, system, and/or environmental (PSE) change is strongly encouraged.

Q: Where can I find more information on health equity?

A: Here are some additional resources:
      Communities in Action: Pathways to Health Equity

      Defining Community-Engaged Health Professional Education
      Advancing Health Equity

Q: Are there some examples of communities promoting health equity?

A: See table below from Communities in Action.

TABLE S-1 Overview of Community Examples to Promote Health Equity

Name *Location*	**Brief Description**	**Primary Social Determinant(s) of Health Targeted**
Blueprint for Action *Minneapolis, MN*	A strategic plan that employs the public health approach to youth violence prevention that arose from a community-driven, grassroots response to the issue.	Public safety
Delta Health Center *Mound Bayou, MS*	The first rural federally qualified health center, employing a community-oriented primary care model.	Health systems and services
Dudley Street Neighborhood Initiative *Boston, MA*	A nonprofit, community-driven organization that empowers residents to drive economic development and neighborhood revitalization.	Physical environment Employment
Eastside Promise Neighborhood *San Antonio, TX*	An implementation site of the Promise Neighborhood grant program, developing collaborative solutions to address barriers to education.	Education
Indianapolis Congregation Action Network *Indianapolis, IN*	A multi-faith, non-partisan organization that catalyzes marginalized people and faith communities to organize for racial and economic equity.	Employment Public safety
Magnolia Community Initiative *Los Angeles, CA*	An initiative that seeks to increase social connectedness, community mobilization, and access to vital supports and services to improve outcomes for children.	Social environment
Mandela Marketplace *Oakland, CA*	A nonprofit organization that addresses issues of food insecurity and economic divestment through the creation of sustainable food systems.	Physical environment
People United for Sustainable Housing *Buffalo, NY*	A nonprofit organization that mobilizes residents to secure quality, affordable housing, and advance economic justice.	Housing
WE ACT for Environmental Justice *Harlem, NY*	A nonprofit organization that engages in community organizing, community-based participatory research, and advocacy to confront environmental injustice.	Physical environment

Q: What is policy, systems, and environmental change?

A: Check out this resource from the Ohio wellness & prevention network.

Q: What are some examples of projects that would change or have the potential to change policy, systems, and/or the environment?

A: For a more complete list of examples check out this resource from the Ohio wellness & prevention network.

Brief examples include:

Utilizing community-health workers to give immunizations to a hard-to-reach population [systems]

Convincing retail stores to agree to remove tobacco products from their stores [local policy]

Building trails to encourage walking/biking and reduce obesity [environment]

Section III: Application Requirements

Q: What are some of the things CHeP looks for in a strong proposal?

A: Preference will be given to projects that; have plans for sustaining and expanding the partnership's activities after project, are likely to (a) produce written products or web-based products; (b) submit fundable applications for extramural funding; (c) have a significant beneficial long-term impact on an important health issue; and/or (d) result in the creation of intellectual property (IP). CHeP is also looking to fund projects from a diverse array of geographical areas and campuses throughout the state.

Q: What are the principles of CBPR

A: **Core Elements of Community-Based Participatory Research (CBPR)**

1. Community-university partnership is a long-term commitment that is open and transparent in governing the partnership's activities, sharing information, and making decisions.

2. Activities build on the strengths and resources within the community.

3. The capacity, skills, and ability of the community and university partners are expanded as a result of the project's implementation.

   COMMENT: Long term partnering is necessary to create change and improve health. Community engagement can only be sustained long term by identifying and mobilizing community assets and strengths and by developing the community's capacity and resources to make decisions and take action. Thus, it is important to engage the community with integrity in a way that establishes relationships, builds trust, and credibility with both formal and informal leadership and to seek commitment to create processes for mobilizing the community and further improving its capacities. University partners need to develop the skills and ability to release some control to the

community and be flexible enough to meet changing needs of the community and the partnership.

4. Communication is a two-way street that promotes mutual-learning and an empowering process that attends to social inequalities.

    COMMENTS: (a) The university partner needs to become knowledgeable about the community by learning about the various cultures in the community and other factors affecting diversity. (b) The use of goal-directed planning that accounts for both (i) community needs, resources, and culture, and (ii) university realities is strongly recommended. (c) Bring diverse and marginalized voices into planning processes and allow for consideration of perspectives that would not otherwise be understood.

5. Purposes or goals of the engagement effort and the populations or communities to be engaged are clearly identified.

6. The respective roles of community and university partners are mutually determined, defined, documented and improved/adjusted over time.

    COMMENT: The partners mutually operationalize all aspects of their respective roles and responsibilities (e.g., how budgetary decisions are made and tracked, how the different partners disseminate research results, what are the roles for various individuals on publications, etc.). Further, these roles and responsibilities are tailored to the goals and needs of the partners and the projects being pursued. Thus, these roles/responsibilities may not be the same across different sets of partners or even across different collaborative projects among the same partners.

7. Community and university partners share in (a) the design, (b) implementation, (c) evaluation, (d) budget development, (e) resource allocation, and (f) governance of all mutually-pursued projects.

8. Community and university partners are involved in interpretation and dissemination of research project findings in the community. Results are shared with all stakeholders in ways that are appropriate for their particular needs and desires.

9. Relevant representatives of all partners are involved and recognized as co-authors and/or presenters of: (a) policy position papers, (b) peer-review journal articles, (c) poster sessions or oral presentations for professional meetings.

10. The Partners perform an ongoing evaluation of the relationship and program to increase their chances for success.

    COMMENT: Partners conduct a cyclical and iterative process of (a) acquiring input from partners and other stakeholders and (b) planning based on that information to complete the circle of engagement.

11. End Result: Engagement stimulates the growth of healthy communities and integrates mutual knowledge and action to benefit all partners.

Q: Why are CBPR principles crucial for successful community engaged projects?

A: While some short-term gains can be accomplished without robust adherence to CBPR principles, it is essentially impossible to achieve high levels of long-term success in in community-academic collaborative work without bilateral engagement , true partnership , and shared leadership (Eder et al., Acad Med 2013;88:1430-1436), and these 3 factors in turn are critical for building trust between and among the academic / community partners (Lucero & Wallertstein, in Handbook of Conflict Communication , Vol 2, 2013: 537-63). The principles of CBPR are essential building blocks to achieve these four important components (true engagement, partnership, shared leadership, and trust) in your community-academic engaged work. Although not all projects are amenable to incorporating all CBPR principles, the more frequently and vigorously your team can embrace and incorporate these principles in your work, the greater your chances of achieving these crucial facilitators of community-academic project success.

Q: What is the eligibility criteria?

A: There must be both 1) a university partner and a 2) community partner for the project, and one partner must be designated as the Project Lead and the other partner as the Co-Project Lead. Both partners must currently be working in an Indiana-based institution or organization. Individuals who have received salary support from the Indiana CTSI CHeP (other than pilot award support or Purdue Extension Educator cost-sharing) in the 12 months prior to the submission deadline may not serve as Project Lead or Co-Project Lead.

The university partner must be a "full-time" (>80% FTE) faculty member employed by a college, university or other academic institution of higher education located within the state of Indiana.

The community partner must have ≥80% of his/her work assignment based in the community. Examples of communities include but are not limited to (a) geographically-based, (b) condition-specific (e.g., patients with diabetes, hypertension, STDs, etc.), (c) a self-characterized community (e.g., African Americans, LGBT, Hispanic or Latino, etc.), (d) community-based hospitals, clinics, health departments, or other health facility, or (e) health information exchange system organizations. If a community partner receives salary support from an academic institution, specifically acknowledge and justify the community partner's role in the community.

It is required that all project partners join the Indiana CTSI CHeP Network (formerly the CAC). To join the Indiana CTSI CHeP Network, please complete this [form](#).

Q: How do I join the CTSI CHeP Network?

A: It is easy, just complete the form [here](#).

Q: How will CHeP be looking at the CBPR principles aspect of the application?

A: We expect a robust discussion regarding how these principles have guided (a) the work of this partnership heretofore and (b) your plans for the activities going forward that you describe in your proposal. Specifically, we are looking for people and programs that can not only talk the talk of community-engaged best practices but also demonstrate that they walk the walk, and your proposal will be judged according to the extent that your team is walking the walk.

Q: What is item 11 in the list of application materials - "authorization to use application for educational purposes"?

A: We are asking permission to use your application in educational programs.   An excellent way for our students to learn how to write grants is by having them review actual grants. If you agree to this request, we will remove the names of organizations and specific geographic locations. This is an attempt to increase anonymity but cannot guarantee it. The grants will be used to teach students grant writing skills.

You will be asked to complete a form that we will provide indicating whether you give us permission to use your de-identified grant for this purpose. You will also be asked if you are interested in receiving student feedback on your grant. Your response will not affect the review process in any way.

Section IV: Funding

Q: What is the funding amount?

A: The Indiana CTSI CHeP will provide up to $25,000 in funding per project.

Q: What are the funding requirements?

A: (1) Budget allocations split between the community and university partners (minimum 25% each). Funds may not be used to support faculty salary. An estimated effort is expected in the budget and effort committed cannot be covered by other federal support. (2) An explanation of the proposed budget, which includes all planned expenditures. Please indicate if there are other resources committed to the project in the total budget, highlighting those requested from CHeP. Total project costs may exceed $25,000 when other funding entities have committed to the project. Submitted budgets requesting the max amount without adequate explanation for that level of support, if awarded, will be reduced to a justifiable funding level based on the proposed project. (3) No indirect costs or finance and administration costs are allowed. Funds cannot be used to purchase equipment greater than $5,000 per piece, or for meeting-related / hospitality expenditures (no exceptions); travel expenses are limited to those that are necessary to achieve the aims of the proposed project. Only in-State travel is allowable and State of Indiana reimbursement rates apply. (4) Proposed project periods cannot exceed 12 months from the project start date of October 2, 2017 (see Section VIII). Below is a sample

COMMUNITY PARTNER DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY					FROM 10/2/2017	THROUGH 10/1/2018	
PERSONNEL *(Applicant organization only)*			%		DOLLAR AMOUNT REQUESTED *(omit cents)*		
NAME	ROLE ON PROJECT	TYPE APPT. *(months)*	EFFORT ON PROJ.	INST. BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
Star Health	Project Lead	12	0.10	50,000	5,000	1,955	6,955
TBD	Project Ambassador	12	0.10	35,000	3,500	1,369	4,869
SUBTOTALS ⟶							
CONSULTANT COSTS							0
SUPPLIES							1,800
TRAVEL							144
PATIENT CARE COSTS							0
OTHER EXPENSES							600

TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD	14,368

COMMUNITY PARTNER BUDGET JUSTIFICATION (maximum 1 page):

PERSONNEL:
Ms. Health, Project Lead, will be responsible for carrying out project activities at the community sites. She will interact with participants and collect data. She will be conducting surveys at multiple community locations. She will be collaborating with the project team on a weekly basis. The requested 0.10 FTE also includes the time that will be required to complete CITI training. Fringe benefits were calculated at a rate of 39.1%.

TBD, Project Ambassador, will lead recruitment and promotional efforts. They will visit the various community sites to inform them about the project, and will assist Ms. Health during project activities. The requested 0.10 FTE also includes the time that will be required to complete CITI training. Fringe benefits were calculated at a rate of 39.1%.

SUPPLIES:
Laptop ($500 x 2 = $1,000) to conduct study surveys at several community sites.

Ink/Paper ($600) for printing promotional material, consents, and study reporting documents.

Audio-recorder ($100 x 2 = $200) to record surveys done verbally.

TRAVEL:
Mileage reimbursement ($0.36/mile x 20 miles round trip to community sites x 10 trips x 2 staff members = $144) for staff to travel to community sites and conduct surveys. Reimbursement rates are based off of the Indiana Department of Administration Travel Services website.

OTHER:
Participant Incentives ($20/participant x 30 participants = $600) for completing study surveys. The survey will last about one hour.

UNIVERSITY PARTNER DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY					FROM 10/2/2017		THROUGH 10/01/2018
PERSONNEL *(Applicant organization only)*			%		DOLLAR AMOUNT REQUESTED *(omit cents)*		
NAME	ROLE ON PROJECT	TYPE APPT	EFFORT ON	INST. BASE SALAR	SALARY REQUESTED	FRINGE BENEFITS	TOTAL

		. *(months)*	PROJ.	Y			
Will Work	Co-Project	12	0.05	N/A	0	0	0
TBD	Research Coordinat	12	0.20	35,000	7,000	2,737	9,737
	SUBTOTALS $\longrightarrow$						
CONSULTANT COSTS							
SUPPLIES							
TRAVEL							
PATIENT CARE COSTS							
OTHER EXPENSES							
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD							9,737

UNIVERSITY PARTNER BUDGET JUSTIFICATION (maximum 1 page):

PERSONNEL:
Mr. Engage, Co-Project Lead, will be responsible for developing the survey questions and analyzing the data. He will be collaborating with the project team on a regular basis. The 0.05 FTE will be provided to the project in-kind.

TBD, Research Coordinator, will be responsible for IRB submissions, study documentation, and team meeting coordination. He/she will also perform data entry and survey transcription. Fringe benefits were calculated at a rate of 39.

Q: How should faculty members include time on the budget?

A: An estimated effort is expected in the budget and effort committed cannot be covered by other federal support. Your department may be asked to set up a cost-share subaccount to track the effort on the project.

Q: How will funding be distributed after the award is given?

A: Once all regulatory documentation is on file, the CTSI Finance Office will facilitate the release of funds to the university partner and separately to the community partner in a fashion that best facilitates accomplishment of each project's objectives. Please note, as is often the case with grant funding, although the timeline begins October 2, 2017, there may be a delay in your funds' being accessible due to the above required documentation.

Funded recipients will be required to:

- Submit progress reports every 6 months during the life of the award, that includes a complete description of the work accomplished and related budget expenditures.

- Attend four quarterly meetings with the other awardees in the current round of funding. The first will be a required "face-to-face" meeting; subsequent meetings can be either face-to-face or via telephone, although face-to-face is always preferred, when feasible.

- Present project results at a celebratory community-engaged research symposium organized by CHeP.

- Present project (typically in poster format) at the CTSI annual meeting.

If necessary and deemed appropriate a No Cost Extension (NCE) of up to 12 months may be granted to pilot grant awardees. Note that only **_one_** NCE may be granted to each awardee according to current CTSI procedure. When applying for a NCE, awardees are encouraged to carefully calculate the estimated time needed to complete the project and to request the maximum amount of time that they believe will be required.

Section VI: Post-Award Requirements

Q: When should I get IRB approval for my project?

A: If applicable, it is recommended you get IRB approval of your project as soon as possible. The project start date is October 2, 2017 so if you have your project IRB approved ahead of time, it will help to move your project forward more quickly. You may want to request a consult with Indiana University's Center for Bioethics, Translational Research Ethics Consult Service (T-REX). T-REX is available to help clarify and address ethical issues that arise in planning, carrying out, and analyzing human subject's research. To request a consult visit: http://bioethics.medicine.iu.edu/programs/bsap/t-rex/

Q: How do I get started with submitting my project to the IRB?

A: If your institution or your partner's institution does not have an IRB, please submit it through Indiana University, Purdue University, or University of Notre Dame. For more information regarding the IRB application process for IU, please visit the Office of Research Administration website

http://www.researchadmin.iu.edu/GrantContract/gc-propprep/gcs_propprepsub.html

The Indiana University Center for Bioethics (http://bioethics.medicine.iu.edu/programs/bsap/t-rex/) is also available for more in-depth consultation on IRB-related issues.

If project personnel need to complete CITI training they can do so here: https://www.citiprogram.org/index.cfm?pageID=265 CITI training can take a considerable amount of time, and you may want to budget for this as part of your personnel costs.

Q: What are the post-award requirements?

A: For those projects selected for funding, monies cannot be distributed until all compliance protocols have been completed and verified; typically this includes:

- Institutional Review Board (IRB) approval for the project secured.

- Agreement letter signed by community and university partners as well as the project's fiscal agents.

- Community partners may be required to fill out a vendor packet for account set up.

During the project period, funded recipients will be required to:

- Seek IRB approval (if not already approved) or written confirmation from the IRB that the project does not need IRB review and approval. Funding will not be released until one of these options is done.
- Submit progress reports every 6 months during the life of the award, that includes a complete description of the work accomplished and related budget expenditures.
- Attend 4 quarterly meetings with the other current awardees. The first will be a required "face-to-face" meeting; subsequent meetings can be either face-to-face or via telephone, although face-to-face is always preferred, when feasible.
- Present project results at a celebratory community-engaged research symposium organized by CHeP.
- Present project (typically in poster format) at the CTSI annual meeting.

Once the project is completed, all recipients must:

- Summarize the project and primary findings for dissemination to the public (1 page).

- Submit a final project summary report which will include project results; lessons learned; any publications and extramural funding applications

applied for and/or received; and plans for sustainability, dissemination, and other next steps (up to 5 pages).

- Every year for up to 2 years after completion of the project, the CTSI will contact recipients to complete a status report on the project; confirm on-going regulatory approvals (IRB); and gather data on publications, extramural funding, or IP that resulted from the project.

- The project is required to acknowledge Indiana CTSI CHeP support in all presentations, publications, and reports.

Q: What are the quarterly awardee meetings?

A: As part of our pilot award program, we meet quarterly with awardees (community and university co-leads) to foster an interactive, learning network among awardees and to provide assistance from CHeP and its partners to help project teams implement community-engaged research projects. There may be some prep work involved for these meetings in order to allow for a more valuable discussion among awardees.

Section VII: Application Materials

Q: Where can I find the application?

A: Here is a link to the application:

https://www.indianactsi.org/grants/index.php/CBR1507

Q: How do I register on the application site if my institution is not listed?

A: If your institution is not listed on the drop down menu of the CTSI login page (https://www.indianactsi.org/login), select "Indiana CTSI" under "Public". On the right hand side of the next scree select "Create an account". This will direct you to send an email to request account set up.

Q: When is the informational webinar for applicants?

A: March 21, 2017, 11:00 am-12:00 pm (EST), use this link:
https://connect.iu.edu/r2232mqz7k8/

Q: Will the informational webinar be recorded for applicants?

A: Yes, we will have a link to the recording after the webinar.

Q: When is the proposal deadline?

A: Letter of Intent Deadline: May 5, 2017

        Proposal Deadline: May 25, 2017, 5:00 pm

Q: When are the award decisions made?

A: September, 2017

Q: When is the initial grantee meeting?

A: September 26, 2017, 1:30-3:30 pm

Q: When is the project start date?

A: October 2, 2017

Q: What is the project duration?

A: Proposed projects cannot exceed 12 months from the project start date. The required start date is October 2, 2017. A single no-cost extension of no more than 12 months may be granted with proper documentation and notification provided to CHEP and the CTSI Finance Office.

Q: What should be included in the Letter of Intent?

A: Due May 5, 2017, letters of intent must include: Project Lead and Project Co-Lead and their organizational affiliations, overall objective, health focus area, health equity impact statement, target population and signed application checklist (see online application materials). Please note this is for the purpose of identifying reviewers only, not for proposal selection. All are invited to submit a full application after submitting a letter of intent.

Q: Is there an example of a budget and justification?

A: Yes, see an example of a budget and justification here (add link to budget).

Q: What is item 4e on the list of application materials "Ethical considerations to participants and the community at large?"

A: CBPR brings some unique ethical considerations to a project. Some issues you may need to address include; possible coercion during recruitment of participants if you plan to use a community ambassador as your recruiter, fair payment for community partners or participants, consideration of community concerns, and appropriate dissemination of findings.

Q: What is item 11 in the list of application materials "Response to request to use application for educational purposes"?

A: We are asking permission to use your application in educational programs.   An excellent way for our students to learn how to write grants is by having them review actual grants. If you agree to this request, we will remove the names of organizations and specific geographic locations. This is an attempt to increase anonymity but cannot guarantee it. The grants will be used to teach students grant writing skills.

You will be asked to complete a form that we will provide indicating whether you give us permission to use your de-identified grant for this purpose. You will also be asked if you are interested in receiving student feedback on your grant. Your response will not affect the review process in any way.

Section VIII: Informational Webinar

Q: When is the informational webinar for applicants?

A: March 21, 2017, 11:00 am-12:00 pm (EST), use this link: https://connect.iu.edu/r2232mqz7k8/

Q: Will the informational webinar be recorded for applicants?

A: Yes, we will have a link to the recording after the webinar.

Section X: Contact Information

Q: Whom can I contact with more questions?

A: Gina Claxton, CHeP Program Manager: gclaxton@iu.edu / 317-274-7152

Heidi Beidinger, University of Notre Dame CHeP Liaison: hbeiding@nd.edu / 574-631-7636

Silvia Bigatti, IUPUI CHeP Liaison: sbigatti@iu.edu / 317-274-6754

Carrie Lawrence, Indiana University CHeP Liaison: calawren@indiana.edu /

800 - 566-8644

Donna Vandergraff, Purdue University CHeP Liaison: dvanderg@purdue.edu / 765-494-8538

Deena Dodd, CHeP Advisory Board Chair from the Indiana Rural Health Association: ddodd@indianarha.org

MORE:

Q: What are some of the previous CHeP funded pilot projects?

A: Here is a table of previous CHeP pilot projects and partners involved.

Year	Project Title	Project Partners
2016	Increasing Awareness and Education About Alzheimer's Disease and Recruitment of Underrepresented Groups to Alzheimer's Disease Research	Denise Saxman, Alzheimer's Assoc., Indy Mary Austrom & Nicole Fowler, IUSM
	Engaging fathers in the Nurse Family Partnership Program: An innovative way to improve maternal, child, and family health	Lynn Baldwin, NFP, Indy Erika Cheng, IUSM
	Evaluation of an Integrated Community Based Prenatal Care Coordination Platform for At-Risk Families	Marti Conrad, Elkhart Co. Health Dept. Nitesh Chawla & Beenish Chaudhry, University of Notre Dame
	Translating 3-Step Workout for Life to the Senior Living Community	Judy Donovan, Healthcrest, Indy Chiung-ju Liu, IUPUI
	Visual Cues for Smart Pump Drug Limit Library Update to Improve Patient Safety	Jim Fuller, Indy Coalition for Patient Safety Yuehwern Yiu, Purdue University
	Art as an Avenue to Build Youth and Community Resilience	DeAmon Harges, The Learning Tree Silvia Bigatti, IUPUI
	Evaluating Routine Rapid HIV Testing and Infectious Disease Care at Eskenazi Health Center Sites	Nancy Olmstead, Health and Hospital Corp. Marion Co. Bree Weaver, IUPUI
	Know Your Numbers 46041 Reducing the Risk	Libbi Smith, Health Communities of Clinton Co. Vicki Simpson, Purdue
2015	Know Your Numbers 46041 Evaluation and Expansion	Lorra Archibald, Healthy Communities of Clinton County Vicki Simpson, Purdue University
	Fostering Community Maternal Health Advocates: a pilot study	Lisa Crane, Goodwill Industries of Central Indiana University David Bell, IUPUI
	Reducing Obesogenic Home Environments in Low-Income Households with Mothers of Preschool -Aged Children	Kathy Guajardo,Elkhart and St. Joseph Counties Head Start Consortium Julia Braungart-Reiker, University of Notre Dame
	Mid-North Health Matters: Reducing Obesity in Mapleton-Fall Creek	Leigh Evans, Mapleton-Fall Creek Community Development Corporation Susan Hyatt, IUPUI

	An Evaluation of the Early Care and Education Learning Collaborative Project: Identification of the Level of Support Needed to Optimize Implementation of Nutrition and Physical Activity "Best Practices" in the Child Care Setting	Marta Fetterman, Indiana Association for Child Care Resource & Referral (IACCRR) Carol Friesen, Ball State University
	Reducing Fetal and Infant Mortality Through Improved Data Workflow Integration	Mindi Dugard, MHIN, Inc. Ella Harmeyer, St. Mary's
	The Northwest Area Food Forest Project to Address Childhood Obesity	Brandon Crosby, Flanner House Cindy Stone, Fairbanks Public Health
	Engagement and Quality of Life in Under Represented Older Adults	Karen Hanson & Ellen Brown, Catholic Charities of Indianapolis Mary Austrom/Hugh Hendrie, IUSM
	Enhancing IHB-FIMR data to stimulate fetal and infant mortality reduction strategies in Marion County	Teri Conard, Marion County Public Health Department Carol Shieh, IU School of Nursing
	Community-Based Adapted Group Yoga for People with Stroke or Acquired Brain Injury: Efficacy and Feasibility	Carol Hanna, YMCA of Madison County Kristine Miller, IU School of Health & Rehab
	Optimizing the Care of Chronic Conditions with an Adverse Drug Reaction Event Side Effect Screener (The ADDRESS Pilot Study)	Harry Webb, Webb's Family Pharmacy Mathew Murawski, Purdue University
	Achieving a Better Understanding of the Impact of Sickle Cell in Indiana	Gary Gibson, Martin Center Sickle Cell Initiative Marc Rosenman & Monica Khurana, IUSM
	And the Patients Say… Exploring Patients' Perceptions towards Shared Medical Appointments	Carol Weiss-Kennedy, IU Health Priscilla Barnes, Indiana University
	Development of a Mobile Application for Children and Teens in a Community-Based Weight Management Program	Carol Weiss-Kennedy, IU Health Catherine Sherwood-Laughlin, Katherine Connelly & Lesa Huber, Indiana University
2014	Evaluating the Impact of the 'Too Sweet for Your Own Good' Diabetes Education Program	Angela Goode, Minority Health Coalition of Marion Co. Mary de Groot, IU School of Medicine
	Development and Evaluation of a Positive Youth Development Approach to Sexual Health Promotion with Incarcerated Teens	Abby Hunt, Health Care Education and Training, Inc. Mary Ott, IU School of Medicine
	Infusion or Assimilation: Barriers to the Integration of Local Food Systems Across the Community	James R. Farmer, IU School of Public Health Marcia Veldman, Bloomington Parks and Recreation Megan Hutchison, Local Growers Guild Cheryl Carter-Jones, Local Growers Guild Cliff Edens, Monroe County United Ministries Rasul Mowatt, IU School of Public Health

	Targeted Language Instruction for Limited English Proficiency Latino Families or Infants with Special Needs	Ulla Conner, IU School of Liberal Arts Rylin Rodgers, Family Voices Indiana
2013	Developing a Patient-Centric CBPR for Diabetic Management: A Digitized and Connected approach	Nitesh Chawla, University of Notre Dame Computer Science and Engineering Mark Kricheff, Michiana Health Information Network
	Health Matters	Lisa Cole, IU Health Helen Sanematsu, IUPUI Herron School of Art and Design Terrell Zollinger, IU School of Medicine
2012	Improving adolescent HIV Awareness and Behavior- Evaluation and Expansion of the 'I Need You to Listen, Hear, and Understand Me' Tour	Deidra Coleman, Indianapolis Urban League Mary Ott, IU School of Medicine
	The Avondale Health Study: Community Engagement for Place-Based Patient-Centered Outcomes Research	Booker Thomas, HealthNet Sarah Wiehe, IU School of Medicine
	Culture-Centered Heart Health Promotion among African American Youth in Marion County	Calvin Roberson, Indiana Minority Health Coalition Mohan Dutta, Purdue University Center on Poverty and Health Inequities
	Water Births: A Cost and Safety Analysis	Jeanne Ballard, HealthNet Michael Weiner, IU School of Medicine
	A Partnership to Develop the Indiana Latino Child Passenger Safety Strategic Plan	Jamie Smith, Safe Kids Indiana Joseph O'Neil, IU School of Medicine
	Companeros en la Salud	Nancy Morales, La Plaza Indianapolis Lisa Staten, IU School of Medicine School of Public Health
	Discrimination, Coping, Mental Health in Latino Families	Karl Nichols, St. Joseph County Minority Health Coalition Irene Park, University of Notre Dame Psychology

Q: What additional resources are available to me?

A: For issues regarding ethics seek out a consult with the CTSI's Center for Bioethics, Translational Research Ethics Consult Service (T-REX) https://www.indianactsi.org/programs/bsap/trex

For issues regarding study design and statistics seek out a consult with the CTSI's Design and Biostatistics Program https://www.indianactsi.org/programs/dbp