Community Health Partnerships
Indiana Clinical and Translational Sciences Institute

Trailblazer and Trailblazer Planning Grant
Frequently Asked Questions

Table of Contents:

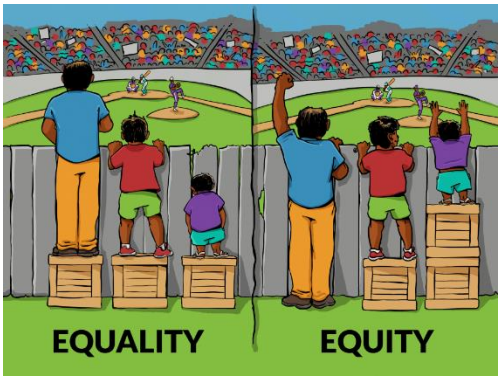
Section I: Health Equity
Section II: Policy, systems and/or the environment
Section III: Study Design
Section IV: Community-Engaged Research
Section V: Quality Partnerships
Section VI: Funding
Section VII: IRB and Ethics
Section VIII: Examples
Section IX: Other

Section I: Health Equity

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: What other resources would you recommend on health equity?

A: See resources below.

Communities in Action: Pathways to Health Equity

Section II: Policy, systems and/or the environment

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]

Q: Is there a tool for guiding, supporting, and evaluating the work of community and systems change?

A: A great place to start is The Community Toolbox https://ctb.ku.edu/en/table-of-contents

Section III: Study Design

Q: What is a good tool to help with assessing project or program sustainability?

A: Here is a program sustainability assessment tool: https://sustaintool.org/

Q: Is there a resource for logic model development?

A: Here is the Kellogg Foundation Logic Model Development Guide: https://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide

Q: What additional resources are available to me through the Indiana CTSI?

A: For issues regarding study design and statistics seek out a consult with the CTSI's Design and Biostatistics Program https://www.indianactsi.org/researchers/services-tools/design-and-biostatistics/

Section IV: Community-Engaged Research

Q: What is community-engaged research?

A: Community-engaged research is a participatory approach or process to research and evaluation that includes the community members and/or patients affected by the health issue to have an active role in the development, implementation, and dissemination of the research and/or project. Community-engaged research encompasses mutual respect for all partners, honoring values, ideas and actions for all involved in the partnership in order to address community well-being or health. Community-engaged research values returning research results to the community and those who participated in the project. Community-engaged research can include these key components:

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

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

Section V: Quality Partnerships

Q: What makes a good partnership in community health?

A: A nice overview of community-university partnerships can be found in this resource titled "Community-University Partnerships: What Do We Know?" from Community-Campus Partnerships for Health and the Office of University Partnerships https://www.ccphealth.org/wp-content/uploads/2017/10/symposium_report.pdf
Useful tools and resources on evaluating partnerships from by Coalitions Work can be accessed here: http://coalitionswork.com/resources/

Section VI: Funding

Q: Sample Budget for Trailblazer Award

COMMUNITY PARTNER **DETAILED BUDGET FOR INITIAL BUDGET PERIOD** **DIRECT COSTS ONLY**					FROM 10/2/2017		THROUGH 10/1/2018
PERSONNEL *(Applicant organization only)*		TYPE APPT. *(months)*	% EFFORT ON PROJ.	INST. BASE SALARY	DOLLAR AMOUNT REQUESTED *(omit cents)*		
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFITS	TOTAL
Star Health	Community 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 →							11,824
CONSULTANT COSTS							0
SUPPLIES							1,800
TRAVEL							152
PATIENT CARE COSTS							0
OTHER EXPENSES							600
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD							14,376

COMMUNITY PARTNER BUDGET JUSTIFICATION (maximum 1 page):

PERSONNEL:
Ms. Health, Community 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 ($0.38/mile x 20 miles round trip to community sites x 10 trips x 2 staff members = $152) 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)*		TYPE APPT. *(months)*	% EFFORT ON PROJ.	INST. BASE SALARY	DOLLAR AMOUNT REQUESTED *(omit cents)*		
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFITS	TOTAL
Be Well	University Lead	12	0.05	N/A	0	0	0
TBD	Research Coordinator	12	0.20	35,000	7,000	2,737	9,737
							9,737
SUBTOTALS →							
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:
Dr. Well, University 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. Funds may be used to support faculty salary up to $5,000 per Trailblazer project and up to $1,000 per Trailblazer Planning Grant. As the spirit of these awards are to provide resources for non-academic activities sufficient justification must be included for this faculty salary support.

Q: How will funding be distributed after the award is given?
A: Once all regulatory documentation is on file, the Indiana CTSI Finance Office will facilitate the release of funds to the university partner and community partner. Indiana University based leads will receive a university account number for their portion of the budget. Other university

based leads and community partners will receive a purchase order to invoice for their portion of the budget.

Please note, as is often the case with grant funding, although the timeline begins October 1st, there may be a delay in your funds being accessible due to the above required documentation. If necessary and deemed appropriate a No Cost Extension (NCE) of up to 12 months may be granted to 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. The information on applying for a NCE is here.

Section VII: IRB and Ethics

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 1st so if you have your project IRB approved ahead of time, it will help to move your project forward more quickly.

Q: Where can I get help on issues regarding ethics?

A: 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 https://research.iu.edu

If project personnel need to complete CITI training they can do so here: https://about.citiprogram.org/en/homepage/ 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 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;

- Recruitment: Is there any potential for undue influence/coercion in recruitment?
- Stigma, individual and community harm: Have you considered any ramifications of the project for the individual participants and for the community as a whole?
- Privacy/confidentiality: Is there potential for breaches of privacy? (e.g. video vs. audio recording).
- Data security: Are there any concerns? Is the data management plan appropriate?
- Incentives/payments to participants: Are these fair?
- Budget: Fair payment to both partners.
- Community dissemination of results: Return of results to community described.
- Academic publication: Will community partners be engaged enough in the study planning, data collection, and data analysis so that they can be as co-authors? (may refer to ICMJE requirements for authorship).

For more information or training on research ethics please see the Indiana Bioethics and Subject Advocacy Program (BSAP)

Section VIII: Examples

Q: What are some of the previous Community Health Partnerships funded Trailblazer Award projects?

A: Here is a table of previous Community Health Partnerships Trailblazer projects and partners involved.

Year	Project Title	Project Partners
2020	Mitigating COVID-19 Impacts on the Homeless Population of Tippecanoe County: A CHW-Led Approach	Natalia Rodriguez, Purdue University Jennifer Layton, LTHC Homeless Services
	Expanding Veggie Box Access to Neighbors (EVAN)	Tamara Hannon, IU School of Medicine Tyler Gough, Indy Urban Acres
	Effect of Adding a Registered Dietitian in a Team Based Approach for Management of Type 2 Diabetes	Lisa Spence, Indiana University Bloomington Robin Parker, IU Health Bloomington
	Hotels to Home: A study of ethical, low-barrier approaches to episodic homelessness in Monroe County, Indiana	Allison Howland, Indiana University Bloomington Katherine Norris, Homes 4 Homeless
	Supporting Families and Children with Complex Health and Social Needs: Evaluating About Special Kids' Participation in Care Conferences	Valerie Yeager, IUPUI Kathy Berman, About Special Kids
	Medication Access and Safety for Children with Special Healthcare Needs (CSHCNs) During the COVID-19 Pandemic	Ephrem Abebe, Purdue University Holly Wheeler, Family Voices Indiana
	Using Social Network Analysis to Create an Effective Health Coalition to Support A Systems Level Approach to Improve Health Outcomes and Reduce Disparities	Vicki Simpson, Purdue University Lorra Archibald, Healthy Communities of Clinton County
2019	Food for Families: The impact of a backpack program on lessening child hunger, improving school attendance, behavior and academic outcomes	Jennifer Lefever, Notre Dame Marian Botchway, Notre Dame Todd Zeltwanger, Cultivate Food Rescue
	Building Grass Roots Advocacy through Photovoice for Improved Policy and Practice Targeting Health & Healthcare Needs Among Individuals with Mental Illness	Jill Nault Connors, IUPUI Julie Hayden, National Alliance of Mental Illness (NAMI) of Greater Indianapolis
	Factors Associated with the Maintenance of Physical Activity Beyond Program Termination: A Longitudinal Investigation Among Rural Older Adults	Steve Amireault, Purdue University Kristen Lowry, Purdue Extension (Posey County)
	Sexual Health Equity for School-Aged Youth with Special Needs	Allison Greene, IU Bloomington Catherine Sherwood Laughlin, IU Bloomington Kathy Bruner, Monroe County Community School Cooperation Lisa Greathouse, IU Health
	Exploring the life expectancy gap in the Near-Southside as a bridge to action for a healthier community	Tess Weathers, IUPUI Fairbanks School of Public Health Niki Girls, Concord Neighborhood Center
	Life Skills: The Power of Doing	Victoria Wilburn, IUPUI Robin Wonnell, Overdose Lifeline Inc.
2018	Improving Equitable Care with Narrative Medicine and a Novel Community-Based Occupational Therapy Care Model	Jay Hamm, Health and Hospital Corp. of Marion Co. dba Eskenazi Health Midtown Community Mental Health Sally Wasmuth and Victoria Wilburn, IUPUI

	Digging in to Volunteer Engagement: A Community Garden Approach's to Reducing Food Insecurity	Sharrona Moore, Lawrence Community Gardens Priscilla Barnes, Indiana University
	Get Healthy Scott County - "Recovery Happens Data Hub"	Tammy Walker, Purdue Extension, Scott County Vicki Simpson, Purdue University
	Reducing healthcare inequities of black women in Indiana through the transformative and educational power of theatre	Lauren Briggeman, Summit Performance Indianapolis Sally Wasmuth, IUPUI
	Multi-Scalar Investigation on Pathways to Health Equity for Maternal Opioid Treatments in Delaware County, Indiana	Amelia Clark, Meridian Health Services Jean Place, Ball State University
	Opioid Recovery Response Project in Montgomery County	Samantha Cravens, Montgomery County Health Dept. Cynthia Stone, IUPUI
	Tracking the Process of Treatment Seeking in Black Breast Cancer Patients	Lisa Hayes, R.E.D. Alliance Yuehwern Yih, Purdue University
	An Evaluation of Project Swaddle, the Crawfordsville Community Paramedicine Newborn Home Visiting Program	R. Paul Miller, Crawfordsville Fire Department Laura Schwab Reese, Purdue University
	Enhancing mental health equity in an Indiana refugee community through assessment and outreach	Chelsea Render, Ewelina Connolly, and Brittany Gundel, Amani Family Services Theodore Bartholomew, Purdue University
2017	Dental Health Inequities Affecting Central Americans: Enabling Choices at the Grass-Root Level and Supporting Change in Policy-Makers	Miriam Acevedo Davis, LaPlaza Gerardo Maupome, IUPUI
	A DOSE of prevention is better than a pound of cure: Exploring the adoption of direct on-scene education by first responders in rural Southcentral Indiana communities	Amy Meek, Monroe Co. Public Health Clinic Priscilla Barnes, Indiana University
	Racial Equity Considerations in Safe to Sleep Messaging: Learning from the Community	Lisa Crane, Goodwill of Central & Southern Indiana Deborah Stiffler, IUPUI
	UPSTART: A Physical Activity Intervention for Adults with Intellectual and Developmental Disabilities	Susan Russ, Stone Belt Arc Inc. Georgia Frey, Indiana University
	Vision Zero: Preventing Pedestrian Injury and Death in Indianapolis	Kim Irwin, Alliance for Health Promotion Joseph O'Neil, IUPUI
	Community Engaged Metric Development for Evaluation of a New Medical Legal Partnership in Northwest Indiana	Beth Wrobel, HealthLinc Community Health Center, INc. Amy Lewis-Gilbert, IU School of Medicine
	Early Childhood Needs Assessment for St. Joseph County	Emily Rupchock, Ready to Grow St. Joe Rachel Fulcher-Dawson, University of Notre Dame
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, IU School of Medicine
	Engaging fathers in the Nurse Family Partnership Program: An innovative way to improve maternal, child, and family health	Lynn Baldwin, NFP, Indy Erika Cheng, IU School of Medicine
	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 University
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, IUPUI
	Engagement and Quality of Life in Under Represented Older Adults	Karen Hanson & Ellen Brown, Catholic Charities of Indianapolis Mary Austrom/Hugh Hendrie, IU School of Medicine
	Enhancing IHB-FIMR data to stimulate fetal and infant mortality reduction strategies in Marion County	Teri Conard, Marion County Public Health Department Carol Shieh, IUPUI
	Community-Based Adapted Group Yoga for People with Stroke or Acquired Brain Injury: Efficacy and Feasibility	Carol Hanna, YMCA of Madison County Kristine Miller, IUPUI
	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, IU School of Medicine
	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, IUPUI 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 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
	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, IUPUI
	Discrimination, Coping, Mental Health in Latino Families	Karl Nichols, St. Joseph County Minority Health Coalition Irene Park, University of Notre Dame

Q: Do you have any specific examples from past Trailblazer Award proposals?

A: Here are some excerpts from past proposals. Names of organizations have been removed from these. Please keep in mind the RFA requirements do sometimes change from year to year.

Example 1

Summary/Abstract:

African American infants are dying at a rate of over twice that of White infants. The reasons are many and complex, but we know that Sudden Unexpected Infant Death (SUID) is often related to unsafe sleep practices. “Safe to Sleep” education has led to a dramatic decrease in mortality among white infants, but over 60% of African American families do not follow the “Safe to Sleep” parameters. The partnership goals are: to understand how the “Safe to Sleep” message can best be shared with African American women and their families and learn ways to craft a message that is most relatable in this culture; and to develop a theory that is grounded in the data we collect that will aid in the development of an education tool or intervention that is culturally appropriate that could decrease the number of African American infants who do not see their first birthday. Focus groups of African American mothers and their mothers (grandmothers of the infants) will be asked what it is about the “Safe to Sleep” message that does not resonate with them and what is needed to develop educational messages that are relevant and relatable to them, i.e. how would they change it. Nurses will also participate in the focus groups to share how these women have been educated in the home. Grounded theory will be used to analyze data and develop a theory that is grounded in the data and explains the data. The theory will be used to fashion education materials and/or interventions specific to this population. Future projects will evaluate the materials and interventions on larger populations.

Example 2

Specific Aims:

Project Specific Aims

Aim 1. To determine the scope of oral health inequities (in particular barriers of access to care) and patterns of added sugars consumption (foods, snacks, beverages) in a sample of Guatemalan, Honduran, and Salvadoran immigrant populations in Central Indiana.

Aim 2. To characterize the perceptions of target immigrant populations in addressing oral health inequities, and adjusting added sugars consumption to healthy levels.

Aim 3. To identify potential changes to policies and practices by community organizations and state/local agencies that may help decrease added sugars consumption, and help improve access to dental care among the target immigrant populations.

Example 3

Dissemination Plan:

Results of Aims 1 and 2 will be first summarized in a brief report highlighting the health strengths of the participants (e.g., heath issues with low prevalence in this group), unmet health needs, and noxious dietary habits. The findings will be disseminated to each participant and to community organizations in Indiana that are focused on Hispanic/minority/immigrant health. They will be posted in our research and community organization websites. The findings will also be submitted as one or more articles to peer-reviewed journals and will be presented at research meetings/conferences. Results from Aim 3 will be used as discussion and PSE change agenda items at the local and state levels. Their dissemination will target public health officials, university academics, community organizations, policy makers, NGOs, and elected officials.

Example 4

Partnership:

The collaboration has a special focus on community-based participatory research (CBPR). The fit of each of the missions is in line with battling health inequities broadened by the

inequivalent prevalence of obesity and T2D in our served populations. Both partners are invested in addressing health and social inequities and building empowerment in decision-making within the same communities in need, namely inner city youth. The investigators are working with the community group to enable a community-academic partnership to extend their interest in working toward a healthier community. This allows both partners to offer comprehensive services to an underserved area in Indianapolis. With the partnership, both groups of researchers are able to expand their reach and efforts. For instance, the leadership of the community understands the impact that health inequities have on community members. By partnering there is now a dedicated imbedded health care partner that will allow expanded reach of services for the community.

Understanding the community in which we serve, both partners attend to health and social inequalities. The collaborative efforts of the partners allow mutual responsibilities and commitment to each other and our populations of adolescents and families. Our proposed project is a great example of our determination to join forces to improve the lives of the city's youth and families. For instance, during the planning stage, we have had multiple meetings and email communication to discuss roles and responsibilities of each partner. We came together in agreement with the overarching project goals in mind, our aims, roles, responsibilities, budget, and plan for dissemination. This project allows each partner to not only improve the lives of our youth and families, but also benefit our own organizations by allowing extension of the work of each partner to reach further than would alone. Finally, the partners will each have responsibility for evaluating the program for future implementation in order to continue engaged work that will not only benefit each partner but also the community.

Q: What are some examples of things the Trailblazer Planning Grant could fund?

A: The Trailblazer Planning Grant is intended to support the development, strengthening, or expansion of a community-university partnership. This can be between two or more organizations or individuals. We are interested in funding partnership development through conferences, travel, collaborative meetings in order to result in a community-engaged collaborative research proposal by the end of the project period such as an application to the Trailblazer Award.
We are not interested in funding research studies, pilot studies, or study supplies for existing partnership work.

Section IX: Other

Q: How do I join the Indiana CTSI Community Health Partnerships Network?

A: It is easy, just complete the form here (https://www.indianactsi.org/Community Health Partnerships/Community Health Partnerships-network/). All individuals listed on the application must join. This include community leads, university leads, named staff, and any other collaborators.

Q: What are the awardee meetings?

A: As part of our Trailblazer award program, we meet quarterly with awardees (community and university leads) to foster an interactive, learning network among awardees and to provide assistance from Community Health Partnerships 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.
The Trailblazer Planning Grant awardees will be asked to meet at least once as an awardee cohort during the course of their project.

Q: What is item 10 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.

Q: What is item 11 in the list of application materials “Response to permission to send you a post-application survey.”?

A: We are asking permission to send you a survey once your application has been submitted regarding your experience in developing and submitting your proposal. We are interested in learning about resources or support that would be valuable for the CTSI to provide future applicants. Your response will not affect the review process in any way.