



## Trailblazer Award and Trailblazer Planning Grant Frequently Asked Questions

### **Table of Contents:**

#### [Section I: Community-Engaged Research](#)

- What is community-engaged research?
- What resources are available to help design and plan a community-engaged research project?

#### [Section II: Policy, systems and/or the environment](#)

- What are some examples of projects that would change or have the potential to change policy, systems, and/or the environment?
- Is there a tool for guiding, supporting, and evaluating the work of community and systems change?

#### [Section III: Study Design](#)

- What is a good tool to help with assessing project or program sustainability?
- Is there a resource for logic model development?
- What additional resources are available to me through the Indiana CTSI to help with study design?

#### [Section IV: Quality Partnerships](#)

- What makes a good partnership in community health?
- I have an idea for a project and want to apply, but I don't have a partner to work with. Can Community Health Partnerships help me identify a partner?

#### [Section V: Eligibility requirements](#)

- Who is eligible to lead a Trailblazer Award or Trailblazer Planning Grant project?
- How do I know which award is appropriate for my project?
- What topics are appropriate for a Trailblazer Award or Trailblazer Planning Grant project to address?

#### [Section VI: Funding](#)

- Is there a sample budget for a Trailblazer Award?
- How should faculty members include time on the budget?
- Are there other restrictions on what award funds can be used for?
- How will funding be distributed after the award is given?

#### [Section VII: IRB and Ethics](#)

- When should I get IRB approval for my project?
- Where can I get help on issues regarding ethics?
- How do I get started with submitting my project to the IRB?
- What additional resources are available to me through the Indiana CTSI regarding IRB approval?

#### [Section VIII: Examples](#)

- What are some of the previous Community Health Partnerships funded Trailblazer Award projects?
- Do you have any specific examples from past Trailblazer Award proposals?
- Do you have any specific examples from past Trailblazer Planning Grant proposals?

#### [Section IX: Application](#)

- What are the questions on the cover page asking about the population the project aims to serve?

- How do I respond to the human subjects/IRB approval section of the cover page?
- What is the item in the list of application materials “Response to request to use application for educational purposes”?
- What is the item in the list of application materials “Response to permission to send you a post-application survey”?
- What is the item in the list of application materials “Response to demographic information questions”?

#### [Section X: Other](#)

- How do I join the Indiana CTSI Community Health Partnerships Network?
- What are the awardee meetings?
- How can I make connections with others working in my topic area?
- Who can I contact if I have further questions?

#### [Section I: Community-Engaged Research](#)

**Q: What is community-engaged research?**

**A:** Community-engaged research is a participatory approach or process to research and evaluation that requires that the community members and/or patients affected by the health issue 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 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 may 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 for all partners.
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 affected parties 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, and (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.

**Q: What resources are available to help design and plan a community-engaged research project?**

A: The Team Science Community Toolkit, created by The Northwestern University Clinical and Translational Sciences (NUCATS) includes community engaged research-related tools and resources that were co-developed with community partners: <https://www.teamscience.net/>.

## 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 to review the work Barbara Israel, whose reference is below. It focuses on partnerships for change. If you need help accessing the articles or need more examples, let us know.

Brush, B. L., Israel, B., Coombe, C. M., Lee, S. Y. D., Jensen, M., Wilson-Powers, E., ... & Lachance, L. (2023). The Measurement Approaches to Partnership Success (MAPS) Questionnaire and Facilitation Guide: A Validated Measure of CBPR Partnership Success. *Health Promotion Practice*, 15248399231206088.

The Community Toolbox: <https://ctb.ku.edu/en/table-of-contents> has more information as well.

## 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/resources/>

**Q: What additional resources are available to me through the Indiana CTSI to help with study design?**

A: For issues regarding study design and statistics, seek out a consult with the Indiana CTSI's Biostatistics, Epidemiology and Research Design (BERD) program: <https://indianactsi.org/research/berd/>. For help with developing study ideas and design, contact one of the regional CHEP liaisons, whose contact information is listed at the bottom of this document.

## Section IV: 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://drive.google.com/file/d/1WeulUtknyGZAXVhuRbsjenI3KovePJSw/view>  
Useful tools and resources on evaluating partnerships by Coalitions Work can be accessed here: <https://elearn.sophe.org/coalition-building-resources>

**Q: I have an idea for a partnership or project, but I don’t have a partner to work with. Can Community Health Partnerships help me identify a partner?**

A: CHeP staff, whose contact information is listed at the bottom of this document, and Trailblazer campus liaisons will work with potential applicants to help identify possible partners, either community or academic.

## Section V: Eligibility requirements

**Q: Who is eligible to lead a Trailblazer Award or Trailblazer Planning Grant project?**

A: Proposals for both funding mechanisms must be **co-led**, and have **both** 1) a university lead and 2) a community lead for the project. Both partners must currently be employed in an Indiana-based organization. Individuals who have received salary support from CHeP (other than pilot award support or Purdue Extension Educator cost-sharing) in the 24 months prior to the submission deadline may collaborate on Trailblazer Award projects, but may not serve as project lead.

The university project lead must be a “full-time” (>80% FTE) faculty member employed by a college, university, or other academic institution located within the state of Indiana. Postdoctoral students, fellows, residents, adjunct professors, visiting professors, and university staff may collaborate on the project, but are not eligible to serve as a university project lead.

The community project lead must spend at least 80% of their time working in the community. Community project leads may represent faith-based, cultural or grass-roots organizations, health systems, health departments, or health coalitions. If a community project lead receives salary support from an academic institution, specifically acknowledge this, and justify their role in the community. If you are unsure whether someone would be eligible to serve as community lead on a project, contact CHeP at [chep@iu.edu](mailto:chep@iu.edu).

**Q: How do I know which award is appropriate for my project?**

A: This depends largely on how established your community-university partnership is. If this is a new partnership, you may consider applying for the Trailblazer Planning Grant, which is intended to support the development, strengthening, or expansion of a community-university partnership. This can be between two or more organizations or individuals. The Planning Grant funds partnership development through activities such as conferences, travel, key stakeholder interviews, and/or collaborative meetings that will result in a community-engaged collaborative research proposal by the end of the project period such as an application to the Trailblazer Award. However, if your partnership is established, and there is a pilot research project, or program evaluation which you are ready to do and have a plan for, you may consider applying

for the Trailblazer Award. The Trailblazer Award is intended to fund projects which either implement exploratory research or evaluate a program.

**Q: What topics are appropriate for a Trailblazer Award or Trailblazer Planning Grant project to address?**

Eligible projects will propose to: (1) implement exploratory research that has the potential to improve health or address barriers to good health and health care access; (2) evaluate a program that has the potential to improve health or address barriers to health and health care access; or (3) implement and do a preliminary evaluation of a health-related program. Projects that propose to achieve their objectives by changing (or demonstrating the potential to change) policy, systems, or the environment are encouraged.

CHeP defines health broadly and is especially seeking proposals that focus on improving the underlying factors influencing health outcomes. These projects may span various sectors and do not have to be clinical in nature. Examples of such projects could include affordable housing initiatives; food security and nutrition programs; community safety and violence prevention; education and employment initiatives; environmental health and access to green spaces; and transportation and mobility solutions. Additional topic areas that proposals may address include, but are not limited to: cancer, obesity prevention, infant mortality, access to care, diabetes, mental health, and substance use disorder. Eligible projects should aim to create lasting, positive impacts on the conditions that influence people's health and well-being.

Section VI: Funding

**Q: Is there a sample budget for a Trailblazer Award?**

<b>COMMUNITY PARTNER ORGANIZATION DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY</b>					FROM 10/2/2017	THROUGH 10/1/2018	
PERSONNEL ( <i>Applicant organization only</i> )		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
<b>SUBTOTALS</b> →							11,824
CONSULTANT COSTS							0
SUPPLIES							1,800

TRAVEL	152
PATIENT CARE COSTS	0
OTHER EXPENSES	600
<b>TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b>	<b>14,376</b>

COMMUNITY PARTNER ORGANIZATION 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 ORGANIZATION DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY					FROM 10/2/2017	THROUGH 10/01/2018	
PERSONNEL ( <i>Applicant organization only</i> )		TYPE APPT ( <i>months</i> )	% EFFORT ON PROJ.	INST. BASE SALARY	DOLLAR AMOUNT REQUESTED ( <i>omit cents</i> )		
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
<b>SUBTOTALS</b>					→		
CONSULTANT COSTS							
SUPPLIES							
TRAVEL							
PATIENT CARE COSTS							
OTHER EXPENSES							
<b>TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b>							<b>9,737</b>

UNIVERSITY PARTNER ORGANIZATION 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. They 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 Award 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: Are there other restrictions on what award funds can be used for?**

**A:** Travel expenses are permitted but are limited to in-state travel. Equipment is permitted, but on a Trailblazer Award proposal, equipment cannot be greater than \$5,000 per piece, and on a Planning Grant proposal, equipment cannot be greater than \$1,000 per piece.

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

**A:** Two items are required to be submitted to the Indiana CTSI after the award is given before funding can be released: an award agreement signed by an institutional official from each partner organization (university and community); and IRB approval documentation. If the project does not involve human subjects research, documentation from the IRB should be submitted instead, stating that project activities do not constitute human subjects research and therefore do not require IRB review. Once these two items are received, the Indiana CTSI will facilitate the release of funds to the university partner organization and community partner organization. Indiana University-based leads will receive a university account number for their

portion of the budget. Other university-based leads and community partner organizations will receive a check for their portion of the budget.

Please note, as is often the case with grant funding, although the timeline begins October 1<sup>st</sup> and December 1<sup>st</sup> for the Trailblazer Award and Planning Grant respectively, 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. When applying for an 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. Instructions for applying for an NCE are [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. If a proposal includes human subjects research and IRB approval is required to conduct the activities included in the proposal, award funds will not be released to awardees until they receive IRB approval. The project start dates are October 1<sup>st</sup> for the Trailblazer Award, and December 1<sup>st</sup> for the Trailblazer Planning Grant, 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 the Indiana CTSI's Bioethics and Subject Advocacy Program (BSAP). BSAP 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: <https://bioethics.iu.edu/ethics-research/request-consult.html>

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

**A:** You will submit your project to the IRB at your institution or your partner's institution. If neither institution has 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.

There is an alternative to CITI training called Community Involvement in Research Training (CIRTification) which is a human research protections training program designed especially for community leads working with researchers. Many community leads find that CIRTification is more applicable to their role in research, and therefore more helpful and less arduous to complete. CIRTification is accepted as a substitute by the IU IRB, and may be an accepted substitute for CITI training by other IRBs. If you would like to use CIRTification and are submitting your project to an IRB other than IU's, please confirm with that IRB's office that they accept CIRTification as a substitute for CITI training. More information about CIRTification can be found here: <https://training.cts.uic.edu/course/CourseDetails.aspx?CourseID=3>.

- Q: What additional resources are available to me through the Indiana CTSI regarding IRB?**  
**A:** For guidance on the IRB process, contact Chris Caldwell, CTSI Regulatory Knowledge and Support Program Manager, at [csego@iu.edu](mailto:csego@iu.edu).

Section VIII: Examples

- Q: What are some of the previous Community Health Partnerships funded Trailblazer Award and Planning Grant projects?**  
**A:** Here are examples of some recently awarded Community Health Partnerships Trailblazer Award projects and Trailblazer Planning Grant projects and the project leads involved.

**Trailblazer Award Projects**

<b>Project Title</b>	<b>Project Leads</b>
Co-Designing a Caregiver-Involved Intervention to Address and Support Adolescent Mental Health	Natalie Guerrero, IU School of Medicine Crystal Givens, Starfish Initiative
Identifying community food strategies to improve food access in Benton County, IN	Laura Murray-Kolb, Purdue University Miranda Wirtz, Benton County Health Department
Development, Evaluation, and Sustainment of a Youth Participatory Action Research Program to Address Youth Suicide	Lauren O'Reilly, IU School of Medicine Jonathon Wattley, Building a Stronger Family
Evaluation of Jump Right UP! 2.0 Toolkit and Technical Assistance Program to Support Policy, Systems, and Environmental Change for Childhood Obesity Prevention in PK-12 Schools	Alyssa Lederer, Indiana University Bloomington Jonathan Barclay, Jump IN for Healthy Kids
Building Bridges: A Community-University Partnership for a Home-Based Resistance-Band Exercise Study in Prediabetics from Underserved Communities	William Miller, University of Evansville Pearl Quartey-Kumapley, Deaconess Clinical Memorial
Personalized Nutrition, Education, "Real" Food, and Lifestyle Support (PEARL) for Improving the Health of Adolescents and Young Adults with Autism Spectrum Disorder	Anita Panjwani, Purdue University Carla Heiser, Precise Health Solutions, LLC
Taking a LEAP Forward: Assessing Initial Outcomes from a Training and Program Model for Improving Care in an Indiana Juvenile Correctional Setting for Incarcerated Hoosier Autistic Youth	Jill Fodstad, IU School of Medicine Deanna Dwenger, Indiana Department of Corrections
Occupational Therapy as Part of an Interdisciplinary Model of Recovery Housing: A Feasibility Study	Victoria Wilburn, IUPUI Nicole Cochran, Overdose Lifeline
Trauma Informed Screening, Assessment, and Treatment for PTSD in Rural Pregnant Individuals	Michelle Miller, IU School of Medicine Rachel Emery, Logansport Memorial Hospital Women's Health Center

**Trailblazer Planning Grant Projects**

<b>Project Title</b>	<b>Project Leads</b>
Scott County Cardiovascular Disease	Melissa Fry, Indiana University Southeast Carissa Miller, CEASE of Scott County
Empowering Boys & Girls Club Members, Families and Employees: Preventing and responding to exploitation across Indiana	Deb Getz, Indiana University Bloomington Jessica McKinley, Indiana Alliance of Boys & Girls Clubs
Behavioral Therapy for Insomnia in New Mothers: A Novel Approach to Address Postpartum Sleep Health	Ivan Vargas, University of Notre Dame Mary Jane Eisenhauer, First Things First Porter County

Optimizing Mobile Lung Cancer Screening in Rural Indiana: A Collaborative Partnership between Indiana University School of Medicine and the Putnam County Health Department	Peter Gunderman, Indiana University School of Medicine Brian Williams, Putnam County Health Department
Improving Access to Hearing Healthcare in Residents of Senior Living Communities through Development of a Community-University Partnership	Irina Castellanos, Indiana University School of Medicine Mark Prifogle, BHI Senior Living Inc.
Establishing a Community-Health System-Academic Partnership to Combat Food Insecurity among Patients with Congestive Heart Failure in Northwest Indiana	Baraka Muvuka, Indiana University School of Medicine, Northwest-Gary Lisa Leckrone, St. Mary Medical Center, Inc.
Increased social workers lead to better outcomes for primary medical care patients	Elizabeth Brueseke, Saint Mary's College Amber Gonzalez, Indiana Health Centers
Building a Community-Academic Partnership to Improve Drug Court Process & Practice: Jackson County Drug Court and IU School of Public Health-Bloomington	Alison Greene, Indiana University Bloomington Missy Cox, Jackson County Drug Court
Traumatic Youth Violence: The Synergistic Roles of the Church and Community in Fostering Resilience	Virgil Gregory, Indiana University School of Social Work Donald Edwards, Church of Glory
The Central Indiana C4HOPE Coalition to support substance use disorder recovery among pregnant and mothering women and their children	Sherri Bucher, Indiana University Indianapolis Nicki Cochran, Overdose Lifeline and Heart Rock Recovery Center
A Community-Academic Partnership to Promote Nutrition Using a Community Garden	Temitope Erinsho, Indiana University Bloomington Jessica McKamey, Bloomfield Eastern-Greene County Public Library

For more previous Community Health Partnerships Trailblazer projects and project leads, please visit: <https://indianactsi.org/research/community/funding/trailblazer/>.

**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:

**Background:** Pregnancy is a critical period when trauma exposure and posttraumatic stress disorder (PTSD) symptoms can adversely affect the short and long-term health of childbearing individuals, infants, and their families. The research on of trauma exposure and PTSD in rural pregnant individuals is extremely limited and no interventions for prenatal PTSD have ever been systematically studied in rural settings. This study will target trauma-exposed rural pregnant individuals and take place at the HEALTH CENTER, which is in one of the most disadvantaged census tracts in the state.

**Project Aims:** Our first aim is to determine the prevalence of trauma exposure and associated PTSD symptoms in a sample (N=250) of rural pregnant older adolescents and women. Our second aim is to gather preliminary data on acceptability and feasibility of a brief PTSD intervention protocol with telehealth delivery (N=8 study completers).

**Method:** All pregnant patients will be screened for trauma exposure and PTSD symptoms. There is currently a PTSD screening protocol at HEALTH CENTER that was established by the CHep Planning Grant Award (2022) that will be expanded for this project. For those endorsing probable PTSD symptoms, they will be offered a brief virtual PTSD intervention and asked to provide quantitative and qualitative data on protocol acceptability.

**Expected outcomes:** Among rural pregnant individuals, we expect to a) identify rates of trauma exposure and PTSD and b) to determine if an existing frontline PTSD intervention is acceptable.

**Future Directions:** The proposed study will provide real-world benefit to pregnant rural individuals while also gathering critical acceptability data for a larger-scale study aimed at reducing PTSD symptoms. Importantly, the PTSD intervention utilized does not need to be delivered by mental health professionals and can be taught to community members, which can increase dissemination and create a sustainable model for the community.

#### Example 2

Specific Aims:

Project Specific Aims

This proposal aims to develop, and investigate the impact of, a home-based resistance-band training program for low-income patients in Southwest Indiana. Primary outcomes that will be assessed include HbA1c, body composition, and feelings of self-efficacy. This project will be focusing on the prediabetic population and more specifically, the communities served by a federally-qualified healthcare center (FQHC).

- The first aim will be to assess the effects of a structured 3-month home-based resistance-band training program on glycemic control, as measured by HbA1c levels, and changes in body composition, as measured with the BodPod system pre and post training.

- The second aim will investigate the impact of the home-based resistance-band training program on feelings of self-efficacy in quality-of-life indicators, such as perceived health status, mood, and daily functioning. We will also investigate the impact of such a training program on the feelings of self-efficacy among the facilitators of the exercise program.

#### Example 3

Dissemination Plan:

We will disseminate results of the project to diverse stakeholders through a variety of channels. COMMUNITY ORGANIZATION is a member of the Wellness Committee and a community partner in the SCHOOL DISTRICT. Quarterly project updates will be shared in these circles of SCHOOL DISTRICT administrators and other community partners. COMMUNITY ORGANIZATION is also a member of the Hoosier Health and Wellness Alliance and its Healthy Schools Action Team, and the State Nutrition Action Committee, where updates and results of this project will be offered and will reach stakeholders who link public health and schools in communities across Indiana. In addition to the annual Indiana CTSI CHP Community Health Partnerships Annual Meeting, we will also disseminate findings within Indiana through forums such as the Indiana School Health Network and INShape (the Indiana chapter of the association for physical and health education teachers), IU's Community Engaged Research Conference, and the Indiana Public Health Association Annual Conference. We will also submit abstracts for presentations at national conferences that reach both scholarly and professional audiences (e.g., American Public Health Association Annual Meeting; in-kind budget leveraging existing external funding). Finally, we will co-author articles for submission to respected peer-reviewed journals (e.g., *Journal of School Health*, *Public Health Nutrition*) for wider dissemination to scholarly audiences.

#### 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 risk factors broadened by the inequivalent prevalence of obesity and T2D in our served populations. Both partners are invested in addressing health and social challenges 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 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 risk factors 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 challenges. 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: Do you have any specific examples from past Trailblazer Planning Grant proposals?**

**A:** Here are some excerpts from past Trailblazer Planning Grant 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

The project proposed for this application will strengthen a partnership (established in 2022) between community partners from County A, Indiana, and academic researchers from University A. The community-academic partnership was formed to create an obesity prevention agenda for children aged 2-5 years and families in County A, a rural community with high obesity levels. The partnership is comprised of ~15 representatives of community organization with expertise, passion, and strong interest and willingness to support a child obesity agenda for County A. Through the proposed built environment intervention, the partnership will collaboratively work together to: (1) expand the size of a community garden to include more fruits and vegetables; (2) provide families with access to healthy foods; and (3) provide nutrition education to families. This proposal addresses childhood obesity, a serious public health concern in many rural areas. From our academic team's formative research with parents, child-care providers, and representatives of community organizations in County A, we know that there is a critical need to increase the community's access to healthy foods via built environment interventions. Our implementation plan, which engages community partners in all aspects of this yearlong project, will help to strengthen/sustain our recently-formed community-academic partnership. The long-term goal for the partnership is to seek grant funding through a National Institutes of Health (NIG) R34 grant to test a large-scale child obesity prevention intervention.

### Example 2:

#### Partnership Description

The School of Medicine and the County Health Department propose to form a partnership to address the critical issue of low lung cancer screening rates among rural Hoosiers. This collaboration aims to improve health by focusing on a population that faces significant health challenges. Indiana has low lung cancer screening rates among eligible residents overall, with rural communities facing additional challenges such as higher smoking rates, higher lung cancer rates, and higher lung cancer mortality rates.

The partnership between School of Medicine and County Health Department brings together two organizations with complementary strengths and a shared commitment to improving rural health in Indiana. UNIVERSITY LEAD, brings expertise in lung cancer screening protocols and imaging technologies, knowledge of current best practices in mobile health unit operations, connections to HOSPITAL SYSTEM resources and the new Mobile Lung Screening Program, and experience in clinical research and data analysis in radiology. COMMUNITY LEAD, contributes an extensive network of connections with rural healthcare providers and communities, in-depth understanding of rural health challenges, experience in developing and implementing rural health initiatives, and expertise in community engagement and rural healthcare policy. This partnership leverages UNIVERSITY LEAD'S medical expertise and the County Health Department's deep community connections to create a comprehensive approach to improving lung cancer screening rates in rural Indiana. Working together, they will identify barriers to lung cancer screening in rural communities, develop strategies to overcome these barriers, optimize the Mobile Lung Screening Program to better serve rural populations, and explore opportunities to provide additional health services and education during screening events.

#### Specific Aims

The short-term goals of this partnership include conducting stakeholder interviews in County and surrounding rural communities to identify barriers to lung cancer screening, analyzing current Mobile Lung Screening Program data to identify areas for improvement, developing a comprehensive plan to enhance the mobile screening program based on findings, and creating a framework for integrating additional health services into the program. Future collaborative research proposals may include a pilot study to test the enhanced mobile lung cancer screening program in County and selected rural communities, comparative effectiveness research on different outreach strategies for rural cancer screening, a longitudinal study on the impact of integrated health services on overall rural health outcomes, and a health economics analysis of mobile screening programs in rural settings.

### Example 3:

#### Future Directions

Outcomes from this partnership have the potential to make a significant impact in addressing health outcomes by improving care for incarcerated youth with ASD. Given limited previous research in this area, this project could shed light on the needs of a highly vulnerable population. The current proposal sets the stage for an Indiana CTSI Trailblazer submission to pilot an optimized training workshop, measure improvements in community partner organization staff knowledge, and gather initial feasibility and satisfaction data. We will also begin developing a method to measure success of the workshop by isolating clear metrics to quantify change in ASD-specific EBPs use. Next, an NIH-level grant will compare the workshop series to "treatment as usual" at other community partner organization sites to investigate

effectiveness and improvements in care. Further work cannot occur without this vital pre-planning stage.

#### Section IX: Application

**Q: What are the questions on the cover page asking about the county or counties that the project aims to serve?**

A: The cover page of the application asks you to specify what county or counties in Indiana your project or partnership will take place in and serve. This question does not pertain to the counties where the applicants live, but to the population that will be served by the proposed project or partnership development activities.

**Q: How do I respond to the human subjects/IRB approval section of the cover page?**

A: If the activities described in your proposal include human subjects research, select Yes. If you have already received IRB approval, indicate the protocol number, and if you have not received IRB approval but the project will require it, type PENDING.

**Q: What is the item 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 are being asked whether you give us permission to use your de-identified grant for this purpose. Your response will not affect the review process in any way.

#### Section X: Other

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

A: It is easy, just complete the form [here \(https://indianactsi.org/Qualtrics/Chep-form-1\)](https://indianactsi.org/Qualtrics/Chep-form-1). All individuals listed on the application must join. This includes 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 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. Trailblazer Awardees are expected to have at least one person from the project team attend at least half of the quarterly meetings held during their project period. Trailblazer Planning Grant awardees are encouraged to attend quarterly meetings, but are not required to do so.

**Q: How can I make connections with others working in my topic or geographic area?**

A: Connections IN Health, which is a part of CHeP, supports organizations, advocates, and residents as they come together to improve health and address chronic diseases in Indiana. They facilitate collaboration by connecting community members with evidence-based practices, identifying funding sources, and improving health for all.

You can join a coalition through the Indiana CTSI Community Health Partnership's Network:  
<https://indianactsi.org/Qualtrics/Chep-form-1>.

Connections IN Health also has engagement initiatives in public health regions 1 (Lake, Porter, LaPorte, Newton, and Jasper counties) and 7 (Vermillion, Parke, Putnam, Vigo, Clay, Owen, Sullivan, and Greene counties). If your work serves either of these regions, contact [cinh@iu.edu](mailto:cinh@iu.edu).

**Q: Who can I contact if I have further questions?**

**A:** We encourage you to reach out to Sarah Glock with questions.

**Sarah Glock**, Program Manager: [sardowns@iu.edu](mailto:sardowns@iu.edu) / 317-278-8416

Please also see our [website](#), view our informational webinar recording [here](#), or register to attend our virtual **informational webinar and Q&A on Friday, April 24<sup>th</sup> at 11:00am**.

**Register in advance for this meeting:**

<https://iu.zoom.us/meeting/register/xYtY05rGSseBQNochSU4eA>

After registering, you will receive a confirmation email containing information about joining the meeting.