![Community Health Partnerships — Indiana Clinical and Translational Sciences Institute](logo)

Trailblazer and Trailblazer Planning Grant
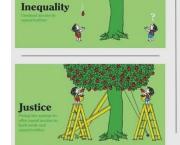**Frequently Asked Questions**

Section I: Health Equity

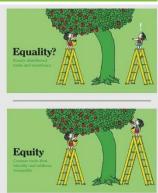Q: What is health equity and inequity?

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 resource 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 to review the work of Nina Wallerstein and Barbara Israel, whose references are below. They focus on partnerships for change. If you need help accessing the articles, 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.

Wallerstein, N., Oetzel, J. G., Sanchez-Youngman, S., Boursaw, B., Dickson, E., Kastelic, S., ... & Duran, B. (2020). Engage for equity: A long-term study of community-based participatory research and community-engaged research practices and outcomes. *Health Education & Behavior*, *47*(3), 380-390.

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/resource-directory/resources/2004/01/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 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 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, 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.

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://drive.google.com/file/d/1WeuIUtknyGZAXVhuRbsjenI3KovePJSw/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 project and want to apply, but I don't have a partner to work with. Can Community Health Partnerships help me identify a partner?

A: CHeP staff and Trailblazer liaisons will work with potential applicants to identify a partner, either community or academic, to collaborate with on a Trailblazer Award or Planning Grant application.

Section VI: Funding

Q: Is there a sample budget for a 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)*			%		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	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)*			%		DOLLAR AMOUNT REQUESTED *(omit cents)*		
NAME	ROLE ON PROJECT	TYPE APPT. *(months)*	EFFORT ON PROJ.	INST. BASE SALARY	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. 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 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 additional resources are available to me through the Indiana CTSI?

A: For guidance on the IRB process, contact Chris Caldwell, CTSI Regulatory Knowledge and Support Program Manager, at csego@iu.edu.

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 to be 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 recent Community Health Partnerships Trailblazer projects and partners involved.

Year	Project Title	Project Partners
2023	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
	Leveraging a community partnership to implement cascade risk assessment in Black families affected by breast cancer	Tarah Ballinger, IU School of Medicine Lisa Hayes, Pink-4-Ever Ending Disparities
	The Role of Social Media in COVID-19 and Influenza Vaccine Uptake in Rural Indiana	Soojung Jo, Purdue University Jennifer Coddington, Purdue's North Central Nursing Clinics
	Implementing Community Drug Checking to Inform Personal and Community Harm Reduction Responses in a Regulation Restrictive Community	Marya Lieberman, University of Notre Dame Joanne Cogdell, Naxos Neighbors, LLC

	Occupational Therapy as Part of an Interdisciplinary Model of Recovery Housing: A Feasibility Study	Victoria Wilburn, IUPUI Nicole Cochran, Overdose Lifeline
	Expansion of a Student-Centric LGBTQIA+ Extension for Community Healthcare Outcomes (ECHO) Presentation Series	Andrea Janota, Indiana University Tyne Parlett, Cultivating a Belonging Culture
	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
2022	Understanding birth team dynamics at Eskenazi Health and birth outcomes of Medicaid recipients who are MDwise members served by doulas	Brownsyne Tucker Edmonds, IUPUI Andrea Voisard, Goodwill of Central and Southern Indiana Nurse-Family Partnerships
	Pilot Testing the VISION Program to Enhance the Wellbeing of Transgender People of Color	Richard Brandon-Friedman, IUPUI Marissa Miller, Trans Solutions Research and Resource Center, LLC
	An Opportunity for Racial Equity in Health Care Access	Elaine Hernandez, Indiana University Bloomington Ivan Hicks, First Baptist Church North Indianapolis
	Impact of Medical Debt Relief for Pregnant/Postpartum Women	Erin Macey, IUPUI Colleen Rusnak, Indiana Health Fund
	Healthy Relationships and Rural Youth: Evaluation of A Professional Development Training for Youth-Serving Adult Mentors	Zoe Peterson, Indiana University Bloomington Meagan Shipley, IU Health
	Promoting Physical Activity Among Female Patients Following Cardiac Rehabilitation	Melissa Franks, Purdue University Katrina Riggin, IU Health Ball, Blackford and Jay Hospitals
	Hidden Families: Identification of and Assistance for Vulnerable Caregivers	Kara Cecil, University of Indianapolis Kelsey Stinson, CICOA Aging and In-Home Solutions
2021	Rural Environmental Health Assessment and Neighborhood-Specific Public Health Plan for Hartford City Using a Community-Engaged Approach	Ellen Wells, Purdue University Eric Evans, Blackford County Concerned Citizens
	Examining multilevel determinants of cervical cancer and acceptability of screening innovations to address disparities among Hispanic women in Lake County, Indiana	Natalia Rodriguez, Purdue University Kelly Kajumulo, Planned Parenthood of Great Northwest, Hawaii, Alaska, Indiana, Kentucky
	Sickle Cell Trait Education for Adolescents and Young Adults	Jacob Seethal, IUPUI Emily Meier, Indiana Hemophilia and Thrombosis Center
	Examining the effect of community-based programs in coping with stress during COVID-19 recovery	Nan Kong, Purdue University Sheri Moore, National Alliance on Mental Illness West Central Indiana Chapter
	A Community Partner-University Collaboration for Increasing African American Men's Access to Professional Mental Health Services: A Structural Equation Model	Virgil Gregory, IUPUI John Muhammad, Fathers and Families Center
	Building Trauma-Informed Communities through NEAR Science and Strength-Based Theory of Change	Nancy Michael, University of Notre Dame Carey Gaudern, Beacon Health System-Community Impact
	Mitigating the Effects of COVID-19 on Maternal Mental Health Through a Community-University Partnership	Kalyn Renbarger, Ball State University Corie Hess, Muncie Maternal Mental Health Coalition
	PEER-UP: Using Peers to Enhance PrEP Uptake in Rural Indiana	Karla Galaviz, Indiana University Bloomington Jill Stowers, Indiana University Health, Bloomington

For more previous Community Health Partnerships Trailblazer projects and partners, please visit: https://indianactsi.org/researchers/services-tools/translational-research-development/ctsi-pilot-funding-awards/#fusion-tab-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:
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, 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.

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://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.

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.

If you have further questions, please see our [website](#) and [FAQ](#), view our informational webinar recording [here](#), or attend our virtual **Q&A on Friday, April 26th at 12pm (Eastern)**.

Register in advance for this meeting:
http://bit.ly/TrailblazerQA
(or https://iu.zoom.us/meeting/register/tZwucuqhrT0oGNRcJrxqQWTII17sfs79KL9v)
After registering, you will receive a confirmation email containing information about joining the meeting.