Trailblazer and Trailblazer Planning Grant
Frequently Asked Questions

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Section I: Health Equity and Social Determinants of Health

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)

EQUALITY   EQUITY

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)
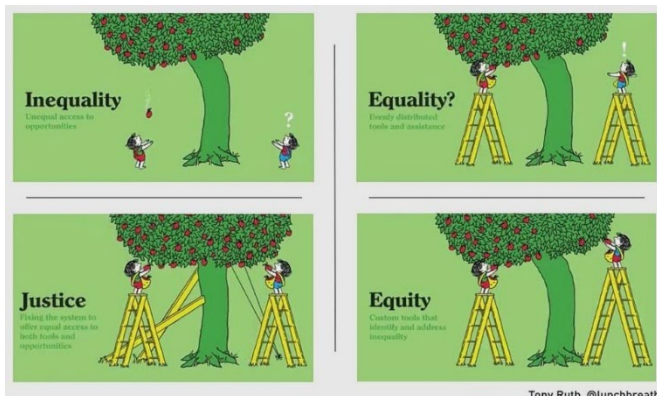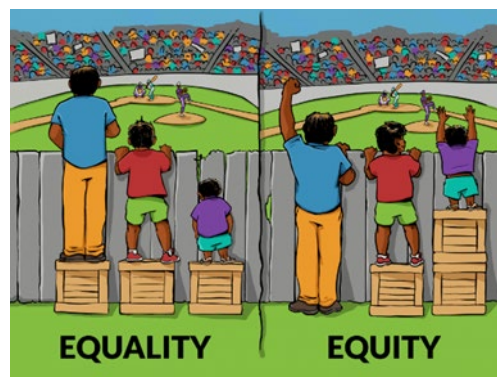
Tony Ruth, @lunchbreath

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

Q: **What are the Social Determinants of Health (SDoH)?**
A: Social Determinants of Health – The social determinants of health are the conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDoH can be grouped into 5 domains: Economic stability, education access and quality, health care access and quality, neighborhood and build environment, and social and community context. (Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion)

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: 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.

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 IV: 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 CTSI's Design and Biostatistics Program: https://www.indianactsi.org/researchers/services-tools/design-and-biostatistics/. 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 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/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 and Trailblazer liaisons, whose contact information is listed at the bottom of this document, will work with potential applicants to help identify possible partners, either community or academic.

Section VI: 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 partner and 2) a community partner for the project. Both partners must currently be employed in an Indiana-based organization. For Trailblazer Award projects, 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, or non-Academic, Project Lead must have ≥80% of their work assignment based in the community. Examples of the types of organizations that Community Leads are a part of include, but are not limited to: community-based hospitals or clinics; health departments or social services agencies; K-12 education; advocacy groups; grassroots organizations; faith-based organizations; public libraries; and community organizations interested in health. If you are unsure whether someone would be eligible to serve as Community Lead on a project, contact CHeP at 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?**

Proposals for either award should have the aim of improving health, or identifying or addressing health inequities or social determinants of health. CHeP defines health broadly and is especially seeking proposals that aim to impact social determinants of health and focus on improving the underlying factors influencing health outcomes. These projects may span various sectors and can be, but do not necessarily have to be, clinical in nature. Examples of such projects could include, but are not limited to, affordable housing initiatives; food security and nutrition programs; community safety and violence prevention; education and employment initiatives; anti-discrimination and inclusion projects; environmental justice and access to green spaces; and transportation and mobility solutions.

Section VII: 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.	EFFORT ON	INST. BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL

		(months)	PROJ.				
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 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 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 and December 1st 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. Note that only *one* 12 month 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. Instructions for applying for a NCE is here.

Section VIII: 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 1st for the Trailblazer Award, and December 1st 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 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: 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 partners working with researchers. Many community partners 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.ccts.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.

Section IX: Examples

Q: **What are some of the previous Community Health Partnerships funded Trailblazer Award and Planning Grant projects?**
A: Here are tables of recent Community Health Partnerships Trailblazer projects and Trailblazer Planning Grant projects and the partners involved.

Trailblazer Award Projects

Year	Project Title	Project Partners
2024	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
	Advancing Health Literacy in the Indianapolis Haitian Community through English for Specific Purposes	Sherri Bucher, Indiana University Indianapolis Ulla Connor, Indiana University Indianapolis Kristin Peoples, Haitian Association of Indiana
	Developing Family Resilience and Wellness Intervention for promoting health and well-being of the local Haitian Immigrant community in Daviess County, IN	Nasreen Lalani, Purdue University Jennifer Stefancik, Purdue Extension
	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
	Assessing multi-morbidity symptom severity during homelessness outreach	Patrick Monahan, Indiana University School of Medicine Michelle Shelburne, Sanctuary Indy, Inc.
	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
	Promoting Cancer Family History Commination, Cancer Risk Assessment, and Prevention among Black and Latinx Indiana Residents	Haocen Wang, Purdue University Maria Valdes Azcarate, Health Visions Midwest of Fort Wayne
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

Year			
	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	

Trailblazer Planning Grant Projects

Year	Project Title	Project Partners
2024	ACING (Assistance, Collaboration, Inclusion, Nurturing, Guidance) Partnership for Latine Families	Vanessa Parker, Indiana University Bloomington Virna Diaz, Latino Health Organization
	IHaRT - FSPH Collaboration	Marion Greene, Indiana University Indianapolis Madison Weintraut, Marion County Public Health Department
	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.
	Co-development of culturally-grounded family neurodevelopmental education materials	Ashley McGinn, Indiana University School of Medicine Rebekah Joslin, Immigrant Welcome Center
	Increased social workers lead to better outcomes for primary medical care patients	Elizabeth Brueseke, Saint Mary's College Amber Gonzalez, Indiana Health Centers
2023	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 Erinosho, Indiana University Bloomington Jessica McKamey, Bloomfield Eastern-Greene County Public Library
	Purdue University- Indiana Immunization Coalition Partnership to Enhance the Health Emerging Adult Leaders Program	Monica Kasting, Purdue University Sarah Vivo, Indiana Immunization Coalition
2022	Improving Care for Incarcerated Hoosier Youth with Autism Spectrum Disorder through Developing an Indiana Department of Corrections Staff Training Workshop	Jill Fodstad, Indiana University Deanna Dwenger, Indiana Department of Corrections
	Community-University Partnership Establishing a Black Peer-Led Lactation Support Group for NICU Families	Melissa Klitzman, Indiana University Tiffany Davis, Marion County Public Health Department
	Building partnership for reducing health disparities in the City of Gary through research and education	Tatiana Kostrominova, Indiana University Ronald Walker, Gary Health Department
	Building Partnerships for Trauma-Informed Care in Rural Perinatal Populations	Michelle Miller, Indiana University Rachel Emery, LMPN Women's Health Center, Logansport
	Development of a Student-Centric LGBTQIA+ Extension for Community Healthcare Outcomes (ECHO) Presentation Series	Zachary Weber, Indiana University Tyne Parlett, Cultivating a Belonging Culture

For more previous Community Health Partnerships Trailblazer projects and partners, 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:
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: **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
According to the U.S. Centers for Disease Control and Prevention, 1 in 6 children have a neurodevelopmental disability (NDD), making it one of the most common pediatric concerns. Given the prevalence of developmental disabilities, there are many immigrant families that have children with developmental concerns that could benefit from additional resources and support. Academic partner is a top academic medical clinic serving children with neurodevelopmental disabilities throughout the state, yet few resources exist for families of culturally and linguistically diverse children served by this clinic. There is a growing population of both Haitian-Creole and Burmese immigrants in Indiana, with an estimated XXXXX Haitian-Creole and XXXXX Burmese immigrants in city A alone. Further, after English and Spanish, the next two most common language spoken by patients and families at Hospital are Haitian-Creole and Burmese. Of the XXXXX Martti interpreter requests at Hospital in the third quarter of 202X, after Spanish, the second most common language is Haitian-Creole with 12% of calls, and third most common language is Burmese (including Burmese, Haka, and Hakha Chin) with 8% of calls. In addition to language barriers, evidence demonstrates cross-cultural communication barriers with immigrant patients. Furthermore, lack of cultural competence from providers can impart feelings of discrimination. Another

barrier to care is that immigrant families tend to be less informed about neurodevelopmental disabilities and experience guilt or shame around having a child with a disability. To tackle the critical need for culturally-grounded support for families of children with NDD, the Task Force has identified a need for collaborating with immigrant communities to improve resources and patient care for families.

Our Task Force is currently working to develop patient education materials in Haitian, Burmese, and Spanish, including handouts on common diagnoses provided in our clinic as well as videos in these languages in collaboration with Visual Media department. Our group already has initiatives focused on Latinx groups, so for this collaboration, we are focusing on improving resources for Burmese and Haitian immigrants. While we are making efforts to increase accessibility of these materials, we have identified a substantial need to go beyond translation to understand and tailor supportive materials to the unique cultures and experiences of the individuals in these communities. We have identified the Community Partner as an ideal partner for enhancing our ability to better serve these communities.

The Community Partner is "dedicated to empowering Indy's immigrants by connecting them to the people, places, and resources they need in order to thrive." This organization served XXXX clients during 202X alone from XX different countries and speaking XX different languages. One of the services offered by the Community Partner is their Database & Helpline. This service was used by XXXX different users in 202X. Health related services was the 4th most frequently searched resource.

Specific Aims

The aims of this proposal are the following: 1. Collaborate to co-develop focus groups and one-on-one interviews to be conducted with Haitian and Burmese immigrant families; 2. Conduct a focus group and series of interviews with each the Haitian-Creole and the Burmese participants, with the focus groups centered on accessing services and identifying needs and the one-on-one interviews emphasizing solutions; 3. Synthesize information from focus groups and interviews to develop a proposal for the development of culturally valid family neurodevelopmental educational materials for Burmese and Haitian Immigrant families.

Example 3:

Future Directions

Outcomes from this partnership have the potential to make a significant impact in addressing health disparities 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 and underserved 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 X: 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 XI: 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). 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 stakeholders, organizations, advocates, and residents as they come together to improve health and address chronic diseases in Indiana. They facilitate collaboration by connecting stakeholders with evidence-based practices, identifying funding sources, and addressing health equity for all. The Connections IN Health coalitions are:
     - The Indiana Joint Asthma Coalition (InJAC) develops and promotes Indiana's statewide strategic plan, in collaboration with health departments, stakeholders, and partner agencies in rural and urban communities.
     - The Cardiovascular and Diabetes Coalition of Indiana (CADI) works to help Hoosiers address the burden of cardiovascular diseases, diabetes, and stroke through education, collaboration, awareness, advocacy, and access to care.

- The Hoosier Health and Wellness Alliance (HHWA) seeks to increase positive health outcomes within Indiana by providing the support and effective strategies needed to optimize local impact.
- The Equity, Engagement, and Prevention Initiative collaborates with the IU Simon Comprehensive Cancer Center's Community Outreach and Engagement Office, Purdue University I-HOPE, Purdue Extension and IU Health and DIP-IN with the iHeart project to provide resources and expertise across Indiana to engage communities in strategies to increase health equity for all residents and prevention of chronic disease.

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.

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

A: We encourage you to reach out to Sarah Glock with questions and/or your regional Community Health Partnerships liaisons (listed below) for help with solidifying partnerships or to discuss project ideas.

Sarah Glock, Program Manager: sardowns@iu.edu / 317-278-8416

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

Silvia Bigatti, Indiana University Indianapolis Liaison: sbigatti@iu.edu / 317-274-6754

Priscilla Barnes, Indiana University Bloomington Liaison: prbarnes@iu.edu / 812-855-4789

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

Please also see our website, view our informational webinar recording here, or register to attend our virtual **informational webinar and Q&A on Thursday, April 24th at 1:00pm. Register in advance for this meeting:**

https://iu.zoom.us/meeting/register/4HoQPMdoTzSmub5g6buL8w

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