Trailblazer and Trailblazer Planning Grant
Frequently Asked Questions

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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 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.

Community engaged research can be seen as a spectrum ranging from no community involvement to complete community involvement of a research project. The spectrum of community engaged research is shown below:
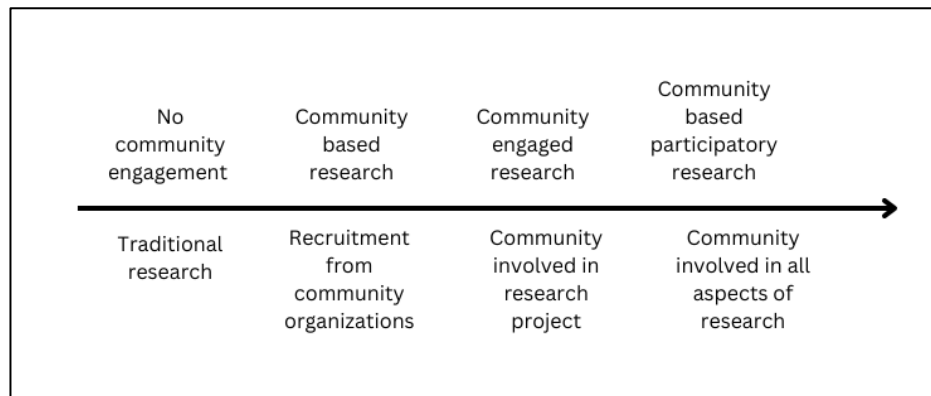
In traditional research, the community is not involved in any process during the research process. There is little engagement with heavy emphasis on recruitment. Once the community is involved with recruitment, for example, when partnering with community organizations, this research is considered community-based research. Community engaged research serves as an umbrella term that is also associated with community based participatory research (CBPR). In community engaged research, the community is involved in the research project, but might not be involved in all aspects like decision making. Once the community is involved in every step of the research project, this can be considered community-based participatory research.

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/ .

The Community Engaged Research Toolbox, created by the University of California San Francisco School of Medicine includes a curriculum, publications, webinars, and other resources to assist researchers and organizations that are interested in, or planning to conduct Community Based Participatory Research: https://prevention.ucsf.edu/resources/community-engaged-research-toolbox.

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/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 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/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 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 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 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 the health of Indiana residents. CHeP defines health broadly and is especially seeking proposals that aim to improve the underlying factors that can influence 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; environmental health and access to green spaces; and transportation and mobility solutions.

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)*		TYPE APPT. *(months)*	% EFFORT ON PROJ.	INST. BASE SALARY	DOLLAR AMOUNT REQUESTED *(omit cents)*		
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFITS	TOTAL
Star Health	Community Lead	12	0.10	50,000	5,000	1,955	6,955
TBD	Project Ambassador	12	0.10	35,000	3,500	1,369	4,869
SUBTOTALS							11,824
CONSULTANT COSTS							0
SUPPLIES							1,800
TRAVEL							152
PATIENT CARE COSTS							0
OTHER EXPENSES							600
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD							14,376

COMMUNITY PARTNER BUDGET JUSTIFICATION (maximum 1 page):

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

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

SUPPLIES:

Laptop ($500 x 2 = $1,000) to conduct study surveys at several community sites.
Ink/Paper ($600) for printing promotional material, consents, and study reporting documents.
Audio-recorder ($100 x 2 = $200) to record surveys done verbally.

TRAVEL:
Mileage reimbursement ($0.38/mile x 20 miles round trip to community sites x 10 trips x 2 staff members = $152) for staff to travel to community sites and conduct surveys. Reimbursement rates are based off of the Indiana Department of Administration Travel Services website.

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

UNIVERSITY PARTNER DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY				FROM 10/2/2017		THROUGH 10/01/2018	
PERSONNEL *(Applicant organization only)*		TYPE APPT. *(months)*	% EFFORT ON PROJ.	INST. BASE SALARY	DOLLAR AMOUNT REQUESTED *(omit cents)*		
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFITS	TOTAL
Be Well	University Lead	12	0.05	N/A	0	0	0
TBD	Research Coordinator	12	0.20	35,000	7,000	2,737	9,737
							9,737
SUBTOTALS							
CONSULTANT COSTS							
SUPPLIES							
TRAVEL							
PATIENT CARE COSTS							
OTHER EXPENSES							
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD							9,737

UNIVERSITY PARTNER BUDGET JUSTIFICATION (maximum 1 page):

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

TBD, Research Coordinator, will be responsible for IRB submissions, study documentation, and

team meeting coordination. 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. There is not a limit on non-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 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 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 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 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 VIII: Examples

Q: **What are some of the previous Community Health Partnerships funded Trailblazer Award and Planning Grant projects?**
A: Here are some 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
	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	Anita Panjwani, Purdue University Carla Heiser, Precise Health Solutions, LLC

Year	Project Title	Project Partners
	Adolescents and Young Adults with Autism Spectrum Disorder	
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
	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
	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

Year	Project Title	Project Partners
	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.
	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

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

University Lead and Community Lead will co-lead a university-community collaboration to conduct a mixed-methods evaluation of a pilot of Community Organization recently updated program Intervention. Intervention provides tools and technical assistance to school district and school building health and wellness leaders to implement PSE (policy, systems, and environmental) strategies to increase the adoption of PK-12 nationally recognized healthy schools best practices related to healthy eating and physical activity in order to reduce childhood obesity in central Indiana. This work will take place in Marion County, IN, where childhood obesity rates are high.
The project's aims are to 1) Field-test Intervention in all Indianapolis public schools (N=~42); 2) Assess the usability and feasibility of the program; 3) Examine changes in school staff's familiarity and confidence with implementing school-based best practices; 4) Evaluate changes made to school environments due to the program; 5) Revise Intervention based on evaluation data for future scaling and funding efforts. The application describes formative and summative evaluation using quantitative and qualitative methods. This partnership is an extension of previous University Lead/Community Lead collaborations. Effective strategies are critical for schools to adopt nationally recognized healthy best practices and thus improve both academic success and student health and well-being. We anticipate that results from this project will garner statewide interest as community health stakeholders across Indiana seek Health First Indiana solutions to strengthen obesity and chronic disease prevention. Evaluating the feasibility and impact of Intervention will also enable us to generate the foundational information needed to enhance the program and secure future funding for larger-scale implementation and research.

Example 2
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 served by the Community Partner Organization, 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

From a community perspective, the findings will be disseminated through community outreach activities. An abbreviated list includes, the University Partner Organization annual Health Fair, annual Undergraduate Student Research symposium, the Local University annual Health Fair, bi-annual Magazine, community presentations at Community Partner Organization Family Residency Program, media outreach through Local Community-based newspaper and both University campus news outlets. From a scientific perspective, dissemination through peer-reviewed publications and conference presentations at regional and national conferences (Example 1, Example 2, Example 3). In addition, the annual Indiana CTSI CheP Community Health Partnerships Annual Meeting. The primary focus for all plans will be to ensure the results reach the affected communities and relevant stakeholders, including healthcare providers, and policymakers.

Example 4
Description of Partnership

University Lead and Community Lead were connected by Name, adjunct faculty member at University and longtime school health evaluator who has worked with both partners on previous school health initiatives. We're delighted Name recommended we discuss this current project, and we value this connection by a mutual, trusted, and long-time colleague. For the past ten years Community Lead Organization has collaborated with faculty, researchers, and students at University Lead Organization including the University Departments. The expertise and resources University Lead brings from the University Lead Organization are a welcome addition to this history of collaboration.
University Lead and Community Lead will co-lead this project given their corresponding areas of expertise. They will meet biweekly during the project period via Microsoft Teams and share documents using a joint Sharepoint folder. They will also have some in-person meetings, in which University Partner will travel to the Community Lead Organization office. University Lead is an Associate Professor in the Department of X of University Lead Organization. An applied researcher, behavioral scientist, and Master Certified Health Educator (MCHES), University Lead's expertise includes designing, implementing, and evaluating health promotion interventions with the overarching goal of improving health outcomes among young people. University Lead regularly partners with practitioners and community organizations, focusing on capacity building and conducting translational research using multiple methodologies, especially in school and community settings. Most relevant to the current project, from 2011-2018 University Lead was an evaluator for the Program, a tri-state school-based childhood obesity prevention program in Indiana, Illinois, and Kentucky that aimed to improve school nutrition and physical activity environments. Community Lead is Knowledge and Data Manager for Community Lead Organization since 2014. He brings to the project skills in needs assessment, program planning, local nutrition and physical activity partners and programs, and childhood obesity research and best practices grounded in Community Lead Organization's work with dozens of partners in in many sectors. These include systems-change projects with youth-serving organizations, schools, preschool and the early care and education system, community food systems and equitable healthy food access, and childhood obesity prevalence surveillance for central

Indiana. He was part of the team that implemented a school-based initiative similar to the Program on Indianapolis's east side in 2017.

Additional project partners include Community Organization and University Collaborator (see letters of support). Community Organization has participated in the Community Partner Organization program for five years, and relationships among Community Partner Organization and district and school wellness staff are well-established. Community partner Organization has worked for the past year with Researcher at Research Organization in developing the current version of Intervention materials and technical assistance products.

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 Motivation, Rationale, and Area of Health Impact

An estimated 6.7 million American adults have heart failure, costing over $30 billion annually. Heart failure is one of 6 conditions targeted by the Center for Medicare and Medicaid Services' Hospital Readmissions Reduction Program (HRRP), as 20-25% of hospitalized patients with heart failure in the United States (US) are readmitted within 30 days of discharge. Previous research and interventions on factors impacting congestive heart failure (CHF) readmissions have largely focused on individual-level factors and clinical practices rather than social drivers of health (SDOH).

Since October 2021, University Partner and Community Partner have engaged in a participatory research partnership to examine SDOH among patients admitted from January 2021-January 2025. Community Parnter was the pilot and first acute care hospital in Indiana to implement comprehensive EHRlinked SDOH screenings and referrals to community resources. A recent study within this partnership evaluated the impact of SDOH on 30-day readmissions for CHF in a

sample of 5,489 patients admitted for CHF between January 2021 and April 2024. The patients were predominantly 65+ years old (76.2%) and publicly insured (91.8%). Overall, 22.4% of these CHF admissions were 30-day readmissions. This study found that patients with CHF experiencing food insecurity were twice as likely (OR=2.128; p=.033) to be readmitted within 30 days compared to those who did not experience food insecurity, after adjusting for socio-demographic factors including sex, language, hospital location, insurance type, and depression risk. Overall, the results support previous research on impacts of SDOH on 30-day CHF readmission. In 2023, 18 million US households experienced food insecurity, with implications on physical and mental well-being. Food insecurity is associated with increased cardiovascular morbidity and mortality through biological and behavioral mechanisms.

Partnership Goals and Specific Aims

The Trailblazer Planning Grant is requested to strengthen and expand the existing research partnership between University Partner and Community Partner by including new partnerships with Community-Based Organizations (CBOs) addressing food insecurity in Northwest Indiana including: CBO 1, CBO 2, and CBO 3. The goal of this community health system-academic partnership is to enable a seamless transition from the identification of food insecurity among hospitalized patients within Hospital System to linkages to medically tailored community food sources on discharge from the hospital.
The specific objectives for the Planning Grant are to:
1. Establish a formal community-health system-academic partnership to address food insecurity among clients with CHF.
2. Explore the experiences, drivers, and health impacts of food insecurity as well as related community needs, resources, and recommendations through qualitative key informant interviews with up to 20 CHF clients and up to 20 community stakeholders. Appropriate ethical review and approval will be sought prior to undertaking these research activities.
3. Review the evidence on successful health system and community-based programs for food insecurity among CHF clients and their methods of implementation and evaluation.

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 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 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 county or counties 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). 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 (CINH), 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 improving health for all. Connections IN Health's primary coalition has regular meetings for all of its members, and there are also smaller groups within CINH that meet to focus on specific topics.
        You can join Connections IN Health 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
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 XXX.**
Register in advance for this meeting:
XXX
After registering, you will receive a confirmation email containing information about joining the meeting.