I. Purpose

Duke Clinical Translational Science Institute, Duke’s home of the National Institutes of Health’s Clinical and Translational Science Award, will offer awards of up to $25,000 to advance community-engaged research proposals with established community-research partnerships. Funding will be provided to assist joint research proposals from community organizations/groups and Duke researchers who have developed innovations to address health problems and are ready to advance testing these solutions through broader community-engaged implementation research studies. Preference given to proposals which have an explicit plan for testing evidence-based practices in community settings, a plan for sustainability, and a plan to mobilize community assets and strengths to test feasibility of implementation strategies for population health improvement.

Priority will be given to research proposals that address the following:

- **Health care priorities** identified in the community through community level assessments such as PCOR Town Halls on Outcomes that Matter, Partnership for a Healthy Durham, and the Durham County Community Health Assessment.
- Research that **focuses on an area of disparity** including diabetes, asthma, cardiovascular disease/hypertension, mental health, cancer and kidney disease.
- Pilots studies that **use previously gathered data** in selection and tracking of outcomes.
- **Tests of innovative implementation strategies** to optimize uptake of solutions at the community level.
- Research proposals that show promise and are committed to **developing solutions that are sustainable**.

Emphasis is placed on improving local health and the ability to secure follow-on support for larger investigations of implementation.

The CTSI’s Community Engagement Core [http://www.c4partners.org](http://www.c4partners.org) facilitates equitable, authentic, and robust community engaged research via a suite of extensive resources that aim to build capacity, facilitate partnerships and foster authentic communication between
academic and community partners to improve community and population health across the translational research spectrum.

Applicants are encouraged to consult with the Community Engagement Core http://www.c4partners.org to facilitate connections to other CTSI cores that can assist with their projects (e.g. biostatistics, metrics and evaluation, project management, emerging technologies). Any projected assistance from these cores must be included in the budget. **Technical Assistance** is available to all awardees and includes a variety of engagement support services including capacity building, tools for sustainable and equitable partnerships, and ongoing feedback and input as needed.

II. Key Dates

Posted Date: February 23  
**Optional** Letter of intent Due: March 6  
Application Submission Deadline: March 29  
Review Process Ends: April  
Selection of Awardees: May  
IRB and NIH Approval: May - June  
Notice of Awards: July 2017

*IRB and NIH approval key dates apply only to proposals involving research participants.*

III. Eligibility Information

Eligible Applicants consist of community-engaged partnerships that include a Duke Faculty investigator as identified below and at least one partner from the following list:

- Nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education)
- Nonprofits without 501(c)(3) IRS Status
- Community organizations, especially those with a focus on public health, social services, caregiving, and patient advocacy
- Members of practiced-based research networks
- Eligible agencies of the federal, state, or local government
- Permanent, full-time, Duke faculty in professional ranks (assistant, associate, or full)
- Permanent, full-time, Duke faculty in non-tenure track (lecturer, instructor, contract, or fixed-term)
- Duke doctoral students, and postdoctoral trainees, including clinical fellows

Requirements

- Research proposals must have at least one investigator from Duke University and at least one community partner.
• The project must relate directly to health, and the objectives of the project should include an outcome that will benefit patients.
• Each applicant may be involved in more than one proposal, but can only serve as the project lead or lead investigator in one application during the funding cycle.

IV. Funding

Each award will be funded by Duke’s CTSI and will provide up to $25,000, with an expected start date of July 1, 2017 and ending on June 30, 2018 (direct costs, plus indirect cost rate of 10 percent).

Lead investigators and community partners may budget pilot award funds for the following purposes:
• Support personnel
• Use of CTSI’s core services, including salary support for core faculty, such as biostatistics, metrics and evaluation, and emerging technologies
• Local travel that is necessary for conducting the research project
• Meals or travel expenses directly related to conduct of the research planning or implementation
• Expenses related to conducting engagement activities with patients and other stakeholders
• Equipment, research supplies (not office supplies) and core lab costs
• Indirect costs capped at 10%

Pilot award funds may not be budgeted for the following purposes or resources:
• Office supplies or communication costs
• Meals or travel expenses not related to the project
• Professional education or training
• Computers or audiovisual equipment
• Manuscript preparation and submission

Funds cannot be carried over from one fiscal year to the next. Requests for no-cost extensions will be considered on a case by case basis and renewed and determined by the programmatic committee.

V. Selection Process and Review Criteria

A Review Committee comprising community members, community organizations, researchers, and experts in community and population health will perform a detailed review of the applications and select the finalists. The Review Committee will consider the following criteria when reviewing and scoring applications:
• The novelty, uniqueness and impact of the opportunity presented by the proposal; opportunities that provide generalizable solutions to translational research problems are highly encouraged. *(Significance)*
• Methods and analyses used are well-reasoned and suitable to complete value recognition studies and proposed specific aims. *(Approach)*
• Project scope of work is appropriate for the timeframe and level of funding. *(Feasibility)*
• Collaboration of investigators and community partners provides complementary skills and expertise. *(Collaboration)*
• Translational potential of the opportunity including intellectual property, strategy for partnering and follow-on support where needed to advance the proposed activity. *(Translational Potential)*

VI. Application Procedure

An **optional** Letter of Intent may be submitted at your earliest convenience and no later than March 6. Please email the letter to johanne.laboy@duke.edu with the words “Population Health Awards” on the subject line, and include the following items:

a. Descriptive title of proposed research
b. Name, address, and telephone number of the Principal Investigator(s)
c. Names of other key personnel
d. Participating organizations
e. Approximate funds requested

Proposal is submitted via Duke’s MyResearchProposal online submission system.

• To apply, visit [http://bit.ly/myresearchproposal](http://bit.ly/myresearchproposal) click on “Create New User” (or log in if already have an account). Proposals must be submitted under the Principal Investigator’s name.
• A step-by-step user’s guide for applying via the MyResearchProposal software is available - Please review this [document](#).
• Enter Access Code CTSI then select the “Duke CTSI Population Health Improvement Co-Development/Advancement Partnership Award 2017” funding opportunity and follow the instructions.

Proposals should include:

• Sections to be uploaded as individual PDF files (see section description for formatting details)
  • Proposal overview
  • Community Profile
  • Partnership Profile
  • Development Plan
  • Impact
VII. Budget Guidelines

Duke CTSI’s Population Health Improvement award budgets cover expenditures for a 12-month period. The budget period will begin when applicable IRB/IACUC documentation is provided to Duke’s CTSI and the PI indicates everything is in place for the project to begin.

If more than six months passes after notification of funding and the PI is still not ready to start, Duke’s CTSI reserves the right to retract the award. At the end of the 12-month project period, any unexpended funds will be retained by the CTSI’s award program and/or returned to the match organization.

For most projects, one budget for the total project should be submitted.

Please submit a draft budget using the NIH’s PHS 398 Form Page 4
http://grants.nih.gov/grants/funding/phs398/phs398.html

VIII. Other Guidelines

Duke’s Clinical Translational Science Institute is funded through a CTSA grant available from NIH’s National Center for Advancing Translational Sciences (NCATS). Prior to the release of grant funds, NCATS requires the review and approval of all Duke CTSI pilot grants involving research participants. Thus, if your proposal is funded and involves research participants, the CTSI will require additional documentation for NCATS. NCATS reviews take approximately 30 days. The NCATS review can occur concurrently with the IRB review, but final NCATS approval is dependent on IRB approval.

1. Prior to receiving funds, research involving participants must have appropriate approvals from the Duke CTSI IRB. Either an IRB approval letter or an IRB response to a “Determination Whether Research or Similar Activities Require IRB Approval” must be submitted to Duke CTSI prior to funds being released. For research involving participants, all key personnel listed in the eIRB must have certification of training in the protection of participants prior to the start of the award period.

2. If the research includes animals, the appropriate IACUC animal research forms must also be approved.

3. Participant research must be reviewed in accordance with the university's general assurances and HIPAA.

4. Research involving participants must also be approved by the National Center for Advancing Translational Sciences (NCATS) prior to receiving funds. The Duke CTSI will request required documents from the PIs and submit a regulatory package to NCATS for review and approval.
5. CTSI staff will work closely with funded teams throughout the award period to monitor progress and, when necessary, provide assistance. A six-month interim progress report and a final progress report will be required. CTSI expect PIs to report over the lifetime of the work the outcomes achieved due to the pilot award, e.g., subsequent external funding, publications, presentations and patents.

6. Duke’s CTSA grant UL1TR001117 notice of grant award included both federal funding and our institutional commitment. The institutional funds used in our CTSA pilot funding programs take on the identity of federal funds in this award mechanism and therefore should be treated as such with regards to IRB, IACUC, and tech transfer office reporting. NCATS approval is required prior to initiating research involving participants and inventions resulting from pilot awards must be reported in iEdison and include UL1TR001117 as the source of federal funding.

7. All publications that are the direct result of this funding must reference: “Research reported in this publication was supported by the National Center for Advancing Translational Sciences of the National Institutes of Health under Award Number UL1TR001117. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.” Publications must also be registered in PubMed Central.

8. CTSI will judge the success of this funding program by tracking ("translational units") required to translate a scientific discovery from laboratory, clinical or population studies into clinical or population-based applications to improve health by reducing disease incidence, morbidity and mortality. The CTSI will contact investigators annually to determine if any translational units have been achieved as a result of this award. Examples include:

- Abstracts/presentations, manuscripts, published guidelines
- Follow-on funding (e.g., grants, SBIR/STTR, angel investment)
- Milestones achieved in animal models, manufacturing and toxicity campaigns
- Regulatory meetings and filings (e.g., 510K, IDE, IND, BLA, NDA)
- Initiation of appropriate clinical studies
- Improved diagnosis or treatment of disease
- Implementation in clinical practice and community
- Translation of models to other geographical areas
- Translation of models to other therapeutic areas
- Clinical outcomes in practice and communities
- Agreements with partners and strategic collaborators to translate more broadly
- Commercialization (e.g., new intellectual property, patent applications, license, commercial partnerships, start-up company)
- Direct-to-consumer interactions (e.g., mobile health apps)
General questions, not answered in the RFA, about the proposals and the review process should be addressed to johanne.laboy@duke.edu before submission.

For technical or My Research Proposal account questions, please contact Anita Brantley: 919-668-4774 or anita.grissom@duke.edu