

OVERVIEW

The Implementation Science for Equity Center (ISEC) at University of Kansas Medical Center is accepting applications for community engagement pilot awards. ISEC aims to foster Implementation Science research within an equity framework focused on rural, minority, and other underserved populations.

The goal of this pilot program is to nurture equitable partnerships with community partners and stakeholders toward enhancing capacity for implementation trials that address health equity. Engagement with underserved populations and settings is required (e.g., multi-generational poverty, immigrant or refugee populations, safety net clinics, community health centers). Proposals that hold promise for future extramural funding will be prioritized.

Up to two pilot projects with a duration of 9 months (December 1, 2024 – August 31, 2025) and \$10,000 total budget will be awarded based on merit. All applications will be peer reviewed by a panel of faculty and community members. Applications are due October 1, 2024. Awardees will be notified by November 1, 2024.

REQUIREMENTS

1. Applicants must be a faculty member or post-doctoral fellow at KUMC or KU-Lawrence.
2. Pilot projects can support investigators at one of two stages:
 - **Partner Engagement Planning:** Conduct a needs assessment with community and clinical partners to identify the most pressing needs from the stakeholders' perspectives to address equity of care/services and co-develop a research question. For example:
 - Use a community-oriented model to review a community health assessment with community partner to prioritize their needs. Provide baseline information for partners to equitably engage in the process.
 - Engagement activities focused on selecting an evidence-based intervention to address the needs and identifying how the intervention should be tailored for the priority population or setting.
 - **Research Planning:** Engagement with current stakeholders/partners within a specific setting appropriate to reach the target population, to select an implementation strategy for enhancing uptake and/or effectiveness for overall impact of an established evidence-based intervention. For example:
 - Activities focused on identifying intervention adopters and implementation barriers and facilitators; construct matrices of change for intervention success, selecting a theoretical model for implementation (RE-AIM, PRISM, etc.); develop and refine tailored intervention materials and messaging.
 - Activities focused on developing outcomes and performance objectives for the intervention; defining indicators and measures for assessment; specifying the evaluation design.
3. Projects must demonstrate the capacity to reach a population in need of interventions to support equity.
4. Community engaged means that a community or clinical partner is involved in the planning and/or delivery of the project. See eligibility for definition of community partner.

5. The project must address improving health equity in minority and underserved (including rural) communities.
6. Projects must be implemented in the community AND a significant proportion of funds are expected to be allotted to the community/clinical setting through a contract or consultancy agreement or purchase order.
7. Clear milestones and deliverables should be specified.
8. Researchers and community leads are encouraged to complete implicit bias and community engagement CITI training.

COMMUNITY PARTNER ELIGIBILITY

Community Clinic or Healthcare Settings: e.g., primary care clinics, federally qualified health centers, tribal health clinics, long-term care facilities, nursing homes, residential care settings, acute care or rehabilitation facilities, or any site providing clinical services to community members.

Community: a group of individuals, families, neighborhoods, or other social or functional units that have common features that characterize them in a meaningful and non-derogatory way.

Community-Based Organization: a community-based or community-connected organization is embedded in a community and closely serving its members. These may be community service organizations, educational entities or government programs with regular service contact with community members.

Community Member: an individual that self-identifies as a member of a particular community or group that could be defined as a community.

Patient Advocate: an individual or family member of an individual with experience of a disease or condition that positions them to serve as an expert advisor to researchers working on that disease or condition.

PRE-SUBMISSION MEETING

A pre-submission Zoom meeting (<https://kumc-ois.zoom.us/j/97830755934>) will be offered on September 16th from 12:00-1:00 PM to meet with ISEC members to ask questions and discuss approaches for your proposed pilot study. **The recorded session can be made available to those who cannot join.**

REVIEW CRITERIA

Evaluation criteria include relevance to underserved populations and settings; clearly identified implementation gap or inequity; potential for impacting health equity; collaboration with community partners/members; qualifications, experience and productivity of the applicant; project feasibility given facilities, budget, time, and other resources available; and potential for future implementation science focused extramural funding. Demonstrated history of prior partnership or engagement is a strength, but not required.

REGULATIONS

Human Subjects: Projects that include human subjects must be submitted to the KUMC Institutional Review Board (IRB). Final IRB approval is not required to apply; approval can be noted as “pending.” Awarded funds will not be released until final IRB approvals have been received. Please clearly indicate if IRB approval will be required for your study.

APPLICATION AND SUBMISSION INFORMATION

Applications are due by October 1, 2024. All applications should be submitted as a single PDF file to ISEC via email (isec@kumc.edu). After funding decisions have been made, awarded applications will be routed through the KUMC Research Administration Division of Sponsored Programs Administration for approval.

Applications should be prepared using PHS 398 forms and instructions (3/2022 revision available at <http://grants.nih.gov/grants/funding/phs398/phs398.html>). Applications should include the following sections:

1. **Cover Page:** The ISEC Community Engagement Pilot Award Cover Page is attached to this RFA. *For KU-Lawrence applicants, the Cover Page must be signed by your institution's authorized official.*
2. **Abstract:** (300 words max; use PHS 398 Continuation Format Page) Summarize project, importance, who you aim to reach, how you will reach them, what are your goals.
3. **NIH Biosketches:** Applications should include a five-page NIH non-fellowship biosketch for the PI, Co-Investigators and any other faculty-level key personnel collaborating on the proposal. The NIH biosketch form is available [here](#). Please include a resume for the community lead.
4. **Budget and Justification:** The PHS 398 Detailed Budget for Initial Budget Period form should be used to present your one-year budget. The accompanying budget justification should be detailed sufficiently so that reviewers are able to assess if the correct resources have been requested.
 - a. Budgets may not exceed \$10,000 in direct costs.
 - b. Grant funds may be budgeted for: project staff, consulting or contracting with organizations, stakeholder interviews, town halls, data collection via surveys or EMR extraction, travel for community engagement/partnership development, and supplies. A majority or significant proportion of funds should be allotted to the community/clinical partner through a contract. Funds (\leq \$500) may be requested to provide food during the community engagement activities.
 - c. Funds may NOT be used for: salary and fringe benefits for PIs and other participants with a faculty appointment, subscriptions, memberships, tuition, or indirect costs. The PI should designate effort even though no funds may be requested.
 - d. Note: If awarded, community/clinical partners must provide the following for processing reimbursement of study costs: service agreement, supplier agreement form, and W-9.
5. **Research Proposal:** Specific Aims (1 pg.) and Research Plan (3 pgs.) must be single spaced, Arial 11-point font, 0.5" margins. The Research Plan should include: Significance, Innovation, and Approach. The Approach should include existing collaborative work with the community partner and their experience serving the community.
6. **Bibliography:** The bibliography should list any articles cited in the research proposal and follow NIH formatting.

REPORTING REQUIREMENTS

1. **Progress Report:** A final progress report must be submitted 3 months after the conclusion of the grant project period.
2. **Present at ISEC Club Meeting:** Pilot awardees will be asked to present their deliverable outcomes and lessons learned.
3. **Progress Updates:** Upon request, pilot awardees will provide an update on their process including, but not limited to:
 - Information on grant applications submitted or funded related to this award.
 - Publications or presentations related to this award.

QUESTIONS

Administrative and Budget Questions:

Erin Powell, ISEC Project Director, isec@kumc.edu

Project Eligibility and Scientific Questions:

Dr. Sarah Kessler, ISEC Community Engagement and Outreach Core Director, skessler2@kumc.edu

KU
**IMPLEMENTATION SCIENCE
 FOR EQUITY CENTER**

The University of Kansas Medical Center

**2024 Community Engagement
 Pilot Awards
 Request for Applications**

Cover Page

Principal Investigator Name:			
	<i>Last</i>	<i>First</i>	<i>MI</i>
Academic Title:			
KU School/Location:			
Phone:			
Email:			
Department Administrator:			
	<i>Name</i>	<i>Email</i>	<i>Phone</i>
Project Title:			
Human Subjects Approval Number or Note as Pending/Not Applicable:			

Co-Investigator(s) Name:	Co-Investigator(s) Program:	Co-Investigator(s) Email:

Non-KUMC applicants:

Authorized Official Signature/Date:
Authorized Official Name and Title: