

Collaborations for Health Empowered Community-based Scientists (CHECS)

Request for Proposals (RFP) - Year 2 Intensive Mentorship/Training Program



We are excited to invite Community Health Center (CHC) clinicians, staff, and patients to apply to participate in the CHECS Training Program. Up to 20 individuals and/or 20 teams will be selected to participate in a **12-month** mentorship and training program. This program will include mentorship workshops and in-person trainings to build skills to develop a research proposal to pursue future funding for Patient Centered Outcomes Research (PCOR)/Comparative Effectiveness Research (CER).

Benefits to Participating in CHECS:

- Develop your PCOR skills and knowledge
- Originate research that can improve primary care services at your health center and ultimately improve patient health outcomes.
- Support and mentorship from academic researchers, community advocates, and clinicians that have a range of experience and expertise in conducting research
- Access to free online webinar trainings with free continuing education credits
- Networking opportunities with other health center professionals, patients, and subject matter experts during in-person meetings.

Funding for Participants: Travel will be provided at no cost to participants for 2 in-person trainings. Funding is also available for providers/staff to use part of their clinical time to participate in the program.

Program Focus Area: CHECS is a community-based curriculum designed to engage and mentor CHC-based participants in the PCOR process to successfully develop, implement, and disseminate research while building community-based capacity for PCOR. The program will support participants to obtain experience in and apply PCOR methods, design and implement CHC-driven research and pursue funding to operationalize their designed research project. Individuals/groups are encouraged to submit proposal ideas addressing pressing health, quality improvement, or practice issues at CHCs.



Proposed Activities for 12-month program:

Mentorship

- Matching of topic of interest with subject matter experts
- Individual and group mentorship by subject matter and PCOR methods experts from Northwestern University, Chicago Department of Public Health (CDPH), C3 (Chicago CTSA for Community Engagement), University of Illinois at Chicago (UIC) and community advocates
- Mentorship to help individual applicants develop a research team

Trainings

- In-person trainings/workshops and PCOR webinars
- Topics areas may include the following:
 - Conducting a Review of Existing Literature
 - Formulating and Testing PCOR Question(s)
 - Patient Engagement Approaches

- Designing a PCOR project
- Leveraging Data and HIT Infrastructure for Preparatory-to-Research, Funded Research, and Evaluation
- Research Dissemination Activities
- Research Ethics
- Pursuit of Funding

Other activities

- Supplemental learning activities in preparation for in-person trainings
- Development of a research proposal
- Mock proposal/grant review

Year 1 online webinars

Year 1 online training webcasts are available here: <https://www.cdnetwork.org/checs>

Eligibility: Applications must be submitted by a CHC staff member and/or patient from a CHC in the AllianceChicago network. Teams (clinicians, staff, patients) will be given special consideration and are highly encouraged to apply. Individual applicants are welcome to apply as well.

Application Submission: Applications must be submitted in electronic format or received in hardcopy by mail by 5pm (CST) on Monday, April 30th, 2018.

Applications can be submitted in three ways: 1) via completion of the [survey monkey](#), 2) emailed to research@alliancechicago.org (please include “CHECS Training Program” in the subject line), or 3) hard copies can be sent to:

AllianceChicago
ATTN: Health Research and Education (HRE)
215 W. Ohio St., 4th Floor
Chicago, IL 60654

Application essays should not exceed 5 pages total in Arial 11-point font with one-inch margins and should include the following components (resume, LOS, and references not included in 5-page count):

- Problem Statement:** Short description summarizing the issue you hope to address with your research project and the importance of and rationale for studying this issue. In addition, include a description of how your research project will contribute to your health center community.
- Project Aims:** Provide 3 - 5 broad statements of desired outcomes or intentions of your research project
- Lead Applicant/Team Members' Description:** Background, experience, current role(s), contact information (name, phone, email, organizational affiliation)
- Goals of Participation:** Description of what you hope to gain from participating
- CHC Applicant Resume or CV:** Resume or CV required for CHC applicants
- Letter of Support (LOS):** For CHC staff, a LOS from CHC leadership and/or supervisor is required. In addition, a LOS from other partners on the team is highly encouraged.
- Additional Materials:** any other documents, materials, or notes from team or community members to support your application
- References:** Provide any references/articles used for the problem statement

Before submission, applicants are required to contact CHECS project leadership, Sarah Rittner (srittner@alliancechicago.org) or Nita Mohanty (nmohanty@alliancechicago.org), to discuss potential proposal ideas no later than **April 23, 2018**.

Review: Applications will undergo review by the CHECS Advisory Board consisting of clinicians, academic representatives, and community advocates. Proposals will be evaluated based on the criteria below. The full grading rubric is available on request.

Section	Criteria
Problem Statement	Demonstrates 1) research collaboration potential, 2) grant funding potential, 3) contribution to the community health center and 4) representation of vulnerable populations.
Project Aims	Provides statements that identifies the system/health issue to be addressed and the specific population that will be targeted.
Applicants/ Team Members' Description	Provides descriptions for lead applicant(s) and all other team members.
Goals of Participation	Clearly describes how participating in CHECS will meet a need for the applicant(s).
CHC Applicant Resume or CV	Provides a resume or CV for CHC provider/staff applicants.
Letter of Support	Provides a letter of support from CHC leadership and/or CHC supervisor.

Application Timeline:

RFP Available	March 6, 2018
Earliest Application Submission	March 12, 2018
Deadline to discuss idea w/CHECS leadership	April 23, 2018
Application deadline	April 30, 2018
Selected applicants notified	May 31, 2018

Additional Information:

- The 12-month training program period is from July 15, 2018 – July 15, 2019.
- Participants will be expected to devote 4 hours/month to the program. Funding is available for providers/staff to carve out this portion from their clinical time.
- In addition, there will be two in-person 1.5-day workshops in the Chicagoland area. Funding will be provided for trainees to travel to attend in-person workshops.

CHECS was funded through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington PCORI Engagement Award (6043-ACCH).

CHECS Website: <https://www.cdnetwork.org/checs>

PROPOSAL EXAMPLES

Please see examples of problem statements and project aims below

Problem Statement: A research-worthy problem statement is the description of an active problem faced by researchers and/or practitioners that does not have adequate solutions available. The research-worthy problem statement should address all six questions: what, how, where, when, why, and who.

Example #1

"Let's face it, teens are having sex. In high schools across the U.S., nearly one-half (47 percent) of students state they are having sexual intercourse. The average teenager feels invincible and has little fear of becoming HIV+. Most believe that HIV only happens to other people. However, teens and young adults make up the largest number of HIV cases reported in recent years. In fact, the Centers for Disease Control (CDC) estimate that there are at least 15,000 HIV+ young people between the ages of 13 to 24 years old living in the U.S. Yet, most HIV+ teens remain unaware of their infection, or that they were even at risk for HIV. Adolescent women are at even greater risk than adult women. The vagina and cervix of young women are less mature and are less resistant to HIV and other STIs, such as Chlamydia and gonorrhea. Changes in the reproductive tract during puberty make the tissue more susceptible to penetration by HIV. Also, hormonal changes associated with the menstrual cycle often are accompanied by a thinning of the mucus plug, the protective sealant covering the cervix. Such thinning can allow HIV to pass more easily. Young women produce only scant vaginal secretions, providing little barrier to HIV transmission. So, what can be done? How can we address these issues and reduce the incidence of HIV in our patients?"

Example #2

More than 25 million people (1 in 15 Americans) access their primary care in CHCs located in 9,800 U.S. communities (www.nachc.org). CHC patients tend to be more economically disenfranchised, racially and ethnically diverse than other Americans. Based on national probability studies, at least 3.5% of their patients are Sexual and Gender Minority (SGM), but few CHCs have systematically collected data about SOGI and only a minority have undertaken intensive staff training to optimize their provision of care for SGM patients. The premise of this application is that most health care providers are motivated to provide optimal care for their patients, but many providers have not been addressing their SGM patients' care needs because they lack the appropriate health information systems and education that could assist them to readily identify those patients. Additionally, they may lack training about the best practices to obtain a full history from a SGM patient and may not be conversant with the health disparities that SGM patients experience, leading to insufficient recommendations for needed preventive services, such as STI and cancer screenings, and preventive vaccinations. Moreover, some health providers and clinic staff may experience personal discomfort when dealing with SGM patients, leading to ignoring this important domain of their patients' lives.

Project Aims

Example #1

1. To conduct key informant interviews of FQHC staff and consumers
2. To refine an optimized training program for non-clinical staff, clinicians and administrators
3. To compare the effectiveness of the optimized LGBT health training program to usual practice

Example #2

1. Establish the capacity to develop, implement and monitor integrated cancer care plans at CHCs.
2. Examine the processes of cancer care planning and coordination across a series of patients to identify the issues and gaps in care that arise and how well settings can overcome these challenges.
3. Determine outcomes of implementing cancer care plans at patient and health systems levels.