



Administrative Supplements for Collaborative Community Engagement Research

Purpose:

To foster community engagement and community based participatory research infrastructure with NCRR programs such as CTSA, IDeA, SEPA and RCMI. Examples of community entities with which partnerships could be created include community based organizations or clinical research networks such as Prevention Research Centers, Practice Based Research Networks, HMO Research Networks, Community Health Centers and existing NIH funded networks.

Goals and Objectives:

This initiative provides support for collaborations with a community health focus between two or more of NCRR-awardee institutions which will benefit from the infrastructure and existing community partnerships. It is anticipated by engaging the community in an active dialogue, healthy life style choices, increased rigor of community health evaluation metrics, and an educated community about the clinical trials process will lead to community able to make informed decisions.

Collaborative Community Engagement Research Administrative Supplement Guidelines:

- The NCRR Clinical and Translational Science Awards (CTSA), Institutional Development Award (IDeA), Research Centers in Minority Institutions (RCMI), and Science Education Partnership Awards (SEPA) are eligible to apply for this Administrative Supplement.
- The Administrative Supplement may request up to \$300,000 Total Costs (direct cost plus F&A) per year.
- One and two year supplement applications will be considered. NCRR will support one or two supplement years based on the review and availability of funds.
- The direct cost of the Supplement Request cannot exceed the direct cost of the parent award.
- Each parent grant may only submit one application for this Collaborative Community Engagement Research Administrative Supplement.
- The aims of the Administrative Supplement must be within scope of the parent award. Sub-contract awarding is allowed.
- Please find [Selection Factors for Administrative Supplements here](#).
-

Specific examples of responsive projects include, but are not limited to:

- Further increase rigor of community health evaluation metrics
 - Educate the community about the clinical trials process with the expectation that by understanding the process, patient safeguards, and informed consent of NIH-funded clinical trials more underserved populations will participate.
 - Develop community organizations infrastructure for developing tools and skills for building research portfolios.
 - Develop of a culture of partnering among NCRR programs, existing research networks, program from other agencies, and community based organizations.
 - Incorporate understanding and an appreciation for NIH-funded basic and clinical research in the community.
-

- Facilitate the understanding and teaching of the clinical trials process and establish a dialog and educational materials on participation in clinical research.
- Establish or expand community-based infrastructure i.e. core facilities, equipment, personnel for collaborative clinical and translational research addressing health disparities in medically underserved areas, including health promotion, disease prevention research and dissemination
- Provide training opportunities for community-based individuals and organizations, including health promotion and disease prevention strategies designed to break through cultural barriers
- Develop or expand community-based participatory research projects addressing health disparities in minority, disadvantaged or medically underserved communities
- Develop, expand, and/or evaluate telehealth networks linking academic health centers and health care providers in rural and other medically underserved areas by leveraging HRSA, VA, FCC, and/or USDA telehealth programs to increase community capacity for clinical and translational research, risk assessment, biosurveillance, emergency preparedness and disaster recovery