Promoting Community Health Research Partnerships
Through a Small Grants Program:
Processes and Lessons Learned

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Abstract

Introduction: While there are multiple ways to engage communities in health research, one approach is through partnership-based research in which community representatives are involved as intentional partners in the research process, from conceptualization and co-creation to implementation, analysis, interpretation, and dissemination. However, there remain numerous challenges to supporting and sustaining such partnerships.

Methods: Since its launch in 2019, the integrated Translational Health Research Institute of Virginia (iTHRIV) has sought to foster community engaged health research among its four research/clinical institutions through a community partnership-based grant program.

Results: Over five funding cycles, iTHRIV has awarded 14 one-year research grants addressing topics such as opioid use disorder, cancer, hepatitis C and autism. Each funding cycle has provided valuable experience and feedback toward iterative program refinements.

Conclusion: Key lessons have included: 1) the Request For Proposals (RFP) must be very clear and community-vetted; 2) transparency regarding administrative burden required for compliance is critical to inform cost-benefit decisions; 3) giving different modes of communication, adequate and creative marketing of the RFP is necessary; 4) establishing a centralized program officer for all grantees facilitated post-award procedural navigation; 5) one year is insufficient to carry out most studies involving human subjects. Additionally, while the program anecdotally promoted collaborative partnerships, the true impact may be difficult to evaluate.

Purpose

Community engagement is a critical component of translational health research.

Community-engaged research ensures that research addresses community priorities, targets health disparities and inequities, engages participants who are representative of their communities, and generates findings that are more readily translated into policy and practice (Diallo and Frew, 2015, Holzer et al., 2014).

While there are multiple ways to engage communities in health research, one approach is through community-research institution partnerships in which community organizations are involved as intentional partners in the research process, from conceptualization and co-creation of the research idea to implementation of the research, including analysis, interpretation, and dissemination of findings (Coombe, 2022, Janna and Oscos-Sanchez, 2007). Yet even for all its benefits, there remain numerous challenges to successfully fostering community-research institution partnerships. Mistrust, misaligned perspectives, competing priorities, and limited resources can all serve as barriers, especially when researchers are operating from institutions with complicated and often exploitative historical relationships with the communities in which they are situated (Martinez et al., 2012).

In 2019, with a Clinical and Translational Science Award (CTSA) from the National Center for Advancing Translational Sciences of the National Institutes of Health, four Virginia institutions launched the integrated Translational Health Research Institute of Virginia (iTHRIV). Building on partnerships between Inova Health System in Northern Virginia, the University of Virginia in Central Virginia, and Virginia Tech and Carilion Clinic in Southwest Virginia, the iTHRIV program is a collaboration of public and not-for-profit institutions across the Commonwealth of Virginia that bring together a dedication to team science, innovation, and a commitment to train the next generation of clinical and translational researchers. One of iTHRIV's core priorities is to strengthen community connections by engaging community stakeholders (including the lay public, patient groups, non-profit organizations, government agencies, and industry partners) to better address community needs.

One way that iTHRIV has fostered such engagement is through a Community Organization and Research Institution Partnership Grant program, administered through iTHRIV's Community and Collaboration Core (C&C). The creation of the grant program was informed by the work and lessons learned of successful academic-community partnerships (Tendulkar, 2011, Kegler, 2016.) Between 2019 and 2023, iTHRIV awarded $390,665 to 14 research projects that each involved an iTHRIV institution researcher and a community partner organization. The topics of the research grants have included autism, maternal mental health, lead in water, summer reading programs, benefits of walking and green spaces, access to Medicaid for non-citizen children, hepatitis C, healthy eating, HPV, colorectal cancer screening, and opioid use disorder. The purpose of this paper is to share Partnership Grant processes and lessons learned during the first five years of implementation and to offer recommendations for others hoping to replicate this community engagement approach. Previous papers have described various conceptual models for academic-community engagement (Kegler et al.); this paper seeks to build on that work by describing lessons learned in the process and practice of implementing this program.

Methodology

Proposal Solicitation

A critical first step in developing the funding program was to clearly establish the purpose and priorities of the program, which the team

identified as: to develop or promote partnerships between faculty at one of the four iTHRIV research/clinical institutions and community organizations in each of our communities working to advance health. In alignment with broader iTHRIV goals, there was a focus on addressing health disparities and serving under-resourced communities; this led to a broad definition of "health-related research" that was inclusive of social determinants of health. Additionally, these partnerships needed to be authentic and truly meaningful, with potential for long-term sustainability, rather than potentially exploitative "name only" partnerships.

In accordance with the above priorities, much time was spent on developing the initial Request For Proposals (RFP), as well as defining community engaged research, health-related outcomes, and social determinants of health. From the outset, the C&C team established "community health priorities" by requiring proposals to be based on a local community health needs assessments (Centers for Disease Control and Prevention, 2023). The C&C team promoted partnership authenticity by requiring that both the research and community Principal Investigators (PIs) submit a letter of support to each other, sign the proposal submission, and propose a budget that demonstrated a minimum of 40% of the funds going directly to the community partner. There also had to be a research component to the project, rather than simply health services delivery. As seed funding, the projects were intended to be completed within one year, ideally providing pilot data toward securing a larger, extramurally funded grant. Additionally, the RFP emphasized the need for a strong dissemination plan with accountability to report back to the communities involved in and impacted by the project.

The first two cycles of the seed grant program, some applications that were not conducive to community partnership work were submitted, leading the C&C team to iteratively revise and refine the RFP to be increasingly concrete in terms of partnerships, eligibility, and health related outcomes. For example, there needed to be a clear map or definition of the catchment area for eligibility (e.g., could the research be conducted anywhere in the Commonwealth of Virginia as long as the research partner was in one of the participating institutions, or did the research itself need to be serving a community within iTHRIV's catchment area?). Another eligibility challenge was that two of the partner research institutions were academic institutions, whereas two were large not-for-profit healthcare providers; this presented important differences both in terms of how researchers were titled and eligible (e.g., having "PI status") and also what community partnerships looked like (e.g., healthcare institutions can in some ways themselves be both the research institution AND community partner when they house community health programs and clinics).

For the first two years, the available $80,000 in funding was allocated to four projects at up to $20,000 each. Feedback from the community partners indicated that the administrative processes associated with receiving the funding were too burdensome for such a small amount of funding. This led to a revision of the program in year 3 to fund two awards per cycle, at $40,000 per award for subsequent years.

Initially, the RFP was disseminated to partners at both the research/clinical institutions and the community organizations largely via listservs and were posted on the iTHRIV website. Dissemination was not particularly systematic, as demonstrated by imbalances in submissions across the four partner institutions. Later, the C&C team began to track dissemination avenues more carefully. A key challenge was that as a community-focused program, the working group relied on their own networks to

disseminate directly to community partners, meaning that more of the proposals seemed to be clearly initiated by an institutional partner rather than a community partner. In the latter years, press releases were created to feature the RFP on the local news, to help spread the word to community partners.

One challenge of a small grant funding mechanism is knowing how to prepare for a timely review of incoming proposals without knowing how many to anticipate. The C&C team discussed requiring a letter of intent but did not want that to serve as a barrier. Instead, it was decided that interested applicants were required to attend an information session to learn more about the funding mechanism. The goal was to address questions and provide guidance on developing a strong proposal, with emphasis on supporting competitive proposals from organizations even if they had minimal grant writing capacity. This provided the added benefit of giving the working group an advance understanding of how many proposals may come in. Feedback indicated these sessions were appreciated by prospective applicants. The pre-proposal informational call requirement was included in the process for all five years.

Project Selection

In accordance with the efforts to support projects aligned with community priorities, it was critical to engage community members in the proposal review process. Many community members that were approached were nervous about doing so, as they lacked formal grant review experience. They were provided training on the review process, but it was also emphasized to each community reviewer that they bring different expertise, and that their knowledge and understanding of the community was a crucial perspective. Members of the C&C team also served as proposal reviewers.

A review matrix that mirrored the RFP sections was created. Each section was originally rated using the NIH rating scale (1-9), though this proved to be challenging for reviewers who were not familiar with the NIH model. In the final round, the matrix was changed so that each of the sections was broken down into key criteria, which were rated on a 1-3 scale, with qualitative descriptions (appendix 1). In both versions of the matrix, the "Partners" and "Approach" sections were weighted more heavily than "Background" or "Impact"; this reflected the priorities on the authenticity of the partnership and the likelihood of producing meaningful results.

Scores from community reviewers were weighed more heavily than scores from scientific reviewers. This weighting was done by averaging the scores from all the C&C Core reviewers into a single score, which was entered as a single rating alongside two to three (depending on the year and the number of proposals received) community reviewer scores per proposal. After all the proposals were scored, a review meeting was held to discuss all proposals falling within the top half of the score distribution, with both C&C team members and community reviewers present. The purpose of this meeting was to balance top numeric scores with other funding priorities, such as variation across geographic region, partner institution, and proposed health outcomes and social determinants of health. Although the research and community perspectives generally demonstrated relatively high concordance, there were a few times in which large discrepancies arose. For example, one study was evaluated scientifically as having good internal validity, but community reviewers felt it was not aligned with a community priority. In these cases, community perspectives were prioritized.

Post-Award Support and Monitoring

Once the first cycle of awards launched, one person from the C&C team was designated as a "program officer" for each awarded project, for a total of four program officers. The team soon discovered that multiple program officers and the lack of a clear oversight process added an extra layer of complication and reporting for the grantees rather than additional support. Later, with fewer projects to oversee, and a more robust grants management process in place, one person was designated as the program officer for all of each years' awardees. The current management process has much more transparency, with clear expectations for periodic contact and post-study reporting.

The community grants were projects expected to last one year. Initially, as a new CTSA, there was no way to know how much time regulatory approvals, ethical review, sub-contracts, and related procedures would require. It became clear that additional time was need between the notice of award and the start of the funding. Beginning in the third year, the timeline was reconstructed so that the entire application process started earlier, adding several months (post-notification but pre-implementation) to allow funded projects more time to complete the Human Subjects review process; however, this structure requires a substantial amount of planning phase work to be done without grant support. Consultations with the iTHRIV research quality manager helped to facilitate the subaward process. Even so, there was a significant learning curve for the C&C team in terms of ensuring that project teams were prepared to meet all regulatory requirements.

Discussion

The team learned substantial lessons throughout the iterative process, many of which were incorporated in the following iterations of the program. Key lessons are identified below, with practical recommendations:

1) The RFP should have very clear eligibility and expectations; in part, early confusion was due to the C&C team's own lack of clarity regarding the necessary parameters to meet program goals while adhering to broader iTHRIV priorities. Future programs are recommended to co-write or field test a draft RFP with potential grantees to assess necessary improvements for clarity.

2) It is important to be transparent up front about the amount of administrative burden required to receive an NIH grant and carefully assess, in collaboration with potential grantees, a funding amount that would motivate sufficient interest in undertaking the application.

3) Adequate and creative marketing of the RFP, both within the research institutions and with community partners, is of vital importance. Begin conversations early in the process, leveraging existing community engagement efforts and tracking all dissemination strategies, including which worked best to motivate applications.

4) Assigning one member of the C&C team as a program officer for all grantees, with clear expectations, proved to be very helpful to keep track of grantee progress and best assist them throughout their project implementation.

5) One year of funding may not be sufficient to carry out most human subjects research and related preparatory work. As this program was constrained to a 1-year funding cycle, our solution to address this was to standardize an extended length of time between award notification and project start date to accommodate potentially extensive IRB and related compliance procedures. However, expectations of substantial pre-award planning work may be a barrier to applicants, and where funding allows, longer program cycles may be preferable. Alternatively, consider offering a flexible

start date within a pre-determined window to provide grantees a level of decision autonomy in how they allocate their pre-award preparations and activities launch. This lesson was echoed in the work of Tendulkar et al (Tendulkar, 2011), who identified insufficient project time as a key barrier to project implementation. Their suggestion of 1-year long projects still proved to be a challenge for our grantees.

Conclusion

When asked what the most meaningful part of the process was, both community and research institution grantees mentioned the strong partnerships that they had created with each other, and the potential for future collaborative work. This was one of the intended goals of this process. Some grantees have published on their findings and have subsequently applied to larger funding streams to continue the research and the partnership. The next step for the C&C team is to design an evaluation tool that rigorously captures the complexity and variety of outcomes from Community Grants. The goal will be to continue to enhance work with willing community partners to co-create research by focusing on community needs and offering more direct assistance such as access to data, data analysis, and data visualization services. Moving forward, the C&C team will continue to engage the community through this proposed work, with a specific goal of building, strengthening and sustaining relationships.

Funding

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Appendix I. Review Matrix

For each row, choose the statement that is most applicable and enter the score (0-3) in column G.		0 (not addressed, or not addressed appropriately)	1 (addressed, but poorly)	2 (addressed adequately well)	3 (addressed exceptionally well)	Assign score (0-3) HERE	Notes
Background and significance	A	Health problem not described	Health problem described, but unclear or not relevant to community	Clearly defined health problem or social determinant of health	Clearly defined and relevant health problem or social determinant of health		
	B	No community involvement in research question	Limited community involvement in research question	Some community involvement in determining research question	Community highly involved in determining research question		
	C	No community health assessment used	Local data used to determine question, but not a community health assessment	Appropriate community health assessment used, but description is lacking	Appropriate community health assessment used, clear description of how it was used		
Partners and previous related work	A	PIs have no community-engaged research experience	PIs have limited community-engaged research experience	PIs have some community-engaged research experience	PIs have extensive community-engaged research experience		
	B	Expertise not relevant, probably cannot implement project	Somewhat relevant expertise, uncertain if team is able to implement project	Relevant expertise, team can probably implement project	Relevant expertise, team is clearly able to implement project		
	C	Partnership very unlikely to be sustainable	Partnership unlikely to be sustainable	Partnership likely to be sustainable	Partnership very likely to be sustainable		
	D	Partnership is not really a community partnership	Partnership is very new or not clearly supported	Genuine partnership with clear support, may be newer	Genuine, established partnership with clear support		
Approach	A	Method or intervention is not appropriate, feasible or realistic	Significant changes required for method or intervention to be appropriate, feasible or realistic	Method or intervention is appropriate, feasible and realistic, a few minor changes suggested	Method or intervention is clearly appropriate feasible and realistic		
	B	Budget and timeline are not justified or realistic, major changes required	Budget and timeline are not justified or realistic, a few changes required	Budget and timeline are justified and realistic, a few minor changes suggested	Budget and timeline are justified and realistic		
	C	Outcome measures are not relevant	Outcome measures are relevant, but some measures may be missing	Outcome measures are relevant and comprehensive	Outcome measures are validated, relevant, and justified		
	D	Possible challenges or barriers to project are not addressed	Possible challenges or barriers to project are partially addressed	Possible challenges or barriers to project are addressed	Possible challenges or barriers to project are well addressed and minimal		
	E	Research question does not address a significant health concern	Research question addresses a significant health concern but does not address a gap in knowledge	Research question addresses a significant health concern and addresses a gap in knowledge	Research question is innovative, addresses a significant health concern and addresses gap in knowledge		
Impact	A	Does not include dissemination plan	Includes dissemination plan, but the plan is not clearly outlined	Includes a clear and appropriate dissemination plan	Includes a very clear, appropriate and comprehensive dissemination plan		
	B	Does not include plans for pursuing future funding, research collaborations, or sustaining the partnership	Includes vague plans for pursuing future funding, research collaborations, or sustaining the partnership	Includes clear future plans for funding, research collaborations, or sustaining the partnership but could be more comprehensive	Includes clear and comprehensive plans for pursuing future funding, research collaborations, or sustaining the partnership		
	C	Benefits for research participant community are not described	Benefits for research participant community are few and not clearly described	Benefits for research participant community are clear and well described	Benefits for research participant community are clear, robust and well described		
					TOTAL	**0**	