

CTSA Program Webinar

April 23, 2025

Agenda

TIME	TOPIC	PRESENTERS
2:00 PM ET	Welcome	Lauren Fitzharris, M.P.H., P.M.P. CCOS
2:01 – 2:10 PM	NCATS/CTSA Updates	Michael Kurilla, M.D., Ph.D. NCATS
2:10 – 2:15 PM	CCOS Updates	Lauren Fitzharris CCOS
2:15 – 2:30 PM	Integrating CTS into the Virtual CTSA Visiting Scholar Program WG	Miriam Bredella, M.D., M.B.A. NY Langone
2:30 – 3:00 PM	Making Community Engagement Meaningful: Listening, Building Trust, & Becoming Trustworthy Through Action	Sergio Aguilar-Gaxiola, M.D., Ph.D. UC Davis
3:00 PM	Adjourn	



NCATS/CTSA Program Updates

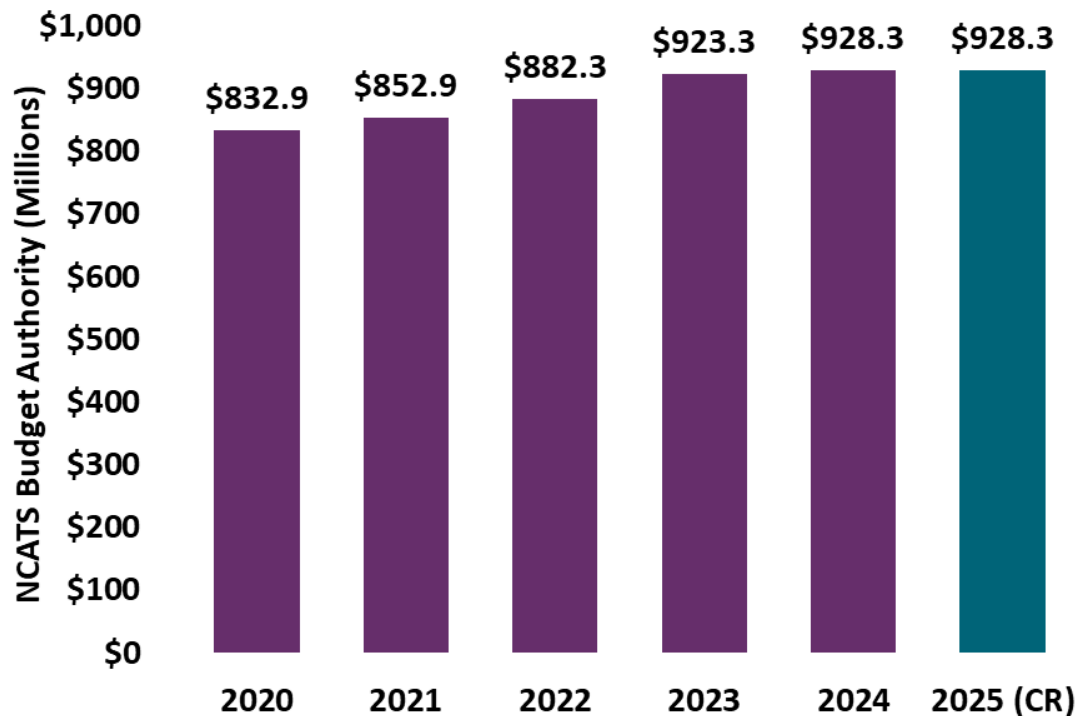
Michael G. Kurilla, MD, PhD

Director, Division of Clinical Innovation
NCATS

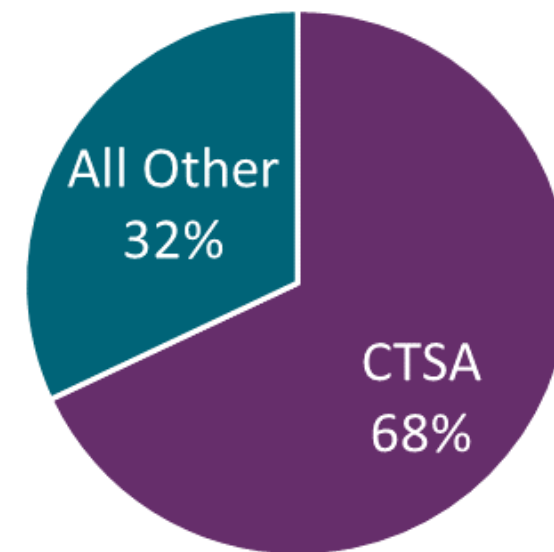
April 23, 2025

NCATS Budget

Funding History



FY25 Budget by Activities



NCATS Appropriations

- Funding policy FY25: <https://ncats.nih.gov/funding/funding-policy-operating-guidelines> Note: Noncompeting research grants will be awarded at 100% of the committed level
- [NOT-OD-25-084](#) (April 3, 2025): NIH Operates Under a Continuing Resolution. NIH operates under a Full-Year CR through September 30, 2025.

<https://ncats.nih.gov/about/budget>



National Center
for Advancing
Translational Sciences

NIH Director's Top Priorities

Basic – Translational - Clinical

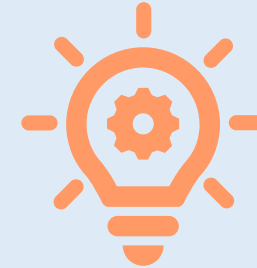


**Focus on
Diseases and
Conditions that
Affect People**

(Chronic and Rare)



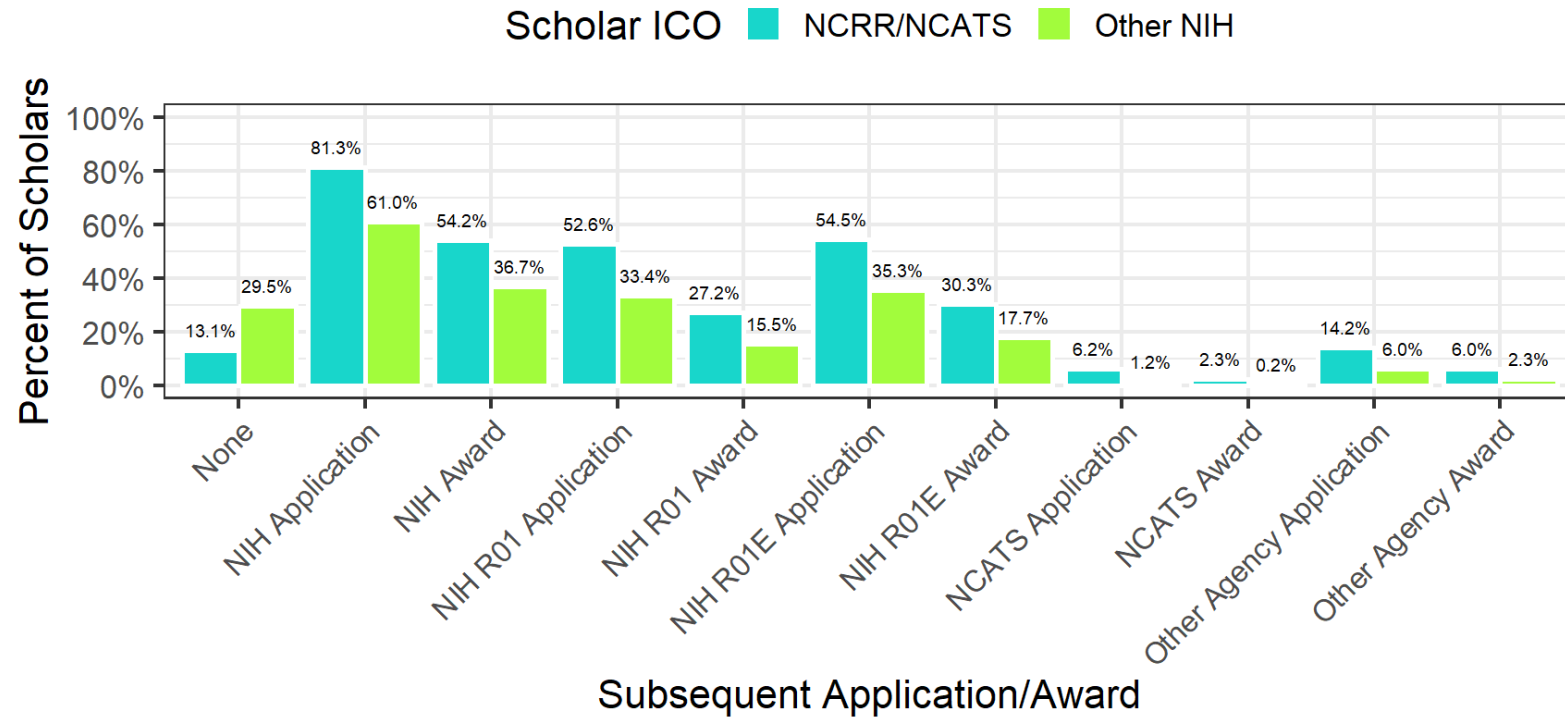
Reproducibility



**Drive
Innovation**



NCATS and Othe K12/KL2 Scholars Subsequent Grant Activity



- Higher percentages of NCATS supported scholars apply for and receive awards after their K training compared with Other NIH supported scholars
- Other NIH supported scholars have a higher percentage of scholars who have never applied for subsequent grant funding from NIH



Review of CTSA Applications

- **May 2025 Council – (for FY25 funding consideration)**
 - **Will be conducted by NCATS**
 - K12, T32s, R25: January 16-17 - Completed
 - CCIA: February 20 - Completed
 - R03: April 3 - Completed
 - UM1: April 21- Completed
 - RC2: April 24 - Scheduled
- **October 2025 Council – Review Meetings (for FY26 funding consideration)**
 - **Will be conducted by the NIH Center for Scientific Review**
 - Re: March 6, 2025: NIH centralizes peer review to improve efficiency and strengthen integrity
<https://www.nih.gov/news-events/news-releases/nih-centralizes-peer-review-improve-efficiency-strengthen-integrity>
 - Unclear how applications will be clustered for review
 - Applications have been transferred to CSR from NCATS; system notifications for the submitted applications are on pause until CSR gets organized



Tracking Accountability in Government Grants System (TAGGS)

- <https://taggs.hhs.gov/>
- In accordance with the Presidential Memo "Radical Transparency About Wasteful Spending", information on terminated grants may be accessed through **this link**.
- Grants Terminated:
 - https://taggs.hhs.gov/Content/Data/HHS_Grants_Terminated.pdf
- Many grants terminated based on "Departmental Authority"
- Please review terms/topics to get an idea of what could be considered not to be in alignment with "agency priorities" as no clear/definitive agency priorities list currently exists or is publicly available
- NIH terminated grants (Date: 4.18.2025): 695 (*157 Columbia)
- CTSA: Columbia (UL1, TL1), ~~Utah (UM1)**~~, ~~Duke (U24 supplement—ACTIV-6)**~~
- ****RESTORED**
- **NOTE:** Any terminated/frozen CTSA may choose to have personnel remain on ECs/WGs/SC if they have the support for those personnel irrespective of direct support from the CTSA grant



NCATS January Council – Happened in April!

- Date: April 17, 2025
- Why so late? Communications pause and pause in Federal Register publications
- <https://www.federalregister.gov/documents/2025/03/31/2025-05476/national-center-for-advancing-translational-sciences-notice-of-meeting>
- May Council – To Be Scheduled



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All CTSA NOFOs have been edited to align with new agency priorities

- Edits do not significantly alter the overarching goals / purpose of the CTSA NOFOs
- If you have questions reach out to your PO or use the NOFO Mailboxes for general questions

March 31, 2025

This funding opportunity was updated to align with agency priorities. Carefully reread the full funding opportunity and make any needed adjustments to your application prior to submission.

Department of Health and Human Services

Part 1. Overview Information

Participating Organization(s)

National Institutes of Health (NIH)

Components of Participating Organizations

National Center for Advancing Translational Sciences (NCATS)

Funding Opportunity Title

Clinical and Translational Science Award (UM1 Clinical Trial Optional)

- Examples of alternative language have been shared with CTSA Administrators



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RPPRs

Note to **follow RPPR Instructions:**

- NCATS CTSA RPPR supporting instructions – updated March 2025 to remove note about B.2. “Reporting on Current Areas of Strong Public Interest”; removal of specific diversity supplement instructions; and removal of trainee diversity report language
- Budget:
 - If no major/significant changes, then state this as such!
 - **DO NOT CUT AND PASTE FROM LAST YEAR**
 - **Only include a budget justification for items and amount that represent a significant change from previously recommended levels**

Changes in title/aims/abstract should not be requested/completed within the annual RPPR submission

- Changes may be requested via an official prior approval request from an AOR
- There is a template format that must be followed for the changes to be communicated to NIH RePORTER (publicly)
- Recipients will work with their Grants Management Specialist and PO



A note about Fraud, Waste and Abuse of NIH Grant Funds

- https://grants.nih.gov/grants/policy/nihgps/HTML5/section_2/2.3.10_fraud_waste_and_abuse_of_nih_grant_funds.htm
- This is very serious and increased scrutiny is happening
- Be accurate in your application and reporting within your RPPR
 - Do what you say you are going to do
 - Or report a change and rebudget
- Expect more audits and reviews



Misrepresentation in a grant application or Research Performance Progress Report (RPPR) is considered fraud

Examples of Potential Misrepresentation:

- Providing false information about an organization's eligibility, project details, budget or past performance.
- Falsely claiming that a project is progressing as planned to continue receiving funds.
- Requesting funding support for activity that will not be conducted.
- Exaggerating the time required for or spent on project activities.
- Submitting duplicate information year after year.
- Not informing the agency of significant changes to the program that may impact the activity and/or budget.
- Misidentifying cost categories of expenditure including direct and indirect cost allocations.

Consequences:

- Debarment from receiving future funding.
- Recovery of funds.
- Civil lawsuits under the False Claims Act.
- Criminal prosecution.
- Civil penalties and damages.

Tips to Avoid Misrepresentation:

- Review and follow all application and RPPR instructions carefully.
- Avoid cutting and pasting information from the prior year.
- Only report on activities that you actually did in the prior grant year and plan to do in the upcoming grant year.

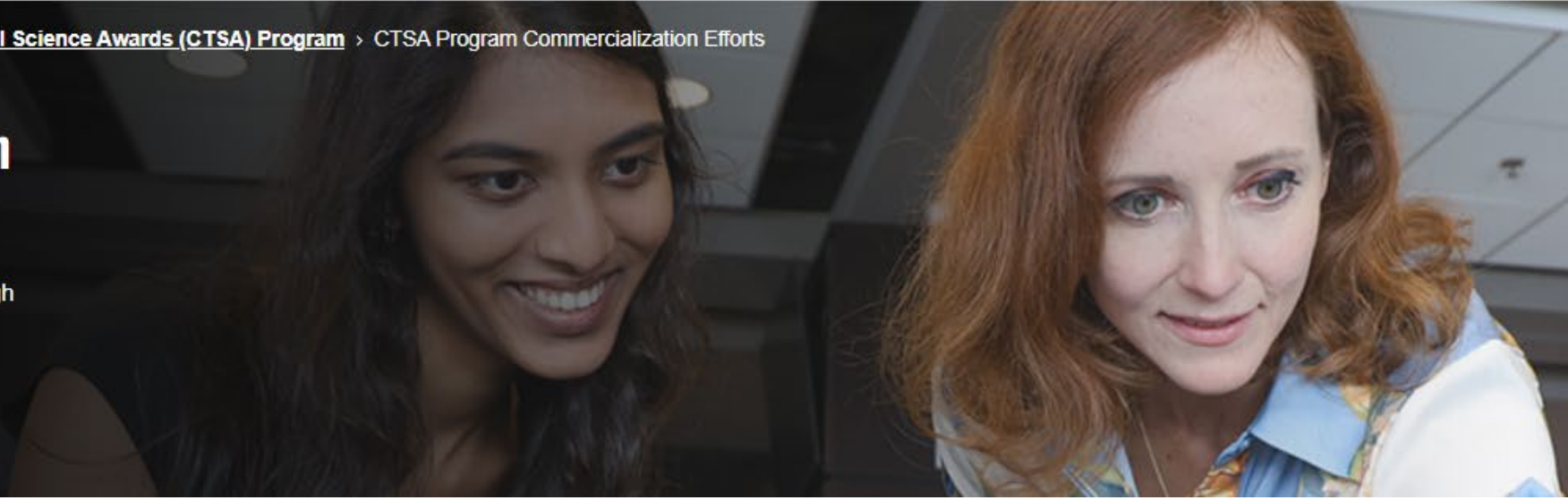
Note – Lack of knowledge and sloppy grantsmanship will not stand up in an audit or lawsuit as a rationale for misrepresentation.



National Center
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Translational Sciences

CTSA Program Commercialization Efforts

We turn research findings into lifesaving tools and treatments through commercialization and workforce training efforts.



- This was the result of a new process that NCATS piloted with the CTSA Program Administrators to collect information in a systematic way that could be shared and archived for future use
- Request for information was launched last fall
- 17 CTSAs provided ~30 responses/stories (30% response rate)
- CCOS is developing a collaborative database for sharing information among the CTSAs with direction / input of the Administrators Impact WG
- <https://ncats.nih.gov/research/research-activities/ctsa/projects/CTSA-program-commercialization-efforts>



CARE for Health™ New Clinical Studies: Development Process

Purpose: To generate high quality, evidence-based answers to compelling questions of importance to primary care practitioners and patient communities using a co-development/collaborative approach to improve health outcomes of Americans.

CARE for Health™ issued a request for Critical Clinical Questions (CCQs) and preliminary Clinical Study Concepts (pCSCs) to:

- CARE for Health™ Network Research Hubs
- NIH ICOs

CCQ: *A clinical research question that, if addressed through a well-designed study, would meaningfully inform clinical care and its delivery.*

pCSC: *A foundational framework outlining the objectives, design, and methodology of a clinical study.*

Request: Up to 3 CCQ/pCSC submissions from each NIH ICO or CARE for Health™ Hub due by April 30

Process: Each CCQ/pCSC will be reviewed and prioritized by the CARE for Health™ Network Clinical Studies Working Group and NIH ICO representatives with an emphasis on significance and feasibility in rural primary care settings. Review will include a presentation of each CCQ/pCSC by the submitting investigator(s)/NIH ICO representative.

Selected CCQs/pCSCs will be further developed into draft study protocols through a collaborative process by teams comprised of investigators and NIH SMEs (e.g., CTSA TIN, NIH Collaboratory).

Draft study protocols will then undergo review by an independent expert panel to inform funding decisions. Funding will be shared between CARE for Health™ and NIH ICOs supportive of the selected study protocol(s).

NIH ICOs may work with external investigators to draft a CCQ/pCSC that the ICO will submit. The external investigators will work collaboratively with CARE for Health™ Network Hubs to implement the study protocol (if selected).

Upcoming Dates to Remember

Next CTSA Program Webinar

May 28, 2025; 2-3 PM ET.

[Register here](#) for the 2025 series



NCATS

COLLABORATE. INNOVATE. ACCELERATE.

 ncats.nih.gov

 [@ncats_nih_gov](https://twitter.com/ncats_nih_gov)

 [@ncats.nih.gov](https://facebook.com/ncats.nih.gov)

 [NIH-NCATS](https://linkedin.com/company/NIH-NCATS)



NIH National Center
for Advancing
Translational Sciences

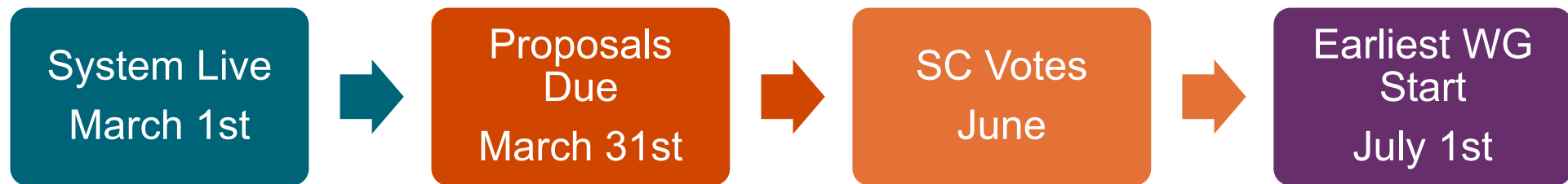
CCOS Updates

Lauren Fitzharris
CCOS



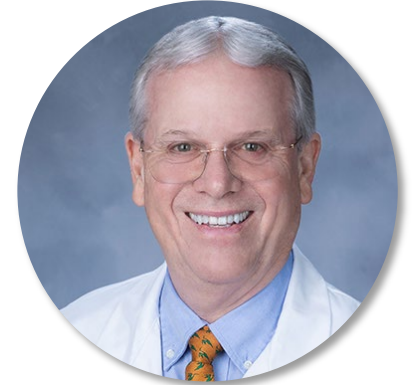
Working Group Proposal Cycle XIV Closed

- CCOS received 4 proposals in Cycle XIV
- Next step: Steering Committee will review and vote on the proposals



Webinar Series: Engaging Individuals with Disability in the Research Process WG

- The CTSA Engaging Individuals with Disability in the Research Process Working Group will be hosting a three-part webinar series starting on **Friday, May 9th, 2025, from 2:00 – 3:00 pm ET**
- The first webinar will cover “**Adding Meaningfulness to Research – Engaging Individuals with Lived Disability Experience on Research Teams.**”
- This webinar is intended for investigators, individuals with lived disability experience, research administrators, journal editors, and NIH or foundation staff. The objective of the webinar is to inform and inspire participants to include individuals with lived experience as part of investigative research teams, specifically focusing on how this can improve the science and meaningfulness of the research for the populations being studied.
- **Please register for the webinar using the Zoom link here and save the calendar invitation sent via email:**
https://zoom.us/webinar/register/WN_rox7D5WIReOAVh3Ybuz_1A



Daniel Armstrong, Ph.D.,
University of Miami Mailman Center for
Child Development and Miami CTSI



Rodney Samaco, Ph.D.,
Association of University Centers on
Disability (AUCD)

CTSA Member Directory & CCOS Site Search

CTSA Member Directory

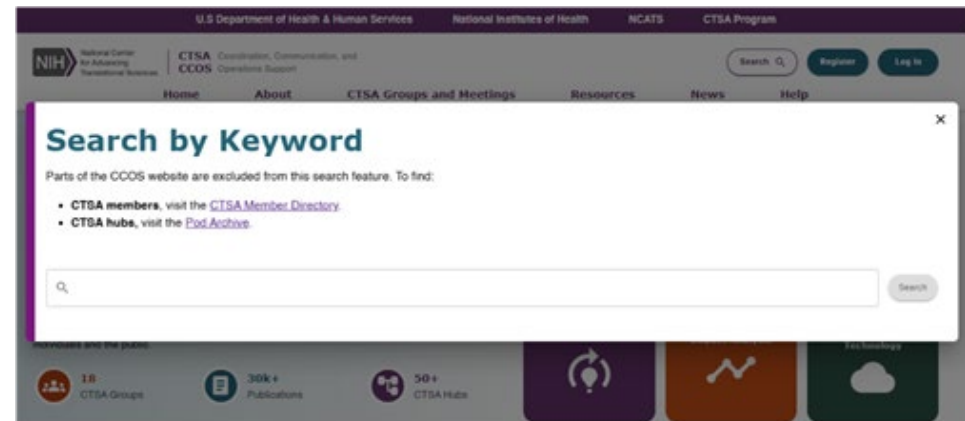
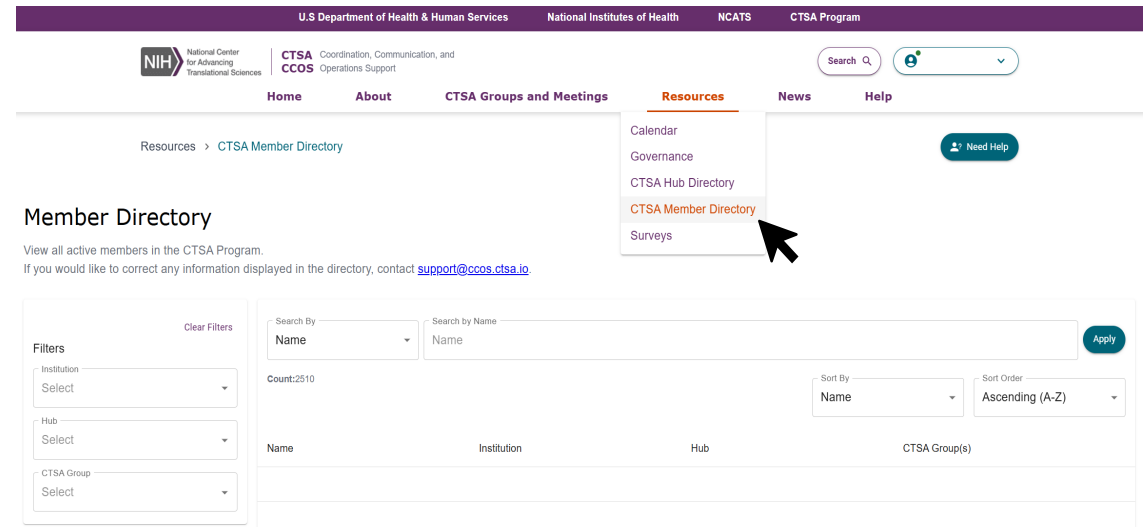
A powerful new feature that allows you to:

- Easily find and connect with members based on their affiliations with CTSA Working Groups, Consortium Groups, and Enterprise Committees.
- Foster collaborations by identifying potential partners for your projects.
- Expand your network and engage with peers across various disciplines.

CCOS Site Search

With our improved search capabilities, you can:

- Effortlessly find the information and resources you need.
- Access meeting materials and documentation with ease.
- Stay up-to-date with the latest updates and announcements.



Questions? Please email support@ccos.ctsa.io

CCOS General Reminders

Register on the CCOS Website: <https://ccos-cc.ctsa.io/user-account-request>

- Get step-by-step guidance on getting started including how to create a CCOS account and how to log in can be found here: [Getting Started Page](#)
- Questions? Please email support@ccos.ctsa.io

CCOS All Communications Email List:

- Click here <http://eepurl.com/iw9nZA> to join the list and receive CTSA Program communications and updates.
- Add communications@ccos.ctsa.io to your contacts list to prevent important CCOS emails from ending up in your spam folder



Scan to Receive CTSA-wide Communications

Thank you!



CLINICAL & TRANSLATIONAL SCIENCE INSTITUTE

NYU LANGONE HEALTH • NYC HEALTH+HOSPITALS • NEW YORK UNIVERSITY

Miriam Bredella, MD, MBA

Associate Dean for Translational Science
Director Clinical and Translational Science Institute
Bernard and Irene Schwartz Professor of Radiology
Vice Chair for Strategy

CTSA Virtual Visiting Scholar Program

- Established in 2020 in response to the COVID-19 pandemic
- Opportunity for KL2 scholars to serve as **virtual** visiting professor at participating Hubs
 - Presentation (“CTSA Visiting Scholar Lecture”)
 - Networking, mentorship
 - Exchange of ideas
 - Collaboration beyond visit
- Lectures/seminars available to entire CTSA community
 - National visibility
- Foster collaborations across CTSA Hubs
- NCATS’ focus on CTS, new working group established in 2022
 - “Integrating CTS into the CTSA Virtual Visiting Scholar Program Working Group”
- Scholars are instructed to:
 - Give 40 min presentation, 20 min discussion
 - Highlighting areas where work reflects CTS
 - Discuss roadblocks to CTS they have experienced



First cycle Jan 2023: 25 Scholars, 17 Hubs

Immediate Scholar Post-visit Survey

Response Rate: 92% (23 out of 25 Scholars)

Scholar Demographics:

- 59% Women
- 61% White
- 87% Non-Hispanic or Latino background (87%)
- Degrees: MD (39%), PhD (26%), & MD/PhD (17%)
- 78% Scholars practice clinically

91% agreed/ strongly agreed:

- Giving a formal presentation/talk was valuable.
- The conversations they had with others at the host institution were valuable for advancing the Scholar's research & the Scholar's professional development.
- Scholars had met at least one person they are likely to contact again in the future.
- I would recommend the KL2/K12 Visiting Scholar Program to other KL2/K12 Scholars

6-mo Follow-up Post-Visit Survey

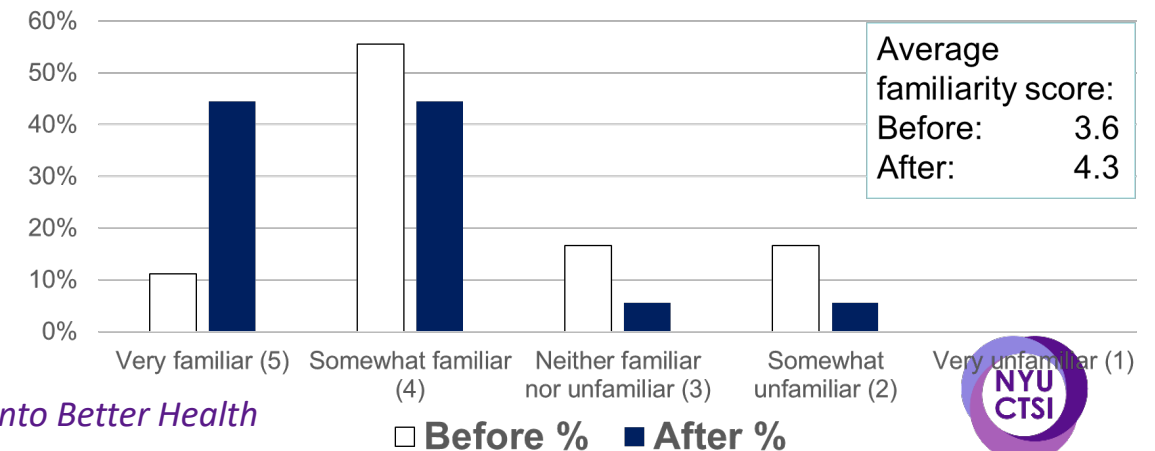
Response Rate: 18/25, 72%

56% Scholars had follow-up conversations with an individual they had met during the visit

Perceived benefits of participating in the program:

- Networking
- Collaboration
- Recognition
- Improvements to research/presentation skills
- CV building

Self-reported familiarity of Scholars with the concept of CTS vs. CTR



Second cycle Jan 2024: 28 Scholars, 19 Hubs

Immediate Scholar Post-visit Survey

Response Rate: 75% (21 out of 28 Scholars)

Scholar Demographics:

- 65% Women
- 74% White
- 80% Non-Hispanic or Latino background
- Degrees: MD (63%), PhD (21%), & MD/PhD (10%)
- 80% Scholars practice clinically

100% agreed/ strongly agreed:

- Giving a formal presentation/talk was valuable.

100% agreed/ strongly agreed:

- I would recommend the KL2/K12 Visiting Scholar Program to other KL2/K12 Scholars.

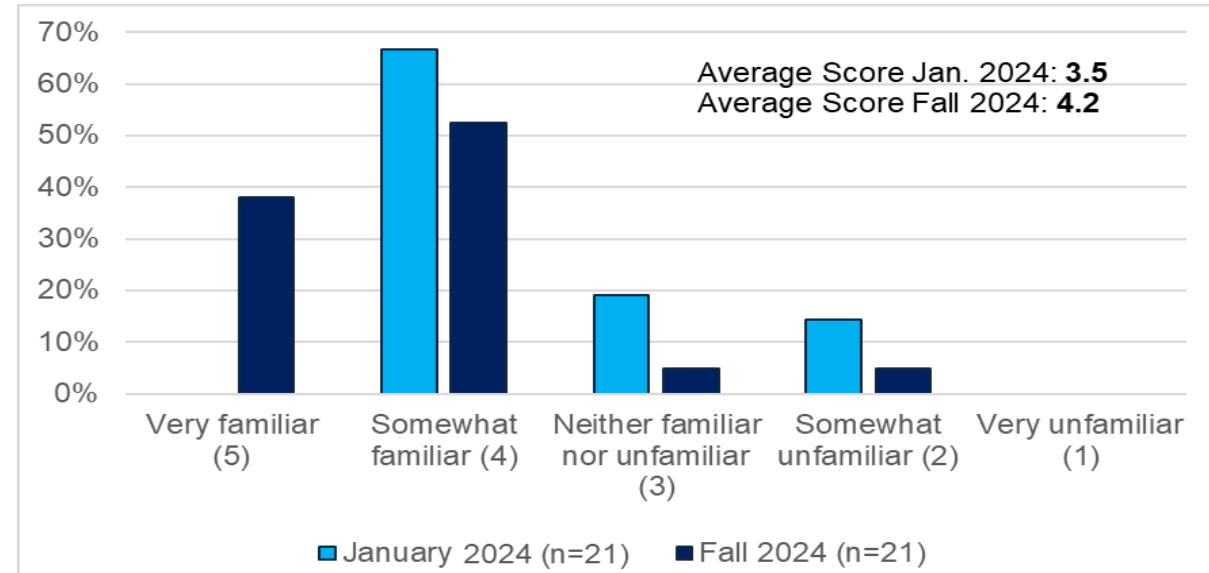
95% agreed/ strongly agreed:

- The conversations they had with others at the host institution were valuable for advancing the Scholar's research & the Scholar's professional development.

78% agreed/strongly agreed:

- Scholars had met at least one person they are likely to contact again in the future.

Self-reported familiarity of Scholars with the concept of CTS vs. CTR



Scholar post-visit comments

In open-ended responses about what they found to be **most useful** regarding the KL2/K12 Visiting Scholar Program, **Scholars** mentioned networking opportunities, mentoring and career advice, giving a formal talk, and presenting their work to non-experts.

Areas for improvement included:

- More structure for visit components
- Increasing participation in and attendance of Scholar grand rounds
- More help for Scholars to connect with collaborators at the Host Hub and setting up the visit

"For me, the most useful aspects of the visit were the opportunity to present my preliminary KL2 results and to showcase my findings from a translational perspective. I also had the chance to meet someone in my field whom I hadn't previously had the opportunity to meet, as well as to connect with other junior faculty from the visiting institution."

"The whole experience was very useful for me. 1) The formal talk allowed me to present my science to folks interested in the topic. 2) The one-on-one meeting facilitated scientific discussions and helped to build connections so that I could expand my network. 3) For a junior investigator, this is great for professional growth and developing communication skills."

"I really appreciated the opportunity to virtually visit another CTSA and share my K research finding, it was a wonderful experience to meet with other researchers, learn about how CTSA work in other universities and learn about additional opportunities."

Hub Post-Visit Survey

Response Rate: 82% (14 out of 17 Hubs)

Respondent Demographics:

- 14% Leadership
- 64% Program support
- 21% Both leadership and program support

Agreed/ strongly agreed:

- The program was valuable to their institution (86%)
- The program was valuable for the KL2/K12 Scholars attending the session (71%)
- Faculty meeting with the Visiting Scholar had a positive experience (79%)
- I would recommend the KL2/K12 Visiting Scholar Program to other institutions (93%)

Hub Post-Visit Survey

Response Rate: 68% (13 out of 19 Hubs)

Respondent Demographics:

- 31% Leadership
- 69% Program support

Agreed/ strongly agreed:

- The program was valuable to their institution (64%)
- The program was valuable for the KL2/K12 Scholars attending the session (73%)
- Faculty meeting with the Visiting Scholar had a positive experience (70%)
- I would recommend the Integrating CTS in the CTSA Virtual KL2/K12 Visiting Scholar Program to other institutions (92%)

Hub post-visit comments

In open-ended responses about what they found to be **most useful** regarding the KL2/K12 Visiting Scholar Program, **Hubs** mentioned opportunities to learn about different programs and ways to incorporate Translational Science into research.

Areas for improvement included:

- Coordination of the visits as scheduling can be challenging
- More initiative of Scholars in setting up visits
- Having Scholars provide more than one department they would like to meet with

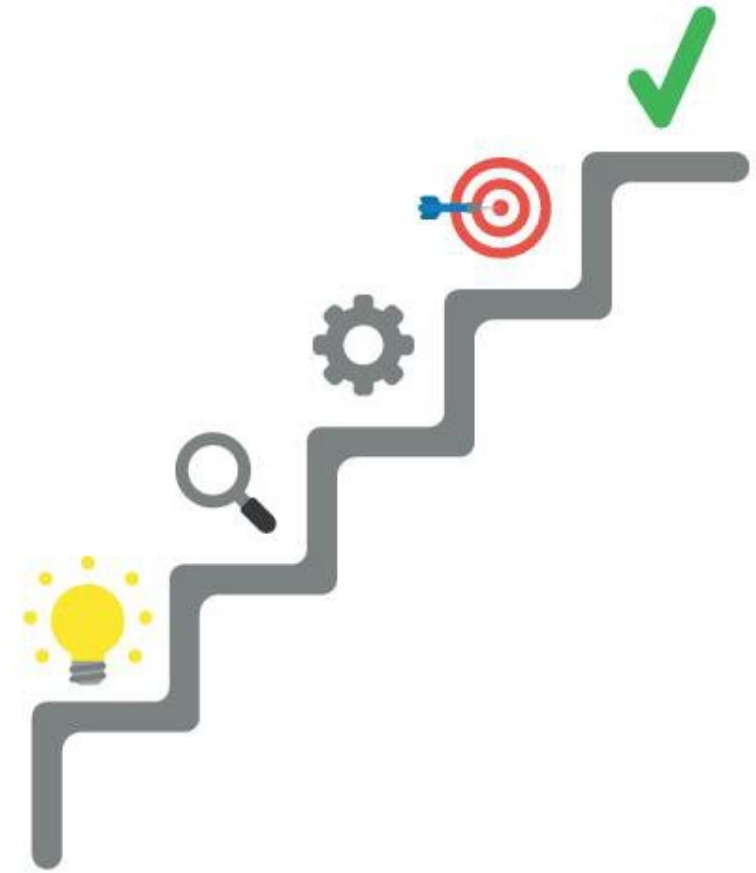
"It's great to be able to share the work of other KL2s at our institution, ... we've seen a lot of interdisciplinary research topics so we are able to involve multiple research groups to attend the presentation and meet with visiting KL2s. Faculty/investigators who agree to meet have good things to say about the quality of the visiting scholars as well as interest in their research topic."

"Great program. This should be a regular part of the KL2/K12 program."

"Always been a good experience. The visiting scholars are always wonderful to work with! Let's keep working on how the TS skills are reflected in Scholar work for those programs that have converted to K12."

Next steps

- Collect results from 6-month follow-up survey
- Write 2nd manuscript
- How do we make this program a permanent part of the KL2/K12 Program?



<https://www.istockphoto.com/>

Integrating CTS into the CTSA Virtual Visiting Scholar Program



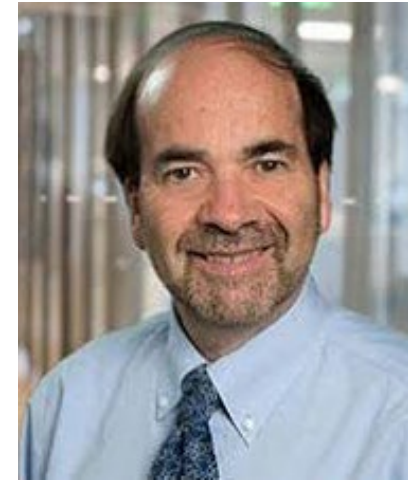
Miriam Bredella, MD, MBA
NYU Langone



Susan Pusek, DrSc
U North Carolina



Steven Asch, MD, MPH
Stanford University



Joel Tsevat, MD, MPH
UT Health San Antonio



Susanne Schmidt, PhD
UT Health San Antonio



Kathlynn Wray, MA
UT Health San Antonio



Jessica Meyer, MBA
Stanford University



Patrick Brown, PhD
NCATS



Cindy Mark
CCOS Sr. Meeting Coordinator

Questions?



Miriam.Bredella@nyulangone.org

Making Community Engagement Meaningful: Listening, Building Trust, & Becoming Trustworthy Through Action

Sergio Aguilar-Gaxiola, MD, PhD

Professor of Clinical Internal Medicine

Founder and Director, Center for Reducing Health Disparities

Director, Community Engagement Program, Clinical and Translational
Science Center

UC Davis School of Medicine

April 23, 2025

CTSA Program Webinar 2025

Strategic Goal 4 Committee:

Enhancing the Health of our Communities
and the Nation

Sub-goal 4A

Link and facilitate collaboration among community-based research networks to implement research best practices.

Sub-goal 4B

Develop capacity and methods for the translation of research results into practice across the healthcare system, including but not limited to health services and health policy research, comparative effectiveness research, and research into the generation and implementation of evidence-based medicine.

The Bottom Line

Enhancing the health/mental health of our communities through reducing health disparities and improving care

A critical ingredient:
Meaningful Community Engagement



“Authentic and sustainable community engagement is integral to advancing health equity and eradicating barriers to community well-being.”

Urban Institute, 2021



NATIONAL ACADEMY OF MEDICINE

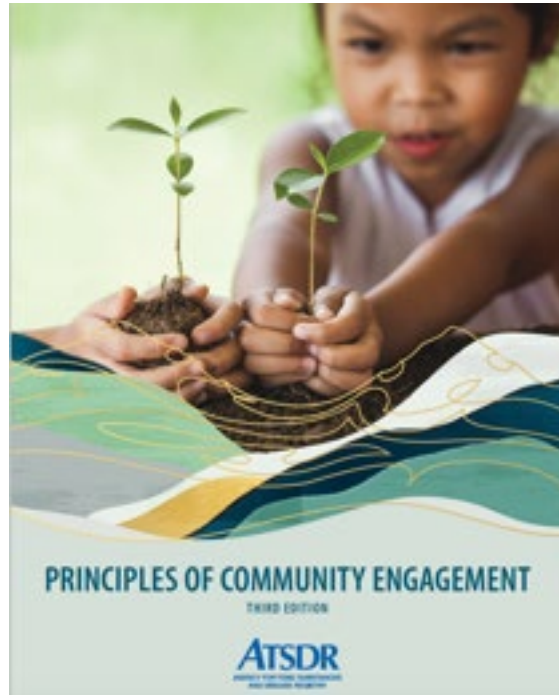


The Meaning of Meaningful

“Shifting toward **meaningful** community engagement often requires decision makers to defer to communities and move to power sharing and equitable transformation—necessary elements to ensure sustainable change that improves health and well-being...It is important to note that **meaningful community engagement requires working closely with communities to understand their preferences on how, when, and to what level and degree they want to be engaged in efforts.**

Community Engagement Landmark Contributions

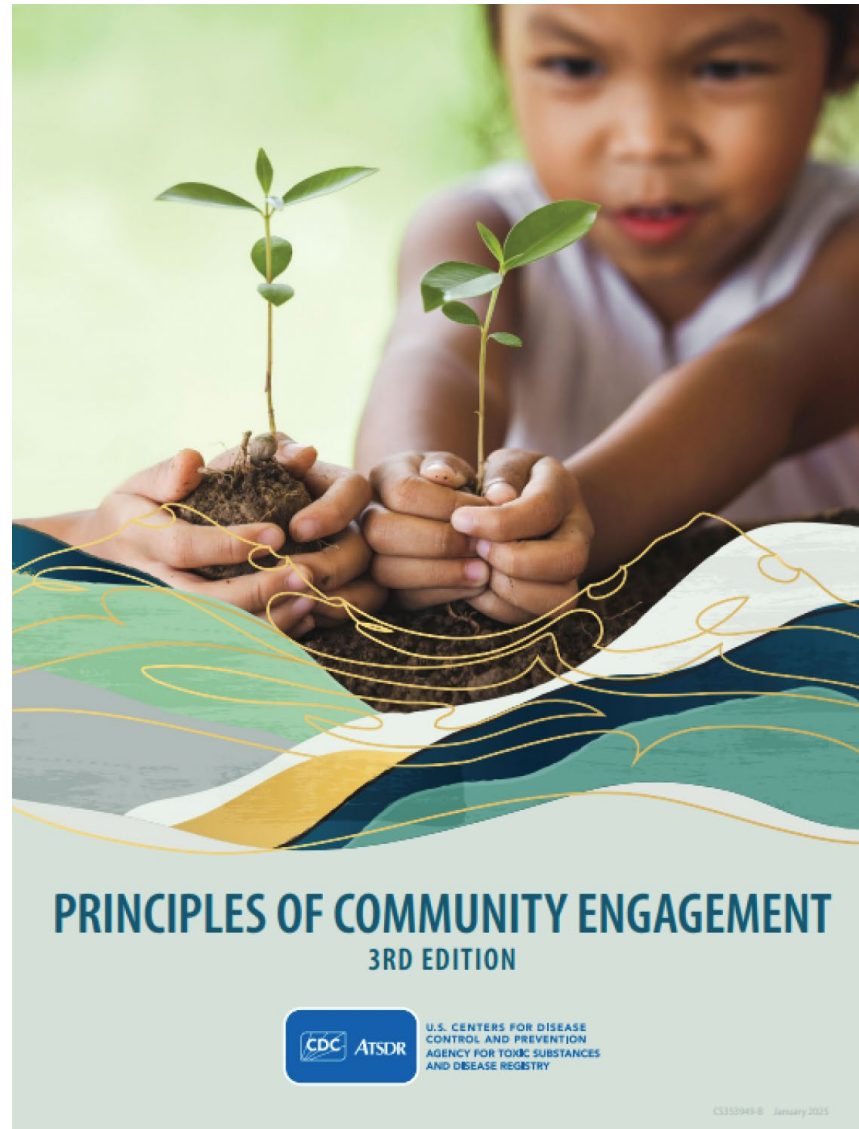
1. Principles of Community Engagement, 3rd Ed.



2. National Academy of Medicine (NAM) Assessing Meaningful Community Engagement in Health and Health Care



Principles of Community Engagement, 3rd edition



<https://www.aamchealthjustice.org/media/8061/download?attachment>

<https://health.ucdavis.edu/media-resources/crhd/documents/pdfs/pce-3rd-edition.pdf>

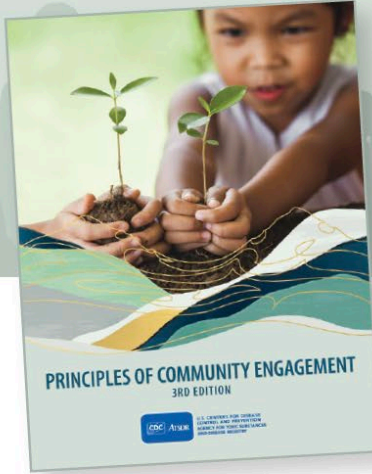
Principles of Community Engagement (3rd ed.)

- The 3rd edition of Principles of Community Engagement (PCE) is a practical guide for community engagement written by over 165 renowned practitioners across the country.
- The 3rd edition expands upon the previous editions of PCE (1997, 2011).
- The 3rd edition emphasizes a new, 10th principle of trustworthiness in community engagement.
- This edition incorporates emerging community engagement models and frameworks. It also includes recent examples of successful community engagement initiatives, including content from Indigenous communities and community leaders in rural areas.
- The work of the Clinical and Translational Science Awards (CTSA) Consortium's Community Committees helped develop the initial editions of the Principles of Community Engagement.



https://hsc.unm.edu/population-health/documents/principles-of-community-engagement_3rd-edition.pdf





PRINCIPLES OF COMMUNITY ENGAGEMENT

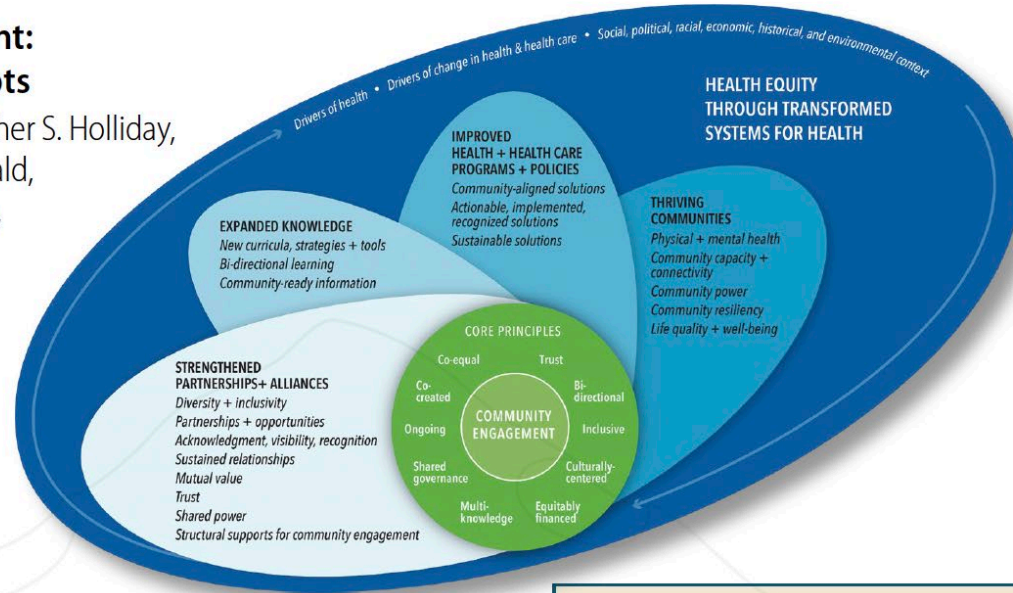
THE NEW, 3RD EDITION (ATSDR, 2025)

Principles of Community Engagement, 3rd Edition, is a collective effort from 165+ expert community engagement practitioners. The new edition provides users with the latest science and resources for engaging communities to protect their health. The *3rd Edition* includes a NEW, 10th principle of community engagement, a NEW definition and models of community engagement, and 3 NEW chapters. The *3rd Edition* also features numerous case examples from community partners. [Read on to learn more!](#)

Chapter 1. Community Engagement: Definitions and Organizing Concepts

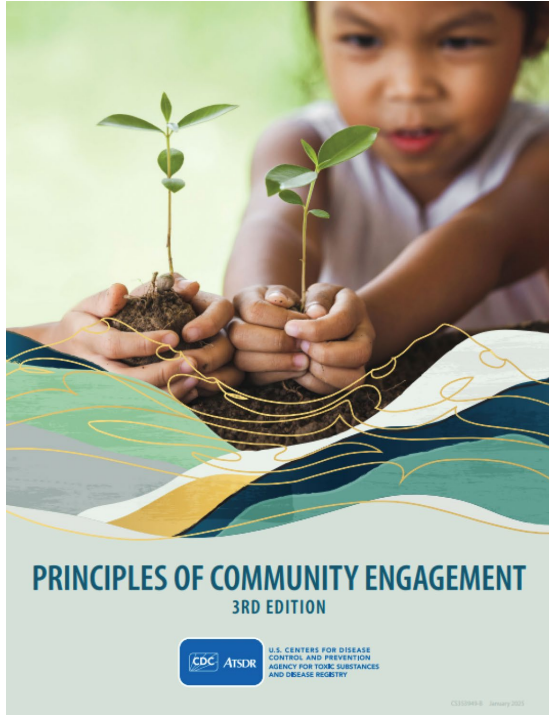
Linda B. Cottler, Christine E. Prue, Christopher S. Holliday, Donna Jo McCloskey, Mary Anne McDonald, Irvin Pedro Cohen, Sergio Aguilar-Gaxiola, and Milton “Mickey” Eder

NEW DEFINITION: Community engagement builds sustainable relationships through trust and collaboration, strengthening community well-being. The process should be enduring, equitable, and culturally sensitive to all participants, with a shared goal of addressing the concerns of the community.



NEW MODEL from the National Academy of Medicine that centers the community voice

Community Engagement New Definition



“Community engagement is an ongoing, evolving process of **multidirectional communication** with and for people to solve the problems and **address the concerns that matter to them**. The process should be **durable, long-lasting, and equitable to all who participate**. The ultimate goal is to **learn, implement and disseminate the practices of equitable partnering, influence policies, programs, and practices for the betterment of the community.**”

Principles of Community Engagement, 3rd edition: Chapter 1

Chapter 2. Principles of Community Engagement

Donna Jo McCloskey, Elizabeth Cohn, Gustavo Loera,
Michael T. Hatcher, and Sergio Aguilar-Gaxiola

- 1) Be clear about the purposes or goals of the engagement effort and the populations and/or communities you want to engage.
- 2) Become knowledgeable about the community's culture, economic conditions, social networks, political and power structures, norms and values, demographic trends, history, and experiences with efforts by outside groups. Be aware of each other's perceptions of past engagement activities.
- 3) Build and maintain relationships and trust by working with individuals and/or community leaders.
- 4) Remember and accept that collective self-determination is the responsibility and right of all people in a community. No external entity should assume it can bestow on a community the power to act in its own self-interest.
- 5) Establish a partnership with the community to create change and improve health.
- 6) Recognize and respect the diversity within the community.
- 7) Identify and mobilize community assets and strengths through developing the community's capacity and resources to make decisions and take action.
- 8) Recognize that individuals and institutions must be prepared to release control and be sufficiently flexible to meet changing needs.
- 9) Foster community collaboration and strengthen long-term commitment among the partners.
- 10) **NEW** Demonstrate **trustworthiness**. It is fundamental to sustain successful community engagement.



U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION
AGENCY FOR TOXIC SUBSTANCES
AND DISEASE REGISTRY

CS355888-A 01/14/2025

<https://www.atsdr.cdc.gov/principles-community-engagement/php/about/index.html>

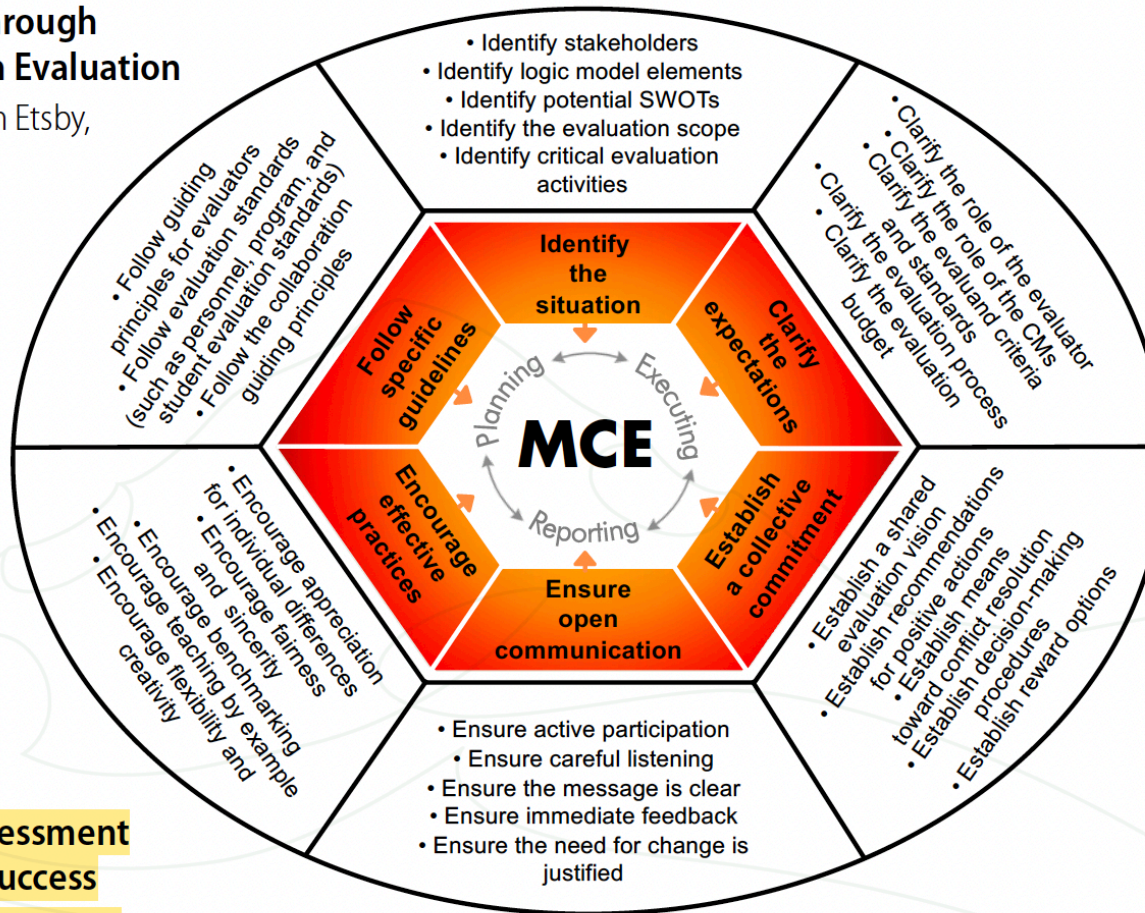
<https://health.ucdavis.edu/media-resources/crhd/documents/pdfs/pce-3rd-edition-executive-summary.pdf>

Chapter 7. Advancing Equity through Community-Partnered Program Evaluation

Tabia Henry Akintobi, SJ Dodd, Lauren Etsby, Latrice Rollins, Thomas C. Cotton III, Shantrice L. Jones, Kimberly N. Harris, Natalie E. Cook, Kendra Piper, Kathrine Grower, Ann M. Dozier, and Milton “Mickey” Eder

NEW MODEL

Source: “Collaborative Evaluations: Step-by-Step” Second Edition ©2013 by Liliana Rodríguez-Campos & Rigoberto Rincones-Gómez. Published by Stanford University Press. Used with permission of the authors.



NEW Chapter 8. Community Engagement Measures and Assessment of Practices with Potential for Success

Nina Wallerstein, Melanie Ward, Blake Boursaw, Milton “Mickey” Eder, Sarah Kastelic, and John Oetzel

NEW Chapter 9. Community Engagement to Promote Health Equity through Implementation Science

Rachel C. Shelton, Prajakta Adsul, Ana A. Baumann, and Shoba Ramanadhan

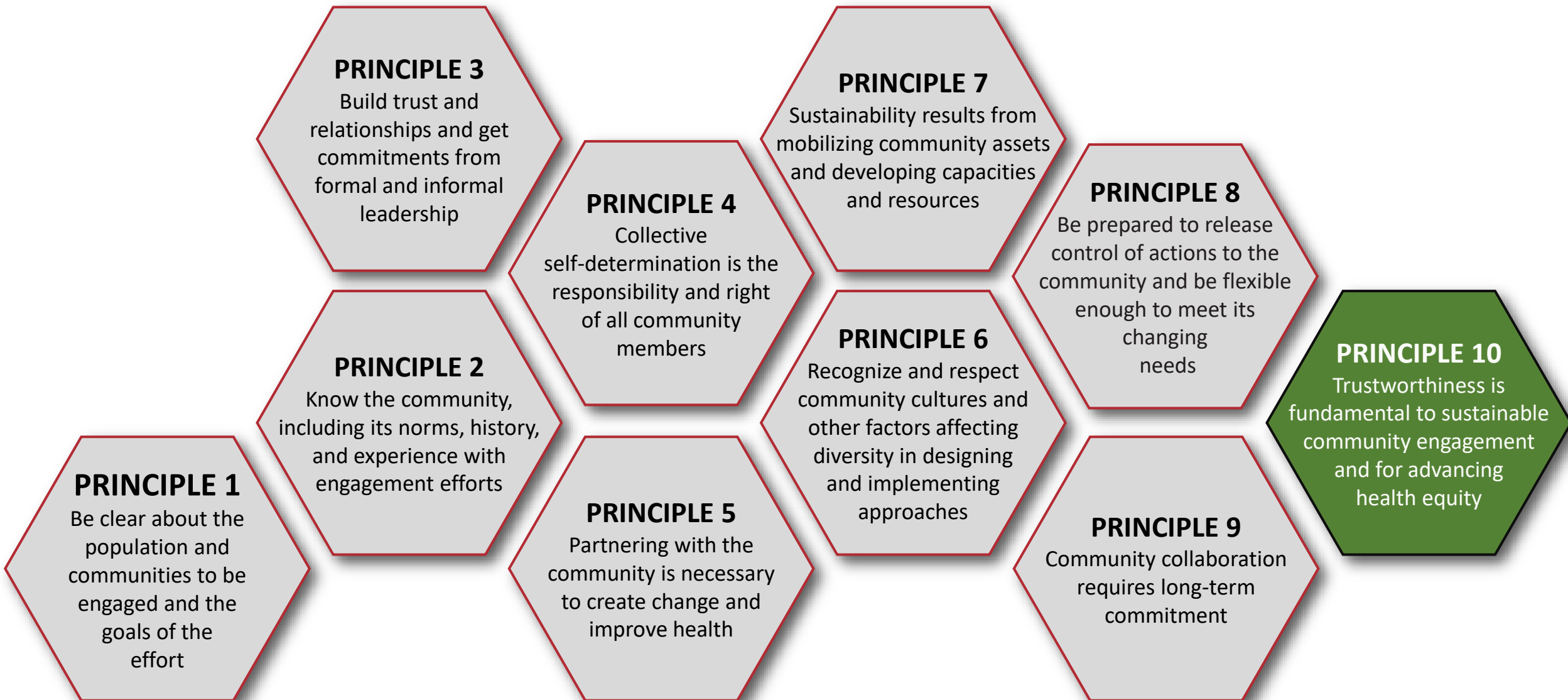
NEW Chapter 10. Sustaining the Engagement: Tools and Partnerships

Laurel Berman, Perry H Charley, Lydia Vannessa Frazier, Ken Meter, Jamie Rayman, and Neilroy Singer

<https://www.atsdr.cdc.gov/principles-community-engagement/php/about/index.html>

<https://health.ucdavis.edu/media-resources/crhd/documents/pdfs/pce-3rd-edition-executive-summary.pdf>

10 Principles of Community Engagement 3rd. edition



Principle 10

- Trustworthiness is essential to forming effective partnerships and, over time, will deepen commitment **through building relationships based on empathy, honesty, respect, and humility**
- Partnerships built around deliberative means of engagement and **multi-directional communication** are required for trustworthiness
- **Listening attentively to what matters to communities is absolutely necessary**

2. National Academy of Medicine (NAM) *Assessing Meaningful Community Engagement in Health and Health Care*



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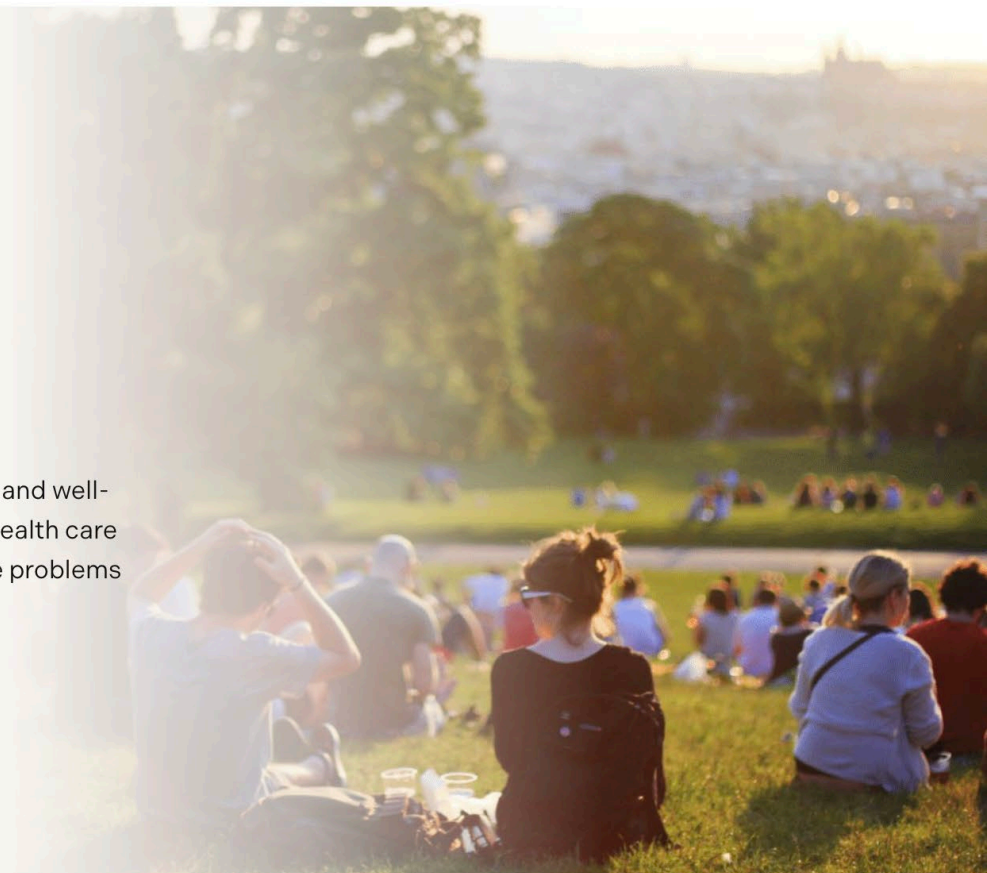
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Assessing Meaningful Community Engagement

Centering community engagement can meaningfully influence and impact the health and well-being of people. It can advance health equity and transform systems for health (e.g., health care policies and programs, housing, transportation) by ensuring that people closest to the problems are actively involved in driving needed changes and solutions.

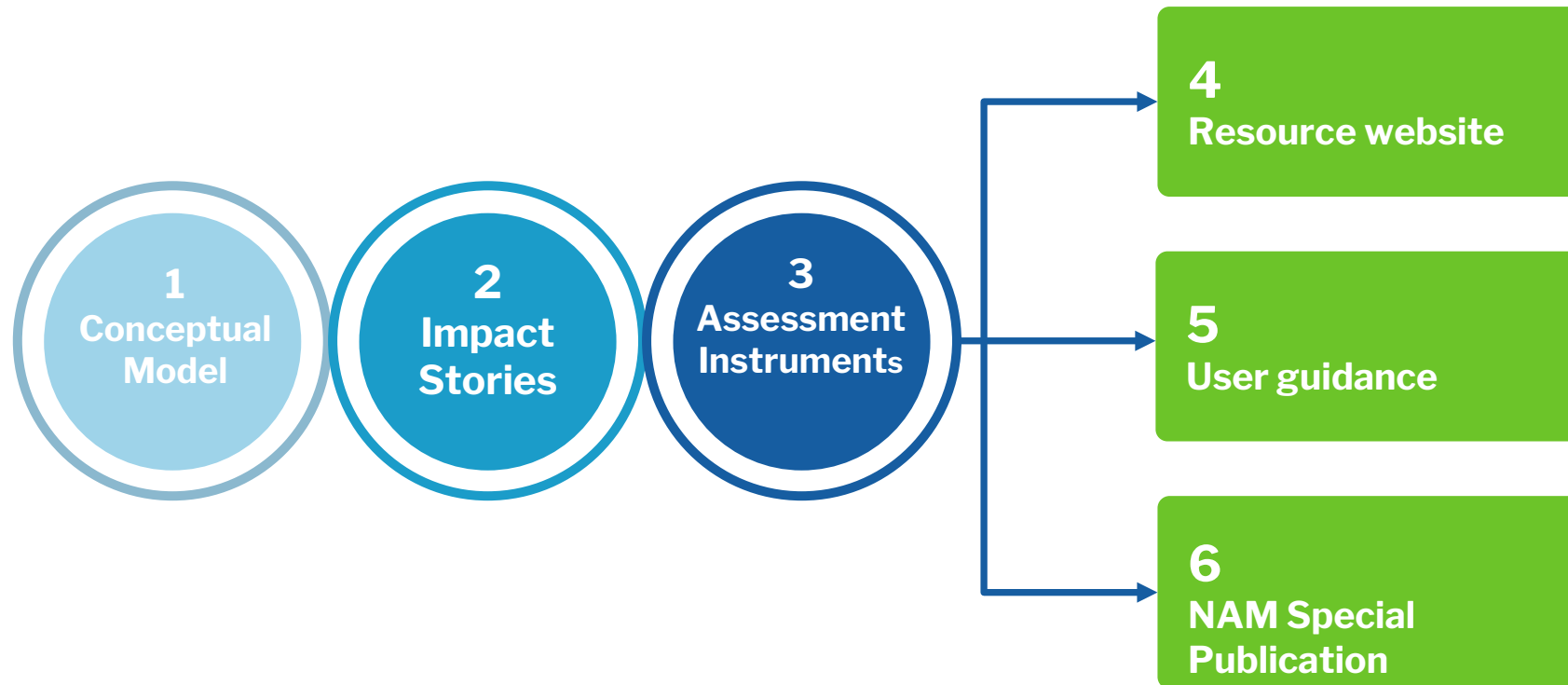
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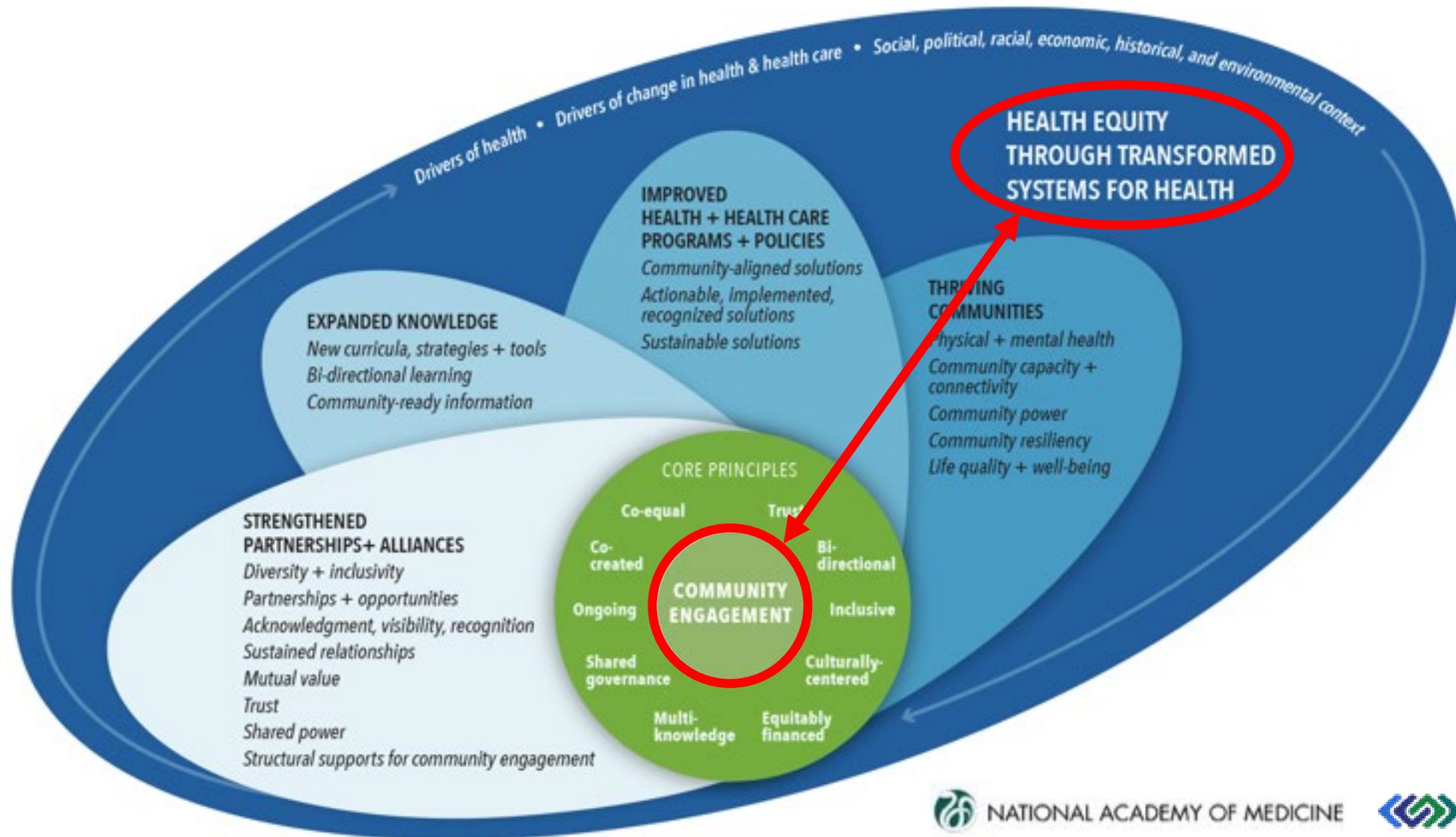
<https://nam.edu/our-work/programs/leadership-consortium/assessing-meaningful-community-engagement/>

2. National Academy of Medicine (NAM) *Assessing Meaningful Community Engagement in Health and Health Care*

Project-generated resources



Assessing Meaningful Community Engagement: A Conceptual Model to Advance Health Equity through Transformed Systems for Health



7 Impact Stories

Title	Geography	Community	Health Focus
1. The Walkability Project	Roseville, CA	Low-income	Healthy built environment
2. The Faith-Based Organization Network	North Carolina	African-American, faith-based	Partnership development across health issues
3. Health Equity Zones	Rhode Island	Communities at highest risk of adverse health outcomes	Community-identified: teen pregnancy, lead poisoning, food access, etc.
4. IT MATTERS Colorado	Central Plains	Rural	Substance abuse treatment
5. Native Wellness Network	Native Wellness Network	American Indian/Alaskan native communities	Community-identified: healthy kids, healthy weight, diabetes prevention, breast feeding, suicide prevention
6. Act Now Against Meth	Los Angeles, CA	LGBTQ, LatinX, the recently incarcerated, and sex workers	Substance abuse (methamphetamines) & HIV
7. AltaMed's HEAL through PCOR	Los Angeles, CA	Multi-ethnic community, primarily LatinX	Strengthening patient and community engagement within an FQHC



<https://nam.edu/product/the-walkability-project/>



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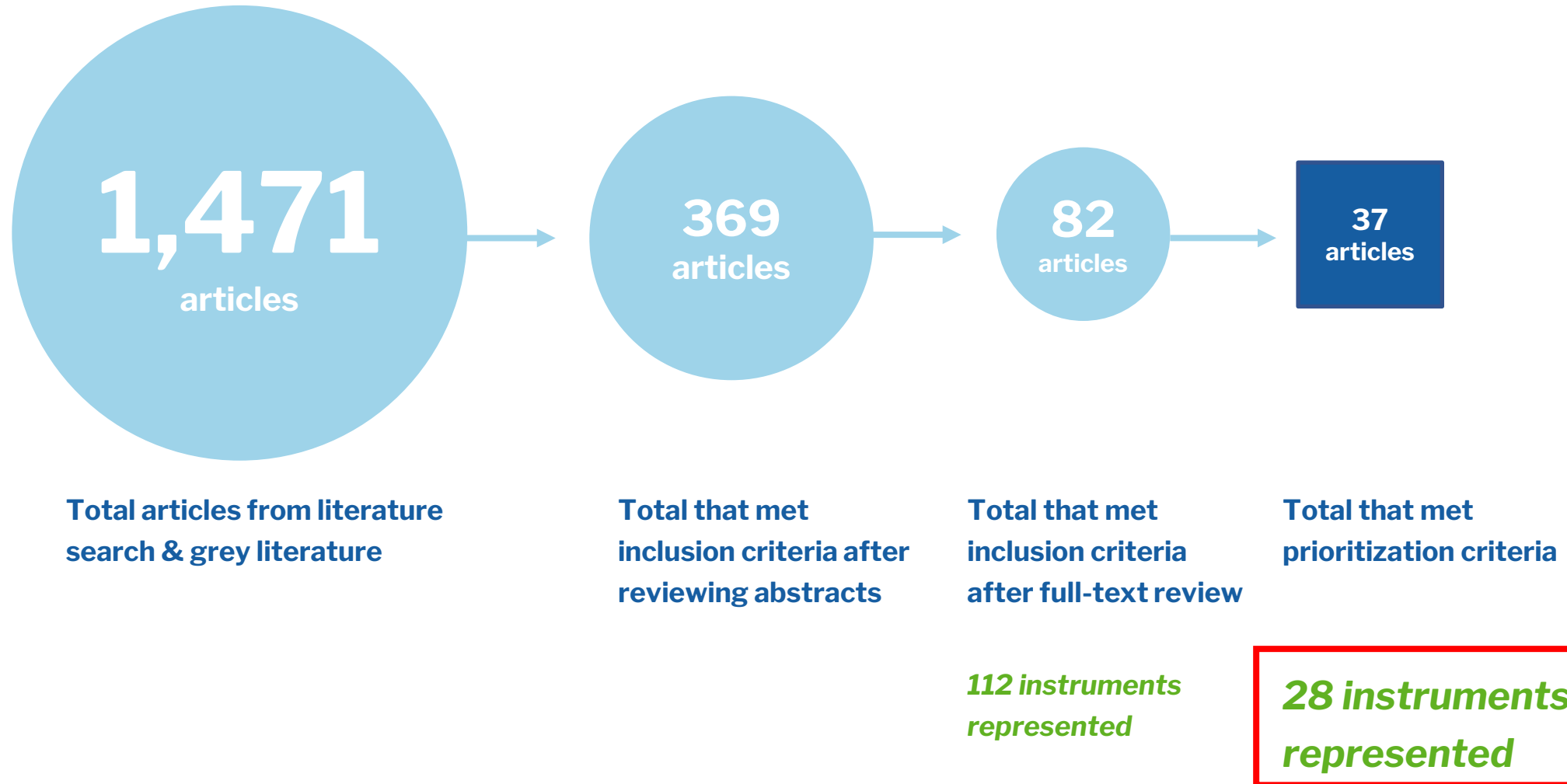
7 Impact Stories

Title	Geography	Community	Health Focus
1. The Walkability Project	Roseville, CA	Low-income	Healthy built environment
<div><div>The Walkability Project</div><div><div>The Walkability Project – An Impact Story</div><div></div></div></div>			

<https://nam.edu/product/the-walkability-project/>

Assessment instruments

Development process at-a-glance: literature review



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NAM Leadership Consortium
Collaboration for a Learning Health System

**Assessing Meaningful
Community Engagement
in Health & Health Care
Programs & Policies**

A background image showing a group of people sitting around a table, engaged in a discussion or meeting. The image is faded and overlaid with a blue tint. The people are wearing various items like bracelets and watches.

Assessment Instruments

 NATIONAL ACADEMY OF MEDICINE

Assessment instruments

Toolkit: 28 instruments to support assessing community engagement

Each instrument and its questions are mapped to the conceptual model

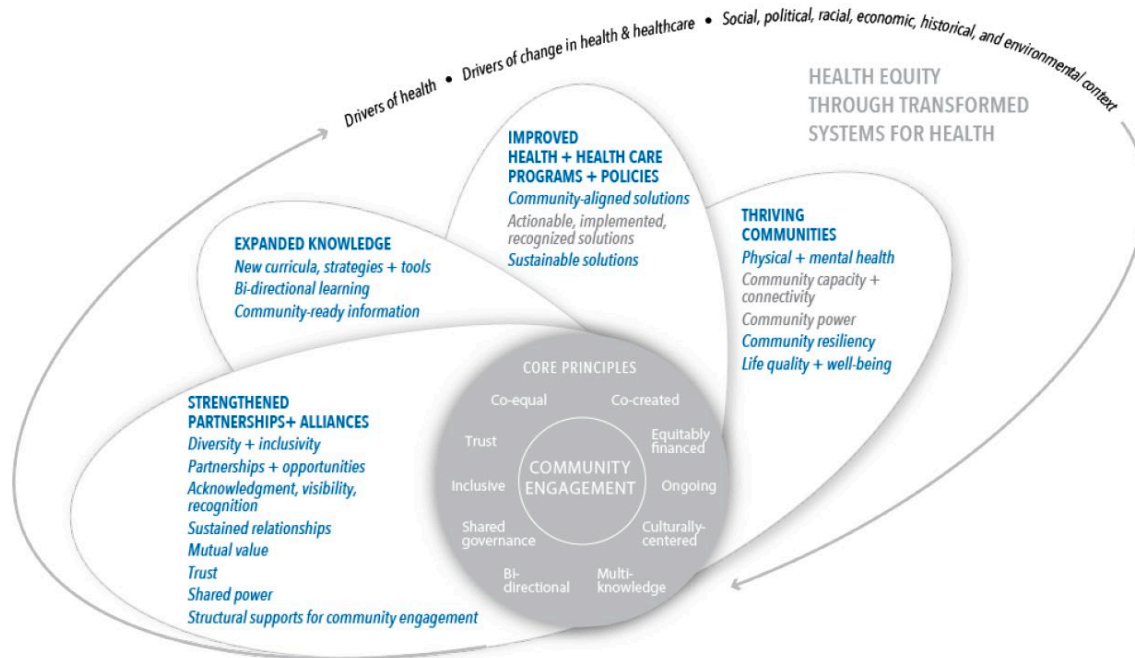


Figure 1 | Alignment of the Engage for Equity Community Engagement Survey with the Assessing Community Engagement Conceptual Model

Each instrument is presented with summary information

COMMUNITY ENGAGEMENT OUTCOMES

Strengthened partnerships + alliances

Broad alignment
Diversity + inclusivity
Partnerships + opportunities
Acknowledgment visibility, recognition
Sustained relationships
Mutual value
Trust
Shared power
Structural supports for community engagement

Expanded knowledge

Broad alignment
New curricula, strategies, + tools
Bi-directional learning
Community-ready information

Improved health + health care programs + policies

Broad alignment
Community-aligned solutions
Sustainable solutions

Thriving communities

Broad alignment
Physical + mental health
Community resiliency
Life quality + well-being

PLACE(S) OF INSTRUMENT USE

Community/community-based organization
Academic/research institution/university
Hospital, clinic, or health system
Local government agency; federal government

LANGUAGE TRANSLATIONS

Spanish

PSYCHOMETRIC PROPERTIES

Construct validity
Content validity
Discriminant validity
Face validity
Factorial validity
Internal consistency reliability



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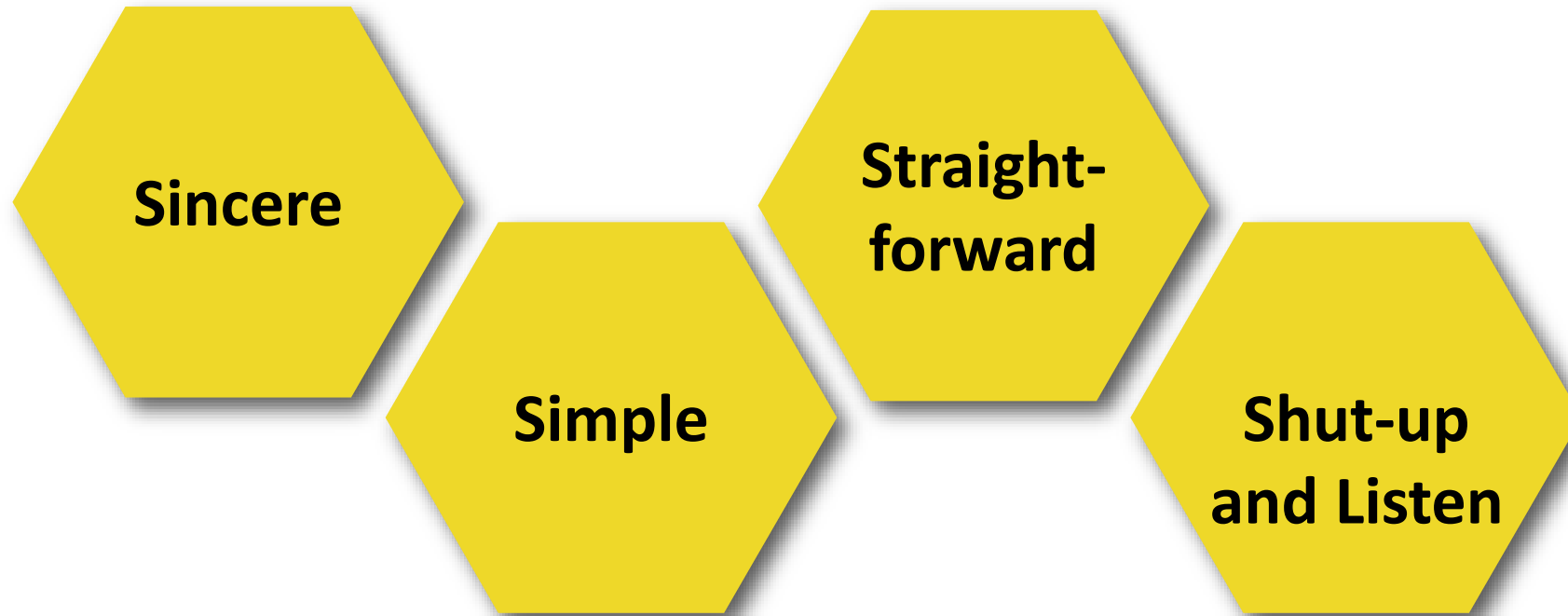


NAM Leadership Consortium
Collaboration for a Learning Health System

Key Lessons in Meaningful Community Engagement

- **Attend** community meetings and events. Listen for needs, priorities and strengths/assets.
- **Learn** what is already under way and what is being planned. Strengthen programs over building new.
- **Help** use data to inform discussions, including interpretation by those with lived experiences.
- **Build** community and institutional capacity for trusted, sustained engagement. Support the community's ability to lead.
- **Be** sincere, flexible, and humble. Progress will move at the speed of trust.

Main Lessons Learned...4 Ss



Additional NCATS/CTSA Program Updates

Michael G. Kurilla, MD, PhD

Director, Division of Clinical Innovation

NCATS

April 23, 2025

Notice of Civil Rights Term and Condition of Award NOT-OD-25-090 (Released April 21, 2025)

New Civil Rights term and condition for all NIH grants, cooperative agreements, and other transaction (OT) awards:

Recipients must comply with all applicable Federal anti-discrimination laws material to the government's payment decisions for purposes of 31 U.S.C. § 372(b)(4).

(1) Definitions. As used in this clause –

(a) DEI means “diversity, equity, and inclusion.”

(b) DEIA means “diversity, equity, inclusion, and accessibility.”

(c) Discriminatory equity ideology has the meaning set forth in Section 2(b) of Executive Order 14190 of January 29, 2025.

(d) Discriminatory prohibited boycott means refusing to deal, cutting commercial relations, or otherwise limiting commercial relations specifically with Israeli companies or with companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of Israel to do business.

(e) Federal anti-discrimination laws means Federal civil rights law that protect individual Americans from discrimination on the basis of race, color, sex, religion, and national origin.

(2) Grant award certification.

(a) By accepting the grant award, recipients are certifying that:

(i) They do not, and will not during the term of this financial assistance award, operate any programs that advance or promote DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws; and

(ii) They do not engage in and will not during the term of this award engage in, a discriminatory prohibited boycott.

(3) NIH reserves the right to terminate financial assistance awards and recover all funds if recipients, during the term of this award, operate any program in violation of Federal anti-discriminatory laws or engage in a prohibited boycott.

Questions about specific awards may be directed to the Grants Management Specialist identified on the Notice of Award; Questions related to the “Civil Rights Protections” term may be directed to the Division of Grants Policy at: grantspolicy@nih.gov.



National Center
for Advancing
Translational Sciences

“Defend the Spend”

Email from U.S. Department of Health and Human Services Payment System (PMS) to all PMS customers on March 15:

In order to implement Executive Order 14222 — [Implementing the President's "Department of Government Efficiency" Cost Efficiency](#) — PMS is introducing a new mandatory field in the payment request screen at the subaccount level on March 17, 2025. This field, limited to 1,000 characters, will capture a justification from the Grant Recipient explaining the purpose of the payment. Justifications can be brief or more detailed, such as:

- "Purchase of anti-retroviral drugs for HIV/AIDS clinics in Uganda."
- "Reimbursement of payroll and supply expenses for a Head Start preschool program."

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PSC | Payment Management System

Payment Request - Submit Request

PAYMENT WORKFLOW: **Payment Request** Approve Request Confirm Request Release Request Request Completed

Payment Request Documents

PAYMENT DETAILS

Payee Account Number:
UEI:
Payment Type: ACH Payment
*Payment Due Date:
*Expected Disbursement Amount (\$):
*Cash on Hand (\$):
*Payment Request Amount (\$):

SUBACCOUNTS

The following list of Subaccounts are associated with the account above. Enter the requested amount for each Subaccount you want included in the request. Click the Continue button to proceed to the next screen.

☐ Expired Funds ☒ In Transit Funds ☐ No Active Banking ☐ Pending Payment Requests ☒ Medicaid

Subaccount Number	Bank Account Number	Status	Unexpired Funds (A)	Expired Funds (B)	Pending Requests (C)	In-Transit Payments (D)	Total Available Funds (A+B+C+D)	Subaccount Amount Requested (\$)	Payment Justification (Maximum 1000 characters)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Subaccount Amount Requested:

CERTIFICATION

☐ Declaration and Certification to the U.S. Department of Health & Human Services as to this Payment/Drawdown Request. I declare the following to the U.S. Department of Health & Human Services (HHS), under penalty of perjury: (1) I have authority to make this certification on behalf of the award recipient; (2) I have conducted (or have had conducted for the award recipient) a review of the terms and conditions of this award; all certifications and assurances for this award; and all statutory and regulatory requirements applicable to this award; and (3) I also have conducted (or have had conducted for the award recipient) a review as to all other matters represented in this declaration and certification. On behalf of myself and the award recipient, I certify to HHS, under penalty of perjury, that the following are true: (1) The award recipient is in compliance with all applicable laws, regulations, certifications, and assurances, including all terms and conditions of the award as to the obligation, expenditure, and drawdown of award funds, and all related statutory and regulatory requirements included in the certifications and assurances for this award; (2) If this request is for reimbursement: the request is accurate and complete; all obligations, expenditures, and cash receipts are supported by the requisite accounting records; and all costs included in the request are reasonable, allowable, and allocable to the award; (3) If this request is for an advance: the request is accurate, all obligations, expenditures, and cash receipts will be supported by the requisite accounting records; and (absent a specific statute that provides otherwise) the recipient will disburse the funds for costs that are reasonable, allowable, and allocable to the award within 3 business days, or immediately return the funds to HHS; (4) any and all information provided with this request for cash disbursement is accurate; and (5) there have been no changes to the award recipient's representations as to eligibility for the award that could affect the recipient's eligibility for continued disbursements under the award. I understand that, in making payment pursuant to this request, HHS will rely upon this declaration and certification to determine whether to disburse funds, and that its accuracy is a condition of payment. I also understand that a false, fictitious, or fraudulent statement in this declaration and certification or otherwise in connection with this payment/drawdown request (or concealment or omission of a material fact as to either) may be the subject of criminal prosecution (including under 18 U.S.C. §§ 1001 and/or 1621), and also may subject me and the award recipient to civil and administrative penalties and other remedies, including under the federal False Claims Act (31 U.S.C. §§ 3729-3730), Program Fraud Civil Remedies Act (31 U.S.C. §§ 3801-3812), Civil Monetary Penalties Law (42 U.S.C. § 1320a-7a), or otherwise.

If your drawdown request exceeds the unexpired funds amount, DPM must obtain awarding agency approval which may delay the processing of your request. Requests for payment submitted after 5:00 p.m. ET will be processed as if received on the next business day.



Reminder: April 2025 CTSA Webinar

The next webinar is **May 28, 2025; 2-3 PM ET**