CCOS CTSA Coordination, Communication, & Operations Support

Guidance for Submitting an Impact Story to the CCOS Website

V1 – May 6, 2026

Estimated 7-8-minute read

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CCOS CTSA Coordination, Communication, & Operations Support

Overview

The **CCOS Impact Story Directory** highlights compelling examples of how the Clinical and Translational Science Awards (CTSA) Program is advancing clinical, public health, economic, and policy outcomes. Impact stories may take many forms including success stories, case studies, or comparative analyses. Submissions should clearly demonstrate measurable or meaningful impact attributable to CTSA-supported work.

Submitted stories will be publicly available and may be read by a broad audience, including community members, CTSA stakeholders, funders, and policymakers. Contributors are encouraged to write with clarity, transparency, and an emphasis on outcomes.

If you have questions, email the CCOS Support team: **support@ccos.ctsa.io**.

Before You Begin

Please ensure that:

- Your story has received any required internal approvals from your institution prior to submission.
- You have permission to share all submitted text, images, quotes, and data publicly.
- The content aligns with NIH priorities and Federal guidance.
- You must be logged into a Google account to access the form. If you do not have access to a Google account, email the **CCOS Support team**.

Estimated time to complete: 30 minutes

Accessibility Tip: Use keyboard shortcuts or screen reader navigation, if needed.

CTSA Coordination, Communication, & Operations Support

What Qualifies as an Impact Story?

Impact stories should demonstrate a clear outcome or change resulting from CTSA-supported efforts. Appropriate examples of impact include, but are not limited to:

- **Operational improvements** (e.g., reduced study start-up time, streamlined regulatory review, improved coordination across institutions).
- **Scientific or translational outputs** (e.g., tools, frameworks, datasets, or methods adopted beyond the originating hub).
- **Policy, practice, or decision-making influence** (e.g., data or analysis informing institutional, regional, or state-level actions).
- **Infrastructure or capacity-building outcomes** with evidence of use, adoption, or replication.

Stories that only describe a program or activity, without articulating outcomes or influence, are generally not sufficient on their own.

Date Parameters for Impact Stories

- There are no limits, restrictions, or required date ranges for Impact Stories.
- Stories may highlight recent, ongoing, or historical work, as long as the impact is clearly articulated.
- Previously published stories from any year are eligible.
- Contributors are encouraged—but not required—to indicate key dates (e.g., publication date, project duration, milestone year) where doing so helps contextualize the impact.

Submitting Your Impact Story

You may submit a previously published story or a new story using the **CTSA Impact Story Submission Form**.

All submitted stories will be added to the CCOS Impact Story Directory and require the information listed below. Additional elements for **previously published stories** and **new stories** are described below.

To understand how any of the Impact Story elements are displayed on the CCOS website, please refer to the **Example Impact Story Directory** and **Example New Impact Story** pages at the **end of this document**.

Required Story Elements for All Stories

Primary Point of Contact (POC)

- Provide the name, email, and institution of the Primary POC for the impact story.

Lead Institution

- Lead institution will be noted on the story card in CTSA Impact Story Directory.
- Filters (e.g., Institution, Congressional District) in the CTSA Impact Story Directory are associated with the lead institution only.

Story Title

- 150 characters or fewer (strongly recommended).

Story Summary

This text appears on the Impact Story Directory summary card next to the image.

- Serves as a hook, not a full summary – approximately 150 characters.
- Should entice readers to click through.
- May highlight the primary outcome or population served.
- Should highlight the impact and relevance for the CTSA audience.
- Do not list hub names or author names.

Story Abstract

- Up to 1,000 characters

- Should briefly summarize the problem, CTSA contribution, and resulting impact.

Story Type

- Select the type that best suits your submission from the menu (e.g., success story, case study, comparative analyses, or other).

Collaborating or Featured Institution(s)

- Identify institutions that collaborated on the story and/or are featured in the story.

Topics and Keywords

To support discovery in the story directory, you will be asked to:

- Select **Translational Science Benefit Model (TSBM)** benefit categories.
- Choose Relevant **topic areas** from the menu.
- Choose up to **five keywords** (MeSH terms encouraged). Please exclude:
    - Names of hubs, authors, or institutions
    - The terms “CTSA,” “NCATS,” or “Impact”

Impact Call Out Boxes

- You may provide **2–3 quantifiable impacts** to display prominently on the story page.
- Focus on **specific, outcome-oriented measures**, such as improvements in health, efficiency, reach, cost savings, or policy influence.
- Each impact should be **concise and interpretable**.

Example impact statements:

- **50** Community Scientists trained in the past four years
- **97%** Community Scientists recommend the program
- **100%** of participants (n=40) want to join future community health research

When exact metrics are unavailable, clearly describe the **scope or scale of influence**.

Images & Supporting Media

Each story in the CTSA Impact Story Directory will have a thumbnail image adjacent to the story summary. See below for specifications:

- Accepted formats: .jpg, .jpeg, .png
- Maximum file size: **100 MB**
- Recommended landscape orientation for thumbnail image
    - *NOTE: If you are submitting a new story, this image will also serve as the "header" image on your impact story page.*
- Use high-quality, publication-ready images whenever possible (minimum 1200 x 630 pixels).
- File naming convention: Story Title_Media Use.file type
    - E.g., EarlyCheck _Thumbnail.png
- Please include captions and image credit (unless it's a copyright-free stock photo).

Submitting a Previously Published Story

Previously published stories will display as a story card in the searchable CTSA Impact Story Directory and will link to the original publication website for the full story.

In addition to the Required Story Elements listed above, you will be asked to provide the publication history, including:

- The original publishing website
- A direct link to the article

Submitting a New Impact Story

If you are submitting a new Impact story, CCOS will create a unique webpage for the full story that is linked from the CTSA Impact Story Directory.

In addition to the **Required Story Elements** listed above, you will need to submit the following:

Story Authors

In the submission form, you will be asked to provide the list of author name(s) and their institutional affiliation in the order you would like authors to appear in the story.

- E.g., Francis Collins, National Institutes of Health

Story Body

You will be prompted to upload the body of the story (.pdf or .doc) to a Google Drive. *If you do not have a Gmail account, you may email the file to **CCOS support***.

- Maximum length: **10,000 characters.**
- Successful submissions often follow this structure:
  - **Context:** What problem or need was being addressed?
  - **CTSA Contribution:** What role did CTSA-supported infrastructure, services, or coordination play?
  - **Outcome / Impact:** What changed as a result?
  - **Why It Matters:** Why this outcome is meaningful beyond the originating institution.

References and Additional Information

Include any references cited within the story and links to any additional information that you'd like to share with the reader. If you'd like to include more than 10 references, please reach out to the **CCOS Support team**.

- Academic publications should be in **AMA format**.
  - E.g., Cronin RM, Mayo-Gamble TL, Stimpson SJ, et al. Adapting medical guidelines to be patient-centered using a patient-driven process for individuals with sickle cell disease and their caregivers. *BMC Hematol*. 2018;18:12. Published 2018 Jun 8. doi:10.1186/s12878-018-0106-3

- Digital information should include a URL and title.
    - E.g., Guiding Principles of Community Engaged Research: https://oucp.newark.rutgers.edu/guiding-principles-of-community-engaged-research/

Images & Supporting Media

In addition to the thumbnail/header image, you may submit additional image files to add visual interest (**max of 4 images**) that are embedded on your Impact Story page.

You will be prompted to upload the image file(s) to a Google Drive. *If you do not have a Gmail account, you may email the file to **CCOS support**.*

- Please follow the guidance for images and supporting media above regarding accepted formats, maximum file size, file naming convention, minimum pixel requirements, and captions.
- Additional guidance for embedded images includes:
    - Images embedded in the story can be any orientation (portrait, landscape, or square)
    - Images should **meaningfully support the story**, such as:
        - Project visuals or diagrams
        - Screenshots of tools, dashboards, or frameworks
        - Visualizations that convey scale, reach, or outcomes

508 Compliance

- Images that require reading to understand (e.g., charts, graphs, diagrams, maps, infographics, or complex visuals) must include a long description.
- A **long description** is a text version of the image that explains the key data, relationships, trends, or message for users who cannot see it.
- For **Impact Stories**, the long description must be included in the story, placed immediately next to or directly below the image.

Quotes

- You may include up to **three quotes (not required)**.

- Quotes should reinforce the significance of the impact, not repeat the abstract.
- Attribute clearly (name, title, institution).
- Recommended best practice: **1–2 sentences**, no more than **300 characters**.
- Quotes are most effective when drawn from individuals directly engaged in or impacted by the work (e.g., principal investigators, evaluators, hub leadership, or partners).

Additional Considerations

Please consider the following guidance when writing your story.

Audience and Reading Level

- New content should be written for a professional, non-specialist audience at approximately an 8th-grade reading level.
- Avoid highly technical or academic language where possible.
- When technical detail is important, include hyperlinks to supporting publications, datasets, dashboards, or reports.
- Avoid subjective or superlative language (e.g., “groundbreaking,” “unprecedented”) unless supported by evidence.

Text Formatting

- Use bold sparingly for emphasis or key program names.
- Use italics for publication or journal titles.
- Do not underline text (reserved for hyperlinks).
- Avoid excessive capitalization, colored text, manual line breaks, or tabs.

Acronyms, Numbers, and Date Format

- Spell out acronyms at first mention, followed by the abbreviation (e.g., Clinical and Translational Science Awards (CTSA)).
- Spell out numbers one through nine; use numerals for 10 and above.
- Use the date format: Month Day, Year (e.g., April 21, 2026).

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What Happens After Submission?

After submission, the CCOS team may follow up with clarifying questions to ensure **consistency, clarity, and alignment with impact criteria** prior to posting.

Need help?

If you have questions about formatting, eligibility, or the submission process, contact the CCOS team at **support@ccos.ctsa.io** and include the details below to help us assist you:

- **Your name:** [First and last name]
- **Your role or team:** [e.g., Program Analyst, HR Specialist]
- **Feature or task you were using:** Impact Story Submission
- **What you expected to happen:** [e.g., I expected the file to upload and show a confirmation message]
- **What actually happened:** [e.g., I received an error message that said “Upload failed”]
- **Steps you took before the issue occurred:**
    - [Step 1]
    - [Step 2]
    - [Step 3]

Impact Stories

Explore stories of impact from our community.

Search | Reset

Filter by: Clear all

Translational Science Benefits Model
--Select--

Story Type
--Select--

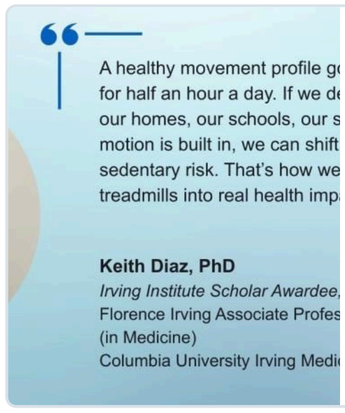
Lead Institution
--Select--

Congressional District
--Select--

Topics
--Select--

19 Results

1-10 View: 10 per page | Sort by: Post Date: Newest first



Success Story

Built to Move: Redefining Everyday Health

www.irvinginstitute.columbia.edu

Scientist Keith Diaz says health starts with movement breaks, not workouts, and urges redesigning daily routines that keep us sitting.

Led by Columbia University Health Sciences

Posted 2026-04-24

NY - 13

Clinical | Community | Policy

Filters for Story Meta-data

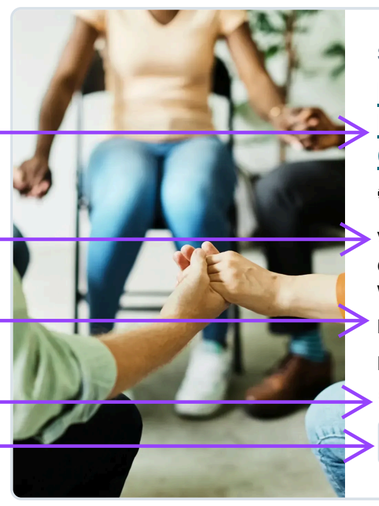
Hyperlinked Title with External URL Preview for Previous Published Stories

Summary Hook

Lead CTSA Institution

Congressional District of Lead CTSA Institution

TSBM Categories



Success Story

By Finding 'Bright Spots' In the Opioid Crisis, VCU Researchers Are Mapping a Path To Better Outcomes

news.vcu.edu

VCU researchers are using data to find "bright spots"—communities beating the opioid crisis despite high risks. Their asset-based toolkit helps local governments scale what works.

Led by Virginia Commonwealth University

Posted 2026-04-24

VA - 04

Community | Policy

Thumbnail Image (same as header)

Hyperlinked Title for New Stories (will generate a story webpage - see next page of guidance doc)

Success Story

Impacts of CTSA-Supported Research on Improving Patient Care through Methods for Evidence-Based Clinical Guidelines and Healthcare Policies

CTSA has supported research to ensure medical policy is soundly based on factual evidence of benefits to patients. We highlight eight examples.

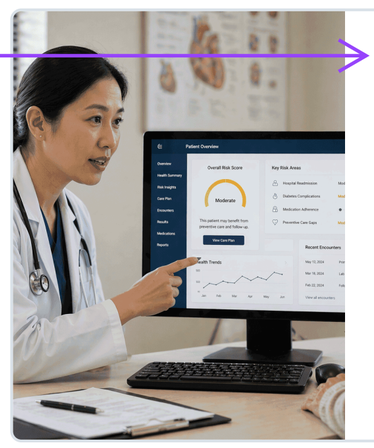
Led by Digital Infuzion

Posted 2026-04-24

MD - 08

Clinical | Community | Policy | Economic

Story Type



Success Story

Leveraging Electronic Health Records to Advance Predictive Modeling and to Identify Risks in Disease Outcomes

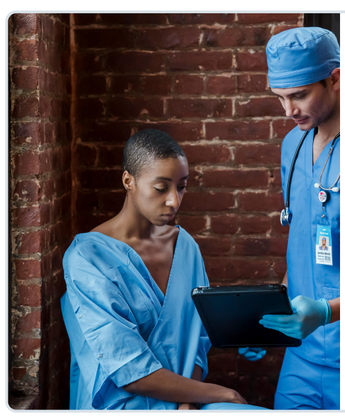
CTSA research consistently contributed to predictive tools using real-world patient records to optimize patient treatment and outcomes.

Led by Digital Infuzion

Posted 2026-04-24

MD - 08

Clinical | Community | Policy | Economic



Success Story

Advancing Clinical Trial Design and Implementation in Resource-Limited Settings

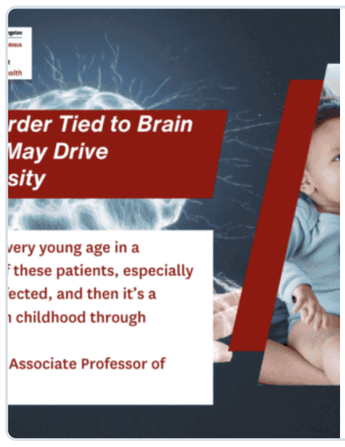
New treatments require that benefits be demonstrated in clinical trials. CTSA-funded research provides methods to prevent trial failures.

Led by Digital Infuzion

Posted 2026-04-24

MD - 08

Clinical | Community | Policy | Economic



Success Story

Hormonal Disorder Tied to Brain Changes That May Drive Childhood Obesity

sc-ctsi.org

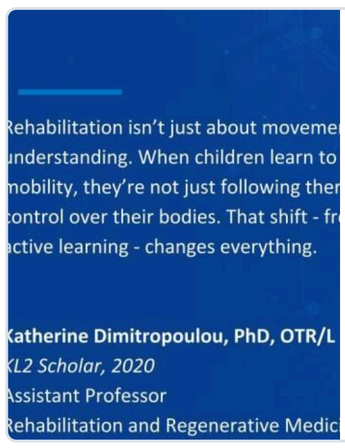
Brain scans link congenital adrenal hyperplasia to smaller prefrontal areas and altered white matter, alongside obesity and inflammation.

Led by University of Southern California

Posted 2026-04-23

CA - 37

Clinical



Success Story

Transforming Rehabilitation for Children with Cerebral Palsy

www.irvinginstitute.columbia.edu

With Irving Institute support, Dr. Dimitropoulou tests community-engaged rehab helping kids with cerebral palsy sustain mobility.

Led by Columbia University Health Sciences

Posted 2026-04-23

NY - 13

Clinical | Community

Story Type → **Impact Story** • Success Story

Story Title →

Helping Babies Suffering from Opioid Withdrawal at Birth

Authors →

By Lisa C. Welch[1], Jonathan M. Davis[1, 2], Erin Gibson[1]

All Authors and Affiliations

Affiliations:

Author Institutional Affiliations →

1. Tufts University Boston
2. Tufts Medical Center

Posted April 21, 2026

Congressional District of Lead CTSA Institution → Featured CTSA Institutions • MA-07

Other Featured CTSA Institution →

Featured CTSA Institutions:

Tufts Medical Center

TSBM Categories → Clinical | Community | Economic | Policy

Header Image (same as thumbnail) →

Image Caption +/- Image Credit → Infant crying in a hospital bassinet.

Abstract →

Abstract

From the 1990s to today, a growing number of babies are exposed to an opioid before birth and have withdrawal soon after, a condition called neonatal abstinence syndrome. They have painful symptoms and may need to be in the hospital for weeks. Before 2017, there was no research on which medicines best calm these babies. When Dr. Jonathan Davis and his team set out to change that, Tufts Clinical and Translational Science Institute (CTSI) helped by designing a clinical trial and analyzing data from many hospitals. Results showed that a different medicine (methadone)--not the one used most often (morphine)--led to fewer days of treatment and shorter hospital stays. This became part of the American Academy of Pediatrics treatment guidelines. Tufts CTSI also assisted Dr. Davis as he worked to change research rules and laws to solve barriers to doing the study. This led Dr. Davis to take part in developing best practices for including newborns in health research that guide today's studies.

Metrics / Statistic Highlights →

2-3	2	2
Days shortened treatment and hospital stay	New guidelines informed	New laws contributed to

Full Text of Impact Story →

Impact Story

Embedded Image w/ Caption +/- Image Credit →

Starting in the late 1990s and continuing today, a growing number of babies develop withdrawal soon after birth, a condition called neonatal abstinence syndrome (NAS). They were exposed to an addictive drug before birth (usually an opioid like heroin, fentanyl, methadone, or even prescription painkillers) and begin going through withdrawal after delivery.

Side effects of opioid withdrawal that babies experience. Image credit: Tufts CTSI.

These babies have many painful symptoms, cry often, and may need to stay in the hospital for weeks. A recent estimate showed that more than six out of every 1,000 babies have significant withdrawal soon after birth. This means that more than one in every 200 babies in the U.S. is born with withdrawal that's about one every 15 to 20 minutes.

Doctors and nurses do all they can to help these babies, and health research has played a big role in finding the best medicines and treatments to use. Before 2017, there was no research showing what medicines are best for babies born with withdrawal. Doctors were using medicines created for adults (most often morphine) and estimating the right doses for their youngest patients.

A team led by Jonathan Davis, M.D. at Tufts Medical Center set out to change this. In 2012, this team led the first large study with newborns to compare the most common drug being used to help calm babies with symptoms of withdrawal (morphine) to a longer-acting medicine (methadone). At the time, the team faced many challenges with this study. Doing research with a controlled drug led to legal hurdles. The social stigma around drug use and the side effects of many treatments for opioid use made it hard for mothers to join the study. Plus, doing research with newborns was not common because parents and government agencies were worried about risks to fragile babies.

Tufts Clinical and Translational Science Institute (CTSI) helped make this research possible. Tufts CTSI provided support to carefully design the study and receive money from the National Institutes of Health to run it at many hospitals across the country. Tufts CTSI statisticians also analyzed a large amount of information from those hospitals. Finally, Tufts CTSI assisted Dr. Davis as he began speaking with lawmakers and government agencies about changing laws and research rules so that the team could complete the study.

Study results were surprising. The longer-acting medicine (methadone), not the accepted treatment (morphine), led to fewer days of treatment and fewer days in the hospital. Around the same time, another research team showed that a similar longer-acting medicine (buprenorphine) also led to fewer days of treatment and shorter hospital stays compared to morphine.

Quote →

"This work has been 'all about the relationships'… [If] you want to do great science, you must work well [together]."

- Dr. Jonathan Davis

These results helped improve how doctors treat babies born with withdrawal. The American Academy of Pediatrics published a new guideline recommending longer-acting medicines like methadone instead of morphine to shorten treatment time and hospital stays. Shorter hospital stays get babies home to their families sooner and also can lower health care costs.

"Connecting clinical care, research, and advocacy is key to making an impact. The advocacy part reinforces that you need to do more research, which in turn supports the most effective clinical care."

- Dr. Jonathan Davis

Just as important, the research led to many more studies about what treatments are best for newborns with opioid withdrawal. Dr. Davis worked with government agencies and policymakers to pass new laws to help families and make sure treatments for newborns are safe and effective. These include the FDA Safety and Innovation Act of 2012 that required the Food and Drug Administration to hire more experts in newborn medicine and the Protecting our Infants Act of 2015 to help families of babies with withdrawal after birth. He also worked with partners in the U.S. and other countries to develop best practices for doing research with newborns.

What began as a question by doctors at one hospital about how to best help babies with opioid withdrawal after birth grew into a national effort to improve care for some of the youngest and most vulnerable patients that continues today.

References and Additional Info →

References and Additional Information

1. Establishing evidence-based pharmacologic treatments for neonatal abstinence syndrome: A retrospective case study.

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Coordination, Communication, and Operations Support (CCOS) is funded by the National Center for Advancing Translational Sciences, National Institutes of Health.