

PARTNER HUB INSTRUCTIONS

The goal of this network is to implement a new research model(s) in which decision-making is shared equally across collaborating organizations. Thus, for Partner Hub submissions, community-based organizations (CBOs) and academic institutions must apply as equal partners. Each submission should include two Co-Directors, one from a community-based organization and one from an academic institution.

Required Pre-proposal

The Partner Hub pre-proposal must include the following information:

- Names and institutions of the Partner Hub Co-Directors and Project PIs
- Partner Hub title, title and performance site of each proposed project
- Demonstration of established collaborative relationship between the Partner Hub Co-Directors/Co-Director organizations; please describe successful past collaboration(s) between co-applicants, including how partners shared power, how challenges were overcome, and successful outcomes of the partnership. (one-page PDF upload)
- A one-page description of the proposed work (PDF upload)

Partner Hubs

Each partner hub submission will include two research projects. Community-based organizations and academic institutions will work in concert with the CERC to optimize the implementation plan for the proposed project during the first year of the grant. The two Partner Hub projects will be led by Project Principal Investigators (PI), one from the CBO and one from the academic institution, and must have the necessary research team, required infrastructure and ability to recruit and retain a diverse group of study participants.

Each Partner Hub must be represented by both a community-based organization and a research institution. The two entities must have an established relationship and evidence of successful past collaboration.

At least 30% of key personnel of the collaborative research team must be from groups that are under-represented in science and medicine (Black/African American; Hispanic/Latino; Native American or Alaska Native; Hawaiian or other Pacific Islander; LGBTQ+; women).

Each partner hub will be required to host Trainees throughout the duration of

the award. As detailed below, at least 50% of Trainees will be from groups that are under-represented in science and medicine.

Community and Institutional Co-Directors will be a key component of each Partner Hub. Each Co-Director will facilitate activities within his/her/their organization and work closely with the CERC and other Co-Directors to facilitate activities across the Network, including end-of-network deliverables.

Institutional Eligibility/Location of Work

AHA awards are limited to U.S.-based non-profit institutions, including medical, osteopathic and dental schools, veterinary schools, schools of public health, pharmacy schools, nursing schools, universities and colleges, public and voluntary hospitals and others that can demonstrate the ability to conduct the proposed research. Submissions will not be accepted for work with funding to be administered through any federal institution or work to be performed by a federal employee, except for Veterans Administrations employees.

The Hubs are not transferable to other institutions. **An institution may submit only one Partner Hub (and related Projects) proposal or one Community Engagement Resource Center proposal.** Individuals at the applicant institution who are not participating in their institution's Hub and project(s) proposal may participate in a separate institution's Hub submission. Individuals other than the Hub Director who are participating in their institution's Hub proposal, may participate in a separate institution's center proposal. The proposal may include individuals and/or projects at more than one institution provided there is evidence supporting the likelihood of a successful interaction among research and training personnel. The Community Engagement Resource Center applicant cannot have overlapping key personnel with any HUB (or related projects) submission.

It is the responsibility of the submitting institution to ensure that only one proposal is submitted for the institution or to coordinate across several institutions to create a single proposal. Each Partner Hub's Co-Director's institution will maintain fiscal responsibility for their entire award.

Representative Approaches Responsive to this RFP

The intent of this initiative is to support a collaborative network of researchers whose collective efforts will lead to breakthroughs in methodological approaches to community-driven research. AHA anticipates (and welcomes) submissions for research focused on cardiovascular, stroke and brain health

conditions. However, **because the goal of this funding mechanism is broad understanding of innovative approaches to community-driven research, submissions proposing studies that do not focus on cardiovascular disease, stroke or brain health are also welcome.**

Ultimately, successful applicants will be those proposing innovative approaches to engaging communities in the research process and the ability to persuasively demonstrate the broad applicability of their results.

There are several opportunities to improve academic-community partnerships in research, fostering more effective, equitable, and sustainable collaborations. We expect Partner Hubs to propose projects that incorporate a majority of core tenets for effective community-engaged research, including:

1. **Capacity Building:** Providing training and capacity-building opportunities for community partners can empower them to actively engage in the research process, contribute their unique expertise, and enhance their understanding of research methodologies and ethical considerations.
2. **Clear Communication:** Enhancing communication strategies, including the use of plain language, visual aids, and culturally appropriate materials, can improve understanding and engagement between academic researchers and community members.
3. **Shared Governance:** Establishing shared decision-making processes and co-governance structures can ensure that both academic and community partners have a voice in setting research priorities, designing studies, and making critical decisions.
4. **Community Ownership:** Encouraging community ownership of research findings and outcomes can lead to better dissemination strategies, helping to ensure that research results are translated into action or policy changes that benefit the community.
5. **Long-term Commitment:** Building long-term relationships and trust with community partners is vital. Researchers should be committed to continuous engagement beyond the scope of a single project, fostering enduring partnerships.
6. **Cultural Competence:** Enhancing cultural competence among academic researchers is essential. Cultural sensitivity and respect for community values and traditions can lead to more respectful and effective partnerships.
7. **Resource Allocation:** Equitably allocating resources and funding to community partners, ensuring that they are fairly compensated for their time, expertise, and contributions to the research effort.

8. **Transparency and Accountability:** Establish clear mechanisms for accountability and transparency in the research partnership, including protocols for addressing any conflicts of interest or ethical concerns.
9. **Evaluation and Feedback:** Regularly assess the partnership's effectiveness, collect feedback from all stakeholders, and use these insights to make improvements and adjustments as needed.
10. **Policy and Institutional Support:** Advocate for institutional and policy changes within academic institutions to recognize and support community-engaged research, including tenure and promotion policies that value community partnerships.

Implementation of these approaches through academic-community partnerships will result in more inclusive and impactful collaborations that benefit academic institutions, CBOs, and the communities they serve.

Study Population(s)

All proposed projects must include study participants who are underserved with regard to healthcare delivery.

- For the purposes of this RFA, eligible study populations include, but are not limited to:
 - Black or African American
 - Hispanic or Latino
 - Asian
 - Tribal, Pacific Islanders, etc.
 - Age 65 or Older, especially the very elderly (over 75)
 - Those suffering from dementia and other major disabilities
 - Women
 - Rural populations / communities
 - LGBTQ+ individuals
- The overall makeup of the study population for each project (and thus the overall Hub) must include a delineation of the targeted underrepresented groups.
- It will be important for applicants to design studies that incorporate both realistic recruitment goals and sufficient statistical power to ensure valid results.

Additional Expectations and Opportunities

Partner Hub proposals from investigators at academic institutions that primarily serve individuals from groups who are under-represented in science (e.g., Historically Black Colleges and Universities (HBCUs), Hispanic-Serving Institutions (HSIs) and similar institutions noted below) are strongly encouraged to apply.

Partner Hub Proposal Details

Duration: Five (5) years

Number of Awards: AHA anticipates awarding three (3) Partner Hub grants to establish the Network. Awardees will be selected based on scientific merit and how each group aligns with AHA's mission and goals.

Award Amount: The maximum budget amount Partner Hub applicants may request is \$5,000,000. This amount includes all costs associated with the two projects, salaries for the project teams and directors, associated travel, training or any other costs for the Hub. It also includes a maximum of 10% indirect costs. The AHA reserves the right to determine the final award amount for competitive projects based on need and potential impact. Funds should be relatively equally allocated to the academic institution and the CBO (i.e., neither institution should receive less than 40% of the total budgeted project funds).

Appropriate Budget Items

NOTE: There is no Hub Center budget. All budget items for the Hub are to be entered into the project budgets, including salary and fringe for Hub Director / Co-Director, other leadership, training, or travel expenses.

- Salary and fringe benefits of the Co-Directors, Project Principal Investigators, named trainees (minimum of three (3) per Hub Partner project), collaborating investigator(s), and other participating research staff or faculty.
- Project-related expenses, such as salaries of technical personnel essential to the conduct of the project, supplies, equipment, travel, and publication costs in accordance with institutional and AHA policies.
- Partner Hubs may use award dollars to pay for travel to two required face-to-face, network-wide meetings each year and other meetings

where HERN research is presented. One semiannual meeting will be in the Fall and a second in the Spring. The purpose of both meetings is to share results across the network and identify and act on potential collaborative opportunities. If awarded, Partner Hub principals (project PIs, Hub Directors and Co-Directors) would be expected to attend the annual meeting in Dallas, TX, on Sept 23 & 24, 2024. More information about meetings will be provided upon award.

- Maximum of 10% institutional indirect costs may be claimed on the award.

Sample Partner Hub Budget (not prescriptive except as noted)	Hub Total	Per Project, based on 50/50 split
Project Expenses Two projects for five years. Maximum of \$3.34M to be divided between the projects. It is not required to spend funds equally across projects or years.	\$3,340,455	\$1,670,228
Trainees Each Partner Hub must train 6 trainees over the five-year grant period, three on each project (generally one trainee in years 2-3, one trainee in years 3-4 and one trainee in years 4-5). Up to \$65,000 per trainee per year: salary + health insurance/fringe. Trainees must maintain a minimum of 75% effort to research training.	\$ 780,000	\$ 390,000
Partner Hub Leadership (2 Co-Directors) A maximum of \$25,000 salary plus fringe benefits (estimated at 30%) per year per Co-Director to cover effort associated with directing the team. Each Co-Director (one from the CBO, one from the academic institution) must commit at least 10% effort.	\$ 325,000	\$ 162,500
Partner Hub Travel Costs Covers travel for Hub personnel to attend network meetings and other integration activities. \$10,000 per year must be allocated to Hub Travel for both the CBO and the academic institution.	\$ 100,000	\$ 50,000
Direct Costs (Total)	\$ 4,545,455	\$2,272,727
Indirect Costs AHA policy allows for a maximum of 10% for indirect costs	\$ 454,546	\$ 227,273
Total	\$5,000,000	\$ 2,500,000

Note for Partner Hub Submissions: Each Partner Hub Co-Director will be responsible for overseeing the total budget for his/her/their grant. If awarded, the principal investigators and the institution assume an obligation to expend grant funds for the research purposes set forth in the submission and in accordance with all regulations and policies governing the grant programs of the AHA.

Requirements for Co-directors and Project Principal Investigators of the Partner Hubs

Co-Directors and Project Principal Investigators of the Partner Hubs:

- Must possess a doctoral degree and/or experience demonstrating the skill needed to direct the activities of the Hub or a project.
- Must have a faculty (university partner) or staff (CBO partner) appointment.
- May hold another AHA award simultaneously but may not be a Center Director for an active SFRN or HERN.
- Must demonstrate a 10% minimum effort for each Co-Director and a 10% minimum effort for the Principal Investigator (PI) of each Hub project.

Co-Directors must have one of the following designations:

- U.S. citizen
- Permanent Resident
- Pending Permanent Resident (must have applied for permanent residency and have filed Form I-485 with the U.S. Citizenship and Immigration Services and have received authorization to legally remain in the U.S., having filed an Application for Employment Form I-765)
- G-4 Visa – family member of employee of international organizations and NATO

Project Principal Investigators must have one of the following designations:

- U.S. citizen
- Permanent Resident
- Pending Permanent Resident (must have applied for permanent residency and have filed Form I-485 with the U.S. Citizenship and Immigration Services and have received authorization to legally remain in the U.S., having filed an Application for Employment Form I-765)
- E-3 Visa – specialty occupation worker
- H1-B Visa – temporary worker in a specialty occupation

- O-1 Visa – temporary worker with extraordinary abilities in the sciences
- TN Visa – NAFTA professional
- G-4 Visa – family member of employee of international organizations and NATO

Named Trainees

AHA's aim is to help end historical structures and workplace cultures that advertently or inadvertently treat people inequitably based on race, ethnicity, gender, sexual orientation, age, ability, veteran status or other factors.

Therefore, at least 50% of the trainees named to the Partner Hub must be from a racial or ethnic group that is under-represented in science (Black/African American; Hispanic/Latino; Native American or Alaska Native; and/or Hawaiian or other Pacific Islander) or an LGBTQ+ person or a woman. Trainees may be appointed through either the academic institution or the CBO.

Each trainee must have one of the following designations

- U.S. citizen
- Permanent Resident
- Pending Permanent Resident (must have applied for permanent residency and have filed Form I-485 with the U.S. Citizenship and Immigration Services and have received authorization to legally remain in the U.S., having filed an Application for Employment Form I-765)
- E-3 Visa – specialty occupation worker
- H1-B Visa – temporary worker in a specialty occupation
- O-1 Visa – temporary worker with extraordinary abilities in the sciences
- TN Visa – NAFTA professional\
- J-1 Visa – exchange visitor
- F-1 Visa – student
- G-4 Visa – family member of employee of international organizations and NATO

*All awardees must meet the citizenship criteria throughout the duration of the award.

A named trainee may not hold another comparable fellowship award, although the institution may provide supplemental funding. Trainees may not hold a faculty or staff appointment, with the exception of MD or MD/PhD trainees who also maintain clinical responsibilities. These trainees may hold a title of instructor or similar due to their patient care responsibilities but must devote at least 75% effort to research training.

Peer Review & Award Selection

General: Peer Review for the Community-Driven Approaches HERN will be a two-phase process. Projects/Science from the Research Partner Hubs will be reviewed and scored during Phase 1. Partner Hub submissions that advance past Phase 1 will undergo separate Phase 2 reviews. The Partner Hub Phase 2 review will focus on the overall vision of the Hub, synergy and collaborative possibilities within a Network.

Partner Hub Proposal Peer Review (Including Review of Individual Projects)

Phase 1 Review

Each **PROJECT** within a Partner Hub proposal will be scored individually according to the criteria below.

Projects – Potential impact of the project on community-driven research; strengths of investigators (qualifications, expertise and productivity); potential for collaboration or synergy of projects; scientific content; background; preliminary studies; detailed specific aims; approach detail; analytical plan; sample size; data management; significance; innovation; individual project scientific merit; and total project coordination (within and among projects). Projects will be rated on the following areas:

- **Approach:** Are the conceptual framework, design, methods and analyses adequately developed, well-integrated, well-reasoned and feasible (as determined by preliminary data) and appropriate to the aims of the project? Does the applicant acknowledge potential problem areas and consider alternative tactics?
 - Partner Hubs proposing clinical projects must document that they have sufficient volume of patients from all identified study populations to ensure robust results are achievable. Any team proposing clinical trials must pre-register with clinicaltrials.gov.
 - *In addition, applicants must explain how relevant biological variables, such as sex, are factored into the research design, analysis and reporting. Furthermore, strong justification from the scientific literature, preliminary data, or other relevant considerations, must be provided for submissions proposing to study only one sex.*
- **Innovation:** Is the project original and innovative? For example: Does the project develop or employ novel concepts, approaches, methodologies, tools or technologies for this area? Does the project

challenge existing paradigms and address an innovative hypothesis or critical barrier to progress in the field?

- **Investigator(s):** Is the investigator(s) appropriately trained and well-suited to carry out this work? Is the work proposed appropriate to the experience level of the principal investigator and other researchers? Does the investigative team bring complementary and integrated expertise to the project (if applicable)? Have Co-Directors documented other experience required for success of the project, including past community-driven research, equitable collaborations, capacity-building, mixed methods expertise, and implementation planning? Project PIs must dedicate at least 10% to the project.
- **Significance:** Does this study address an important problem? If the aims of the proposal are achieved, how will knowledge about community-driven research be advanced? What will be the effect of these studies on the concepts, methods and technologies that drive this field?
- **Environment:** Does the community in which the work will be done facilitate the probability of success? Do the proposed studies benefit from unique features of the community or subject populations, or employ useful collaborative arrangements? Is there evidence of institutional support?
- **Impact:** How does the project relate to and support the mission of the AHA – *To be a relentless force for a world of longer, healthier lives?*
- **Synergy:** How does this project enhance the Partner Hub and the additional science project(s)? i.e., does this project enhance the likelihood that the collective Partner Hub outcomes will exceed outcomes of the individual sum of its distinct components? For more information, [please see this page](#). **Only projects that demonstrate synergy will move forward to Phase 2.**
- **Lay Summary/Summary for Non-Scientists:** How well written is the lay summary in explaining to a non-scientist audience the research proposed and importance? Does the Lay Summary adequately explain the major health problem being addressed by this study? Does it provide specific questions and how the projects will address them? Does it provide information on the overall impact of this work and the potential advances in the field? **Does it relay how the proposal supports the mission of the AHA?**

Phase 2 Review

Each **Partner Hub** moving beyond Phase I Review, will be scored on the following:

- **Synergy** – A clear vision of scientific direction is expected. A Partner Hub should be viewed as a group of interrelated research projects, each of which is not only individually scientifically meritorious, but also complements the other projects and contributes to an integrating theme. Describe the rationale for the total program. Explain the strategy of achieving the objectives of the overall program and how each project relates to the strategy. Describe the synergies and interactions between projects and their investigators; is there evidence of synergy between the projects?
- **Collaboration** – History of collaboration relevant to success of the project, including collaboration with communities, investigators within the applicant institution and those beyond. Defined and detailed process for collaboration with other sites in addition to within and between the proposed projects; plans to actively participate in a collaborative network. Evidence of formal training in leadership skills with an emphasis on collaborative leadership will be favorably reviewed. What collaborations do you envision between investigators working on individual projects?
- **Training component** – Partner Hubs must also demonstrate the resources and capabilities needed to foster the success of their trainees. Successful applicants will demonstrate a postdoctoral training plan that includes clinical (M.D., D.O., PharmD) or Ph.D. training in community-driven research for academic trainees and training on community-driven research and working collaboratively with academic researchers for CBO trainees; qualifications and characteristics of current and anticipated trainees; didactic and practicum training opportunities; plan for the selection of prospective trainees and how funded trainees' ongoing progress will be guided via an individual development plan (IDP) and evaluated at least annually. Plan for involving trainees in annual meetings and Hub-to-Hub visits, along with identifying opportunities for trainees to work with established investigators at other network Partner Hubs; ability to track trainees; conferences and meeting participation for trainees; documentation of a ready supply of trainees; and history of successful training for

researchers in the appropriate research topic.

- **Partner Hub Co-Director** – Qualifications of the Co-Directors to provide scientific and administrative leadership for the Hub; demonstrated ability to lead others, along with experience and commitment to the success of the Hub, the projects contained within, and the Network. Documented evidence of willingness to collaborate with others outside their institution to share ideas, science, etc. to advance the promise of community-driven research.
- **Investigator Team** – Qualifications of each PI to provide scientific and administrative leadership for their respective projects; demonstrated commitment of each PI, and experience in the area(s) of studies proposed; qualifications of investigators, and co- investigators and the research team; training experience.
- **Diversity of the Research Team** – In keeping with AHA’s core values of diversity and inclusivity, AHA is committed to broadening the diversity of investigators supported by programmatic, multi-investigator initiatives it offers. As such, **at least 30% of key personnel of the research team must be from groups who are under-represented in science and medicine.** Applicants must be able to document the diverse composition of the proposed research team and should comment on steps their institution(s) has taken/is taking to expand and support diverse investigators.

Applicants are prohibited from contacting AHA peer reviewers. This is a form of scientific misconduct and will result in removal of the submission from funding consideration and institutional notification of misconduct.

Award Selection

Final funding decisions are subject to approval by the AHA.