

Intro

Introduction



This form is to be completed by those who are interested in engaging Boston HealthNet Health Centers in research activities. The intent is to provide relevant information, necessary to help Health Centers determine if the project aligns with their priorities and if partnership is feasible at this time. Please refer to the *Guide for Partnering with BHN CHCs in Research* with the full instructions, prior to submitting this form.

General

General Information

*requires response

Principal Investigator(s) *

Primary contact name (if different than PI)

Primary contact email *

Select the school/college and enter PI's department. Write NONE if there is no department. *

- Boston Medical Center
- BU School of Dental Medicine
- BU School of Medicine
- BU School of Public Health
- BU School of Social Work
- BU Sargent College
- Other

Project title *

Sponsor/funding source, fill in grant series or name

- NIH
- Foundation
- Pharma
- State grant
- Other:

IRB of review

IRB submission status *

- Not submitted
- Submitted, waiting for approval
- Approved
- Other:

BU IRB # (if applicable)

Award amount (if applicable)

Total Award amount

Estimated amount for CHCs

Estimated project timeline *

Which health center(s) are you interested in partnering with? (select all that apply) *

Please indicate the reason you're interested in working with this health center

- Boston Health Care of the Homeless Program
- Codman Square Health Center
- DotHouse Health

East Boston Neighborhood Health Center

Greater Roslindale Medical and Dental Center

Manet Community Health Center

Mattapan Community Health Center

South Boston Community Health Center

Upham's Corner Health Center

Have you had any contact/discussion with Clinical Staff at the Health Center(s) regarding this project? If yes, who and when?

Project summary

Project Summary

Project Summary (300 word in lay language, copied from IRB application if available) *

Please include: key research question(s) and description of study population

Explain how this project supports the Healthy People 2030 national strategy:

Project Details

Project Details

Which category does your request fall under? *

- Planning for grant submission and would like to partner with a BHN CHC
- Funding awarded, but project has not started and would like to partner with a BHN CHC
- Active research project in which you would like to add an addendum to include a BHN CHC
- Data only: Request for CHC data use in active research study (to be abstracted from the CDW)
- Data only: Request for CHC data use in feasibility analysis (to be abstracted from the CDW)

Summary of approach and flexibility of the study methodology (elements that are fixed v. what can be modified) *

What are your expectations for CHC staff and patients in this proposed collaboration? *

Short explanation of how the study will be implemented at the health center? *

What are the benefits and risks to participants (What is the value for our clients to participate) *

Which language(s) will you support? Select all that apply *

- Arabic
- Albanian
- Chinese
- English
- French
- Greek
- Haitian Creole
- Portuguese
- Spanish
- Vietnamese
- Other:

How will participants be recognized for their participation? *

- No recognition
- Financial stipend/incentive (check, gift card, ClinCard, etc)

Other:

How much will participants be compensated? *

- \$1-10
- \$11-25
- \$26-40
- \$41-50
- \$51 or more

Are there any financial considerations, reimbursements or other benefits built into this study for the CHC? Explanation of financial resources available to the organization to off-set expenses incurred in supporting this project: (What is the value to the organization? What will the organization gain from this?) *

Resources required from the organization (How will the health center be involved in the project? Staff engagement/time? Materials/supplies?) *

If there is electronic health data from the center involved in your study, please describe what data will be extracted (including personal health (PHI), where the data is being extracted from and how the privacy and data security will be protected or you may attach a copy of the IRB proposal HIPAA form and data security plan

How will CHC staff be included in sharing/research findings? *

Have you submitted a request to the CDW? *

Yes

No

Provide a brief description of the data you are requesting from the CDW *

List specific data fields you are requesting from the CDW *

This is the end of the application. Please review all your answers before pressing next. You will not be able to return to the survey after pressing next.