Mass - ACCERT
Massachusetts Center for Advancing Cancer Control Engaged Research Through Transformative Solutions

Request For Applications: Community Responsive Projects

A. Key Dates and Contact for Questions

Key Activities	Dates
Applications Open	November 17, 2026
Orientation Webinar Zoom link: Join from 1-2pm on Monday, November 23 https://harvard.zoom.us/j/91076232874 This meeting will be recorded and shared to our website.	November 23, 2026
Letter of Intent Due See Appendix A for details. Send to James Daly, jdaly@hsph.harvard.edu	December 21, 2026
Invitations Made for Full Proposals	January 8, 2027
Community Engagement Studios See Section H. Application and Review Process for details. Participation (virtual) is required	February 2027
Full Applications Due	Mar 15, 2027
Awards Decisions (Pending NCI Approval)	April 1, 2027
Award Start Date	May 1, 2027

Award per year: up to $200k total costs
Initial Funding Period: May 1, 2027 – April 30, 2028
Maximum Length: 2 years
See details in budget section

Any questions can be directed to James Daly, Assistant Director of Research Operations, jdaly@hsph.harvard.edu

B. Background

The Massachusetts Center for Advancing Cancer Control Engaged Research Through Transformative Solutions (Mass-ACCERT), one of four National Cancer Institute-funded ACCERT centers, is a partnership between the Massachusetts League of Community Health Centers and the Harvard T.H. Chan School of Public Health. A core focus of the ACCERT consortium is to investigate and develop interventions to address the impact of social determinants of health (SDOH) on adverse cancer control and prevention outcomes. The **4 target SDOH addressed by Mass-ACCERT** are: **(1) social capital**, which reflect the resources embedded within social connections; **(2) civic engagement**, or the actions that a community takes to improve its circumstances; **(3) digital skills and technology access**, which impacts access to health care and social resources that support health; and **(4) access to evidence-based cancer control care for cancer screening and tobacco treatment**. The goal of our center is to advance cancer control for all by supporting community health centers' (CHC) capacity to deliver evidence-based cancer screening, tobacco cessation and treatment while promoting social, civic and digital connection among patients and their communities.

Our Community Responsive Projects (CRPs) are pilot studies that are identified by and with the community. They also must be connected to our 4 target SDOH and conceptually aligned with our parent Community Gateway to Health Study (see Appendix C). The Community Gateway to Health study is a multi-level intervention aiming to help community health centers improve breast, cervical, and colorectal cancer screening and tobacco treatment while also encouraging patients to stay connected to their communities. Ideas for projects are generated through ongoing structured community engagement approaches.

CRP proposals and funded projects are supported by our center infrastructure, which includes:

- Our data ecosystem, which has both CHC-level data and community-level data
- Our capacity building team, which supports researchers to incorporate SDOH, community-engaged research, and community action into their work
- Access to subject matter experts in Cancer Prevention and Control, Implementation Science, Mixed Methods Research, and Community Engaged and Participatory Research Approaches, among other topics

All CRPs must use the multiple principal investigator (MPI) model, with both an academic and a community-based PI. Pilot teams will be required to participate in regular cross-sharing meetings to discuss study execution, progress, challenges, process outcomes, and early results as well as opportunities for engagement of community partners and dissemination of lessons learned for public and academic audiences.

C. Priority Topics

Priority topics have been developed in partnership with our community partners. This list is not meant to be exhaustive, and other pilot ideas are welcome as long as there is alignment with the center and the Community Gateway to Health Study. A range of study methods are acceptable, including observational, qualitative, and quantitative methods. Given the ongoing strain on healthcare systems, pilots should be designed to be low-burden for CHC participation.

Topic 1: Improve understanding of how artificial intelligence (AI) could improve administration and uptake of cancer prevention and social determinants of health (SDOH) services. For example:

- Engage patient voice in CHC development or use of AI in health care (e.g., consent, patient perception/understanding of how AI is used; engaging patients in the design and implementation of AI tools)
- Explore how to use AI to assist with missed cancer screenings, missed screening opportunities
- Identify opportunities for streamlining data collection, tracking, and follow up processes for SDOH and/or cancer screenings
- Evaluate implementation of new AI tool(s) to improve patient reach for cancer screening or SDOH
- Evaluate impact of using AI for outreach on engagement in clinical care
- Explore governance structures and more centralized models to support CHCs to implement AI in health care
- Explore use of AI in community organizations that focus on SDOH (e.g., impact on workflows, local context)

Topic 2: Closing insurance coverage gaps. For example:

- Explore strategies to support patients' sustained MassHealth enrollment given new federal requirements (e.g., work and volunteer support and time documentation)

Topic 3: Workforce engagement. For example:

- Train CHWs and disseminate digital navigation as part of social needs assessments
- Assess strategies for increasing efficiency with AI use while preserving job functions
- Train and support CHC staff to address cancer-related fear and stigma

Topic 4: Capacity building for implementation science. For example:

- Explore opportunities to align community and practice goals with implementation efforts

D. Required & Preferred Components

Required Components

- Must be relevant to cancer prevention and control and at least one of our SDOH targets:
  - (1) social capital, which reflect the resources embedded within social connections
  - (2) civic engagement, or the actions that a community takes to improve its circumstances
  - (3) digital skills and technology access, which impacts access to health care and social resources that support health
  - (4) access to evidence-based cancer control care for cancer screening and tobacco treatment
- Must be relevant to Community Gateway to Health Study (see Appendix C below).
- Must include a community and academic multi-PI team, with each MPI at 15% FTE. [Note: please feel free to reach out to James Daly at jdaly@hsph.harvard.edu if you would like support with making connections for these partnerships or to explore connections to the Gateway study.]
- These grants are intended to fund developmental or early-stage work, and proposals should describe a concrete plan for further steps beyond the pilot grant. Projects do not have to involve an intervention, but they should produce some "public good" (e.g., toolkits, a streamlined clinical workflow, enhanced capacity). Under the center funding, data/tools and publications from all pilots must be shared open access (guidance will be provided). Associated costs should be included in the pilot budget. See Appendix B. Requirements for Pilot Award Recipients.

Preferred Components

- Ideally, some aspects of proposed studies will be based in Springfield/Holyoke, MA, the location of the Community Gateway to Health Study.

E. Award Structure

Funding for this grant program comes from our U19 ACCERT grant. Studies will need to provide support for CHC participation (e.g. site level stipends), if appropriate. Studies that involve primary data collection from community members or CHC staff (e.g. surveys, interviews, and focus groups) should include compensation for their time in the budget, ideally with a base rate of $75/hour.

Budget: Up to $200k total costs per year for a maximum of 2 years. Note that pilot awards will use the indirect cost rate of the community partner organization and the non-federal / gift rate (up to

20%) for academic partners. Additionally, the U19 center grant mechanism does not allow for automatic carry-forward. Thus, all projects must be completed within the proposed grant period.

F. Anticipated Funding
We anticipate that up to two projects will be funded in this cycle.

G. Applicant Eligibility

Academic MPI

- Any researcher who holds a Harvard University appointment as professor, assistant professor, associate professor, lecturer, instructor, research scientist, or research associate
- Any researcher with a similar appointment from other Massachusetts-based Universities and Hospitals or an existing partnership with ACCERT
- Trainees (e.g., doctoral students, post-doctoral fellows) are eligible to serve as the academic PI with approval from and active engagement of their primary advisor

Community MPI

- Community health center or other community-based researchers (if you also hold an appointment at a university or affiliated-hospital, it is required that you use your community organization role in the application to serve as Community MPI)

Applicants may be the PI on only one LOI/proposal. We highly encourage inclusion of trainees and CHC or community organization staff (e.g., CHWs) on the study team.

H. Application and Review Process
All projects that are invited to submit a full proposal will be asked to have a consultation with members of the Mass-ACCERT team. They will also be invited to consult with the Harvard Catalyst Community Engagement Core, which several of our Mass-ACCERT team members support, for further input on their proposals.

Community Engagement Studios (CES): All applicants who are invited to submit a full proposal will be **required** to participate in a 30-minute Community Engagement Studio, either in-person or virtually over Zoom. The CES will provide researchers with a real-time opportunity to share their research concepts and goals with community health center and other community partners. Researchers will receive direct feedback via a facilitated conversation. Feedback provided must be incorporated into the full proposal, to the extent possible.

All applications will be reviewed by a team of experienced scientific reviewers and community health leaders. Final funding decisions will be made by the Mass-ACCERT leadership team. Awardees must submit all JIT materials (e.g., IRB approval), meet all compliance requirements, and receive approval from NCI prior to receiving funds.

I. Useful Resources:

- Harvard Catalyst Resources for Community-Engaged Research
- Harvard Catalyst Resources for Community- Engaged Implementation Science

Appendix A. Submission Requirements

Letter of Intent Requirements - 2 pages (if cover page goes onto second page, specific aims can still be one separate additional page)

1. Cover page (1 page - please use template on next page or download a fillable version here)
    a. MPI names, positions, organizations/institutions, and contact information
    b. Other key personnel names, positions, contact information
    c. Descriptive title of proposed research
    d. Research location
    e. Brief budget summary (overall figures for academic personnel, partner personnel, and research costs) – Academic and Community-based MPIs each require 15% FTE
    f. Background of Academic-Community MPI partnership (if applicable) – please describe the MPI/organizational partnership, e,g., how long have you worked together, what have you accomplished together, previous grants/projects
    g. Checklist confirming that RFA requirements have been addressed
2. Specific Aims (1 page)
    - Overall study design and specific aim(s)/hypothesis
    - Description of how the research will fill a gap in cancer prevention and control research
    - Description of how the research aligns with the Community Gateway to Health study, the Mass-ACCERT SDOH targets, and the priority topics (see section C)

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Community Responsive Projects – Letter of Intent Cover Page

Research Project Title:

MPIs and Key Personnel:

Name	Email	Title	Institution	Role
				MPI Academic
				MPI Community

Location of Research:

Budget Summary: *Include overall figures for academic personnel, community partner personnel, research costs*

Background of Academic-Community MPI partnership (if applicable): *Please describe the MPI/organizational partnership, e,g., how long have you worked together, what have you accomplished together, previous grants/projects*

Please initial next to each statement to confirm agreement with requirements:

Requirement	Initials
Academic and Community-based MPIs with 15% FTE each	
Pilot awards will use the indirect cost rate of the community partner organization and the non-federal / gift rate (up to 20%) for academic partners.	
Relevant to Cancer Prevention and one of the four Mass-ACCERT SDOH targets	
Relevant to Community Gateway to Health Study	
Plan for further steps beyond the pilot project	
If invited to submit a full proposal: Participation in Community Engagement Studio for CHC and Partner Feedback	

_____ **Academic MPI Signature**

_____ **Community-based MPI Signature**

Full Proposal Requirements

1. *Cover Letter:* PHS 398 form- include grants administrator contact information and signoff on this form.

2. *Biosketch:* Please provide a standard NIH Biosketch for the 2 MPIs. Alternatively, a CV or resume is acceptable for the Community MPI. However, if awarded, the standard NIH Biosketch will be required.

3. *Budget and budget justification. Please also describe any resource sharing plan, as appropriate.*

4. *Research Plan* - maximum of 5 single-spaced pages, not including references. Use Arial 11 point font size or larger; minimum 0.5 inch for all margins for all pages.

    A. Specific Aims: State concisely the specific aim(s) and any hypothesis or research questions to be answered. The aims must be reasonable to achieve during the one-year budget period.

    B. Research Strategy:

        i. *Significance of the SDOH targets*: Explain the importance of the problem and how the planned focus will affect how the target SDOH impact cancer control.
        ii. *Connection to the Community Gateway to Health Study:* Explain how the application will connect to or complement the project. Describe any novel theoretical concepts, strategies, or methods to be developed or used.

        iii. *Approach*:
            - Describe the overall strategy, methodology, and analyses to be used to accomplish the specific aims of the project. Describe how the data will be collected, analyzed, and interpreted.
            - Explain how your approach will utilize the Mass-ACCERT infrastructure. Explain how your approach will engage with the relevant community partners in collaborative, equitable ways.
            - Discuss potential problems, alternative strategies, and benchmarks for success anticipated to achieve the aims.
            - Describe any strategies that will be used to establish feasibility and address the management of any high-risk aspects of the proposed work.
            - Describe how feedback from the Community Engagement Studio was incorporated into the research plan.

        iv. *Public Goods:* Identify public goods that will be developed as result of the project (e.g. toolkit, new measures, enhanced capacity).

        v. *Next Stage Funding*: Identify potential funding sources for the next stage of this project, including anticipated date of submission.

5. *Bibliography and References Cited*: Provide a bibliography of any references cited in the Research Plan.

Appendix B. Requirements for Pilot Award Recipients

- Acknowledge Mass-ACCERT support on all publications and presentations related to funded CRP projects (U19CA291431).
- Follow Mass-ACCERT publication policies and procedures, which include inclusion of community partners in scholarly products and compliance with NIH public access policies
    - Immediate open-access for publications
    - Public Data Sharing from projects (typically aggregate data)
- Every study should produce some form of "public good."
- Awardees will be expected to participate in Mass-ACCERT related activities (e.g., update presentations, reporting requirements, consortium meetings, center evaluation efforts, dissemination activities).

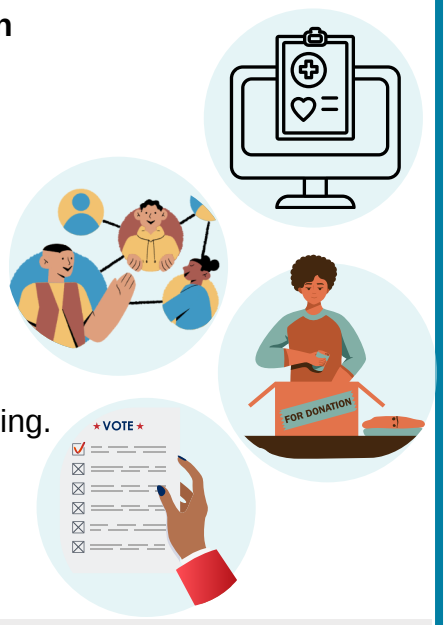
Appendix C. Overview of Community Gateway to Health Study.

The Gateway to Health Study

The Gateway to Health Study (a project of Mass-ACCERT) helps community health centers improve breast, cervical, and colorectal cancer screening and tobacco treatment, while also encouraging patients to stay connected to their communities.

WHAT WE'RE DOING

1. **Improving cancer screening & tobacco treatment with population management tools**
   - Working with clinical champions and quality improvement staff to optimize workflows and use of population management tools to improve breast, cervical, and colorectal cancer screening and tobacco treatment.
2. **Strengthening patient digital access and navigation**
   - Training navigators to connect patients with digital resources.
3. **Building community connection and civic engagement**
   - Referring patients to Union Capital as part of social needs screening.
   - Supporting patients' learning and connections via network nights hosted by health center Union Capital Coordinator.
   - Using a multilingual app to share information, including cancer prevention resources.



Union Capital is a nonprofit that offers small rewards to encourage civic participation and resource-sharing, hosts networking nights, and provides leadership opportunities

HOW IT WORKS

The Gateway to Health Study uses a randomized, step-by-step rollout to test the impact of an intervention at health centers across Massachusetts.

- Six health centers implement the 1-year intervention on a rolling basis starting in Spring 2026.
  - Clinical champions and quality improvement staff meet with the cancer screening and tobacco treatment research team to plan implementation approach on a biweekly basis.
  - Navigators participate in a comprehensive training to support digital access and literacy.
  - Health center staff that deliver social needs screening refer patients to Union Capital.
  - Union Capital Coordinator hosts network nights.
- EHR data will be used to measure cancer screening rates and tobacco treatment delivery.
- Health center staff will complete brief surveys at baseline and follow-up to share perspective of the acceptability and feasibility of the intervention, their health center context, and engagement.
- Health center and community partner staff will participate in one-on-one interviews to explore successes, challenges, and opportunities for improvement.
- Six comparison health centers share 2026-2028 data. They will be offered the cancer screening, tobacco, treatment, and digital navigation tools at the end of the study.

Mass-ACCERT is a research partnership between the Massachusetts League of Community Health Centers, Harvard TH Chan School of Public Health, and health centers across Massachusetts.

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