Process

**Background**

In response to the COVID-19 pandemic, Case Western Reserve University convened a COVID-19 Taskforce to bring together clinical, basic science and population health researchers to engender an integrated and multidisciplinary approach to understand and combat SARS CoV-2 from multiple perspectives.

To support interdisciplinary projects emerging from the Taskforce’s Working Groups, the Taskforce launched a centralized Rapid Response COVID-19 Pilot Program in May, 2020, spearheaded by the Community and Collaboration (C&C) component of the CTSC. The Taskforce and CTSC leveraged their cross-institutional connections to secure 7 funding groups across campus, contributing over $500k to sponsor one or more pilot grants.

**Funding and RFA Development**

- C&C and Taskforce solicited pilot funds from centers, institutes and programs across the campus and our institutional partners
  - *Message was clear: an institution-wide opportunity for interdisciplinary collaboration*
- 7 funding groups, funding 1-5 pilots, ranging from $15k to $40k (CTSC)
- Allowed smaller centers & institutes to participate with less administrative burden.
- Total funds available: $510k

**Submission and Review (managed by C&C)**

- Single RFA and submission process (InfoReady; multi-track option)
- Standardized application but allowing funder-specific requirements
- Standardized, online review; summary scores for each group for prioritization
- NIH style standardized review for each group, facilitated by C&C
- Each funding group provided a point person and a list of recommended reviewers
- CTSC proposals reviewed by KL2 scholars, matched with a senior investigator

The time from release of RFA to funding was 4 weeks

**Results**

- **48 proposals**
  - **160 investigators**
  - Representing 7 of the 8 CWRU schools/colleges
  - 3 of 4 health system partners (UH, Metro, CCF)
- **18 funded projects**
  - 6 of 8 schools/colleges
  - All 3 health systems

**RANGE OF TOPICS (CTSC Funded Projects Only)**

- Addressing Ethical, Social, and Regulatory Issues in Research during the COVID-19 Pandemic
- COVID-19 associated Coagulopathy– Developing a Point-of-Care Device for Diagnosis
- Neighborhood context of social vulnerability and perceptions of COVID-specific risk and prevention
- Glycemic Control and COVID-19 Disease Severity among Patients with Chronic Kidney Disease
- Determining the Diagnostic and Prognostic Value of Underlying Cutaneous Disease and Cutaneous Eruptions in Patients with COVID-19
- Understanding the Behaviors of Dental Aerosol Flume and Engineering Effective Capture System for COVID-19 Risk Mitigation

**Acknowledgments**

This project was supported by the Clinical and Translational Science Collaborative (CTSC) of Cleveland which is funded by the National Institutes of Health (NIH), National Center for Advancing Translational Science (NCATS), Clinical and Translational Science Award (CTSA) grant, ULTR002548. The content is solely the responsibility of the authors and do not necessarily represent the official views of the NIH.

**All CTSC funded projects required to:**

- Complete C&C Interview (to assess team development needs and stakeholder engagement)
- Complete RACI tool (team member roles and responsibilities)
- 6 & 12 month reporting on study aim progress and elements of team science and stakeholder engagement
- Present results at CTSC-supported seminar
- Engage and be responsive to C&C throughout award

C&C will track progress of ALL 18 projects for the next 12 months.