**Research Proposal Snapshot**

**Passive Recruitment**

The purpose of this snapshot is for researchers at other institutions/agencies to provide a summary of their proposed research to Howard Brown Health’s (HBH) Research Committee. HBH Research Committee will determine whether the research is a good fit for us to promote to our patients and the best way to do it.

Please note that the completion of this Research Proposal Snapshot does not guarantee that HBH will promote the proposed research study. Any supplementary relevant study materials should be provided or review with this snapshot.

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| **Principal Investigator Name:** |
| **Principal Investigator Affiliation:** |
| **Date:** |
| **Prior HBH PI**: ❑ **Yes** 🞏 **No**  *If yes, please detail:* |
| **Research Study Title:**  **Project Dates:**  **Brief summary of the project and its aims:**  **Description of the project conduct:** |
| **Is there any anticipated funding for HBH’s role in this project?** |
| **Please confirm that this Snapshot Proposal is related only to HBH’s passive recruitment of research study promotional material.**   * **Yes** * **No**   + If no: If you are requesting a more engaged HBH-role on this project or its recruitment, please visit our [“Let’s Work Together”](https://howardbrown.org/era/research/research-collaborators/) webpage to fill out and return the Research Snapshot Proposal.   **Check the box(es) where you’d like to see this project promoted:**   * **HBH Social Media (Facebook, Twitter, Instagram); if available** * **Flyer posted in clinic waiting areas** * **PDF of Flyer on clinic waiting area TV screen** |
| **Does this project include participant surveys or interviews?**   * **No** * **Yes**   **If yes: Are these surveys/interview guides already developed?**   * + **Yes**     - **If yes: Please confirm by checking this box that the developed surveys/interview guides are attached with this form for HBH review/input.**   + **No**     - **If no: Please confirm by checking this box that as they are developed, surveys/interview guides will be provided to HBH for review/input before we agree to promote the project.** |
| **Please confirm that IRB Approval has been granted for the promotional materials being provided.**   * **Yes**   + **If yes: Check this box to confirm that IRB Approval documentation is provided either by a stamp on the promotional materials or by an approval letter.** * **No**   + **If no: Please hold this Snapshot Proposal until IRB Approval is granted for this promotional material.** |
| **What is the inclusion criteria for the population to be recruited for this project?**  **How many individuals are you hoping to recruit from HBH?**  **Will their data, including PHI, be collected as part of this project?** |
| **Would HBH share ownership of the study data and results?:** |
| **Would HBH have the opportunity to review a manuscript before publication?:**  **Would any HBH staff have the opportunity to serve as authors on publications?:**  **If not, why?:**  **Would HBH be acknowledged in publications?:** |
| **Other Comments:** |

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| **The Below is for Internal Use Only**  Please indicate which teams will need to provide review on this proposal either because of programming impact or for content-area expertise.  Once identified, please provide to that Department’s leadership to review or delegate someone for review of this proposal: | |
| * Behavioral Health Services * Broadway Youth Center * Clinical Research * Data/Epi/Eval * Dental * Education * Sexual and Reproductive Health * Social Behavioral Research * Social Services * Trans Health | * Other   + List Other Team(s):   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Reviewer Guidance**  Please fill in the below set of questions ending with your recommendation for proceeding or not proceeding with promoting this research project as outlined above. If there are additional questions/concerns about HBH promoting this research, please indicate that in the NOTES section.   1. Does this project align with HBH’s mission and/or strategic vision?   Yes  No   1. Does this project offer any benefits to participants (note that incentives or stipends do not qualify as benefits)?   Yes  No   1. Does this project include any topics or conduct that could call HBH reputability into question?   Yes  No   1. Does this project bear any similarity or compete with any research, service, or program that is active or being considered at HBH?   Yes  No   1. Does this project have any potential to cause any disruption to existing HBH programs/services?   Yes  No   1. Is this project important in terms of partnerships or collaboration opportunities?   Yes  No   1. Does any of the language used in the promotional materials or supporting documents have the potential to offend or demean the general patient population?   Yes  No | |
| **Final Recommendation**  Do you feel that HBH should promote this project as noted above?  Yes  No  If no: Please provide rationale for the recommendation not to promote this project:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |