ACRO

White Paper

Small Investment. Big Impact.

Lessons from ACRO's Site Resource Grants Program

Acknowledgements

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Executive Summary

How can the clinical research industry make a meaningful, actionable impact when it comes to improving access and recruiting representative populations into trials? In 2024, the Association of Clinical Research Organizations (ACRO) set out to answer this question and launched a call for applications for the Site Resource Grants Program to test whether modest, flexible, site-directed investments could meaningfully expand access to clinical trials for clinically relevant yet historically underserved patient populations.

Rather than prescribing which ideas to test, ACRO invited sites to propose proof-of-concept pilots addressing persistent barriers to representative enrollment, including limited outreach funding, investigator shortages, and the lack of sustainable community engagement infrastructure.

Over a 12-month pilot in 2025, seven U.S.-based clinical research sites received seed funding of $25,000–$50,000 to implement their initiatives tailored to the needs of their local communities. These sites represented a range of operating models, geographies, and experience levels—from experienced sites seeking deeper community engagement to community-embedded sites building the infrastructure required to attract and conduct industry-sponsored clinical trials.

The grant funding supported new hires, diagnostic equipment, outreach technologies, and relationship-building activities that are rarely covered through trial-specific budgets.

Across therapeutic areas and regions, results from the first year demonstrate a consistent finding: when sites are given autonomy and flexible resources, even modest investments can produce measurable gains in awareness, trust, referrals, screening, enrollment, and long-term research capacity.

Introduction

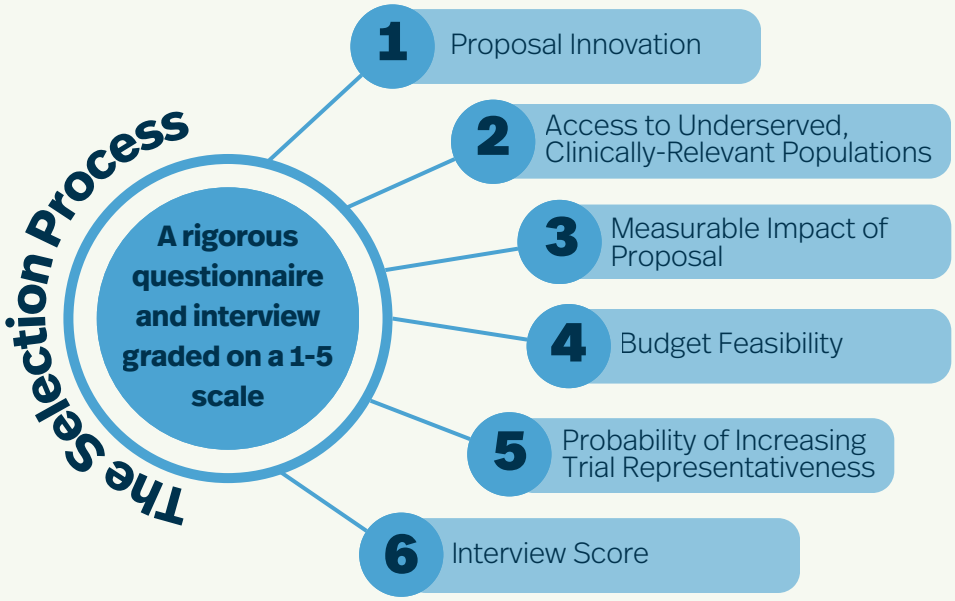
Clinical trial access challenges are widely acknowledged, yet the mechanisms traditionally used to address them often fall short. Industry funding for outreach and education is most commonly tied to individual studies, limiting sites' ability to invest consistently in the community engagement, trust-building, and infrastructure development that precede successful recruitment.

ACRO challenged the status quo, launching the Site Resource Grants Program as a pilot to address this structural and funding gap. Rather than supporting recruitment for a specific study, the Program was designed to invest upstream, strengthening site-level capabilities that enable representative enrollment across trials over time.

ACRO deliberately sought proposals from a variety of sites, including:

- Experienced sites seeking to deepen community engagement and increase the representativeness of participants they enroll in studies.
- Less experienced community-embedded sites that needed upskilling and/or support to attract industry studies.

In addition, ACRO prioritized advancing representation in geography, patient demographics, and healthcare settings, with a goal to include rural sites due to health burden and access issues. Following a competitive application and interview process, seven sites were awarded grants of $25,000-$50,000 to pursue 12-month initiatives designed to answer practical, industry-relevant questions, including whether sustained engagement, expanded screening capacity, investigator development, and non-transactional outreach could meaningfully improve access to clinical research.



What followed was a year of experimentation and measurable progress, proving that even modest, targeted investments can reshape access, strengthen public trust, and bring research closer to the people it intends to serve.

Lessons Learned, Insights Gleaned

At the conclusion of the grant year, several lessons learned emerged as evidenced by the results generated by each grantee. Perhaps the most important lesson, a fact that was in many ways the impetus for the Program, is the reality that effectively expanding clinical trial reach begins with sites. “The site is the door to the community,” said ACRO grantee and Preferred Primary Care Physicians Clinical Research Physician Dr. Bryce Palchick.

Sites serve as the primary interface between clinical research and the communities sponsors aim to reach. When sites are equipped to engage consistently—before a specific trial is available—trust builds, referral pathways strengthen, and participation becomes more sustainable.

Grant recipients repeatedly highlighted a central industry tension. Sponsors are structured to fund site activities directly tied to a trial. However, trial-by-trial funding alone rarely supports the long-term engagement required to meaningfully improve representation.

The ACRO grants helped bridge this gap by enabling sites to invest in durable, reusable infrastructure that will continue to generate value beyond a single study and ultimately will inform stakeholders of what to invest in moving forward.

As ACRO grant winner Superior Clinical Research's founder Martha Dockery puts it, "You have to be part of the community without selling something. We need to tell sponsors not to lead with their study, it doesn't work."

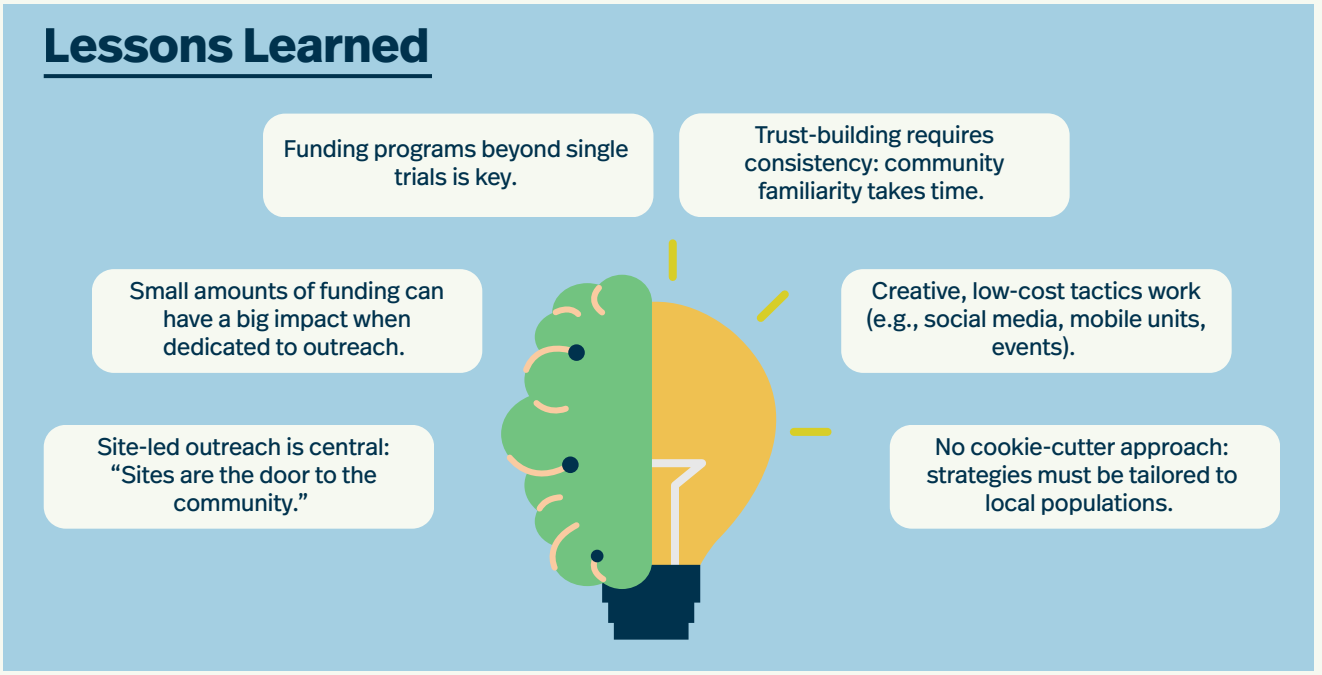
> **"The site is the door to the community."**

The results of ACRO's Grant Program demonstrate how "even a relatively small amount of money applied directly to community outreach coupled with raising awareness of clinical trials can be incredibly effective and impactful," says Tafoya Hubbard, ACRO's Grant Program Manager. "Our grantees found creative, economical ways to earn the trust of the patients they want to serve."

The grants had positive impacts beyond the initial projects they funded, too. "The grant was a catalyst for us that helped us grow and find more ways to help the community," says Angela Aviles, former Director of Business Development & Client Relationships at Kinetic Clinical Research.

All stakeholders would benefit from applying a number of the lessons learned throughout the Program. "Many of the most successful approaches can be replicated by other sites in other parts of the country," added Sophia McLeod, Advocacy Advisor at ACRO. "While sites understand there is no single cookie-cutter approach to reaching and connecting with a wider swath of their patient population, our grant winners showed that certain strategies and tactics were consistently effective."

Lessons Learned



Key Takeaways

Trust > Transaction.

Outreach must be continuous, not episodic.

Social media is underutilized and often outperforms physical events.

Cultural competence and representation matters.

Meeting people's real needs first builds credibility.

Community-led projects outperform sponsor-driven ones.

Facing the Challenge

The obstacles to expanding clinical trial reach are real, persistent, and interconnected across the entire ecosystem. As Palchick told Clinical Leader in late 2025, ACRO opened the door by offering to fund ideas that could eventually be best solved collectively. "We wanted to work on something that would benefit the entire ecosystem," he told the magazine.

ACRO's Committee on Patient Access to Clinical Trials "saw this as a chance to address a real bottleneck, the study and site budget," Palchick added. "We figured [our proposal for seed funding to hire a Community Outreach Coordinator] would be a way to go directly to the heart of the issue."

Each grant recipient executed against a specific research question and pursued a variety of approaches to enhance engagement with their community, patients, and providers. The projects undertaken by the sites can be sorted into two overarching categories:

Enabling genuine, sustained community engagement

Preferred Physicians in Primary Care
(Clairton, PA)
Superior Clinical Research
(Smithfield, NC)
Brooklyn Clinical Research
(Brooklyn, NY)

Expanding trial access into the community

Nebraska Cancer Specialists
(Omaha, NE)
Randomize Now
(College Park, GA)
K2 Medical Research
(Orlando, FL)
Kinetic Clinical Research
(Anaheim, CA)

Grantee	Project Description	System Problem Addressed	Research Question
preferred primary care physicians	Hired a full-time community outreach liaison to lead sustained engagement through events, one-on-one interactions, and culturally tailored outreach.	Clinical trials rely on episodic, trial-specific outreach, which fails to build trust over time.	Could upfront investment in a community-facing role build trust early enough to create durable pipelines for future trial participation and funding?
RANDOMIZE NOW DIVERSIFYING MEDICAL RESEARCH	Dual initiative combining a PI training program to onboard new investigators and free health screenings to build a participant database.	Industry faces both high PI attrition ("one-and-done" investigators) and recruitment challenges driven by provider capacity rather than patient demand.	Can simultaneously expanding the investigator workforce and community participant pool address structural bottlenecks in recruitment and trial capacity?
Brooklyn Clinical Research	Tested targeted digital/social media outreach vs. in-person events and analyzed recruitment data to understand vaccine hesitancy patterns.	Traditional outreach relies heavily on in-person events, which are inconsistent and difficult to scale.	Can data-driven digital outreach strategies more reliably reach underrepresented populations and address barriers such as vaccine hesitancy?
NEBRASKA CANCER SPECIALISTS	Built referral pathways through community physicians, developed educational videos, and conducted "Lunch and Learn" sessions with rural providers.	Sites struggle to access patients due to weak referral networks and low awareness, particularly outside academic centers.	Can intentional physician engagement and patient education expand referrals and diversify enrollment in community oncology settings?
K2 MEDICAL RESEARCH	Expanded use of a Mobile Research Unit ("Wanda") delivering screenings, testing, and education directly in communities.	Physical access barriers limit participation, especially among populations with high disease burden but low research representation.	Can mobile, community-embedded research infrastructure overcome access barriers and provide a scalable engagement model?
Superior CLINICAL RESEARCH	Built a multi-channel community engagement model including health fairs, educational events, webinars, and integration of health services with research awareness.	Trial-centric engagement is transactional and disconnected from broader community needs.	Can holistic, community-first engagement (not tied to a specific trial) improve trust, awareness, and long-term participation?
KINETIC CLINICAL RESEARCH	Invested in diagnostic infrastructure (FibroScan), expanded point-of-care screening capabilities, and built partnerships with community clinics.	Community sites are often excluded from trials due to lack of equipment and diagnostic capability, limiting access for diverse populations.	Can targeted investment in site-level clinical infrastructure enable participation in more trials and expand access for underserved populations?

In this white paper, we'll look at success stories, lessons learned, and endeavor to provide a roadmap for the future where more patients are able to benefit from clinical trials.

GRANT IMPACT: Enabling Genuine Community Engagement

Preferred Primary Care Physicians

Dr. Bryce Palchick, PPCP's Clinical Research Physician, has devoted the last several years of his professional career to finding new ways to improve representation in clinical trials, including reading and researching the issue on his own, attending conferences, and working closely with his staff to impart what he's learned and listen to their perspectives and input.

Within the Pittsburgh-area community of Clairton, Pennsylvania, PPCP's clinical trials team is reshaping how underrepresented populations engage with and experience clinical research.

With support from the ACRO grant, their project focused on funding a community outreach liaison role to lead efforts that aimed to build enduring trust, improve access, and foster meaningful connections between community participants and healthcare providers.

Through community-focused events, one-on-one engagement, and intentional, culturally sensitive dialogue, PPCP created spaces where participants felt heard, respected, and valued. Their work underscored a commitment to health equity and demonstrated that clinical research is not just about driving enrollment numbers—it's about ensuring trust, compassion, and accountability. Looking back after a successful year, Palchick noted there were several key factors contributing to the positive results.

First, hire someone who can represent the local community, and it should be a full-time position. "The person should become a community ambassador in driving efforts to improve community engagement," Palchick says.

Second, don't apply pressure at events. Instead, focus on directly assisting the people in the community. PPCP contributed to food banks, senior center educational events, and other programs designed to raise awareness of clinical trials and gain trust by increments.

"Even when the audience was small, we made a lot of progress," Palchick said. "You have to establish yourself" first in the community before making a pitch

for clinical trials. And those efforts should start as early in the process as possible. “You need funds a year in advance to begin to engage the community before asking them to participate in a trial.”

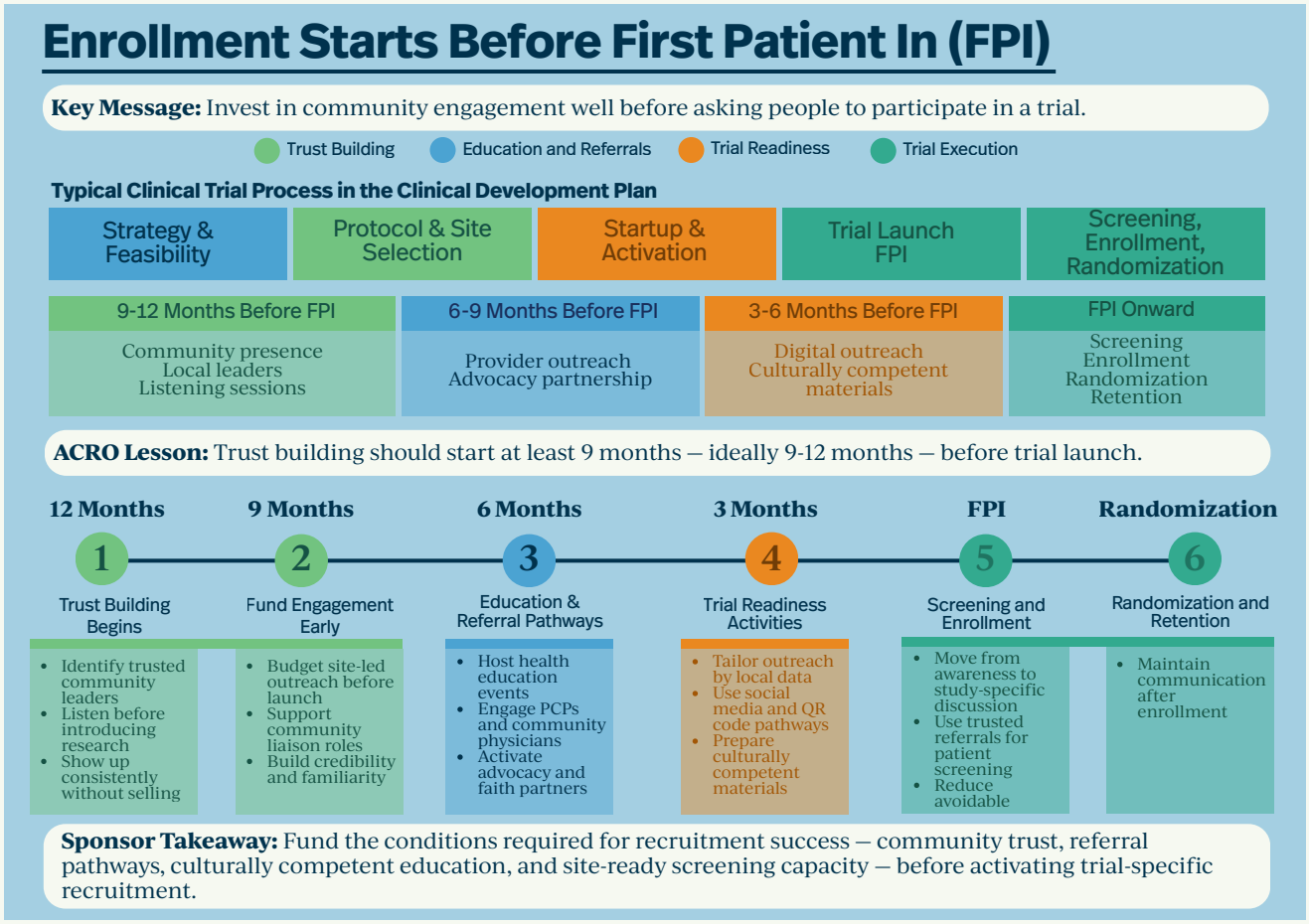
As PPCP’s Clinical Research Coordinator, Diamond Ricketts noted, “we’ve built genuine connections in the community.” ACRO’s grant helped PPCP fund Diamond’s position long enough to establish their program and gain sustained funding for her role in study line items.

Looking ahead, Palchick is working with his team to develop a template to help other sites in other locations in making educational presentations to potential patients.

Their objective is to create a general playbook that other sites can build on in their outreach efforts. At the same time, Palchick and Diamond stressed it cannot be a cookie-cutter operation.

“Each site must find its own path. It’s not about creating a turnkey solution,” Palchick said. “Change is hard, and you have to keep learning.”

The need for—and success of—early, meaningful engagement was clear. The grants enabled PPCP to invest at that critical stage and created downstream value for sponsors through stronger pipelines and more predictable enrollment.



Superior Clinical Research

Both Superior Clinical Research and Preferred Primary Care Physicians used grant funding to establish consistent, multi-faceted community engagement approaches that would not have been feasible under trial-specific budgets.

“You have to be part of the community without selling something,” says Superior founder Martha Dockery.

Based in rural North Carolina, Superior’s mission to increase access to clinical trials was brought to life through a community-centered strategy that emphasized education, outreach, and equity.

Their motivation for applying to the ACRO program was simple but urgent: their ambitious initiatives needed strong financial support to become reality. With the grant, they expanded their capacity to deliver health screenings, host educational events, and connect more people to both clinical trials and essential local health services. The fact that they were taking this multifaceted, rather than piecemeal, approach—coupled with their rural location—was a strong factor in why they were chosen for the grant in the first place.

“The ACRO grant allowed us to think outside the box and find creative ways to reach out to patients. Pharma companies too often have a single line in the budget [for community outreach], and they want it directly connected to a specific trial, but that’s not as effective,” Dockery stressed.

Over the 12 months of the grant program, the site spearheaded an initiative that delivered healthcare services and raised research awareness to underserved populations—particularly racial and ethnic minorities, women, and residents of medically underserved areas. Through their multifaceted approach, the team hosted events like health and wellness fairs, community baby showers, CPR training days, and clinical site open houses. These events not only delivered vital health services, but they also introduced locals to the world of clinical research in an approachable, community-centered setting.

“People are more receptive at events,” Dockery noted. “It’s more effective not to focus on an individual trial. Instead, have conversations about health and trials in general.”

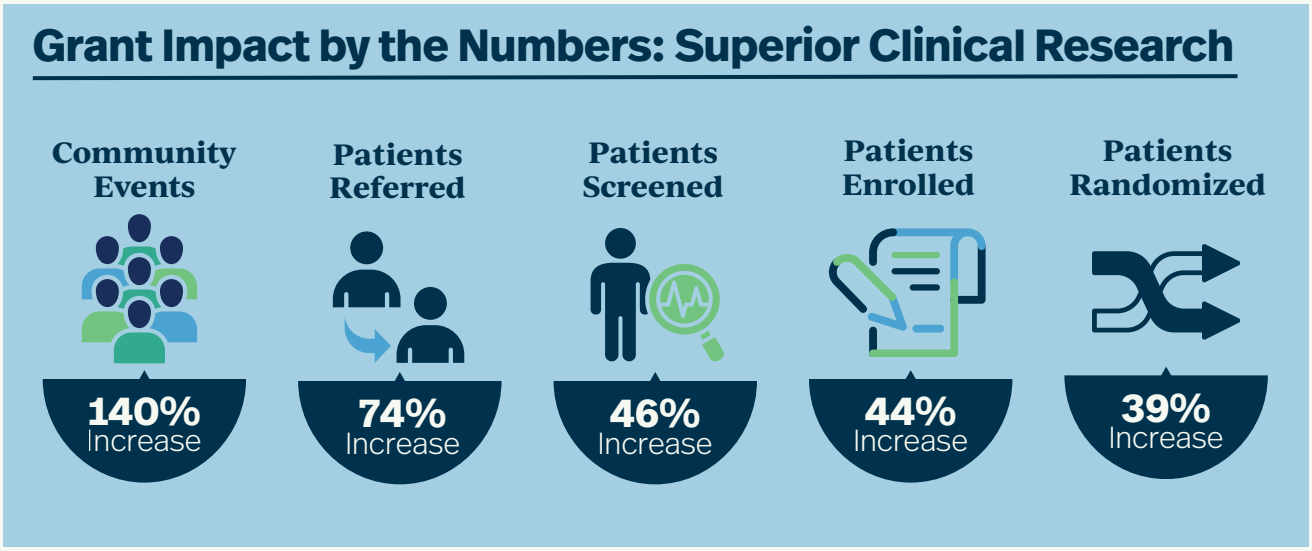
In addition to in-person events, monthly webinars and “Lunch and Learn” sessions kept the conversation going year-round, covering key topics like cardiovascular health, preventative care, and the life-changing potential of clinical trials. Superior’s efforts were driven by a clear goal to bridge the gap between healthcare access, public awareness, and research participation —particularly within communities that are historically excluded or overlooked.

“Meet patients where they are,” Dockery said, meaning this both literally and figuratively. Think of a patient's particular needs. For example, “if they are hungry, they won’t be able to focus,” she noted. Their solution? “We served hot dogs and chips at events.” It may sound simple, but it’s that kind of sensitivity to a patient’s life situation that helps connect with them.

Internally, the team invested in ongoing cultural competency training, ensuring that every interaction, whether in the clinic or in the community, reflects understanding and trust. By fostering both external and internal growth, Superior laid the groundwork for a more inclusive and responsible research culture and provided a model that sponsors could support at sites across the country.

“Taking a longer-range view is important. It takes people time to get comfortable and get to know us,” Dockery said, looking back at their successful efforts. “Now I have the numbers to prove this outreach works, it’s not all about race and ethnicity, it’s [effective with] “a wider range of people, including those with no college [degree], living in rural areas, elderly people, and young kids.”

“Don’t be afraid to try different things,” she stressed. “Keep working at it. It works!”



Brooklyn Clinical Research

The ability to adapt and pivot when best-laid plans go awry is an important feature of any good clinical research site. It's a lesson CEO and Founder David Almeida and the team at Brooklyn Clinical Research learned during their time in the Program.

"We had to pivot from in-person meetings after bad weather forced our event inside on a different date," he recalled. "Unfortunately, we had a much smaller turnout after the change."

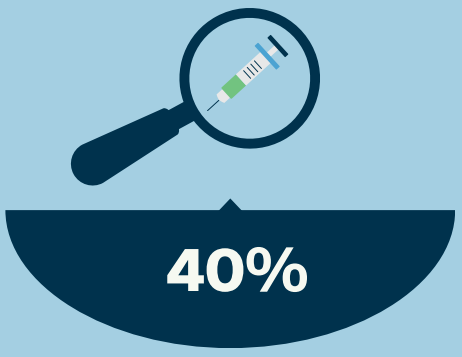
Like many other grantees in the ACRO Program, they learned that targeted, relatively inexpensive social and digital media programs can be effective in attracting and educating patients.

Located in the heart of Brooklyn, New York, Brooklyn Clinical Research is a newly established site embedded in the community and backed by experienced research leadership dedicated to advancing medicine through expanded access to clinical research for populations that are historically underrepresented in scientific studies.

Operating in a densely populated, socioeconomically diverse area, the team at Brooklyn Clinical Research used grant funding in two ways. One angle was to analyze recruitment patterns, refine digital outreach strategies, and adapt engagement methods in response to early setbacks. The impetus for this was being located in such a densely populated area and knowing they weren't reaching all the patients they could.

Brooklyn Clinical Research Identifies Vaccine Hesitancy in African American Communities

Enrollment Rate of Black / African American Participants in Vaccine Study



Enrollment Rate of Black / African American Participants in Non-Vaccine Study

This part of the project reinforced two key insights:

- Reliance on single, in-person events, especially when managed by third parties, can introduce unpredictability.
- Targeted digital outreach, when grounded in local data and messaging, offers a scalable and cost-effective complement to community events.

Critically, the initiative helped the site refine its engagement strategy and generate learnings that can inform future trials and broader industry practice.

In addition, Brooklyn Clinical Research piloted an initiative to understand and address vaccine hesitancy using retrospective recruitment data from both vaccine and non-vaccine studies.

By comparing demographic recruitment data from vaccine studies with similar non-vaccine research, the team uncovered the fact that certain populations are more hesitant about vaccines, and—looping back to the first part of their projects—how outreach strategies can and should be tailored to address such concerns.

GRANT IMPACT: Expanding Trial Access Into Communities

Nebraska Cancer Specialists

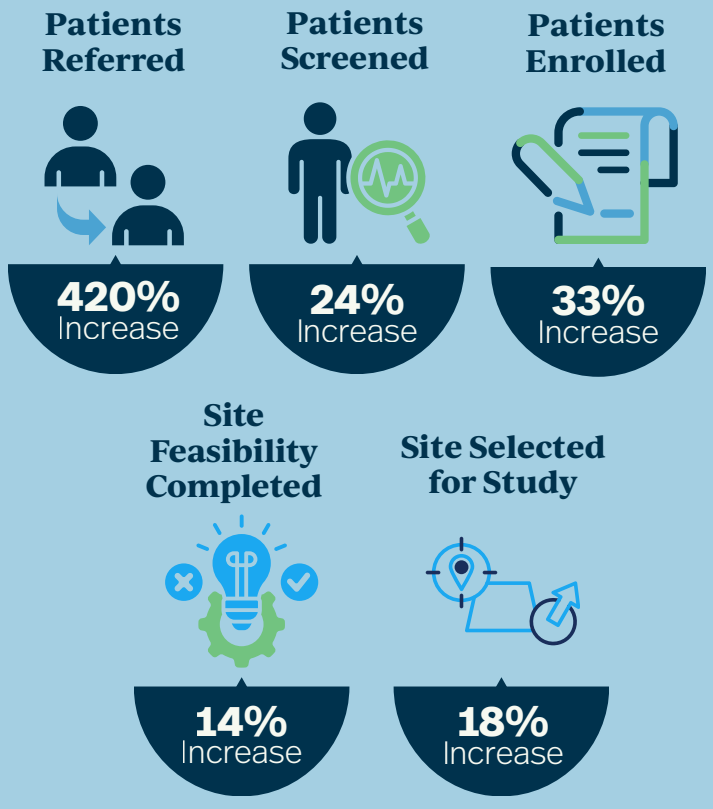
Nebraska Cancer Specialists (NCS), serving both urban and rural populations, worked to address challenges when it came to reaching their local communities. “We knew we were missing patients,” said Evan Roberts, Clinical Research Manager at NCS. “We knew we needed to make more people comfortable with clinical trials.”

When Roberts arrived in May 2024, 93% of the participants in NCS’ database were white. But their work, infused with the ACRO grant, was effective, and according to a February 2026 report, their patient database is now 85% white, with new levels of representation across a number of demographic categories.

NCS site focused its grant-funded program on testing whether intentional engagement with community members and physicians could expand referrals into oncology trials. The team committed to educating physicians through “Lunch and Learn” sessions with rural community medical practices to strengthen referral networks and ensure that patients in underserved areas were aware of clinical trial opportunities.

Additionally, NCS produced a series of short, educational videos to inform patients and increase awareness of, and enrollment into, their clinical research programs. Through these videos, NCS aimed to demystify clinical trials, explain the benefits of participation, and address common questions or concerns. The results were striking:

Grant Impact by the Numbers: Nebraska Cancer Specialists



Among the lessons learned for Roberts and the team was not to underestimate the potential of social media for patient outreach. “I think we undervalued it,” he said. “I’d push for using social media sooner in the process.” They also learned that in-person surveys were not a particularly effective strategy to connect with patients. After a presentation, “people don’t stick around for surveys, even if they are anonymous on an iPad.”

NCS also put together a pamphlet with clinical trial information and included it with new patient packets for those who were new to their practice. The pamphlet included a QR code that patients could scan to learn more about clinical research. The results were clear and positive.

“It worked much better than online surveys at events. We then shifted to targeted social media with links to the videos and our website,” Roberts explained. The stats tell a strong story: they had some 88,000 impressions, with 418 direct clicks to their website.

The work of NCS emphasizes the vitality of community-based practices and the key role these practices play in clinical research. For oncology sponsors, this case underscores the value of investing in site-driven referral infrastructure, particularly in regions where academic centers are not the primary access point for patients.

Randomize Now

It’s called the “one-and-done” phenomenon, and it’s been bedeviling the clinical trial industry for too long. The phenomenon, in which a new principal investigator (PI) conducts a single study and then exits the research ecosystem, is a serious issue contributing to workforce burnout, shortages, and slower trial timelines—ultimately delaying treatments for patients in need.

Randomize Now, a clinical research site based in College Park, Georgia, used its ACRO grant to pilot a dual-focused initiative aimed at addressing this challenge by engaging both patients and providers. “We saw a problem, and we wanted to work to begin to address it,” said Dr. Lovie Negrin, Randomize Now CEO. The grant provided Randomize Now with an opportunity to deepen connections within their surrounding community and incorporate more representative voices into clinical research.

Their project focused on building a sustainable pipeline of new investigators through a structured PI training program while expanding a participant database through free health screenings.

"Industry is talking in circles about low patient recruitment, but the problem isn't the patients; it's the people approaching them," Negrin added.

Indeed, the PI issue plagues clinical trials. Multiple studies over the past decade have examined the factors contributing to this problem, highlighting factors such as lack of institutional support, site infrastructure, financial considerations, and administrative burden. [1]

Randomize Now's PI training program was designed to prepare physicians with little or no prior research experience for real-world trial participation, covering operational, regulatory, financial, and clinical considerations. Of the seven physicians enrolled in the pilot cohort, six progressed to active study involvement, demonstrating unusually strong retention compared with traditional training models.

Beyond its immediate outcomes, the program created value for future sponsors by expanding access to trained investigators embedded in underrepresented communities and prepared to support new trials with reduced startup friction.

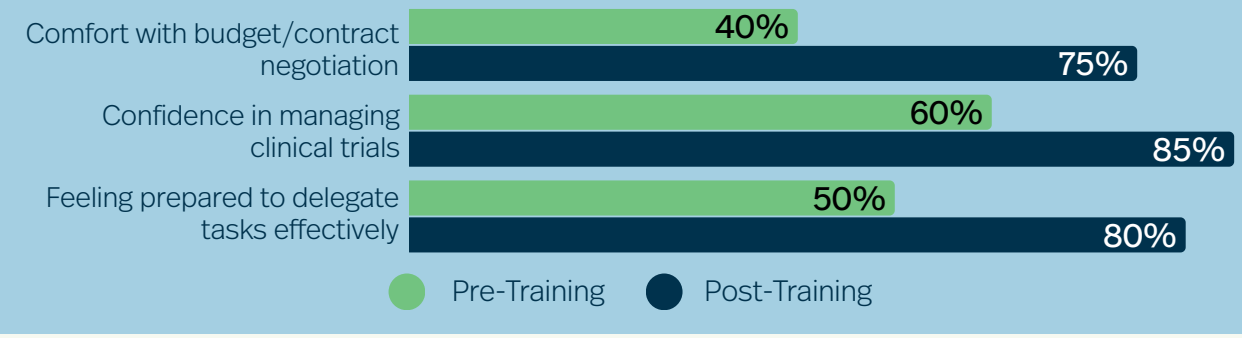
Randomize Now's broader initiative was to offer free health screenings in and around southern Fulton County, GA. The site serves predominantly Black communities that have long faced systemic barriers to clinical research participation. By offering no-cost health screenings, they aimed to enroll 100 new participants in studies.

This dual approach, engaging both patients and providers, was central to Randomize Now's strategy. Educating local physicians not only opened the door for new referral pathways but also helped foster trust among community members who were often unfamiliar with, or skeptical of, clinical research. In turn, building a larger, more representative participant pool expanded the capacity for Randomize Now to match individuals with relevant trials and care opportunities.

For the Randomize Now team, the most exciting part of the pilot was its springboard potential. Their overarching goal was sustaining growth by demonstrating a model that can attract future investment, that can be scaled in other communities, and that can continue to reduce barriers in clinical trial participation. Ultimately, the team hopes their efforts will help contribute to a broader shift in the research ecosystem, as strengthening community-based sites not only expands trial access, but also helps to rebuild trust, reshape perception, and move the industry closer to equity in clinical research.

[1] Carrie B. Dombek, et al., Continued investigator engagement: Reasons principle investigators conduct multiple FDA-regulated drug trials (Contemporary Clinical Trials Communications, 2020); Amy Corneli, et al., One and done: Reasons principal investigators conduct only one FDA-regulated drug trial (Contemporary Clinical Trials Communications, 2017).

Randomize Now's Impact on Prospective PI Readiness



K2 Medical Research

Several ACRO grant winners focused their efforts on finding new ways to physically connect with their community.

"Bring the bus," responded Gisel Kautz, Clinical Research Navigator at K2 Medical Research, when asked about the keys to their community outreach program.

The "bus" is actually a mobile research unit (MRU) affectionately dubbed "Wanda," that the K2 team relies on to bring their mission directly to the people in their area.

Wanda is a fully equipped mobile unit that can deliver memory screenings, biomarker testing, and brain health education to those who might not otherwise have access to these important tests, health indicators, or clinical research opportunities.

K2 leveraged its grant to expand the frequency and reach of the MRU serving central Florida communities like Orlando, Tampa, and The Villages, and allowed them to expand into southern Georgia.

Already experienced in community outreach, the grant helped K2 to scale and refine an existing model—extending screening access, strengthening local partnerships, and increasing engagement among older adults and underrepresented populations.

The MRU primarily was, and continues to be, focused on reaching clinically-relevant populations with the highest disease burden. In the case of Alzheimer's, African American and Hispanic communities are nearly twice as likely to develop the disease yet remain significantly underrepresented in research.

The Program also allowed the K2 team to more closely engage with their patient population. The benefits were almost immediate.

After a number of comments from their community members saying they were far more impacted by Parkinson's than Alzheimer's, the site nimbly reacted by adding a focus on Parkinson's to their work. The team strengthened local partnerships, hosted more frequent events including workshops at churches and community centers as well as virtual webinars, and deepened their engagement with their community across central Florida.

"We held two events per month demonstrating it was safe to participate in clinical research and showing people that their health was our number one priority," Kautz explained. "Many of them didn't know clinical research was even an option," she added.

Reflecting on their ultimately successful program, Kautz noted there were obstacles to overcome and lessons to be learned along the way.

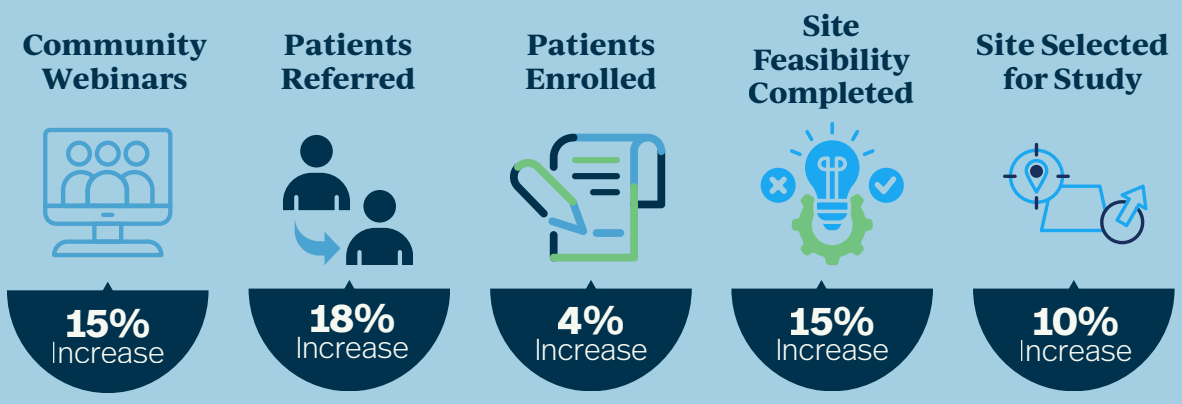
"We learned we definitely needed bilingual capabilities in our outreach team. We needed a team devoted to the project, and we also needed introductions from community leaders," she said. After a slow start, the program "worked even better than we expected."

By increasing Wanda's deployment and tailoring outreach with community leader input, K2 demonstrated how mobile platforms can:

- Improve early detection
- Build familiarity with research
- Create a replicable model for future studies

To gain trust, "people have to recognize you, face to face," Kautz said. "Putting time in the community works," and, "representative data makes products better and more accurate" for everyone.

Grant Impact by the Numbers: K2 Medical Research



Kinetic Clinical Research (formerly Smart Cures)

Kinetic Clinical Research is based in the heart of Anaheim, California—a vibrant community where many residents face economic and systemic barriers to healthcare access. When applying for the ACRO Grant Program, Kinetic noted the primary factor holding them back from being selected for more industry studies was the lack of a FibroScan machine at their site. FibroScan machines provide non-invasive testing capabilities that eliminate the need for repetitive and painful liver biopsies. They are helpful in identifying and screening patients and are often required for study inclusion.

Through their grant-funded initiative, Kinetic worked to improve metabolic and liver health testing in the community by enhancing diagnostic capabilities, deploying advanced point-of-care tools, including the FibroScan machine they purchased with the grant funds, and increasing community representation in clinical research.

Using the FibroScan alongside other on-site screening capabilities allowed Kinetic to proactively identify health concerns in populations that are often overlooked in clinical research.

This expanded capacity supported the site's long-term vision: building trust with underserved communities and connecting them to research opportunities that reflect their specific health needs. This was of particular relevance to Kinetic's community as those of Hispanic/Latino descent are disproportionately affected by MASH.

"The grant inspired us post-Covid," said Angela Aviles, former Director of Business Development & Client Relationships, adding that "smaller sites often feel left out of trial opportunities."

The ACRO grant also helped Kinetic form educational partnerships with 14 community healthcare clinics and in turn helped them begin to bring in new patients for trials.

"The whole point is to get representative information and data from underrepresented populations," Aviles said. "ACRO was inspirational for us" in the effort, she added.

Looking back at the conclusion of the program, Aviles and team reported they were surprised at the extent of the positive outcome and community appreciation for their extended outreach.

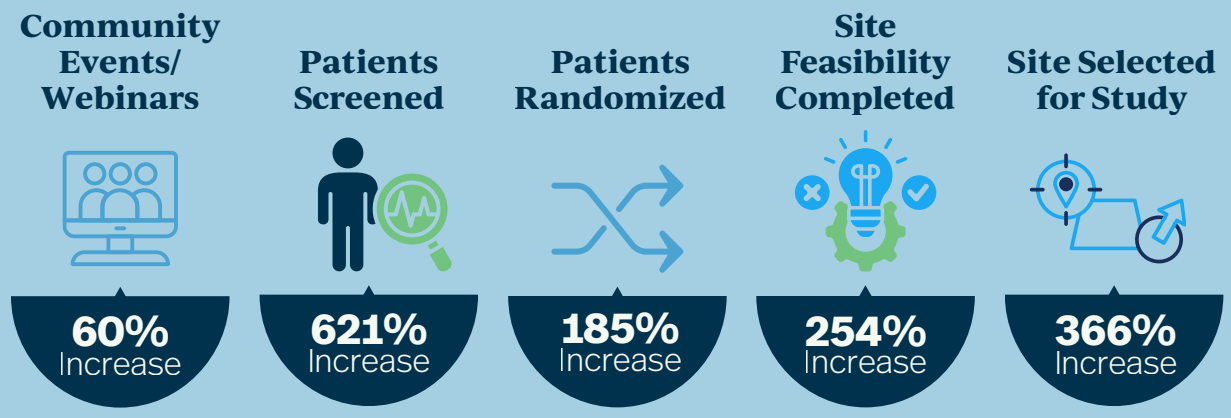
"We are so grateful to ACRO," added Aishlinn Lee, a clinical researcher with Kinetic. The grant "helped us get into the roots of our community in difficult times [and advanced our] commitment to serve those most in need."

This project was about more than just testing—it was about empowerment. By offering accessible screenings for metabolic dysfunction and liver disease, Kinetic hoped to boost health literacy and help individuals understand their risk factors early. These tools serve as an entry point to greater community engagement in clinical research by offering residents opportunities to learn about and participate in studies that might otherwise be out of reach.

For Kinetic, applying for the ACRO grant was a natural step in advancing their mission. The funding would support their broader goal of bridging gaps in access to healthcare screenings and research. With new tools and resources at hand, the site aimed to strengthen relationships with community members and research sponsors alike—building a platform for sustained growth, equity, and impact.

Their message to the broader clinical research industry is clear: representative research isn't a luxury, but rather a necessity. To improve health outcomes, clinical trials must reflect the populations they serve. That means meeting communities where they are, investing in education and outreach, and making research participation not just possible, but empowering.

Grant Impact by the Numbers: Kinetic Clinical Research



Conclusion

The first year of ACRO's Site Resource Grants Program demonstrates that expanding representative participation in clinical trials is both achievable and scalable when sites are empowered with flexible resources.

Across geographies and therapeutic areas, grantees showed that meaningful progress is driven not by uniform approaches, but by site-led, community-specific strategies supported with modest yet intentional investment.

In addition to the shared outcomes, participants in the Program emphasized the importance of shifting industry mindsets about what effective outreach requires. Their insights highlight a recurring theme across the program: sustainably expanding the reach of clinical research begins with trust, humility, and a commitment to meeting patients where they are, whether through mobile health units, targeted social media outreach, general health community events, or bilingual teams embedded within local networks.

For sponsors, the implication is clear: investing upstream in site capability, community presence, and investigator development not only advances goals for generalizable data but also supports timeline stability, reduces enrollment risk, and strengthens long-term research pipelines.

By building on the insights from this pilot year, the industry has an opportunity to move beyond episodic outreach toward a more sustainable, representative, and effective clinical research ecosystem—one that better reflects the populations it aims to serve.

Overall Benefits of the Grant Program

Expanded representativeness of clinical trial participation.

Strengthened infrastructure for community-based clinical research and referrals.

Improved physician engagement and workforce retention.

Low-cost tactics produced scalable models for other sites.

Sparked long-term institutional change and new partnerships.

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