



**Clinicians Leading Ingenuity IN AI Quality (CLINAQ)  
Fellowship Program Cohort 2  
Application Preparation Workshop**  
*May 29, 2025*

<https://www.aim-ahead.net/programs/aim-ahead-clinaq-fellowship-program/>

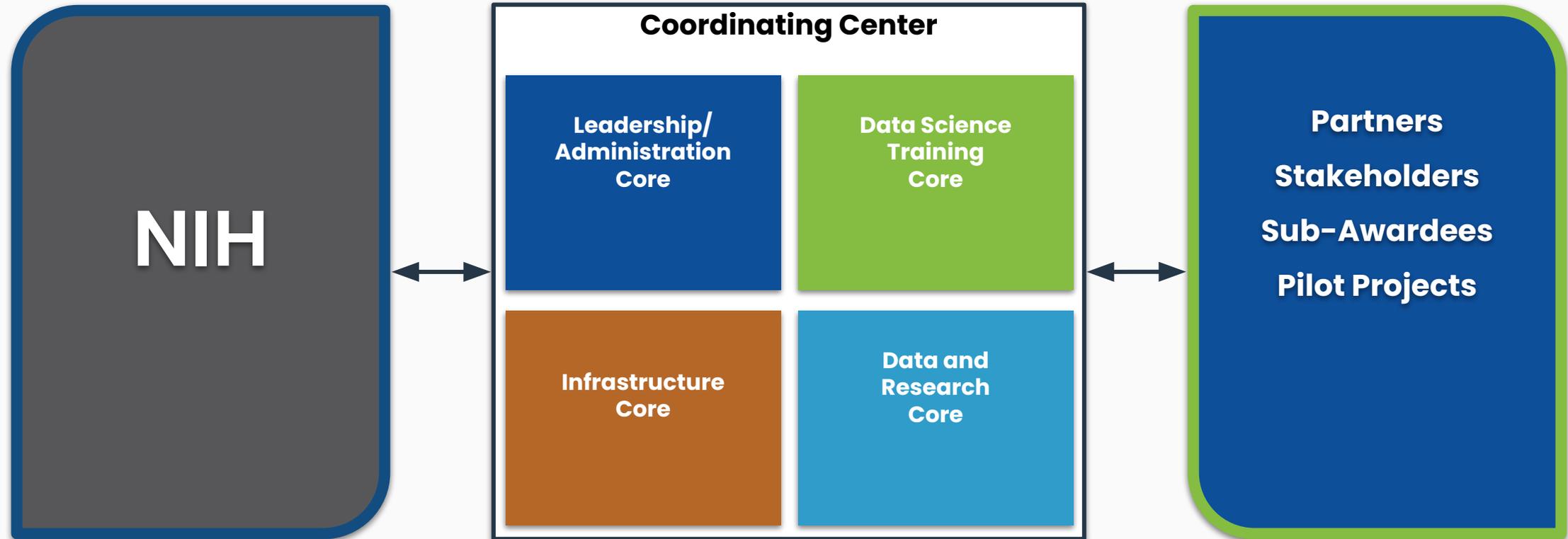
# AIM-AHEAD Coordinating Center

The **AIM-AHEAD Coordinating Center** was established to foster broad participation in the field of artificial intelligence and machine learning (AI/ML), with an emphasis on promoting health for all Americans.

We hope to achieve this objective by engaging in a fair and transparent process of building a consortium of AI/ML to advance health across all American communities and broaden participation in the AI/ML workforce. Many communities have untapped potential to contribute new expertise, data, recruitment strategies, and cutting-edge science to the AI/ML field.

To promote health for all, AIM-AHEAD Coordinating Center (A-CC) seeks to increase participation and engagement in AI/ML through mutually beneficial partnerships, stakeholder engagement, and outreach.

# AIM-AHEAD Consortium



# Leadership Core Hub MPIs



**Jamboor Vishwanatha**  
Central Hub



**Harlan Jones**  
Central Hub



**Usha Sambamoorthi**  
Central Hub



**Bettina Beech**  
South Central Hub



**Anil Shanker**  
Southeast – Meharry Hub



**Herman Taylor**  
Southeast – Morehouse Hub



**Evelinn Borraro**  
North/Midwest Hub



**Spero Manson**  
North/Midwest Hub



**Keith Norris**  
West Hub



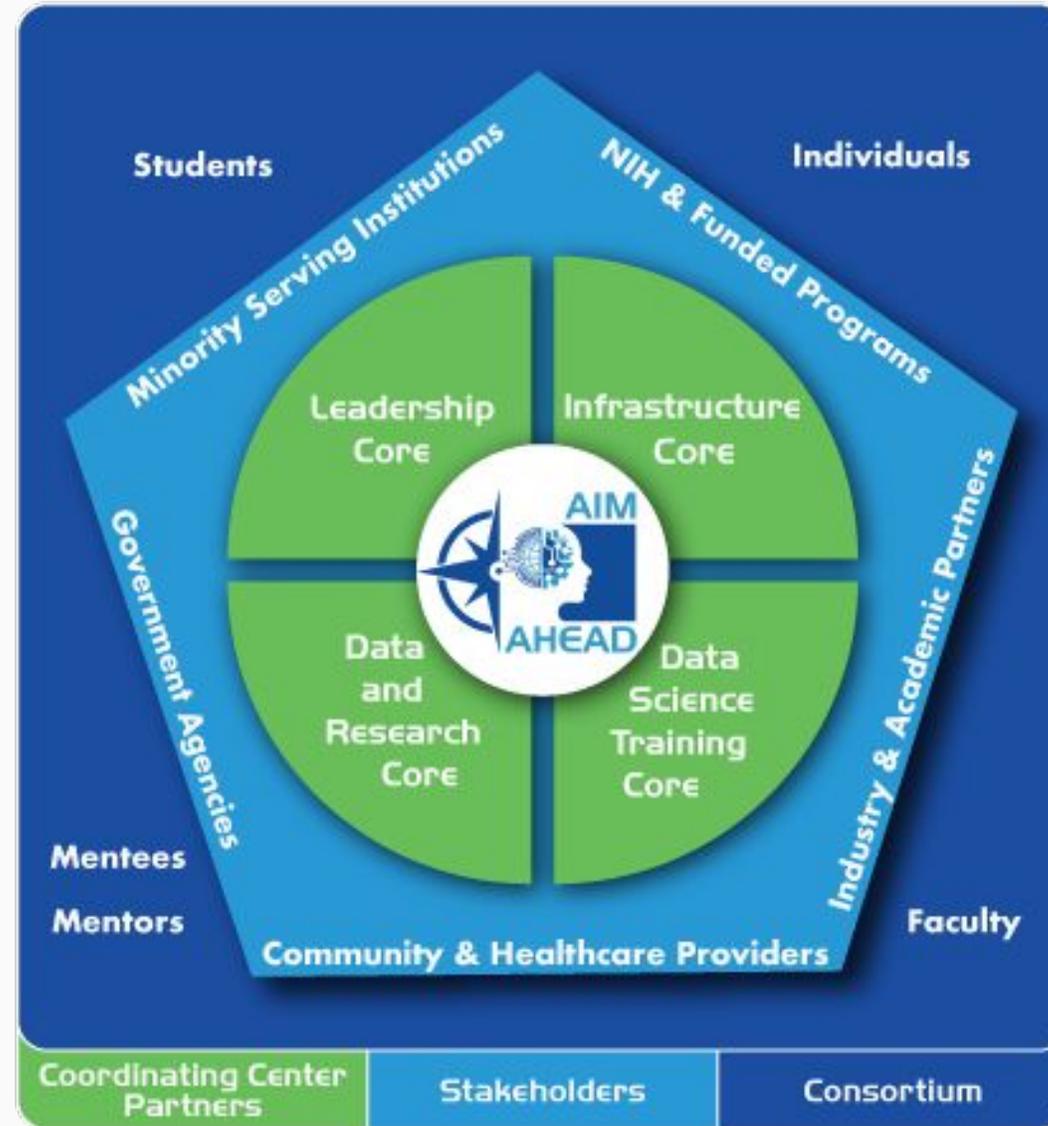
**Alejandra Casillas**  
West Hub



**Roland Thorpe**  
Northeast Hub



**Toufeeq Ahmed**  
Communications Hub



# AIM-AHEAD Consortium Objectives

- **Objective 1:** Develop a representative AI/ML workforce with broad participation.
- **Objective 2:** Increase knowledge, awareness and national-scale community engagement and empowerment in AI/ML.
- **Objective 3:** Use AI/ML to improve behavioral health, cardiometabolic health and cancer outcomes for all.
- **Objective 4:** Build community capacity and infrastructure in AI/ML to address community-centric health needs and challenges.

# Application Preparation Workshop

- Introduction of AIM-AHEAD
- Introduction of the CLINAQ Fellowship Cohort 2
- InfoReady and Application Process
- Demo of InfoReady
- What to expect post-application submission

# CLINAQ Fellowship Team



**Director**  
Herman Taylor, MD, MPH



**Co-Director**  
Keith Norris, MD



**Co-Director**  
Melvin Echols, MD, MSCR



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Curriculum  
Development  
Committee Member



Chad Evans  
Curriculum Development  
Committee Member



Wendi Wright, DHSc.  
Project Director



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MPH  
Program Manager



James Washington  
DHSc, DMin, MSBT  
Committee Member



Aundi Sims  
Administrative  
Support



Anita Miller  
Administrative  
Support

# CLINAQ Fellowship Cohort 1



Samson Gebreab-NIH

Jennifer Gadnai

Fireflies.ai Notetaker Walkitr

Lashe Onamusi, MD

Victor

# CLINAQ Fellowship Cohort 1



A grid of 20 video conference windows. The top row includes a woman with the AIM AHEAD logo, a man with an "Ask to unmute" button, a woman with the MOREHOUSE SCHOOL OF MEDICINE logo, and a man with a headset. The second row shows a man, a woman, a woman, a man in a white lab coat, and a grey window with a camera icon. The third row features a man with the AIM AHEAD logo, a woman, a woman, a woman, and a man with a cityscape background. The fourth row has a window with the name "Jay Shelton", a man in front of a bookshelf, a man, a man, and a woman. The fifth row shows a woman, a woman, a window with the name "Eva Lancaster [NIH/OD]", a woman, and a man in front of a building at night. Navigation arrows and "1/2" indicators are visible on the left and right sides of the grid.

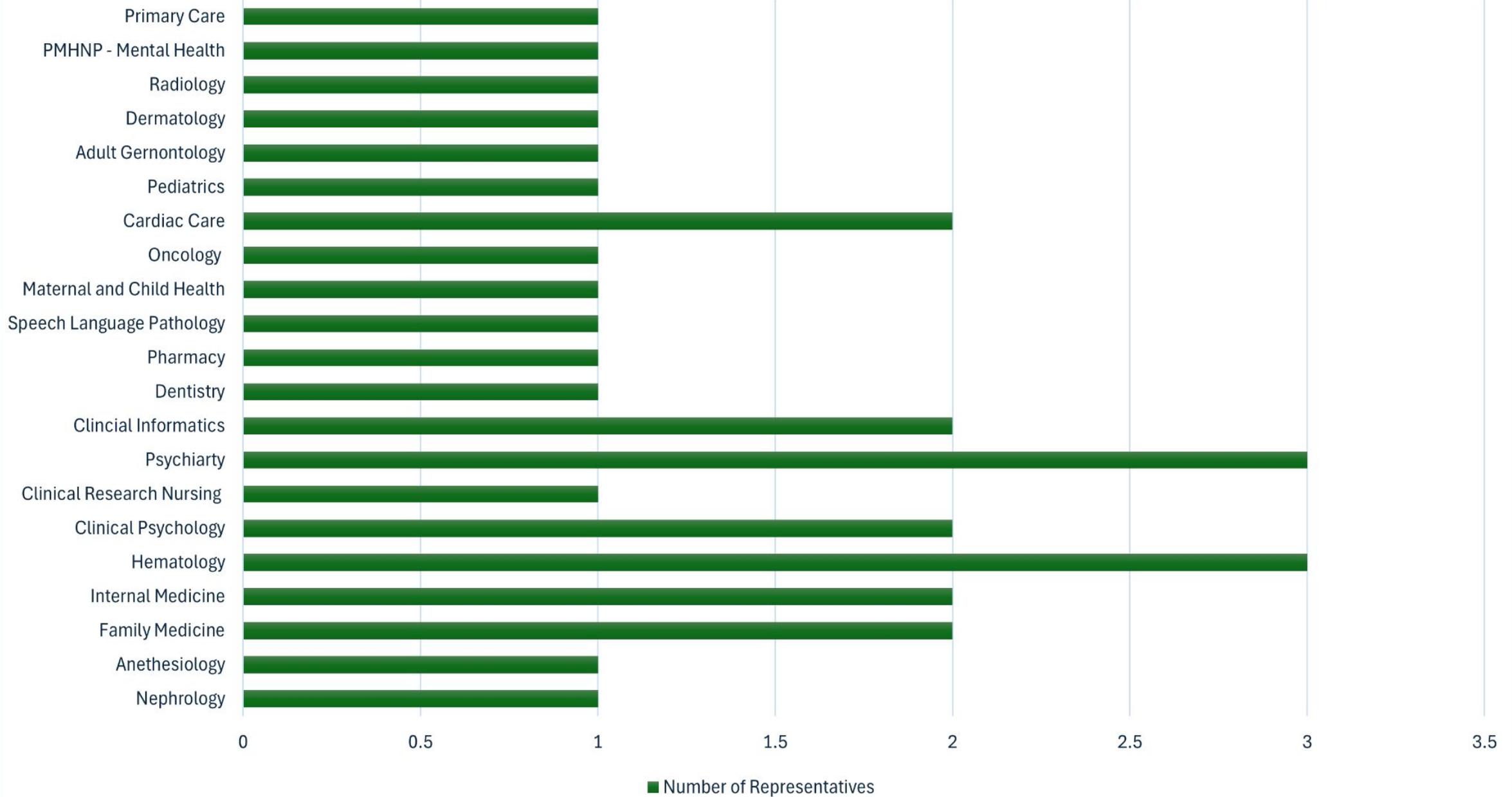
1/2

Jay Shelton

Eva Lancaster [NIH/OD]

1/2

# CLINAQ FELLOWS BY DISCIPLINE



# AIM-AHEAD CLINAQ Fellows Cohort 2

- Engage a group of **25 clinicians**
- Program seeks to enhance the participation of healthcare professionals in the field of AI/ML within clinical care.
- Equipping clinicians with the requisite skills and knowledge in AI
- Submitted research proposal must comply with the **US White House Executive Order**

# The Uniqueness of the CLINAQ Fellowship

- The first AIM-AHEAD Fellowship program dedicated to patient care providers.
- Considers clinician workflow and clinical experience.
- Will train Fellows on a novel community engagement tool to enhance team science and AI clinical problem solving skills.
- Will prioritize clinician involved AI-development and/or decision making about AI deployment in clinical practice.



# About the AIM-AHEAD CLINAQ Fellows Cohort 2

- Start date & End Date: **September 2nd, 2025 to September 1st, 2026**
- Access to AIM-AHEAD **datasets, infrastructure** (Centralized cloud computing environment), and training will be made available throughout the year.
- Applicants with minimal or no **AI/ML experience are encouraged to apply** but will need to identify an **AI/ML mentor/collaborator** with AI/ML expertise in their application.
- Each Fellow will be matched to an **AIM-AHEAD Mentor**
- Each Fellow can also bring in an **CLINAQ Mentor**
- Receive an award of up to **\$55,475**
- [FAQ](#) and [Help Desk](#)
- As the AIM-AHEAD consortium develops, more data, infrastructure and training will be made available to the fellows.

# CLINAQ Fellowship Structured Courses and Trainings

- **Clinical AI Workshop Series**
  - CLINAQ Fellowship participants will attend a series of dynamic workshops led by esteemed AI/ML researchers who are also clinicians.
- **Community Based System Dynamics Training**
  - This 2-day (in-person) workshop will introduce fellows to principles of Community-Based System Dynamics (CBSD)
- **Leadership/Team Science Training**
  - Leadership and team science training for fellows is designed to cultivate essential skills such as critical thinking, decision-making, and effective communication.

**ACCESS DATA**

**EXPLORE WHAT DATA ARE AVAILABLE**

Data landscape and potential use by AIM-AHEAD  
Helpdesk

**BRING YOUR OWN DATA**

AIM-AHEAD Service Workbench  
Create an SWB Account Helpdesk

**REQUEST ACCESS TO DATA**

**AIM-AHEAD Data Partners**

OCHIN Community Health  
Request access [here](#)  
Helpdesk

MedStar Health AIM-AHEAD Data Bridge  
Request access [here](#)  
Helpdesk

AWS 15 Open Datasets  
public & controlled datasets access [here](#)  
Helpdesk

NHLBI BioData Catalyst  
Helpdesk

All of Us  
Helpdesk

SchARE  
Helpdesk

**ANALYZE DATA**

AIM-AHEAD Service Workbench  
Create an SWB Account  
Helpdesk

**AIM-AHEAD CLOUD**

DATA BRIDGE  
Request access [here](#)  
Helpdesk

BioData Catalyst  
Powered by Seven Bridges Genomics  
Helpdesk

**Terra**

All of Us Workbench  
SchARE Terra Community Workbench  
Helpdesk

**DOWNLOAD and INSTALL Software**  
(for local data analysis and federated networks)

AIM-AHEAD Tools, Applications, Platforms that can be deployed  
Helpdesk

<https://www.aim-ahead.net/data-infrastructure/>

# Infrastructure made available

## AIM-AHEAD Service Workbench

**Research Workspaces**

**Select Compute**  
Select a compute platform

**Create Workspace**  
Create the workspace

**EMR-v1**

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An Amazon EMR research workspace that comes with:

- Hail 0.2
- Jupyter Lab
- Spark 2.4.4
- Hadoop 2.8.5

**SageMaker Notebook-v3**

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An Amazon SageMaker Jupyter Notebook that comes with:

- TensorFlow
- Apache MXNet
- Scikit-learn

**EC2 Linux-v2**

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- An EC2 Linux instance with SSH access
- Secure compute in the cloud

**EC2 Windows-v1**

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- An EC2 Windows instance with RDP access
- Secure compute in the cloud

**EC2-RStudio-Server-v1-v4-1-2**

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An RStudio instance accessible over SSL which comes with:

- RStudio Server version 1.4.1717
- Connect securely via load balancer using Amazon issued certificates in ACM
- Fully loaded with commonly used R packages.

**SageMaker Notebook-v2**

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An Amazon SageMaker Jupyter Notebook that comes with:

- TensorFlow
- Apache MXNet
- Scikit-learn

- **Democratize access to public cloud computing**
  
- **Teaching and research**
  
- **Full billing control**
  
- **Secure enclave**

For OCHIN and AWS datasets

# 6 Data Available for Proposals

Dataset	Brief Description	Data Allowed
A customized subset from <a href="#">OCHIN</a>	EHR data from under-resourced communities	HIPAA Limited dataset, individual-patient level data
<a href="#">Data Bridge from MedStar Health</a>	EHR data from hospital system network with broad patient representation	Multiple curated dataset options (further detail on <a href="#">website</a> ): Pre-curated or custom curated de-identified EHR, Limited Dataset, Full PHI EHR dataset, Imaging, select clinical notes (Under appropriate regulatory coverage)
<a href="#">60+ studies from NHLBI BioData Catalyst</a>	Selected <b>large-scale cohorts</b> related to heart, lung, blood and sleep disorders. Includes both prospective clinical studies and associated genomic TOPMED data.	De-identified dataset. Including individual level genomic (TOPMED full genomes) and clinical datasets.
<a href="#">NCATS N3C Data Enclave</a>	The N3C Data Enclave is a secure, cloud-based research environment with a powerful analytics platform, includes data from COVID-19, diabetes, cancer and COVID-19 medications and COPD.	HIPAA Limited Dataset with individual patient-level data or individual level de-identified datasets
<a href="#">NIH All of Us</a>	The <a href="#">All of Us Research Program</a> is building one of the largest biomedical data resources of its kind.	The All of Us Research Hub stores health data from a broad group of participants from across the United States
<a href="#">SCHARE</a>	The <a href="#">Science Collaborative for Health and Artificial intelligence Reduction of Errors</a> leverages population science, place-based and behavioral Big Data and cloud computing tools for population health research.	Google-hosted Public Datasets SCHARE-hosted Public Datasets SCHARE-hosted Project Datasets

# OCHIN Community Health Database

AIM-AHEAD Program

[aim-ahead-drc@ochin.org](mailto:aim-ahead-drc@ochin.org)

OCHIN

# What is a Community-based Health Center (CHC)?

*“Health centers are **community-based** and **patient-directed** organizations that deliver comprehensive, high-quality, free or low-cost **primary health care** services.” - Health Resources and Services Administration*

## CHCs are:

- Provide services regardless of ability to pay; charge on sliding fee scale if uninsured
- Often include pharmacy, dental, mental health, substance use disorder care
- Emphasize coordinated care management, use of quality improvement practices, health information technology
- Have federal reporting requirements

## CHCs are NOT:

- Hospitals
- Health plans
- Integrated health systems

**Clinics in the OCHIN network are community-based health centers.** This umbrella term includes (but is not limited to):

- Federally qualified health centers (FQHCs)
- FQHC lookalikes
- Rural Health Centers
- Ryan White HIV/AIDS clinics
- Healthcare for the Homeless grantees

# OCHIN EHR Data Overview

- OCHIN operates one of the most comprehensive databases on primary healthcare in the United States.<sup>1</sup>
- The OCHIN Epic EHR data warehouse aggregates electronic health record (EHR) representing:



**>8 million** all-time patients  
(**> 5 million** patients with a visit in the last 3 years)



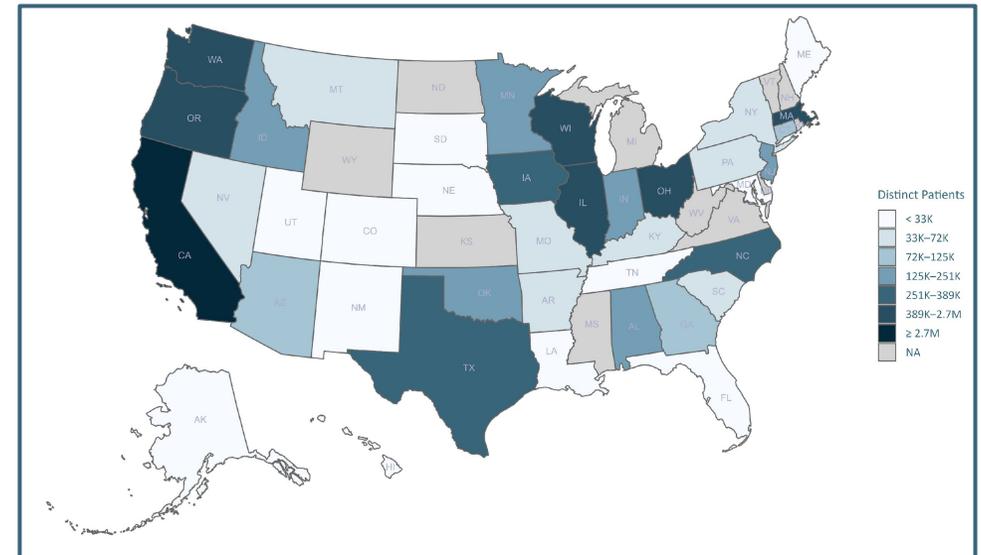
**286** health systems



**2,463** clinic sites



**40** states



- Approved AIM-AHEAD projects can access >10 years of data from the OCHIN Community Health Database

<sup>1</sup> OCHIN leads and is the largest data contributor of the ADVANCE Clinical Research Network (CRN), a member of PCORnet. (<https://advancecollaborative.org/>)

# OCHIN Research Data Warehouse (RDW)

- OCHIN stewards the largest collection of community health EHR data in the country with more than two decades of practice-based research expertise.
- OCHIN is a founding partner of the [AIM-AHEAD Data and Research Core](#)
- Data are aggregated from OCHIN's a single instance of the Epic EHR for **>280** health systems with **>2,400** clinic sites across **>40** states

The **OCHIN RDW** integrates outpatient EHR data for patients seen in all member health centers.

- The OCHIN RDW is the source of the [AIM-AHEAD OCHIN Community Health Database](#).
- Data are standardized into a common data model and will be **provisioned in OMOP format** beginning in AIM-AHEAD Year 4.

# OCHIN EHR Data

Key Characteristics of OCHIN Patients		
Variables	Percent	Patient Count
Total all-time patients		8,634,916
Total active patients (seen in last three years)		5,591,910
100% and Below Federal Poverty Level (FPL)	40.4%	3,493,065
101% - to 200% FPL	33.4%	2,887,174
Medicare	7.5%	648,777
Medicaid	48.3%	4,171,776
Uninsured	25.7%	2,217,214
Rural	15.5%	1,342,843
Diabetes <sup>1</sup>	10.7%	730,202
Hypertension <sup>1</sup>	20.8%	1,423,945
Asthma <sup>1</sup>	8.6%	585,846
Hyperlipidemia <sup>1</sup>	19.2%	1,309,627
Mental/Behavioral Health Dx <sup>1,2</sup>	38.7%	2,641,577
Obesity <sup>3</sup>	12.1%	824,152
<sup>1</sup> Chronic condition percentages presented among all-time adult patients <sup>2</sup> Includes anxiety, bipolar, depressive disorders, schizophrenia, and other psychotic disorders <sup>3</sup> Obesity diagnosis on problem list or last-recorded BMI >30		

### Available Data

- EHR-based data such as demographics, patient-level area-level data, encounter details, diagnoses, procedures, laboratory results, medications, and other clinical data captured during healthcare encounters

### Inclusion/Exclusion Criteria

- Data years available for AIM-AHEAD Year 4: 2012-2024
- Patients with 1 or more ambulatory, telehealth, or dental visit at a member clinic site on or after 1/1/2012
- Records from institutionalized patients and neonates (<28 days old) are excluded.

# Data Not Currently Available for AIM-AHEAD Projects

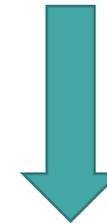
Not Currently Available	Reason
Network member or delivery location more granular than state	Confidentiality of member clinics and patients
Chart notes	PHI disclosure risk
Family linkages within EHR	Limited scope and completeness
PCORnet fields relating to inpatient care	Data unavailable in OCHIN CHC network

# Governance

The OCHIN Community Health Database is a limited data set (LDS), specified in the [HIPAA Privacy Rule](#) as a dataset in which certain direct identifiers have been removed.



Access to data contained in this LDS requires an IRB-approved or exempt protocol and a Data Use Agreement (DUA) between OCHIN, HMS, and the requesting party.



To request access as part of an AIM-AHEAD program, start with [this form](#).



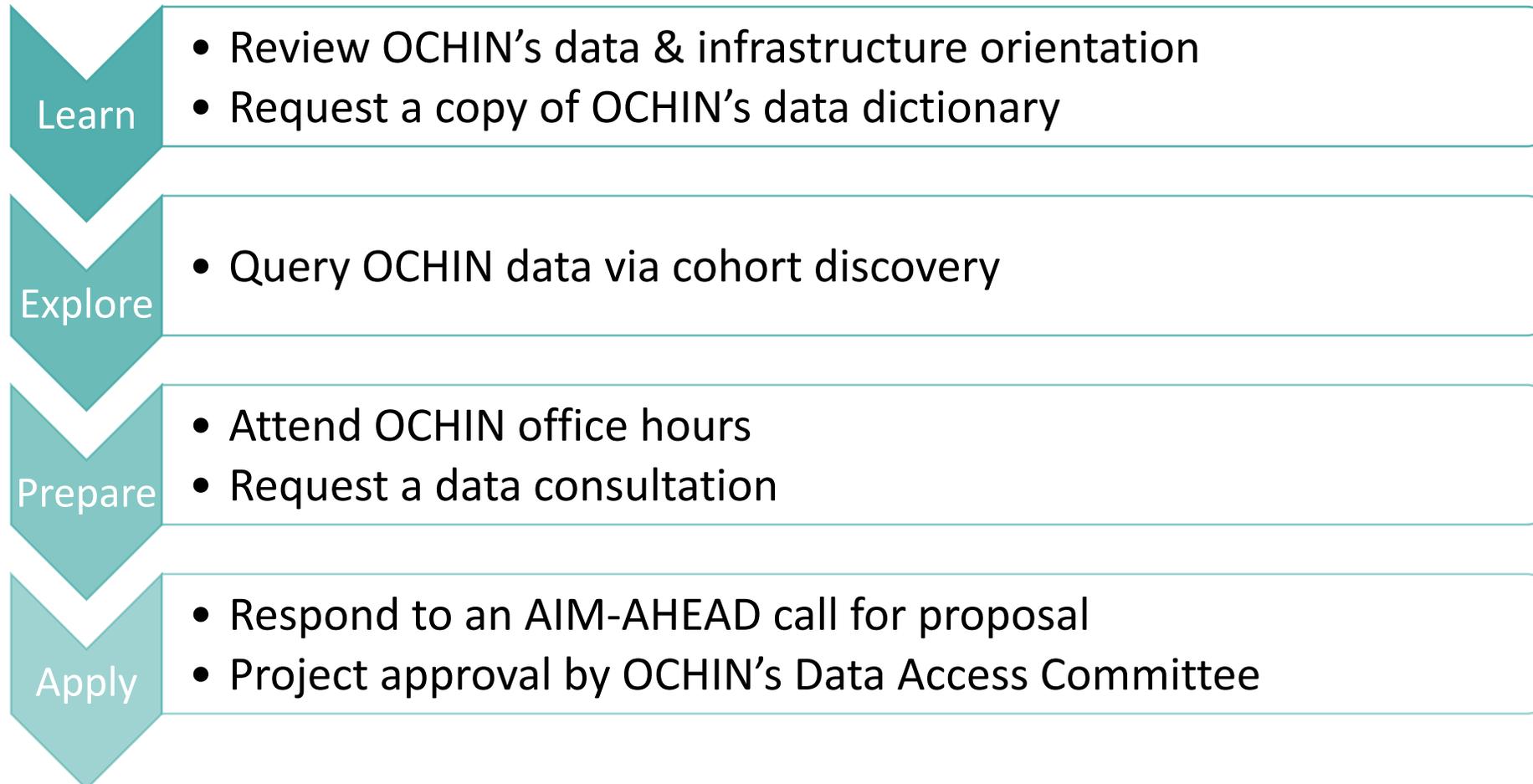
A limited data set is still Protected Health Information (PHI)



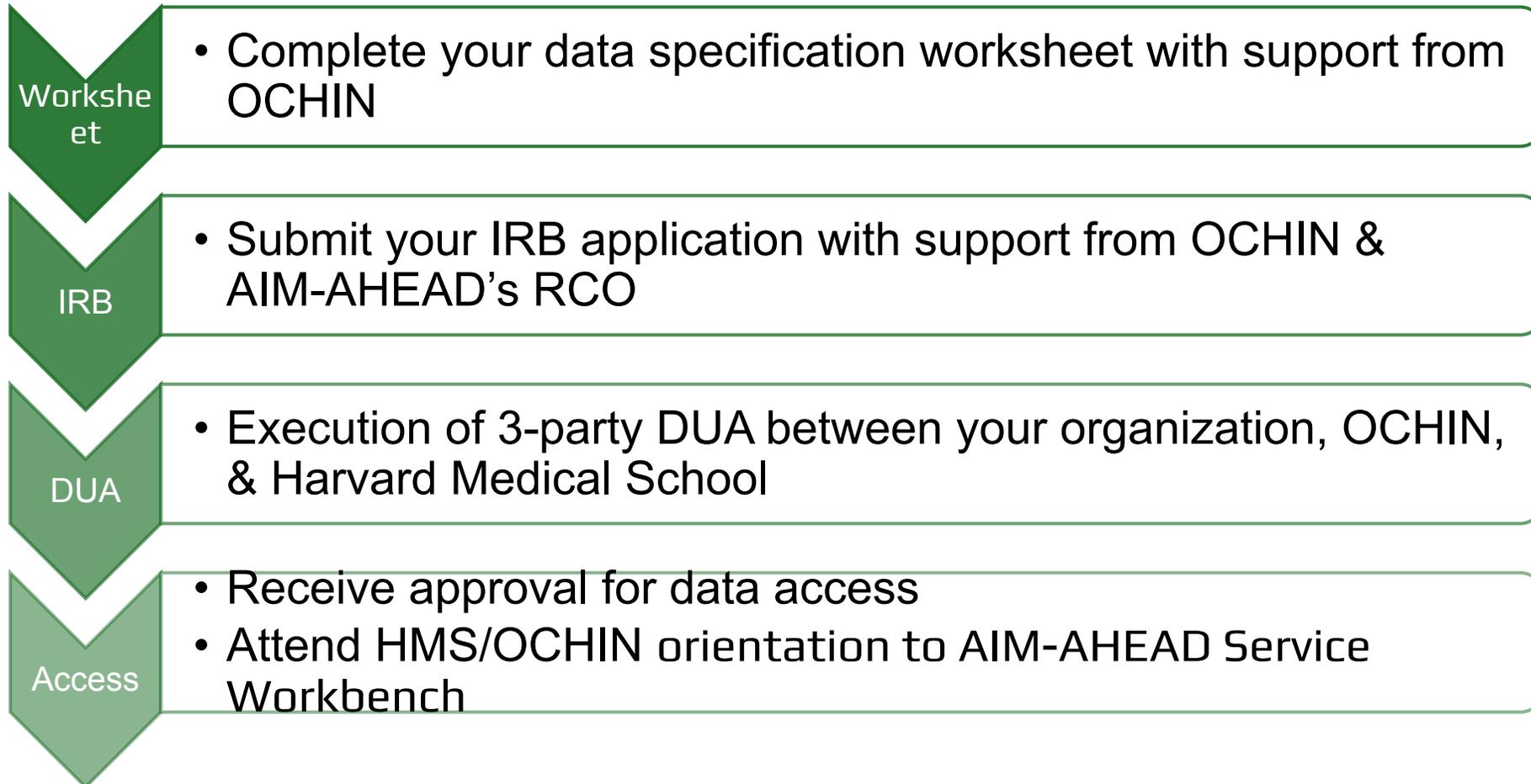
An LDS may include:

- Dates (e.g., date of birth, service dates)
- City, state, zip code, and/or zip code tabulation area

# Path to OCHIN Data Access: Pre-Award



# Path to OCHIN Data Access: Post-Award



# Notes On Using OCHIN EHR Data for Research

- Open cohort
  - All data stem from CHC being 'live' on EHR and patient utilization
  - Health centers have joined the OCHIN network at different points in time
  - Most patient data are collected within the context of an encounter
- Different systems & practices = differential data completeness and quality
- Cohorts from earlier time periods will be smaller as patient counts have increased due to new facilities joining the OCHIN network. Longitudinal studies will be influenced by patient counts over time.
- Data come from more clinics in recent years (avoid volumes over time)
- Watch for systematic differences by health system

# What is a Clinic?

- CHCs have several layers of organization, which has implications in use, and interpret data
- Different terms are used for these concepts within **conversation** and **the data**

## Health Center

Organizational/ownership level. Has a HQ address. Many health systems have multiple clinics.

**Health Center, CHC**  
**Health System**

*e.g., Multnomah County Health Dept*

## Clinic Site

Physical location, “brick & mortar”. Has an address and generally contains multiple departments.

**Clinic, Clinic Site**  
**Delivery site**

*e.g., MC East County Health Center*

**Generally, most relevant to research**

## Department

An EHR unit. Providers log into and patients have encounters at a specific departments. Many departments may be at one clinic site.

**Department**  
**Facility**

*e.g., Primary Care, Dental, Vaccine, Pharmacy*

# Notes on Key Variables

## Encounter Types



### Ambulatory Visit

- Majority of clinical face-to-face visits; generally billable
- Examples: primary care, well-child visits, behavioral health
- Diagnoses, procedures, labs, medications, and insurance type most often associated with AV and TH. AVs usually have vital signs (BP, BMI)



### Telehealth

- Similar clinical and billable characteristics to AV, but delivered remotely
- Less likely to have vitals recorded
- Appear very rarely prior to 2020. Rapid uptake from 3/2020 onward



### Dental

- Usually non-billable, limited-service encounters or patient contacts
- Examples: pharmacist calls, refill requests, patient registration, lab work
- Often filtered out of research queries



### Other Ambulatory



### Other

- Similar to Other Ambulatory
- Often filtered out of research queries

# Notes on Key Variables

## Diagnoses (ICD-9: 2012-Sep 2015, ICD-10: Oct 2015-current)

### Visit Diagnosis



- All diagnosis codes recorded in the context of encounters, usually several per encounter
- Primary dx not available

### Problem List



- A list of current and active as well as past/resolved diagnoses relevant to the care of the patient. Accessible and used across healthcare team. Meant to indicate ongoing, non-transitive conditions, and/or those that are most important about a patient
- Patient-based measure, not linked to or specific to a given encounter

### Medical History



- Similar concept to problem list but recorded in medical history section of chart; often patient-reported, may be more subject to recall limitations and workflow differences

# Highlighted Limitations

- Not all laboratory records are mapped to LOINC
- Medication dispensing data is difficult to measure and prone to bias
  - Only exist for patients who return for a subsequent visit (captured via pharmacy data vendors and queried automatically prior to scheduled visits)
  - Limited to insured patients (where Rx was paid by a public or private plan)
  - Cannot be directly linked to a prescribing record
  - Medication adherence difficult to measure (discrete days supply not available)
- Patient-reported outcomes and patient screenings are not collected consistently across health systems or patient populations
  - Lack of screening does not indicate absence of need

# Generalizability, Bias, and Scope of Interpretation

- Differential completeness and quality (coding differences) exist by network partner site, health system, and clinic
  - *Try to account for these differences by using the surrogate health system identifier as a clustering or control variable*
- Patient population/characteristics are not homogeneous across the OCHIN network
  - *Examine data to understand heterogeneity, identify potential sources of bias, and avoid unnecessary assumptions when making interpretations*
- Out-of-network care is captured incompletely. When care was not delivered within the OCHIN network, it could be due to several reasons, such as the patient received it out of network, the patient refused it or could not access it.
  - *Do not assume that care NOT delivered in an OCHIN clinic was not received*

# Data Available for Proposals

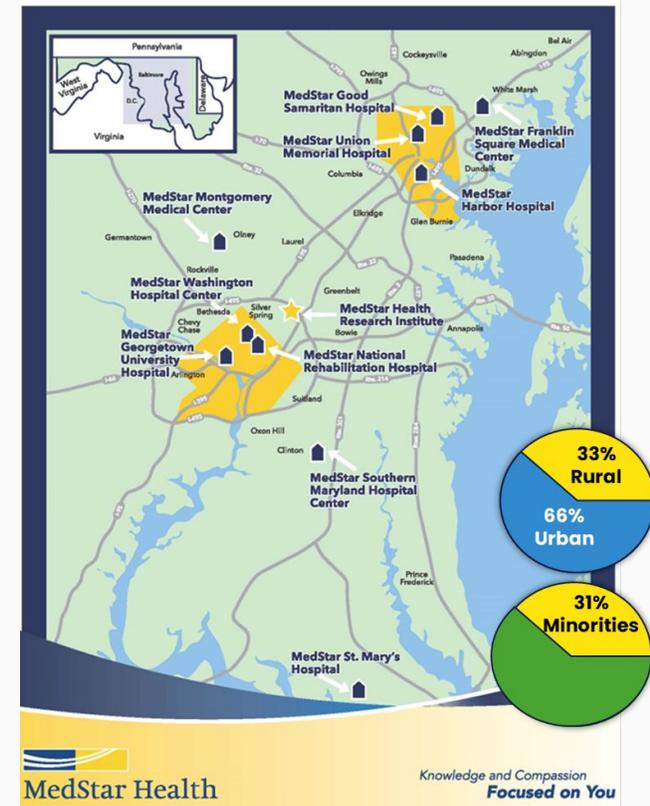
- Fellows are limited to choosing **one primary data source** to focus on for their research and an **optional secondary data** if justified
- Fellows **can bring their own data source as a tertiary source of data**; however, they must use one of the 5 AIM-AHEAD data sources in addition to their own data source.
- Fellows that choose more than one data source for their proposal may need to use different infrastructure for their analyses.

**Example:** Fellow wants to conduct research with OCHIN data and one related BioData Catalyst Study. The fellow must analyze the datasets in parallel.

- OCHIN data will use AIM-AHEAD Service Workbench
- BioData Catalyst data will be analyzed on BioData Catalyst Platform (7 bridges & Terra)

# Data Bridge from MedStar Health (AADB)

- The **Data Bridge from MedStar Health (AADB)** is built from **MedStar Health's EHR** system on the Cerner Millennium Platform and includes an extensive network of clinical facilities in the **mid-Atlantic Region** including:
  - 10 Hospitals (33% rural hospitals)
  - >300 points-of-care
  - 5 million unique patients
- AIM-AHEAD stakeholders can leverage a **pre-curated dataset** or have a **custom-curated dataset** for specific research question(s). AADB offers **Multimodal Data** including EHR data, curated clinical notes, and diagnostic imaging to support various research needs



Custom  
curated  
datasets



~2 billion  
data  
points



Curated  
Dataset  
Library

# AADB Team



**Nawar Shara, PhD**  
AADB PI



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AADB Program Manager



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Senior Informatician



**Mihriye Mete, PhD**  
AADB Analyst  
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**Rose Yesha, PhD**  
AADB Research  
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**Diyang Lyu**  
AADB Informatics  
Analyst



**Yanbao Xiong**  
AADB Data Engineer



**Omar Aljawfi, PhD**  
AADB Informatics Analyst



**Ahmed Deyab**  
AADB Informatics  
Analyst



**Prabhjeet Singh, PMP**  
AADB Project Manager

# AADB Data Offerings

## Curated Dataset Library

- **Maternal Health:** 25k+ adult patients with a newborn delivery between 2021-2023. Includes postnatal follow up and SDOH data (SVI/AVI)
- **Chronic Disease:** 500k+ adult patients with h/o at least 1 chronic disease (Diabetes, Hypertension, CKD, etc.)
- **Behavioral Health:** 150k+ unique patients with common mental health diseases like depression, PTSD, Anxiety, Schizophrenia. Includes variables for SDOH data (ADI/SVI)
- **Opioid Use and Misuse:** 693k+ unique adult patients with outpatient encounter to analyze opioid use and misuse
- **Breast & Lung Cancer Images:** 61k+ unique radiographic clinical images (Mammograms and CT Scans) and EHR. Brain Images: EHR of ~3000 patients accompanied with brain CT and brain MRI images
- **Cardiac Images:** EHR data with diagnostic echocardiogram images for 1000 patients (Cases + Controls)
- **Thyroid Images:** ~2000 patients, further categorized as Cases and Controls with EHR and thyroid ultrasound images

## Custom Curated Dataset

Tailored data specific to research needs, including limited datasets and full Protected Health Information (PHI) under proper regulatory clearance

- Curated from the MedStar Health EHR
- Clinical Notes
- Longitudinal data / Temporal data available

## Learn More

Scan for AADB Website

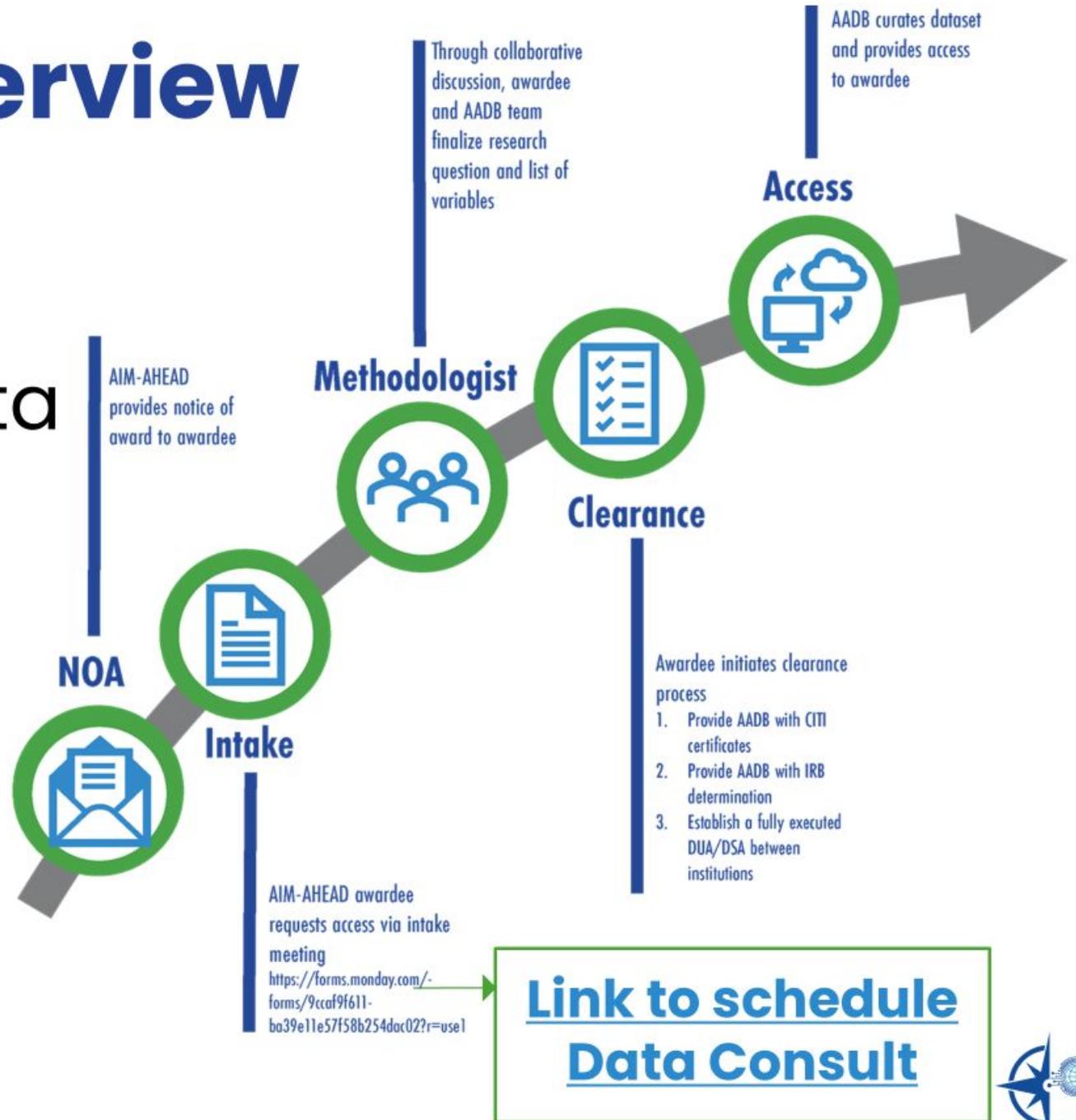


**Request a Data Consult Today:**

<https://forms.monday.com/forms/9ccaf9f611ba39e11e57f58b254dac02?r=use1>

# AADB Process Overview

1. Notice of AIM-AHEAD Award
2. Intake Process OR Data Consult
3. Methodologist & Finalize Data Needs
4. Clearance  
CITI, IRB, & DUA
5. Access



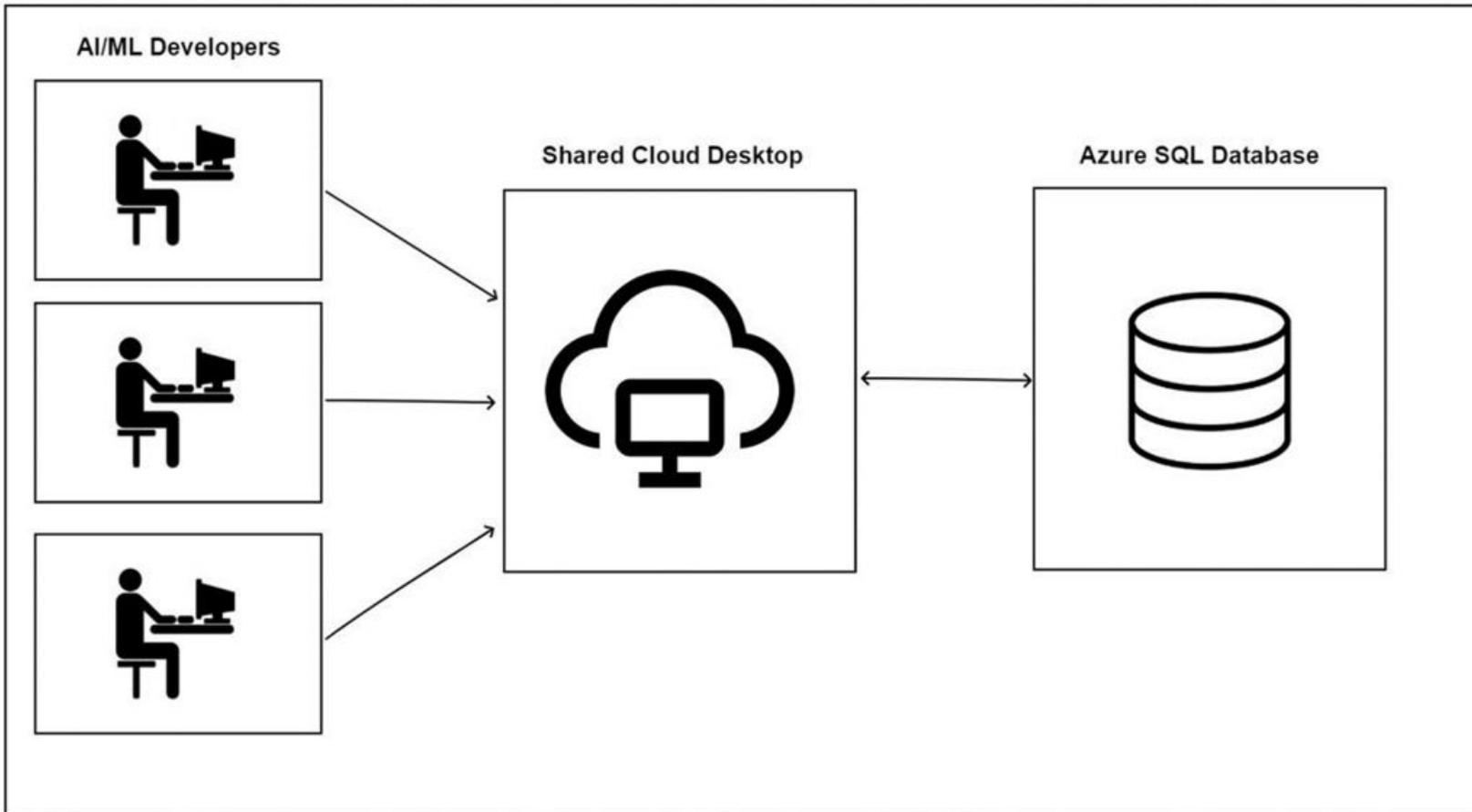
**Concierge support provided every step of the way**

IRB | Methodology | Data Access



# DataBridge Infrastructure

MedStar Enterprise Security



Azure

- Environment: Secure virtual machine Azure Cloud instance (Windows OS)
- Databases housed in a secure managed SQL instance

## Analysis Tools



AADB Team can add analysis tools by request if needed

**Additional tools: JupyterLab, PyCharm, CMD.exe, ArcGIS, STATA**



**Concierge support provided every step of the way**

IRB | Methodology | Data Access

# AADB Data Navigator Sessions – CFP Y4

All Applicants who are interested in using the AADB data and would like any additional details for the year 4 proposals are encouraged to attend the **AADB Data Navigator Sessions**; dedicated office hours with the AADB Team Member(s) to explore AADB Data and support:

<https://outlook.office.com/book/MSHBookingAskAADBteamAnything1@MedStarCloud.onmicrosoft.com/>

<b>AADB Data Navigator Sessions</b>
<b>May 30: 2 – 3 pm ET/ 1 – 2 pm CT   <a href="#">Link to Register/Join</a></b>
<b>June 4: 2– 3 pm ET / 1 – 2 pm CT   <a href="#">Link to Register/Join</a></b>
<b>June 6: 3– 4 pm ET / 2 – 3 pm CT   <a href="#">Link to Register/Join</a></b>
<b>June 11: 2– 3 pm ET / 1 – 2 pm CT   <a href="#">Link to Register/Join</a></b>

*More Navigator Sessions will be added soon; please check [AADB website](#) for all latest updates*

For any further clarifications or information, please contact [prabhjeet.singh@medstar.net](mailto:prabhjeet.singh@medstar.net)

# What NHLBI BioData Catalyst (BDC) offers



## Managing the Computing Environment

Elastic Computing



## Easier Access to many High Value Datasets

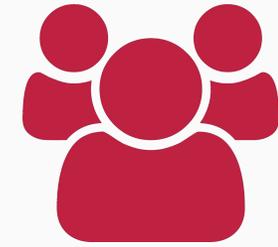


## Tooling

Data Discovery

Statistical Analysis Tools (R, SAS)

Other Specialized Workflows



## Community and Peer Interactions

BDC security controls adhere to [NIH's Implementation Update for Data Management and Access Practices Under the Genomic Data Sharing Policy \(NOT-OD-24-157\)](#).

<https://biodatacatalyst.nhlbi.nih.gov/>

# Data on BDC

**80+** studies/datasets

**350,000+** participants

**150,000+** clinical variables

**40,000+** genomic samples

## Sign up to Learn

### More about BDC

Receive BDC newsletters and hear about upcoming events and community hours.

[Join the BDC Ecosystem](#)

Range of phenotypes, including (but not limited to):

- Cardiometabolic health
- Diabetes
- COVID-19
- Heart, lung, blood, and sleep related phenotypes

Various study designs, including:

- Prospective longitudinal data
- Clinical trials
- Family/twins/trios

# Explore data with the cohort builder

Filter Search Results by Study Tags

Refine results using study filters:

- CHS (254) phs000287
- FHS (221) phs000007
- nuMoM2b (138) phs002808
- MESA (78) phs000209
- AACAC (54) phs001412
- WHI (44) phs000200
- CFS (32) phs000284
- GENOA (30) phs001238
- DHS (28) phs001012
- BL\_MESA (25) phs003288
- HCHSSOL (9) phs000810
- NSRR\_CFS (9) phs002715
- SAS (8) phs000914
- RED\_CORAL (8) phs002363
- RECOVER\_Adult (8) phs003463
- CSSCD (5) phs002362
- SAFHS (4) phs001215
- MUSIC (4) phs002770
- ACTIV4c (4) phs003063
- ECLIPSE (3) phs001252
- HCT\_for\_SCD (3) phs002385
- AMISH (2)

Search:  Search Reset

Search Results: 1019 variables match your search. [Learn More](#)

Show  entries

Study	Variable Name	Variable Description	Actions
HCHSSOL	DIABETES2	3-Level grouped diabetes - ADA	
HCHSSOL	DIABETES2_INDICATOR	Diabetes indicator - ADA	
CFS	diabetes2	Diabetes: MD dx of diabetes or meds or abn fasting (ogtt not considered)	
CFS	diabetes3	Diabetes: broad definition: MD dx or abn ogtt glucose	
CFS	diabetes1	Diabetes: meds or abn fasting glucose	
CFS	diabetesdx	Diabetes: self report of MD dx	
CFS	diabetesx	Diabetes: self report of MD dx or	
AMISH	t2diabetes_baseline	Has Type 2 diabetes based on medication and fasting glucose at baseline	
AMISH	t2d_med_baseline	Taking medication for type 2 diabetes	
CHS	DIABADA	1 'Normal' 2 'IFG' 3 'Newly diagnosed'	

Showing 1 to 10 of 758 entries

Previous      ...  Next



Explore the data

Check out the publicly available [cohort builder](#)

Study Name: FHS (phs000007)  
 Variable Name: CURR\_DIAB1  
 Variable Accession: phv00080829  
 Variable Description: Current Diabetes status (using 200 mg/dL), Exam 1

Add Filter to Query

Available values

Select values of interest Select All

Try searching for values

Selected values: Clear

No  Yes

# NIH All of Us Research Program

- The All of Us Research Program's **centralized, secure, cloud-based platform** allows researchers across a wide range of settings and institutions and at all stages of their careers (e.g., students, early-stage investigators) to execute rapid, hypothesis-driven research with just a computer and an Internet connection.
- Currently, **academic, not-for-profit and healthcare organizations** are **eligible** to apply for an [All of Us Data Use and Registration Agreement \(DURA\)](#). This is the first step to accessing the All of Us Researcher Workbench.
  - **Infrastructure All of Us** → [All of Us Research Workbench](#)
- Within the Researcher Workbench's Controlled Tier, data from nearly 250,000 whole **genome sequences** and more than 312,900 **genotyping** arrays are integrated alongside data from **surveys, physical measurements, EHRs, and wearables**. The data and tools are available only to registered researchers who have taken additional steps and training to access these data.



**848,000+**

Participants



**470,000+**

Electronic Health Records



**604,000+**

Biosamples Received

# SCHARE

## SCHARE

### Science Collaborative for Health and Artificial intelligence Reduction of Errors



*SCHARE is a cloud-based platform for health research designed to:*

- Leverage population science, place-based, and behavioral Big Data and cloud computing tools to foster a **paradigm shift** in population health research to generate innovative whole-person health discoveries using AI
- **Advance the use of transparency and sophisticated inquiry** to develop innovative strategies and differing perspectives to reduce AI errors
- **Upskill novice untrained users** in data science through cloud computing skills training, cross-discipline mentoring, and multi-career-level collaborating on research
- Provide a **data science cloud computing resource** for community colleges and low-resource institutions and organizations
- Offer a **project data repository** centered on core common data elements for enhanced data interoperability and compliance with NIH Data Management and Sharing Policy



Register for SCHARE

**Note:** To register for SCHARE, you will need either a Gmail account or another email account associated with a Google identity (an institutional email, for example). If you do not have a Google account or would like to create a new Google account for using SCHARE, [you can create a Google account here](#) .

## After SCHARE Registration Approval

Once your registration request is approved, you will receive an email asking you to **complete these additional steps**:

1. [Access the SCHARE Terra workspace](#) .
2. Click on the blue login button and **sign into Terra**. Your username is the Google email address you provided to request access to SCHARE. Click Next. Then enter your Google account password to login.
3. You will see a **New User Registration** page. Insert your name and click on Register. You will then be asked to review and accept the Terra Terms of Service.
4. If you accept the Terms of Service, you will be taken to the [SCHARE Terra Workspace](#) . Here you can start exploring the available resources and reading about the project (see point 6 below for more details).
5. **Terra will send you an email** inviting you to create a workspace and billing account. Creating a workspace will provide you with a secure space for your projects, data, and analyses ([learn more about Terra workspaces](#) ). Once you have a workspace, you can link a billing account to it. You don't have to create a billing account immediately, but for full use of the SCHARE resources, you will need a Terra-linked billing account. so that Google can bill you directly for any cloud

## National Clinical Cohort Collaborative (N3C)

N3C translates health data into health solutions.

- The N3C Data Enclave is a secure, cloud-based research environment with a powerful analytics platform provided, which serves as the steward of N3C's data.
- Since the N3C Data Enclave opened to researchers in September 2020, researchers have used the data to improve our understanding of COVID-19, diabetes, cancer, COVID-19 medications and chronic obstructive pulmonary disease.
- Researchers currently are studying HIV and COVID-19 risk, mortality rates in rural populations, long COVID and much more using the N3C Data Enclave.

# **InfoReady and Application Process**

# **What to expect as you start the application process?**

# Tips for Application Preparation

- **Read** the Call for proposal **multiple times**
- **Check** Eligibility criterias
- Read the **FAQ** multiple times
- **Start the application ASAP**
- **Ask questions**
- Send a Help Desk Question  
<https://helpdesk.aim-ahead.net/ticket/create/Ca17C49858>

# Application Timeline

Monday, April 23, 2025	CFP public / Application Process Open
Thurs. May 29, 2025, 6 - 7pm ET	Application Preparation Workshop - Informational Webinar
<b>Monday, June 23, 2025, 11:59 pm ET</b>	<b>Application Deadline</b>
Monday, August 4, 2025 (approximate)	Notice of Award Release
<b>Tuesday, September 2, 2025</b>	<b>CLINAQ Fellowship Cohort 2 Begins</b>
Tuesday, September 1, 2026	CLINAQ Fellowship Cohort 2 End

# **Eligibility Criteria for Organizations and Applicants**

# Eligible Organizations

## Higher Education Institutions

- Public/State Controlled Institutions of Higher Education
- Private Institutions of Higher Education

## Nonprofits Other Than Institutions of Higher Education

- Nonprofits with 501(c)(3) IRS Status
- Nonprofits without 501(c)(3) IRS Status

## For-Profit Businesses/Organizations

- Small Businesses
- For-Profit Organizations (Other than Small Businesses)

# Eligible Organizations

## Local Governments

- State Governments
- County Governments
- City or Township Governments
- Special District Governments
- Indian/Native American Tribal Governments (Federally Recognized)
- Indian/Native American Tribal Governments (Other than Federally Recognized).

## Other

- Independent School Districts
- Public Housing Authorities/Indian Housing Authorities
- Native American Tribal Organizations (other than Federally recognized tribal governments)
- Faith-based or Community-based Organizations
- Regional Organizations

# Eligible Organizations

- The primary applicant organization must be a domestic institution/organization located in the United States and its territories.

## Foreign Institutions

- Non-domestic (non-U.S.) Entities (Foreign Institutions) **are not** eligible to apply
  - Non-domestic (non-U.S.) components of U.S. Organizations **are not** eligible to apply.
  - Foreign components, as defined in the [NIH Grants Policy Statement](#), **are not** allowed.
- Before applying, these organizations must be registered with **System for Award Management** (SAM; see <https://sam.gov/content/home> ) and must maintain active SAM registration throughout the award period.

# Organizational Compliance

The sponsoring institution/organization must:

- **Be able to obtain an IRB determination (even if the determination is Not Human Subjects / Exempt Research). Private IRB reviews are allowable.**
- **Provide an organizational signoff on Data Use Agreements / Data Sharing Agreements**

# Eligible Applicants

Applicants must be:

1. practicing clinician with an MD, DO, DDS/DMD, MD/PhD, PA, DNP/FNP, RN/PhD or similar degrees -- who is active in direct clinical care of patients. **Additional professional designations may be considered on a case-by-case basis.**
2. US Citizens, Permanent Residents or Non-Citizen Nationals

A **Practicing Clinician** is a healthcare professional who is involved in the direct care and treatment of patients. The term encompasses a broad range of professional including physicians, nurses, physician assistants, therapists, and pharmacist, among others.

Individuals who have been accepted, awarded, and participated in the AIM-AHEAD CLINAQ Fellowship Cohorts 1 as a CLINAQ Fellow are **ineligible** to apply for the AIM-AHEAD CLINAQ Fellowship Cohort 2. We encourage all previous Fellows in Cohort 1 to apply to other [AIM-AHEAD CFPs](#).

- Individuals who are currently participating or have participated in other AIM-AHEAD programs (outside of the Research Fellowship) are eligible to apply.
- Individuals who served as a mentor for the CLINAQ Fellowship in Cohort 1, 2, or 3 are also eligible to apply if they have not been a Research Fellow.

# AIM-AHEAD CFP Multi-Award Considerations

Individuals may **NOT** hold multiple AIM-AHEAD awards at the same time. Consequently, the following limitations apply:

- Applicants who have previously participated in the program as trainees, fellows, or PIs are not eligible to reapply for the same program.
- An applicant who applies to more than one AIM-AHEAD program, and is recommended for more than one award, should be aware that AIM-AHEAD will determine which award the applicant will receive. The applicant can only receive one award at a time.
- An applicant currently participating as an awardee, trainee, fellow, or PI in an AIM-AHEAD program, and whose current award is still active at the start of the second program, is not eligible to receive the second award.
- An applicant serving as PI on a current AIM-AHEAD award is not eligible to hold multiple AIM-AHEAD awards at the same time.

# **Live demo of the application process in InfoReady**

# Join AIM-AHEAD Connect

- AIM-AHEAD's community, networking, mentoring, and career development platform
- Virtual space to engage with the entire AIM-AHEAD Consortium and build community!
- Custom tools available to the AIM-AHEAD Coordinating Center:
  - Connect with experts, learners, stakeholders, etc.
  - Mentoring, Q&A, video calls, groups, funding & jobs board, etc.
  - SignUp: Event registration & information solicitation
  - Surveys: Request feedback on various activities
  - HelpDesk: Respond to topic-specific questions
  - Programs: Collaborative space, exclusive content, and mentor matching

**Scan QR Code  
to Join  
AIM-AHEAD Connect**



# Application Process on AIM-AHEAD and InfoReady

**Step 1:** Click to read the [Call for Proposal](#) and read it in its entirety.

Click on the link to apply. This will take you to an InfoReady

## Call for Proposals

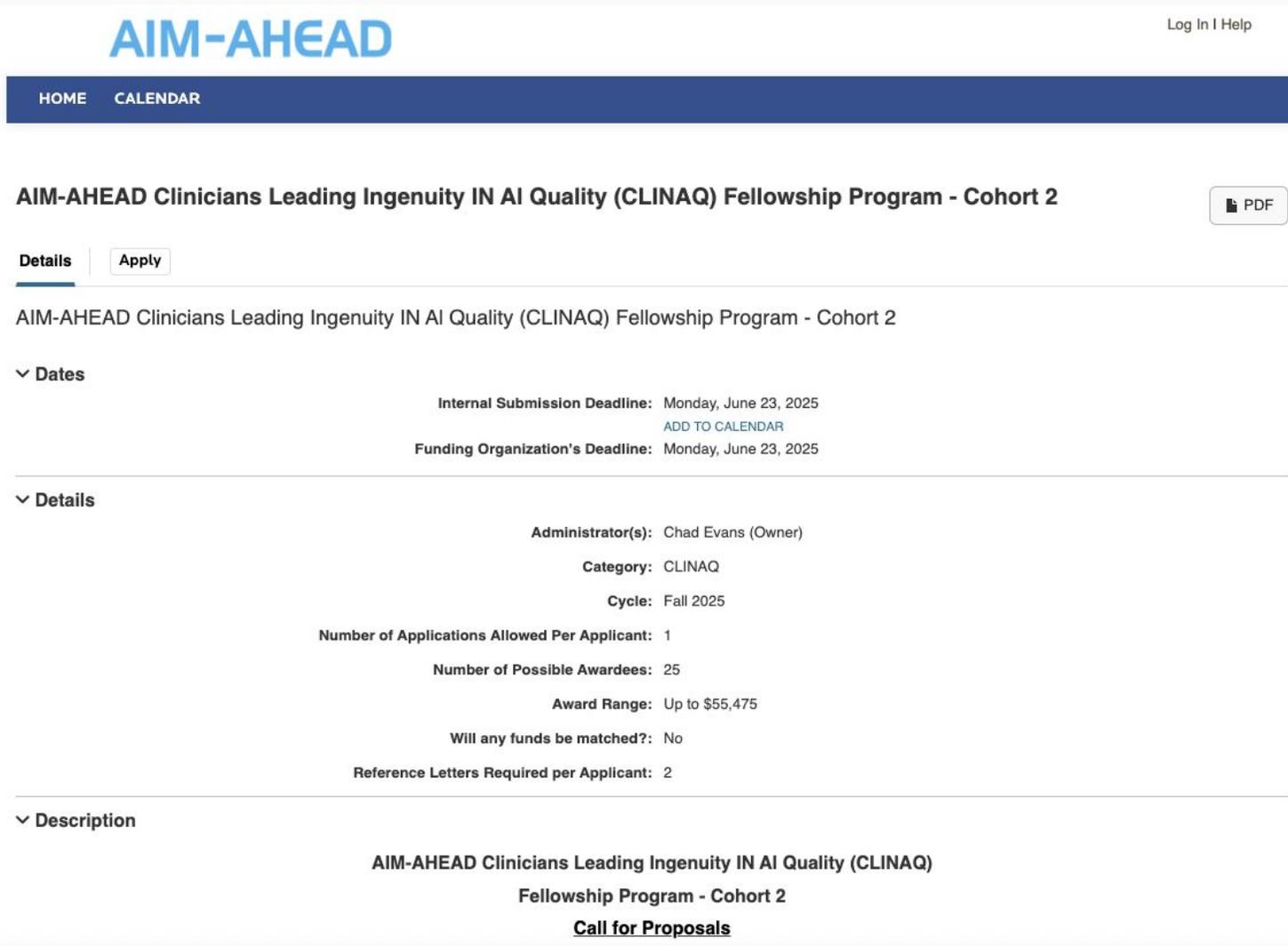
### AIM-AHEAD Clinicians Leading Ingenuity IN AI Quality (CLINAQ)

#### Fellowship Program - Cohort 2

The AIM-AHEAD Clinicians Leading Ingenuity IN AI Quality (CLINAQ) Fellowship Program is a one-year fellowship that seeks to operate in parallel with clinical practice to empower clinicians in the field of Artificial Intelligence/Machine Learning (AI/ML).

Funding Cycle	2025-2026
Release Date	April 23, 2025
Application Due Date	June 23, 2025, 11:59 p.m. in applicant's timezone
Notification of Award	August 4, 2025
Program Start Date	September 2, 2025
Informational Webinar Schedule	There will be an Informational Webinar on May 29, 2025 at 6 p.m. ET. Zoom link provided upon registration. <a href="#">Click here to register</a>
Informational Webinar Recording	No recordings are currently available
Application Link	<a href="#">Click here to apply in InfoReady</a>

# Step 2: Click on "Apply" and login using your New AIM-AHEAD Connect Account



**AIM-AHEAD** Log In | Help

HOME CALENDAR

## AIM-AHEAD Clinicians Leading Ingenuity IN AI Quality (CLINAQ) Fellowship Program - Cohort 2

PDF

**Details** **Apply**

AIM-AHEAD Clinicians Leading Ingenuity IN AI Quality (CLINAQ) Fellowship Program - Cohort 2

**Dates**

**Internal Submission Deadline:** Monday, June 23, 2025  
[ADD TO CALENDAR](#)

**Funding Organization's Deadline:** Monday, June 23, 2025

**Details**

**Administrator(s):** Chad Evans (Owner)

**Category:** CLINAQ

**Cycle:** Fall 2025

**Number of Applications Allowed Per Applicant:** 1

**Number of Possible Awardees:** 25

**Award Range:** Up to \$55,475

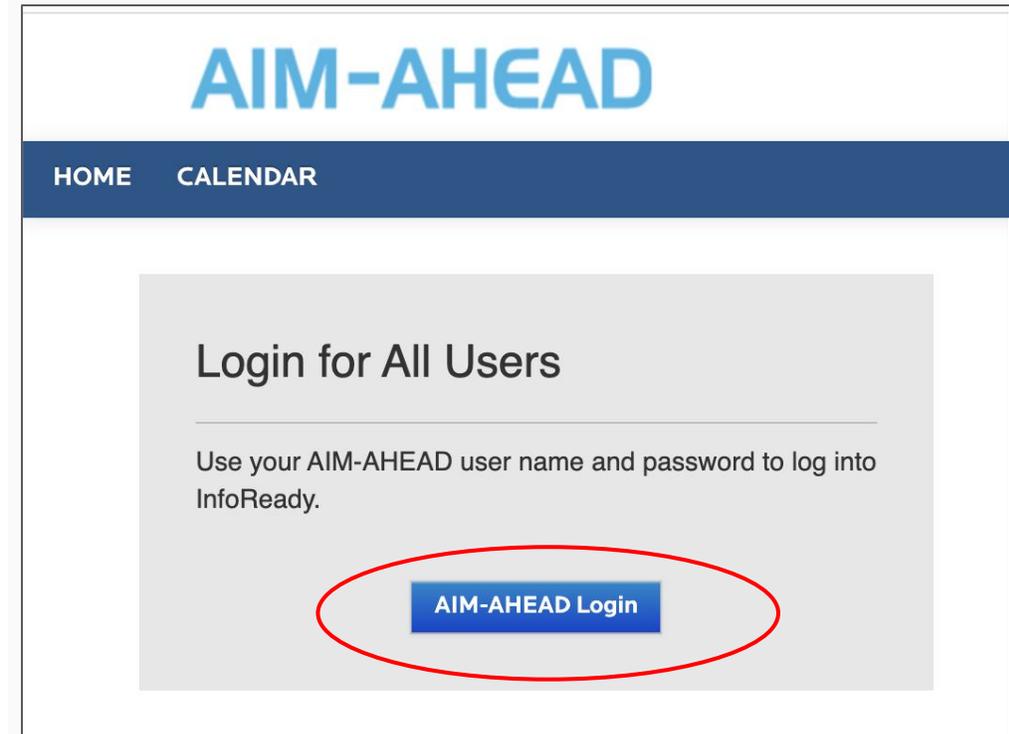
**Will any funds be matched?:** No

**Reference Letters Required per Applicant:** 2

**Description**

**AIM-AHEAD Clinicians Leading Ingenuity IN AI Quality (CLINAQ) Fellowship Program - Cohort 2**

**Call for Proposals**



**AIM-AHEAD**

HOME CALENDAR

## Login for All Users

Use your AIM-AHEAD user name and password to log into InfoReady.

**AIM-AHEAD Login**

# Step 3: Fill out the application to the best of your ability.

## CLINAQ Fellowship Project Proposal

All CLINAQ Fellowship project proposals must comply with the **US White House Executive Order**.

Link to read more about the US White House Executive Order: <https://www.whitehouse.gov/presidential-actions/2025/01/ending-radical-and-wasteful-government-dei-programs-and-preferencing/>

### Proposal Title \*

Provide the title of your research project.

### Proposal Abstract \*

Provide a succinct description of the proposed work including the project's central hypothesis, rationale and long-term objectives, and a summary of the research design and methods for the entire project.

Paragraph        Source

Type or paste your content here.

## Step 3: Continued for CLINAQ Mentor

- Applicants will have the option of having an CLINAQ. In addition to their AIM-AHEAD mentor, fellows will have the option of having a CLINAQ mentor.
- Applicants with minimal AI/ML experience are encouraged to identify a mentor/collaborator and include them throughout the Fellowship Application Process.
- **CLINAQ mentors should be clinicians with active AI model development experience who can provide tailored support and guidance in the application AI/ML within clinical contexts.**
- **CLINAQ Mentor is highly recommended for all applicants to support the regulatory process, such as submitting an IRB and DUA at their organization.**
- If the applicant is applying with his/her/their CLINAQ Mentor, **a letter of support from the mentor should express the mentor's desire to participate in the research fellowship.**

**Organizational Mentor \***

Are you bringing an Organizational Mentor?

No     Yes

## Step 3: Continued for Letter of Support

- **Two signed letters of support from mentors, supervisors, or the director of the candidate's training program are required.**
  - Letters of support should be on letterhead and include contact information of the reference (full name, position title, organization, email/phone number, and signature).
- At least one letter should attest to the dedicated time available to the candidate to complete the Fellowship.
- If the candidate is applying with his/her/their Organizational Mentor, the letter of support from the mentor should express the mentor's desire to participate in the research fellowship.

## Step 3: Continued for Letter of Support

### Letters of Support \*

You will not be able to view the support letters once they are submitted. Upon submitting your application or clicking "Send Reference Letter Request" on a saved draft application, your support letter writer will receive an email containing a unique link to a web page where reference letters may be uploaded.

#### Reference Letter Writer Email #1 \*

#### Reference Letter Writer Email #2 \*

**Tip 1:** Speak to your writers first before adding their email address to your application.

**Tip 2:** Send out request Letter of Support now, or before submitting your application. **Letters are due at the same time of the application.**

## Step 4: Continued for BioSketch

- **NIH Biosketch** (not to exceed 5 pages) **is required.** A biosketch template is available at the following link:  
<https://grants.nih.gov/grants/forms/biographical-sketch-format-page-fellowship-forms-h>
- Template: [Fellowship Biosketch](#) (Rev. 10/2021 Approved Through 01/31/2026)
- [Instructions](#)
  - [Predoctoral Fellowship biosketch sample](#)
  - [Postdoctoral Fellowship biosketch sample](#)

## BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.

Follow the

NAME:

eRA COMMONS USER NAME (c

POSITION TITLE:

EDUCATION/TRAINING (Begin with the baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)



INSTITUTION AND LOCATION

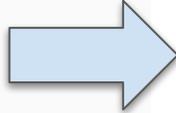
DEGREE  
(if applicable)

Start Date  
MM/YYYY

Completion Date  
MM/YYYY

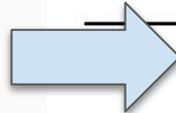
FIELD OF STUDY

eRA Commons login info



**BioSketch should not exceed 5 pages**

Begin with the baccalaureate or other initial professional education



### A. Personal Statement



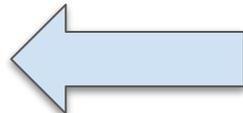
Briefly describe why you are well-suited for your role(s) in this project.

### B. Positions, Scientific Appointments and Honors



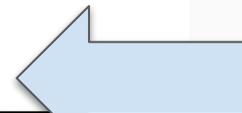
In reverse chronological order **all** current positions and scientific appointments.

### C. Contributions to Science



Briefly describe up to five of your most significant contributions to science

### D. Scholastic Performance



**Predoctoral applicants/candidates (including undergraduates and post-baccalaureates):** List by institution and year **all** undergraduate and graduate courses, with grades

**Postdoctoral applicants:** List by institution and year **all** graduate scientific and/or professional courses with grades

YEAR	COURSE TITLE	GRADE
------	--------------	-------

## Step 3: Continued for Applicant Acknowledgment Statement

### Paragraph

I acknowledge that I am:

- **Clinician**
  - For the purposes of this program, clinician-scientists include individuals with an MD, DO, DDS/DMD, MD/PhD, PA, DNP/FNP, or nurses with research doctoral degrees who devote the majority of their time to clinical care. Additional professional designations may be considered on a case by case basis. (graduate students, postdocs, junior faculty, and others conducting research outside of an academic institution, within 10 years of graduation)
- **US Citizen, Permanent Resident, or Non-Citizen National**
  - **US Citizen definition:** any individual who is a citizen of the United States by law, birth, or naturalization
  - **Permanent Residents definition:** a status given to United States immigrants/non-citizens who can legally live in the United States permanently
  - **Non-Citizen Nationals definition:** a person born in an outlying possession of the United States on or after the date of formal acquisition by the United States

I acknowledge that I am a clinician.

No Yes

I acknowledge that I am a US Citizen, Permanent Resident, or Non-Citizen National.

No Yes

## Step 4: Submit your application

**Review your entire application. Scroll down and click on “Submit” when you are ready!**

Comments to the Administrator(s).

Edit

Submit

**TIP:** If you are not quite ready to submit yet, click here so save your progress and come back to your application later.

# **What to Expect Post-Application Submission**

# Program Timeline

Monday, April 23, 2025	CFP public / Application Process Open
Thurs. May 29, 2025, 6 – 5pm ET	Application Preparation Workshop – Informational Webinar
<b>Monday, June 23, 2025, 11:59 pm ET</b>	<b>Application Deadline</b>
Monday, August 4, 2025 (approximate)	Notice of Award Release
<b>Tuesday, September 2, 2025</b>	<b>CLINAQ Fellowship Cohort 2 Begins</b>
Tuesday, September 1, 2026	CLINAQ Fellowship Cohort 2 End

**1) Applications will be sent back for corrections after you submit.** You will have 48 hours to revise your application and resubmit

**2) Notice of Awards** to the CLINAQ Fellowship Cohort 2 will be announced.

**Scientific scoring and comments** of all applications will also be released.

# Help Desk

<https://helpdesk.aim-ahead.net/ticket/create/Ca17C49858>

### Submit a Ticket

Subject

Category

Contact Name

Contact Email

Description

Please enter the details of your request. A member of our support staff will respond as soon as possible.

Question

Answer