Title: Lessons Learned from Statewide Implementation of the FAST PACE Toolkit: Removing Roadblocks to Rapid, Community-Engaged Translational Science in Public Health Emergencies

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Objective
Building upon the collaborative development of the Research Readiness Partnership Protocol by the Community Based Organization Partners of Flint, MI, and the Michigan Institute for Clinical and Health Research, our objective was to evaluate the FAST PACE Toolkit trainings designed to support real-time community-academic collaboration. Specifically, we aim to identify barriers and strategies from statewide Toolkit trainings and translate findings into recommendations that strengthen partnerships, accelerate implementation, and advance health during crises.

Methods:
Semi-structured interviews (n=9), with a diverse statewide sample of training participants (e.g. public health, community-based, and academic partners), examined training usefulness/applicability, and conditions/resources for successful community-engaged translation to action. We conducted thematic analysis informed by grounded theory to identify practice-relevant insights and recurring pipeline bottlenecks.

Results:
Participants reported that translation from training to action was accelerated by: 1) early clarification of roles and decision pathways, 2) engagement structures enabling rapid, bidirectional communication, 3) dedicated staffing, facilitation, and resource/navigation support to reduce friction and barriers in initiating or adapting projects during crises; and 4) implementation supports to align training content with local context, timelines, and organizational readiness. Participants emphasized the value of “implementation-ready” resources (guides, roadmaps, and partnership tips) and noted barriers including variable capacity, competing demands, limited funding, lack of shared language, and uncertainty navigating institutional processes.

Conclusions:
Statewide lessons indicate that partnership infrastructure, especially facilitation and resource navigation can remove persistent roadblocks and shorten time-to-action in emergencies. Findings will inform an implementation blueprint to improve readiness and accelerate delivery of public health responsiveness and solutions.