Community First Clinical Research

Building Healthier Communities Through Research

OUR MISSION

Community First Clinical Research brings stakeholders together to use clinical research to advance medicine and strengthen local communities. We focus on depth over scale – building real roots in one geography through long-term relationships, trust-based recruitment, and a standalone site that runs trials end-to-end with zero burden on clinics. We reinvest a portion of our economics into measurable community impact, acting as a dedicated community-impact arm for our partner ecosystem.

KEY HIGHLIGHTS

Real Community Impact

Dedicated Community Impact Fund governed by partner practices and funded by a portion of all study revenue to ensure we are giving back to the communities we serve and depend upon

Zero-Burden Partnerships

With flexible partnerships, practices can be as involved as they'd like – we can run trials end-to-end at our standalone site with zero operational burden on them

Trust-Based Recruitment

Relationship-driven outreach replaces reliance upon ads and call centers, enabling higher trust and better retention

Focused on One Location

Depth over scale – one community hub, done exceptionally well. No acquisitions. No national roll-up. Just durable local roots and repeatable execution

THE PRIVATE EQUITY / NETWORK PROBLEM

1. **Aggregation & waning involvement:** Private equity ("PE") and national networks have aggressively acquired research sites, disincentivizing the original founders and Principal Investigators ("PIs") who built these sites, leading to minimal ongoing involvement from those most knowledgeable.
2. **Growth at all costs:** Emphasis on rapid expansion and significant cost-cutting has prioritized Instagram and Facebook marketing budgets over genuine community engagement and sustainable relationships. Networks are pressured to grow at rates of 20% per year for their PE owners, driving a nationwide land grab. This relentless expansion prioritizes quantity over quality, with minimal follow-through or investment in genuinely serving local communities.
3. **High turnover & loss of continuity:** Frequent ownership changes (every 3-5 years) and significant staff turnover across large PE-backed networks lead to disrupted operations, eroding institutional knowledge and patient relationships.
4. **Operational hindrances:** High debt burdens restrict operational flexibility, with final decisions often made by financial professionals disconnected from day-to-day site operations, impairing service quality.

OUR SOLUTION

A community-embedded clinical trial model designed to:

Focus on a single geography, allowing us to build real roots and trust in the communities we recruit from. Sponsors do not need us to build a 20th location in Tampa, FL or Orange County, CA. We want to focus on being the top site for our sponsors and patients in NC.

Collaborate deeply with trusted private practices, health centers, and community-based organizations with aligned incentives. Our model is grounded in long-term relationships, continuous feedback loops, and visibility in the communities we serve.

Deploy all research infrastructure in a standalone location - including coordinators, IRB support, data systems, and logistics - so physicians and clinics can participate without taking on any additional burden.

Reinvestment into a Community Impact Fund to support local health screenings, food banks, scholarships, community grants, and other initiatives that strengthen the region's public health infrastructure.

HOW WE ARE DIFFERENT

	Community First Clinical Research	PE-Backed Site Networks ("SMOs")	Embedded Sites	CRO Sites	Integrated Research Orgs ("IROs")
Separation from Clinic Workflow:	*Fully Separated*	*Varies Depending on Agreement*	*Inside Clinic*	*Varies Depending on Agreement*	*Inside Clinic*
Community Connection:	*Direct Reinvestment & Involvement*	*Minimal*	*Focused on Existing Patients*	*Minimal*	*Focused on Existing Patients*
Geographic Density Across TAs:	*High – Multiple Partnerships*	*Varies*	*Minimal*	*Varies*	*Minimal*
Patient Access:	*Multiple Patient Pools*	*Varies*	*One Patient Pool*	*Varies*	*One Patient Pool*
Focus:	*North Carolina*	*Spread Thin Nationally*	*Local*	*Spread Thin Nationally*	*Spread Thin Nationally*
Ownership:	*Real Locals*	*Private Equity*	*Varies*	*Public Companies and Private Equity*	*VC and Private Equity*
Examples:	Community First Clinical Research	Velocity Clinical Research; Alcanza Clinical Research for All; Headlands Research	TEKTON Research; Private Practice Office	Accellacare; Avacare Clinical Research Network	JAVARA; Axsendo Clinical Research; Elligo Clinical Research Center

THE COMMUNITY IMPACT FUND

Direct involvement as a partner practice: Each partner practice may designate a representative to our Community Impact Council and receive regular updates on what Community First Clinical Research is doing for our community.

Shared priority setting: Partners help direct how funds (sourced from a share of study revenue) are allocated to local initiatives – e.g., free screening days, mobile clinics, school health supplies, community health initiative sponsorship, local community events, food banks, scholarships, and workforce training.

Transparency: Simple, auditable annual reporting on dollars in/out and funded programs – living North Carolina's motto, *Esse Quam Videri*: to be, rather than to seem.

Service initiatives our partners can plug into: Joint community events, provider education, and preventive health campaigns co-branded with partner practices.

Contact: Stephen Cone | 910-622-3570 | scone@communityfirstclinicalresearch.com | Raleigh, NC