

## 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*

### 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:











**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.


**Create a new access point** for specialist care and cutting-edge therapies by offering clinical trial opportunities to patients who have traditionally been excluded, without making participation exclusive to any group.


**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”)
<b>Practice Burden:</b>	Minimal	Varies Depending on Agreement	High	Varies Depending on Agreement	High
<b>Community Connection:</b>	Direct Reinvestment & Involvement	Minimal	Focused on Existing Patients	Minimal	Focused on Existing Patients
<b>Geographic Density Across TAs:</b>	High – Appealing to Sponsors	Varies	Minimal	Varies	Minimal
<b>Ancillary Revenue:</b>	Available	Available	Available	Available	Available
<b>Geographic Focus:</b>	NC	Spread Thin Nationally	Local	Spread Thin Nationally	Spread Thin Nationally
<b>Ownership:</b>	Real Locals	Private Equity	Varies	Public Companies and Private Equity	VC and Private Equity
<b>Examples:</b>		  	  Private Practice Office	 	  

## 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.