ICTR Clinical and Community Outcomes Research Pilot Award

Key Dates and Info	
Funding	• $75,000 maximum (direct costs only) • 12 months
Requirements	• UW-Madison Faculty or Scientist (must have permanent PI status) • Community-partnered interventional research
Pre-Submission Session **(required)**	On or before October 29, 2024, 11pm CST View video via Canvas See ICTR Funding Opportunities website for link
Q&A Session (optional)	October 9, 2024, 12pm CST Live session via Zoom Registration: http://tiny.cc/ictr_qa_09oct2024
Letter of Intent Due **(required)**	October 29, 2024, 11pm CST Submit via email to Bri Deyo, deyo@wisc.edu
Full Application Due	December 10, 2024, 11pm CST Submit via REDCap, link provided upon LOI confirmation
Review Period	December 2024 – February 2025
Notification of Grant Award	March 2025
Earliest Project Start	April 1, 2025
Contact	Bri Deyo deyo@wisc.edu 608-262-9188
More Information	https://ictr.wisc.edu/funding-opportunities-2 Website includes links to: • This RFA • Budget and Justification Template • Recently funded CCOR Awards • Frequently Asked Questions • Q&A Session Registration • Pre-Submission Session Registration

PROGRAM OVERVIEW

ICTR programs have a long history of fostering clinical and translational research. These programs center around building capacity in translational science by training the next generation of biomedical, social, and behavioral scientists; providing investigators and clinicians with critical resources including consultations, technology, and data science; and creating novel solutions to disseminate innovations that improve healthcare practice. Community engagement multiplies the impact of our programs on health equity and health disparities and is a critical focus of our work.

The Clinical and Community Outcomes Research Pilot Award supports excellent, **community-partnered health research that solves problems of translating knowledge into improvements in clinical practice, community programs and/or health policy.** This Pilot Award may also support the **development of interventions** that require individual, organizational, and/or system behavior change.

This award particularly focuses on projects that address contemporary or emerging health crises and/or health disparities experienced by people in underrepresented and/or marginalized groups (defined by the NIH National Institute on Minority Health and Health Disparities, https://www.nimhd.nih.gov).

Highly valuable project elements include (but are not limited to):

- Addressing critical and emerging health needs
- Addressing social or environmental factors that influence health and wellbeing
- Advancing health equity across a wide range of populations, settings, and geographic areas
- Leveraging a wide range of clearly defined research methods and frameworks
- Strengthening Wisconsin's health care and public health workforce
- Creating sustainable collaborations between health systems, researchers, and communities
- Propelling research and education innovations into clinical and community practice
- Supporting and strengthening approaches to patient-engaged partnership research
- Utilizing a sound community engagement methodology, including efforts to engage community organizations as advisors or partners

If this proposal's aims do not directly impact health outcomes due to health disparities or inequities (such as a feasibility pilot), then detailed plans for subsequent research that builds directly upon this proposal and may impact health outcomes must be described.

This award is intended to support projects that will further an investigator's career path. Successful proposals will clearly describe how the pilot data collected as a part of this award will be used to seek further, external, peer-reviewed funding in support of a research career trajectory. Early career investigators with limited PI experience are strongly encouraged to submit proposals as the Contact PI, in partnership with senior investigators who have relevant research methods expertise to serve as Co-Investigators, collaborators or mentors.

Applications for studies that meet the NIH definition of a clinical trial may be applicable. For a study to be considered a clinical trial by NIH (https://grants.nih.gov/policy/clinical-trials/definition.htm), it must:

1. Involve human participants
2. Prospectively assign participants to an intervention
3. Be designed to evaluate the effect of the intervention on the participants
4. Be designed to evaluate the effect of a health-related biomedical or behavioral intervention

FUNDING

Contingency statement: Support of projects that are scheduled to start on or after April 1, 2025 is contingent upon the successful renewal of grant support from the Wisconsin Partnership Program (WPP) for awards administered by the UW Institute for Clinical and Translational Research (ICTR).

ELIGIBILITY OF PRINCIPAL INVESTIGATOR

- The Contact PI must hold a UW-Madison faculty appointment or Scientist title with permanent PI status
  - Must have an appointment greater than or equal to 0.5 FTE at UW-Madison (the award funding account will be managed through the Contact PI's UW-Madison department)
  - Faculty with any title, in any track (clinical health sciences, clinician teacher, tenure, research professor, teaching professor or clinical adjunct) are eligible
  - Individuals in the Scientist title series must have permanent PI status and must provide permanent PI authorization confirmation from the Vice Chancellor for Research, Letters of Support from a faculty supervisor and department chair or dean, and show evidence of previous external funding, research independence, and proposed academic trajectory
- Individuals who do not meet the criteria for Contact PI may serve as Co-Investigators or other Key Personnel
- Proposals that include multiple PIs (MPIs) must designate one person as the Contact PI, who must hold a UW-Madison faculty appointment
- A Contact PI may not:
  - Be the Contact PI or MPI on any currently active ICTR grant award (serving as Co-I or other Key Personnel is not exclusionary)
  - Have been the Contact PI or MPI on another ICTR grant award application submitted during the current calendar year (serving as Co-I or other Key Personnel is not exclusionary)
  - Have been the Contact PI or MPI on any previous CCOR award (serving as Co-I or other Key Personnel is not exclusionary)

APPLICATION AND SUBMISSION

Please review and follow these instructions carefully. Deadlines, contact information, and submission details are listed in the table on Page 1 of this RFA.

A Frequently Asked Questions (FAQ) document and a Question and Answer (Q&A) Session are available to provide additional guidance on applying for this RFA. The Q&A Session will be recorded and available for review. Links to both resources are available in the table on Page 1 of this RFA and on the ICTR Funding Opportunities website (https://ictr.wisc.edu/funding-opportunities-2).

Several additional resources are available at the end of this RFA:

- The "References and Resources" table provides links to resources that are referenced throughout this RFA
- Appendix A: "Community Engaged Research Programs" provides descriptions and contact information for established programs on campus that may provide insight or collaboration
- Appendix B: "Key Terms and Definitions" provides information and resources of the ideas that are integral to this RFA

Pre-Submission Session Video – REQUIRED
This Session is a video recording that is available on-demand via Canvas. It provides guidance for the development of a complete, responsive, and high-quality application. **Applicants are required to view this video prior to submitting an LOI.** Co-Investigators, research staff, and other collaborators are not required to view the video but are encouraged to do so. Completion of the video is recorded in Canvas, so there is no need to submit additional documentation to confirm compliance with this requirement.

Letter of Intent (LOI) – REQUIRED
An LOI must be submitted via email (see the Key Dates and Info Table on Page 1). Once the LOI is received, the applicant will receive an e-mail acknowledgment. The LOI serves to determine eligibility and to assist in the identification of appropriate peer reviewers. The LOI will **not** be used for final review or ranking.

After LOIs are received and reviewed, eligibility will be confirmed, and the Contact PI will be invited via email to submit a full application. A link to the online application submission form will be provided in that confirmation email.

LOI Format: PDF, 1 page maximum, single spaced, 0.75” minimum margins, Arial 11-point font

Required Information, in this order:

- Title of proposed research project
- Names, addresses, telephone numbers, and email addresses of the Contact PI and any Co-PIs
- Names and roles of Co-Investigators and/or other key personnel crucial to the design and conduct of the proposed research
- A brief summary of the proposal, including specific aims, general research design and methods
- A brief description of the knowledge gap this proposal intends to address
- A list of *anticipated* contributors, collaborators, organizations, community partners, consultants, and/or invested groups, including a brief description of how they will be involved in this research
- Indicate any special criteria met by this proposal (see *Full Application* > *Narrative* > *Special Criteria* section for full definitions):
  - New Junior + Senior Investigator collaboration
  - UW-Madison + Marshfield Clinic collaboration
  - Interdisciplinary collaboration
- Indicate any special populations served by this proposal:
  - People in rural communities
  - People from sexual and/or gender minoritized groups
  - People from racial and/or ethnic minoritized groups
  - People experiencing poverty
  - People with disabilities
- Indicate any special health focuses served by this proposal:
  - Contemporary and/or emerging health crises
  - Maternal or fetal health
  - Mental or behavioral health
  - Pediatric or geriatric health
  - Substance use disorders

Full Application - REQUIRED
Eligible Contact PIs who have submitted an LOI and viewed the Pre-Submission Session video before the deadline (see the Key Dates and Info Table on Page 1) will receive a confirmation via email that contains a link to the online application submission form. All application materials are submitted via this online form in REDCap.

Online Form Fields
The REDCap form contains fields that collect academic (required) and demographic (optional) information about the Contact PI. The Contact PI should enter their information first, and then add information about a Co-PI (if applicable) in the "Partner PI Information" section. Additional information that must be entered for both PIs includes: **ORCID, eRA Commons ID, and institutional mailing address**.

A complete application must include all the following components, **combined into one PDF file and submitted via the online submission form**.

Full Application Format: PDF, single spaced, 0.75" minimum margins, Arial 11-point font. Page or word limits are specified for each section. If no page or word limit is specified, there is no such limit.

Scientific Abstract
500 words, maximum. Provide a concise description of the proposed research written for scientific audiences. The Scientific Abstract must include:

- Scientific rationale supporting the proposed research
- Specific hypothesis or hypotheses to be generated or tested
- Research aim(s)
- Research design or framework
- How the project uniquely advances understanding of the health disparity being addressed
- Brief description of how this project will inform your next grant, including potential funders who have identified your research topic as a health priority

Community Abstract
500 words, maximum. Provide a description of the proposed research written for community reviewers. This abstract should not be a reiteration of the Scientific Abstract but should tell a story that addresses the importance of this research, whose lives will be impacted, and how. A video on writing for community reviewers is available here (https://videos.med.wisc.edu/videos/8470).

The Community Abstract could include topics such as:

- Magnitude of the health issue for the intended population
  - How many individuals are affected?
  - What is the scope of this issue in Wisconsin?
  - How are the costs of health care impacted?
- How and when the project, including anticipated future work that will be informed by this project, will directly help the population involved and advance health equity
- Knowledge gap
  - What gap will the proposed research address?
  - What will the anticipated project results show that is not already known?
- Community collaborators
  - How were community members, contributors, or partners identified and invited to collaborate?

  - How were they involved in developing the research question?
  - How will they be involved in the research; what roles will they play?
  - How will the project ensure the involvement of community collaborators is meaningful?
  - What evidence indicates that research addressing the health problem is sought by potential end-users?
  - If developing an intervention, describe the role of potential adopters
- Potential long-term impact of this program of research
  - How might this project improve health and/or improve health equity in Wisconsin?
  - How will this program of research translate new and existing findings into improvements in clinical practice and/or community health?
  - How might this research inform or impact organizational or public policies?

Narrative

7 pages, maximum. Must include all following sections, in this order:

- Specific Aims
  - Include clearly defined and measurable objectives
- Background and Significance
  - Include a strong statement regarding the ways the project will directly impact those who will benefit from the project, how that will happen, and how it will advance health equity
  - Describe the involvement of the patients, community, and/or other impacted entities in developing the research question
  - Describe feedback from community partners and/or the study population (e.g., patient advocacy groups, community clinicians, health care administrators) on the proposed work. If no such feedback has been collected, clearly describe why.
- Innovation
  - Describe how this project addresses the specific aims in a new way
  - Describe any challenges to current research practices, clinical practices or policies that this project creates
- Approach
  - Any preliminary research and experience relevant to this proposal
  - Describe study design, including study procedures and data collection
  - Describe qualitative and/or quantitative methodologies
  - If proposing new methodology, describe how this project improves upon current methods
  - Describe potential difficulties and limitations, and how to overcome or mitigate them
  - Describe how research plans are justified for the (1) protection of human research participants from research-related risks, and (2) inclusion of marginalized populations, members of all sexes and/or genders, and/or vulnerable subjects.
  - Resources:
    i. ICTR Research and Protocol Development free consult: https://ictr.wisc.edu/research-resources/protocol-development
    ii. ICTR Dissemination and Implementation Launchpad free consult: https://ictr.wisc.edu/research-resources/dissemination-implementation-launchpad/di-research-consultation
    iii. NIH Pilot Studies, Common Uses and Misuses: https://www.nccih.nih.gov/grants/pilot-studies-common-uses-and-misuses
- Data Analysis Plan
  - Describe how qualitative and quantitative data, as applicable will be evaluated and interpreted

- Describe how data evaluation methods and techniques were selected
- Describe sample size justification, if applicable
- Resources:
    i. General SAP Guidance: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4552232
    ii. SAP Guidance for Clinical Trials: https://pubmed.ncbi.nlm.nih.gov/29260229
    iii. ICTR Biostatistics and Epidemiology Research and Design free consult: https://ictr.wisc.edu/consults/biostatistics-2
    iv. UW Data Science Institute free consult: https://dsi.wisc.edu/services/data-science-services
    v. NIH Strategic Plan for Data Science: https://datascience.nih.gov/nih-strategic-plan-data-science

- Addressing Health Inequities
    - Describe how this proposal addresses health inequities in Wisconsin, either in the current proposal or in subsequent proposals
    - Describe how this proposal addresses issues of intersectionality (the complex, cumulative way in which the effects of multiple forms of discrimination – such as racism, sexism, and classism – combine, overlap or intersect, especially in the experiences of marginalized individuals or groups at risk for disparities)
    - If your proposal does not directly address specific health inequities, this section should describe how future work based on this proposal will do so
    - Resource:
        i. Appendix A: Community Engaged Research Programs, located at the end of this RFA
- Special Criteria
    - Identify and describe how this proposal incorporates any of the following circumstances:
        i. New Junior - Senior Investigator collaboration – The project involves a new partnership between an early career investigator, as the Contact PI, and a senior investigator. A new partnership refers to two investigators who have not co-authored a manuscript.
        ii. UW-Madison - Marshfield collaboration – The project involves collaboration between a UW-Madison investigator, as the Contact PI, and a Marshfield Clinic Research Institute (MCRI) investigator.
        iii. Interdisciplinary collaboration – The project involves collaboration among faculty investigators from different UW-Madison schools or colleges. For the purposes of this grant program, an interdisciplinary collaboration is not among different departments within the same UW-Madison school or college.
        iv. Special Populations – This project specifically addresses health inequities that are unique to people who are: in rural communities, from sexual and/or gender minoritized groups, from racial and/or ethnic minoritized groups, experiencing poverty, and/or with disabilities.
        v. Special Health Focus – This project specifically addresses challenges that are related to: contemporary and/or emerging health crises, maternal or fetal health, mental or behavioral health, pediatric or geriatric health, and/or substance use disorders
- Investigator
    - Describe how the Contact PI, research team, and collaborators are especially suited to conduct this project

- If the Contact PI is an early-career investigator, describe experience, training, and mentorship related to the proposed work
- If the Contact PI is an established investigator, describe accomplishments (i.e. publications, external funding, sustained practice, and/or policy change) related to the proposed work
- Describe previous experience working directly with the community organizations, patients, and/or other impacted entities involved in this application

- Environment
  - Describe the scientific environment in which the work will be done
  - Describe how this environment will contribute to the success of the project
  - Describe how the project will benefit from the unique features of the environment
- Collaboration Plan
  - Describe how community partners and/or study populations (e.g., patient advocacy groups, community clinicians, health care administrators) will be involved in the proposed work, and what roles individuals or groups will play
  - Describe planned processes for team decision-making and scientific direction, including PI engagement as equal partners, if relevant for a multiple-PI mechanism
  - Describe the planned distribution of responsibilities and work processes, including protocol procedures, administrative responsibilities, project management, and dissemination activities
  - Describe planned collaboration activities, including communications and information-sharing methods, and meeting frequency and modality
  - Using the Steps Model, identify the research team's current level of engagement with the contributing community partners and/or study populations (e.g., patient advocacy groups, community clinicians, health care administrators), and the level of engagement anticipated through the end of the proposed work
  - Resources:
    i. Steps Model: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5449250
    ii. ICTR Team Science Collaboration Planning free consult: https://ictr.wisc.edu/team-science/team-science-collaboration-planning
    iii. Team Science Community Toolkit: https://www.teamscience.net
- Dissemination Plan
  - Describe the audience(s) to which results from this project will be disseminated (e.g. patients, community partners, and/or other specific clinical practices, advocacy groups or policy makers)
  - Describe how and when the results from this project will reach the specified audience(s)
  - Identify the dissemination scale (local, national, international)
  - Resource:
    i. ICTR Dissemination and Implementation Launchpad free consult: https://ictr.wisc.edu/research-resources/dissemination-implementation-launchpad/di-research-consultation/
- Future Considerations
  - Funding - **An expectation of this program is that the research team must have plans to apply for external, peer-reviewed funding**. What is the next step in this research project's trajectory and what are your plans for acquiring subsequent funding?
  - Examples of other future considerations might include:
    i. Research Implications – What is the five-year trajectory envisioned for this pilot research to move toward impact? What is the potential for generalizability of

this work? What kinds of collaborators and/or community partners will need to be engaged for future work?

ii. Policy Implications – If applicable, address how this research might inform or impact organizational or public policies.

Citations

List all citations referenced. No specific formatting style is required (e.g., APA or MLA), however, the style must be consistent within the list and full citations must be referenced for all relevant and cited literature. Include the Digital Object Identifier (DOI), where applicable.

Impact Statement

Respond to one of the three following questions regarding the health impact that is best aligned with your research question:

1. Identify and justify specific metrics that will be used to assess the impacts of this research on health outcomes (including physical, mental, and/or social) or the effects of this research on specific, well-established determinants of health.
    - Resources:
        i. UW-Madison Neighborhood Health Partnerships Program, Placing Social Determinants of Health in Context: https://nhp.wisc.edu/sdoh
        ii. US DHHS Social Determinants of Health: https://health.gov/healthypeople/priority-areas/social-determinants-health
        iii. NIH-wide Social Determinants of Health Research Coordinating Committee: https://www.ninr.nih.gov/research/nih-sdohrcc
2. If specific metrics will not be measured in the proposed study, describe the metrics that will be used to identify the effects of subsequent research on health outcomes or specific, well-established determinants of health.
3. If specific health outcomes cannot be measured directly, describe other possible impacts of this pilot on subsequent research, where impact is defined as: any permanent new or revised structures, policies, or processes in the delivery of health care services or community health programs that are the result of this project and/or collaboration.

Timeline

Describe how all proposed activities are feasible within the grant period. Include a table that shows all project activities and milestones, examples include (but are not limited to):

- IRB application
- Development of project tools/data collection forms
- Participant recruitment
- Data collection, extraction/abstraction, validation, analysis
- Dissemination activities: presentations of results, manuscript preparation, etc.

Regulatory Approvals

Indicate whether the project involves contact with human research subjects, and/or biologic samples. If so, describe what existing or planned regulatory reviews will be required (e.g., Institutional Review Board, Certificate of Confidentiality, biological/laboratory safety certifications, etc.). **A specific IRB submission and documentation of regulatory approval for this pilot project must be obtained, using the same project title as listed in the official ICTR Notice of Grant Award. Amending an IRB approval from another existing project is NOT sufficient.**

While regulatory approval is not required at the time of application, and ICTR support and project start dates may begin as early as April 1, 2025, the funding account will not be opened until a letter of Protocol Development Activities (PDA), Approval or Exemption is issued from the relevant Institutional Review Board.

Biosketches
Must be submitted for all Investigators and all other Key Personnel listed in the Budget, using the current NIH template.

- Resource: NIH Biosketch Template: https://grants.nih.gov/grants/forms/biosketch.htm

Other Support
Must be submitted for all Investigators and all other Key Personnel listed in the Budget, using the current NIH template. Must include a statement of overlap between previously funded projects and the proposed research.

- Resource: NIH Other Support Template: https://grants.nih.gov/grants/forms/othersupport.htm

Letters of Support
Signed (ink or electronic) letters of support from all collaborators must be included. Letters from collaborators and/or community partners should specify:

- The support they are offering the project, the role/s they will play, and how they intend to use the results of the project towards practice, program, and/or policy change
- Their specific, meaningful role in the project
- For partnerships with ICTR-affiliated Community Engaged Research Programs (Appendix A), a LOS from the director or administrator of that program must be submitted. The letter should outline the specific, meaningful role the program has in the project and should explain the program's capacity and expertise to fulfill that role.
- If applicable, provide a LOS from a potential adopter organization, which comments on the feasibility of adoption or engagement.

PIs in a Scientist track must include a letter of support from the mentor and/or department chair or dean expressing strong support for this independence and an outline of the PI's proposed academic trajectory.

Budget and Justification
Budgets must be submitted using the template provided and include all expenses that directly support the proposed project. Total budgets may not exceed the cap listed for this award. **Indirect and/or administrative costs are not allowed.** Budgets are subject to review and approval by ICTR and WPP. Budget sections must include:

- Personnel
  - Include the percent effort to be committed to the project for all contributors, with fringe where applicable, including Co-Investigators, mentors, collaborators, staff, and students.
    i. Investigator salary is only allowed for work related to this award, with justification.
    ii. Graduate student and post-doctoral associate stipends are allowed for work related to the pilot, with justification. Include any proposed tuition remission in the budget, per UW-Madison policy.
    iii. List all contributors, even those with in-kind or zero-dollar contributions.
    iv. The utilization of staff (i.e. research coordinators or project coordinators) is highly recommended

- Collaborators and/or Contractual Costs
  - Include payments to individuals and/or organizations that are outside of UW-Madison, and could be in the form of stipends or fees for services
  - Compensation to community and/or patient partners must be commensurate with their contributions to the proposed work
  - If the budget does not include financial payment to community and/or patient partners, describe other potential benefits that these partners may receive from their participation in this work in the Budget Justification section (below)
- Research Participant Costs
  - Include any costs associated with paying research participants for their participation, and/or food, travel, parking or other items provided directly to participants for the purpose of contributing to this research
  - All research participant incentives must be approved by the Institutional Review Board (IRB)
- Supplies
  - Laboratory and computing supplies, research equipment, office supplies, etc., that are essential, solely for the study, and not otherwise available may be requested
  - Large equipment expenditures (> $5,000) are not allowed
- Travel
  - Include any travel, made by UW-Madison personnel, which is necessary for the conduct of the research
- Other Expenses
  - List any expenses which do not fit into any of the previous categories
- Community Collaborators/Partners
  - List all non-UW-Madison collaborators, including the organization they represent, and their role on the project
  - Additional rows may be added, as needed
- Project/Performance Site: Primary Location
  - List the address where the study activities will be taking place
  - Additional rows may be added, as needed
- Budget Justification
  - Include cost basis information for all listed expenses
  - Create a list of justifications in the same order as the Detailed Budget Table
  - All categories that have proposed spending must be justified in this section

Please refer to UW-Madison and WPP budget policies, including allowable and unallowable expenses, payments to personnel, and payments to research participants. **It is strongly encouraged that a fiscal administrator from the Contact PI's home department review the budget prior to submission.**

- Budget resources (please note that additional policies may apply, depending on the specific proposed spending):
  - UW-Madison Allowable costs: https://rsp.wisc.edu/awardmgt/directcosts.cfm
  - UW-Madison Tuition Remission: https://rsp.wisc.edu/policies/tuitionremission_faq.cfm
  - WPP Budget Policies: https://wpp.med.wisc.edu/grant-funding/resources-policies
  - WPP Allowable and Unallowable Grant Expenses: https://wpp.med.wisc.edu/grant-funding/resources-policies/grant-expenses-policy

REVIEW CRITERIA
Eligible proposals will first be reviewed and scored by a Scientific Review Committee (SRC). Meritorious proposals will then be reviewed, scored, and ranked by an External Community Review Committee (ECRC). The review criteria for each of these reviews is described below.

Scientific Review
Each full application will be evaluated using the NIH 9-point (1 = exceptional; 9 = poor) scoring system. Each application will receive a separate score for Overall Impact and for each of five core review criteria (Significance, Investigators, Innovation, Approach, and Environment). Merit will be determined by averaging the Overall Impact scores from two independent reviewers with appropriate expertise.

Applications will be evaluated and ranked by an ICTR Scientific Review Committee (SRC). The SRC will strongly consider the special criteria listed in the Narrative section of this RFA (collaborations, special populations, and/or special health focus). They will also consider whether the budget is reasonable and justified in relation to the proposed research and may request further clarification and/or modifications.

All applicants, regardless of funding decision, will receive a summary statement and aggregate comments, explaining the rationale for the scores following completion of the entire review process.

Overall Impact
Reviewers will provide an overall assessment of the likelihood for the project to achieve the proposed aims as well as contribute to future funding that will address health equity, in consideration of the following five core review criteria, and additional review criteria (as applicable for the project proposed). An application does not need to be strong in all categories to be judged likely to have major scientific impact. For example, a project that by its nature is not innovative may be essential to advance a field.

Significance
Does the project address an important problem or a critical barrier to progress in the field of health equity? If the aims of the project are achieved, how might this work impact a subsequent grant application? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?

Investigators
Are the PIs, mentors, collaborators, and other researchers well suited to the project? Is the project truly collaborative, do the investigators have complementary and integrated expertise, and are their leadership approach, governance, and organizational structures appropriate for the project? Are there investigators or collaborators included to address methods or analysis?

Innovation
Does the application challenge and seek to shift current research or clinical and/or community heath practice paradigms by utilizing novel approaches or methodologies? Are the concepts, approaches or methodologies novel to one field of research or novel in a broad sense? Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies proposed?

Approach
Are the overall strategy, study design, methodology, and data analysis plans (qualitative and/or quantitative) well-reasoned and appropriate to accomplish the specific aims of the project? Are potential problems, alternative strategies, and benchmarks for success clearly presented? If the project is in the early stages of development, will the strategy establish feasibility? If the project involves clinical research, are the plans for the protection of human subjects and mitigation of risks, justified in terms of

the scientific goals and research strategy proposed? Does the design adequately plan for the inclusion of minoritized groups, members of all sexes/genders, vulnerable populations, and/or children?

Environment
Will the environment in which the scientific work will be done contribute to the probability of success? Are the institutional supports and resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, and/or collaborative arrangements?

Special Focus on Collaborations
Does the proposal involve a new collaboration, in terms of either a junior/senior Co-PI partnership and/or Co-PIs from interdisciplinary fields? Does the collaboration plan articulate the full engagement of both Co-PIs (if applicable) in proposed research activities, resource access, and plan management? Does the collaboration plan articulate appropriate engagement of all listed academic staff, collaborators, and community and patient partners? Are the roles and areas of responsibility appropriate for all academic staff, collaborators, and community and patient partners, including well-established lines of communication and decision-making? Are community collaborators compensated appropriately?

Special Focus on Health Equity
Does the proposal directly address health disparities and/or promote health equity? Are individuals, communities or organizations facing significant health and health care inequities involved in the design and/or conduct of this research? Are the implications and impact of the project for populations with significant disparities well described?

Community Review
Applications meeting a high threshold of scientific merit are forwarded for review by the UW ICTR External Community Review Committee (ECRC). The ECRC includes representatives from agencies and organizations throughout the state, who are committed to improving health for the people of Wisconsin. The ECRC ensures that a strong community voice is represented in UW ICTR funding decisions and makes final funding recommendations to ICTR leadership.

Proposals are scored using a 1-9 rating scale, based on two main criteria:
1. Potential to impact health outcomes due to disparities and/or inequities
2. Meaningful engagement of community and/or patient partners

AWARD ADMINISTRATION

All applicants receiving ICTR pilot awards must adhere to the following administrative requirements:

- Awardees must attend three training sessions within the first quarter of the award:
  - Collaboration Planning Workshop. An individualized, live consultation to engage your team in thinking through ways you will work together, proactively addressing areas that most frequently cause conflict in teams, including authorship, communications, and project management. https://ictr.wisc.edu/team-science/team-science-collaboration-planning
  - Design for Equitable Dissemination Workshop. An individualized, live workshop to help you identify potential adopters for your proposed intervention. https://ictr.wisc.edu/research-resources/dissemination-implementation-launchpad/di-equitable-design-for-dissemination

  - Intellectual Property Workshop. An on-demand course available in Canvas, which is designed to introduce Investigators and study teams to UW policies and requirements around intellectual property and copyright policies.
    https://research.wisc.edu/intellectual-property/ip-policies-and-forms
    https://wpp.med.wisc.edu/grant-funding/resources-policies/ip-agreement
- Pre-award survey. Awardees must complete a survey that allows ICTR to collect information on awardees' experiences and perspectives as an investigator, departmental fiscal contacts, and project-specific regulatory considerations.
- Regulatory approvals. Copies of all human subjects approval documents (including updates) must be forwarded to ICTR award administrators.
- Quarterly Progress Reports are required throughout the award period, beginning at the award start date. These will be collected via online survey, and will address accomplishments to date, spending projections, and impacts of research resources and training provided by ICTR (e.g. Collaboration Planning, Design for Dissemination training, etc.).
- Timely account closure. Within 60 days of the project end date, submit any final invoices along with a written description of accomplishments, including conference abstracts, publications, grant applications, and plans to further develop the project.
- Alumni Surveys will be requested annually for 5 years beyond the end date of the project. These will be collected via online survey, and address evaluation metrics of populations/communities involved in the research, grants and dissemination products, and impact on rural health and inequities. Follow up interviews may be requested.
- Awardees must adhere to the NIH Public Access Policy and obtain PMCID numbers for every publication utilizing pilot data.
- Awardees must acknowledge Pilot award funders in NIH biosketches and all publications, presentations, and dissemination activities, and notify ICTR of such publication submissions/acceptances, as well as any grant submissions/awards, using data generated from the pilot project. Specific instructions will be provided in the Notice of Grant Award Letter.

References and Resources	
NIH Guidance	Definition of a Clinical Trial: https://grants.nih.gov/policy/clinical-trials/definition.htm Pilot Studies, Common Uses and Misuses: https://www.nccih.nih.gov/grants/pilot-studies-common-uses-and-misuses
ICTR Research and Protocol Development	FREE CONSULT: https://ictr.wisc.edu/research-resources/protocol-development
Abstract Writing	https://videos.med.wisc.edu/videos/8470
Data Science and Analysis Planning	General SAP Guidance: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4552232 SAP for Clinical Trials: https://pubmed.ncbi.nlm.nih.gov/29260229 ICTR Biostatistics and Epidemiology Research and Design FREE CONSULT: https://ictr.wisc.edu/consults/biostatistics-2 UW Data Science Institute FREE CONSULT: https://dsi.wisc.edu/services/data-science-services NIH Strategic Plan for Data Science: https://datascience.nih.gov/nih-strategic-plan-data-science
Collaboration Planning and Team Science	Steps Model: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5449250 ICTR Team Science Collaboration Planning FREE CONSULT: https://ictr.wisc.edu/team-science/team-science-collaboration-planning Team Science Community Toolkit: https://www.teamscience.net
ICTR Dissemination and Implementation Launchpad	FREE CONSULT: https://ictr.wisc.edu/research-resources/dissemination-implementation-launchpad/di-research-consultation/
Social Determinants of Health	UW-Madison Neighborhood Health Partnerships Program, Placing Social Determinants of Health in Context: https://nhp.wisc.edu/sdoh US DHHS Social Determinants of Health: https://health.gov/healthypeople/priority-areas/social-determinants-health NIH-wide Social Determinants of Health Research Coordinating Committee: https://www.ninr.nih.gov/research/nih-sdohrcc
NIH Biosketch Template	https://grants.nih.gov/grants/forms/biosketch.htm
NIH Other Support Template	https://grants.nih.gov/grants/forms/othersupport.htm
NIH National Institute on Minority Health and Health Disparities	Minority Health and Health Disparities Definitions: https://www.nimhd.nih.gov/resources/understanding-health-disparities/minority-health-and-health-disparities-definitions.html

References and Resources	
What is “rural”	Rural Health Information Hub: https://www.ruralhealthinfo.org/topics/what-is-rural Health Resources and Services Administration: https://www.hrsa.gov/rural-health/about-us/what-is-rural US Census Bureau: https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural.html Economic Research Service of the U.S. Department of Agriculture: https://www.ers.usda.gov/topics/rural-economy-population/rural-classifications/
WI DHS Office of Health Equity	https://www.dhs.wisconsin.gov/ohe/index.htm
Restoring public trust in science and medicine	https://www.hhs.gov/about/strategic-plan/2022-2026/goal-4/index.html https://www.hhs.gov/about/strategic-plan/2022-2026/goal-5/index.html
UW-Madison Budget Policies	Allowable costs: https://rsp.wisc.edu/awardmgt/directcosts.cfm Tuition Remission: https://rsp.wisc.edu/policies/tuitionremission_faq.cfm
Wisconsin Partnership Program Budget Policies	All Resources: https://wpp.med.wisc.edu/grant-funding/resources-policies Allowable and Unallowable Grant Expenses: https://wpp.med.wisc.edu/grant-funding/resources-policies/grant-expenses-policy
Intellectual Property Policies	UW-Madison IP Policy: https://policy.wisc.edu/library/UW-4008 UW-Madison IP Policies and Forms: https://research.wisc.edu/intellectual-property/ip-policies-and-forms WPP IP Agreement: https://wpp.med.wisc.edu/grant-funding/resources-policies/ip-agreement

Appendix A:
Community Engaged Research Programs

Institute for Clinical and Translational Research
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This appendix is intended to provide resources for engagement with community partners. All programs listed in this table are open to consultation.

Program	Leadership	Description
Center for Community Engagement and Health Partnerships (CCEHP)	Gina Green-Harris, Director UW SMPH - Milwaukee Office	CCEHP provides equity and inclusion recruitment science training to investigators with an interest in equity research. CCEHP uses an asset-based model to work with investigators to use a resilience lens and partner with underrepresented communities for innovative research ideas. **Contact:** greenharris@wisc.edu **Resource:** https://doi.org/10.3389/fnagi.2019.00125
Community-Academic Aging Research Network (CAARN)	Jane Mahoney, Director UW SMPH	CAARN brings together academic researchers and community partners to conduct pilot, controlled, and clinical trials and dissemination research related to assistive technology for safe and healthy aging. CAARN has expertise in geriatrics, engineering, public health, translational, recruitment science, and community engaged research. CAARN serves and works with underrepresented communities in rural areas and African American adults in Dane and Milwaukee County. **Contact:** wpalmer3@wisc.edu caarn@medicine.wisc.edu **Web:** https://caarn.wisc.edu
Community-Academic Partnerships (CAP)	UW SMPH, ICTR	Supporting statewide, multi-disciplinary, community-partnered research that solves problems translating knowledge into improvements in clinical practice, community health programs, and health policy in order to contribute to human health and reduce health disparities in Wisconsin and beyond. **Email:** ictr-cap@mailplus.wisc.edu **Consult:** https://ictr.wisc.edu/consults/community-academic-research **Web:** https://ictr.wisc.edu/community-academic-research

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Program	Leadership	Description
Collaborative Center for Health Equity (CCHE)	Michelle Chui, Co-Director Amy Filut, Program Manager UW SMPH - ICTR	CCHE provides professional development through the Pathway Programs, which support part-time graduate students, postdoctoral trainees, and junior faculty, as well as Just Research workshops and seminars. CCHE also provides consultation services to research teams conducting health equity research. **Contact:** cche@ictr.wisc.edu **Web:** https://ictr.wisc.edu/cche
Health Experiences Research Network (HERN)	Rachel Grob, Director and HERN Steering committee member UW SMPH Department of Family Medicine and Community Health, Q-HER Lab	HERN develops innovative methods for studying and disseminating patient experiences, such as rigorously curated web modules representing a national maximally diverse sample of individual health experiences including cancer, depression, opioid use disorder, COVID-19, and clinical trials. Develops short catalyst films to engage viewers in interventions to improve health, for example, a film on experiences with cancer, smoking, and tobacco cessation services and another on Long COVID. **Contact:** rachel.grob@fammed.wisc.edu **Web:** https://www.healthexperiencesusa.org
Marshfield Clinic Research Institute (MCRI) - Community & Collaboration Research Core	Bob Greenlee, MCRI Community & Collaboration Lead Casper Bendixsen, MCRI ICTR Lead Marshfield Clinic Research Institute	The community and collaboration research core at MCRI can support population-based research with an emphasis on rural areas via several population cohorts, consultation on navigating the rural research landscape, and connections with communities in rural Wisconsin. **Contacts:** greenlee.robert@marshfieldresearch.org bendixsen.casper@marshfieldresearch.org **Web:** https://www.marshfieldresearch.org

Program	Leadership	Description
Neighborhood Health Partnerships Program (NHP)	Michelle Chui, Director Lauren Bednarz, Program Director	The Neighborhood Health Partnerships program (NHP) has developed reports that provide ZIP code-level data on 1) Health Outcomes and Care, and 2) Social Determinants of Health to complement existing community knowledge and experiences in improving health and health equity. The data used in the reports comes from multiple sources including the Wisconsin Collaborative for Healthcare Quality (WCHQ), the U.S. Census Bureau American Community Survey (ACS), and the CDC Behavioral Risk Factor Survey (BRFS). **Contact:** nhp@hip.wisc.edu **Web:** https://nhp.wisc.edu
Pharmacy Practice Enhancement and Action Research Link (PearlRx)	Michelle Chui, Director Jamie Stone, Network Administrator UW School of Pharmacy	PearlRx is a practice-based network of Wisconsin pharmacists that work together to answer community-based health questions and translate research findings into practice. PearlRx engages with boards, supports grants submission, recruits participants, and coordinates funded projects from a research network with over 1000 pharmacists across the state, one-third of which are in rural areas. **Contact:** Jamie.stone@wisc.edu **Web:** https://pharmacy.wisc.edu/pearlrx
Wisconsin Network for Health Research (WiNHR)	Theresa Lins, Project Manager Alexandria Moellner, Project Manager UW SMPH	WiNHR is a partnership of the UW School of Medicine and Public Health, Marshfield Clinic Research Institute, Advocate Aurora Research Institute, and Gundersen Health System. It was established to promote statewide research and to assist in moving research results from bench to bedside, by allowing investigators to perform clinical, translational, comparative effectiveness and health outcomes research across a variety of platforms. **Contact:** researchnetworks@lists.wisc.edu **Web:** https://ictr.wisc.edu/groups/wisconsin-network-for-health-research-winhr

Program	Leadership	Description
Wisconsin Network for Research Support (WINRS) **Community Advisors on Research Design and Strategies (CARDS)** **Board of Older Adults (BOAAs)**	Barb King, Faculty Director Kat Phelps, Team Lead and Engaged Research Consultant	WINRS works at the intersection of health, equity, and community to facilitate the contribution of patient and community voice in research. WINRS offers 20 hours of free consultation for any patient/community engaged research project. See program flyer here. CARDS are standing community advisory groups that draw on their lived experiences to offer researchers actionable feedback on a wide range of project plans and materials. CARDS members bring valuable perspectives from diverse racial, socioeconomic, and educational backgrounds. The BOAAs are two standing community advisory groups comprised of adults ages 65 and older. One BOAA is based in Madison with members identifying as Black/African American. Members of the other BOAA reside in rural communities in Southwest WI. Both groups offer unique perspectives to researchers studying older adults and aging. **Contact:** kephelps@wisc.edu **WINRS:** https://winrs.nursing.wisc.edu **CARDS:** https://winrs.nursing.wisc.edu/services/cards **BOAAs:** https://winrs.nursing.wisc.edu/board-of-older-adult-advisors
Wisconsin Research and Education Network (WREN)	Sarina Schrager, Medical Director Mary Henningfield, Associate Director UW SMPH Department of Family Medicine and Community Health	Founded in 1987, WREN is one of the oldest and most respected primary care practice-based research networks in the US. WREN conducts high-quality research and quality improvement projects in “real-world” family practices across Wisconsin. WREN has conducted studies in 59 communities, 35 counties, 80 clinics, and 37 health systems throughout Wisconsin. **Contact:** wren@fammed.wisc.edu **Web:** https://www.fammed.wisc.edu/wren

Appendix B:
Key Terms and Definitions

Adoption
Adoption usually starts with the recognition that a need exists and moves to searching for solutions, then to the initial decision to attempt the adoption of a solution and finally to the actual decision to attempt to proceed with the implementation of the solution. The adoption process involves pre-adoption (e.g., awareness of innovation), peri-adoption (e.g., continuous access to innovation information), and established adoption (e.g., adopters' commitment to the adoption decision).
Direct Source: Innovation Adoption: A review of Theories and Constructs (2013), https://doi.org/10.1007/s10488-013-0486-4

Community
Target populations that may be defined by: geography; race; ethnicity; gender; sexual orientation; disability, illness, or other health condition; or to groups that have a common interest or cause, such as health or service agencies and organizations, health care or public health practitioners or providers, policy makers, or lay public groups with public health concerns.
Direct Source: NIH PA-08-074, Community Participation in Research R01 (2008), https://grants.nih.gov/grants/guide/pa-files/PA-08-074.html

Community-Based Organizations
Organizations that may be involved in the research process as members or representatives of the community. Possible community partners include, but are not limited to, Tribal governments and colleges; state or local governments; independent living centers; other educational institutions such as junior colleges, advocacy organizations, health delivery organizations (e.g., clinics, hospitals, and networks); health professional associations; non-governmental organizations; and Federally qualified health centers.
Direct Source: NIH PA-08-074, Community Participation in Research R01 (2008), https://grants.nih.gov/grants/guide/pa-files/PA-08-074.html

Community Engagement
The proactive process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the wellbeing of those people. It is a powerful vehicle for bringing about environmental and behavioral changes that will improve the health of the community and its members. It often involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices.
The science of community engagement recognizes that the optimal ways to involve relevant communities in each stage of the translational process has yet to be fully defined.
Adapted from Source: US Centers for Disease Control and Prevention, https://www.atsdr.cdc.gov/communityengagement/pce_what.html

Comparative Effectiveness Research (CER)
The direct comparison of two or more existing healthcare interventions to determine which interventions work best for which patients and which interventions pose the greatest benefits and harms. The core question of CER is which treatment works best, for whom, and under what circumstances.
Direct Source: Patient-Centered Outcomes Research Institute, https://www.pcori.org/funding-opportunities/what-you-need-know-apply/glossary

Determinants of Health
The context of people's lives determine their health, and so blaming individuals for having poor health or crediting them for good health is inappropriate. Individuals are unlikely to be able to directly control many of the determinants of health. These determinants – or things that make people healthy or not – include these factors, and many others: the social and economic environment; the physical environment; the person's individual characteristics and behaviors; income and social status; education; social support networks; genetics; healthcare services; sex.
Direct Source: World Health Organization (2017), https://www.who.int/news-room/questions-and-answers/item/determinants-of-health

Dissemination
The intentional, active process of identifying target audiences and tailoring communication strategies to increase awareness and understanding of evidence, and to motivate its use in policy, practice, and individual choices. The purpose of dissemination is to spread and sustain knowledge and the associated evidence-based interventions.
Direct Source: Patient-Centered Outcomes Research Institute, https://www.pcori.org/funding-opportunities/what-you-need-know-apply/glossary

Engagement in Research
The meaningful involvement of patients, caregivers, clinicians, and/or other impacted individuals or groups throughout the research process, from topic selection through design and conduct of research to dissemination of results.
Adapted from Sources: Patient-Centered Outcomes Research Institute, https://www.pcori.org/engagement-research/value-engagement-research and https://www.pcori.org/engagement-research/engagement-resources/foundational-expectations-partnerships-research

Evidence-Based Practice (EBP)
The systematic process whereby decisions are made and actions or activities are undertaken using the best evidence available. The aim of evidence-based practice is to remove as far as possible, subjective opinion, unfounded beliefs, or bias from decisions and actions in organizations. Evidence for decisions comes from various sources: Peer-reviewed research; Work-based trial and error testing; Practitioner experience and expertise; Feedback from practice, practitioners, customers, clients, patients or systems. Evidence based practice also involves the ability to be able to evaluate and judge the validity, reliability and veracity of the evidence and its applicability to the situation in question. This means that there are a series of methods and approaches for developing practice, and that evidence-based practitioners undergo continual development and training as practice develops.
Direct Source: The Oxford Review, https://oxford-review.com/oxford-review-encyclopaedia-terms/evidence-based-practice

Evidence-Informed Decision-Making
Emphasizes that decisions should be informed by the best available evidence from research, as well as other factors such as context, public opinion, equity, feasibility of implementation, affordability, sustainability, and acceptability to all impacted individuals or groups. It is a systematic and transparent approach that applies structured and replicable methods to identify, appraise, and make use of evidence across decision-making processes, including for implementation.
Adapted from Source: World Health Organization (2022), https://www.who.int/publications/i/item/9789240039872

Health
A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.
Direct Source: World Health Organization (2024), https://www.who.int/about/governance/constitution

Health Disparity
A health difference that adversely affects minoritized populations in comparison to a reference population, based on one or more health outcomes. All populations with health disparities are socially underrecognized due in part to being subject to racist or discriminatory acts and are underserved in health care. Health disparities research involves identifying how race, ethnicity, and socioeconomic status interact with health determinants, such as social determinants, individual behaviors, the physical and cultural environment, and biological systems, to lead to differential clinical and population health outcomes.
The US Centers for Disease Control and Prevention describes health disparities as preventable burdens that limit a population's access to the resources they need to be healthy.
Adapted from Source: National Institute on Minority Health and Health Disparities, https://www.nimhd.nih.gov/resources/understanding-health-disparities/minority-health-and-health-disparities-definitions.html
Adapted from Source: US Centers for Disease Control and Prevention, https://www.cdc.gov/health-equity/what-is/index.html

Health Equity
The state in which everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.
Health equity depends vitally on the empowerment of individuals to challenge and change the unfair and steeply graded distribution of social resources to which everyone has equal claims and rights. Inequity in power interacts across four main dimensions – political, economic, social, and cultural – together constituting a continuum along which groups are, to varying degrees, excluded or included.
Direct Source: Robert Wood Johnson Foundation (2017), https://www.rwjf.org/en/insights/our-research/2017/05/what-is-health-equity-.html
Direct Source: World Health Organization (2013), https://www.who.int/news-room/questions-and-answers/item/social-determinants-of-health-key-concepts

Health Inequity
Systematic differences in the health status or distribution of health resources between different population groups. These differences are unfair, preventable, have significant social and economic costs both to individuals and societies, and could be reduced by changes to policy and/or practices.
Direct Source: World Health Organization (2018), https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes

Implementation
The deliberate, iterative process of integrating evidence into policy and practice through adapting evidence to different contexts and facilitating behavior change and decision making based on evidence across individuals, communities, and healthcare systems.
Direct Source: Patient-Centered Outcomes Research Institute, https://www.pcori.org/funding-opportunities/what-you-need-know-apply/glossary

Implementation Science
The study of methods to promote the adoption and integration of evidence-based practices, interventions, and policies into routine health care and public health settings to improve our impact on population health. This discipline is characterized by a variety of research designs and methodological approaches, partnerships with impacted individuals or groups (e.g., patients, providers, organizations, systems, and/or communities), and the development and testing of ways to effectively and efficiently integrate evidence-based practices, interventions, and policies into routine health settings.
Adapted from Source: NIH National Cancer Institute, https://cancercontrol.cancer.gov/is/about

Intersectionality
How multiple marginalized or disadvantaged social statuses interact at the micro level of individuals' lived experience to reflect interlocking systems of privilege and oppression at the macro social structural level (e.g., racism, classism, colonialism, sexism, heterosexism, ableism).
Direct Source: Intersectionality in Public Health Research: A View From the National Institutes of Health (2021), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7750592

Patient-Centered Outcomes Research (PCOR)
Helps people and their caregivers communicate and make informed healthcare decisions, allowing their voices to be heard in assessing the value of health care options.
Direct Source: Patient-Centered Outcomes Research Institute, https://www.pcori.org/research/about-our-research/research-we-support/establishing-definition-patient-centered-outcomes-research/patient-centered-outcomes-research

Patients
Persons with current or past experience of illness or injury, family members or other unpaid caregivers of patients, or members of advocacy organizations that represent patients or caregivers.
Direct Source: Patient-Centered Outcomes Research Institute, https://www.pcori.org/about/about-pcori/our-programs/engagement/public-and-patient-engagement/pcoris-stakeholders

Patient Partners
Patients who are representative of the population of interest in a study, as well as their family members, caregivers, and the organizations that represent them. Patient partners are not to be confused with patient subjects; patient partners are members of the research team and involved in the planning, conduct, and dissemination of the research, whereas patient subjects are those individuals enrolled in the study as participants.
Direct Source: Patient-Centered Outcomes Research Institute, https://www.pcori.org/funding-opportunities/what-you-need-know-apply/glossary

Social Determinants of Health
The non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.
Source: World Health Organization, https://www.who.int/health-topics/social-determinants-of-health
Direct Source: US Centers for Disease Control and Prevention, https://www.cdc.gov/public-health-gateway/php/about/social-determinants-of-health.html

Translational Science
Translation is the process of turning observations in the laboratory, clinic and community into interventions that improve the health of individuals and the public – from diagnostics and therapeutics to medical procedures and behavioral changes. Translational science is the field that generates scientific and operational innovations that overcome longstanding challenges along the translational research pipeline. These include scientific, operational, financial and administrative innovations that transform the way that research is done, making it faster, more efficient, and more impactful. The translational science spectrum represents the stages of research involved in bringing more treatments to all people more quickly.
Direct Source: NIH National Center for Advancing Translational Sciences, https://ncats.nih.gov/about/about-translational-science