

# Achievements in Health Equity: Nesting an NIMHD Center of Excellence within a CTSA

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**T**he Clinical and Translational Science Awards (CTSA) program of the National Center for Advancing Translational Sciences (NCATS) aims to speed the process of transforming new discoveries into improvements in human health. Critical to achieving this outcome of improving human health is the engagement of community, broadly defined, across the research spectrum. Moreover, including community members who do not traditionally participate in research nor benefit from research findings, must occur. Indeed, the Institute of Medicine highlighted the importance of engagement and collaboration in its recent review of the CTSA program (IOM, 2013). Translational science is a team-based endeavor; the more diverse the team, the greater the likelihood new discoveries will benefit more people. Unique populations (age, ethnicity, gender, place, race) experience disparities in health outcomes that translational science must address. The challenge becomes one of how to minimize these disparities by harnessing the promise of translational science through the CTSA program, while bringing voices of all constituencies to the table.

In the latest strategic plan to combat health disparities (HD), the NIH listed four major goals: promoting HD research; fostering innovative collaborations and partnerships; training a diverse workforce; and translating and disseminating new discoveries. It is evident that both the CTSA program and the NIH strategic HD plan emphasize the necessity to engage community. Likewise, a CTSA Advisory Work Group identified three additional strategic goals that align with the HD plan: workforce development, integration, and development of novel methods. Thus, a rather unique opportunity exists to improve human health and reduce disparities, while achieving these established goals. At the University of Wisconsin Madison (UW), we integrated a P60 Center of Excellence funded by the National Institutes for Minority Health and Health Disparities (NIMHD) within our CTSA program to create the partnerships required to effectively conduct community engaged HD research. Institutional commitment, along with shared personnel, resources, and complementary expertise, are transforming the academic culture to value engagement along the entire translational research spectrum. In time, we believe “nesting” of the P60 within the CTSA will improve the health of Wisconsin citizens and increase health equity.

## Leveraging Institutional Support

The Institute for Clinical and Translational Research (ICTR) is the administrative home of the UW CTSA. ICTR's partners include the School of Medicine and Public Health (SMPH), School of Pharmacy, School of Nursing, School of Veterinary Medicine, and

College of Engineering, as well as the Marshfield Clinic. Moreover, ICTR enjoys broad institutional support from university and hospital administrations. This collaboration and support provides ICTR members with access to the training and resources needed to conduct the full spectrum of translational research.<sup>1</sup> ICTR's mission is to create an environment that moves research along this spectrum to yield practical improvements in human health; broad engagement and collaborations are integral. Fortunately, UW has a long history of community participation and collaboration. This history is exemplified by *The Wisconsin Idea*,<sup>2</sup> which states that the boundaries of the university extend to the boundaries of the state, and beyond. Such commitment to engagement is embodied within the SMPH. The collective activities of SMPH recently earned it the prestigious Spencer Foreman Award for Outstanding Community Service in 2013 from the Association of American Medical Colleges. The Wisconsin Partnership Program ([med.wisc.edu/wisconsin-partnership-program/main/499](http://med.wisc.edu/wisconsin-partnership-program/main/499)) is another key component to the successful engagement of community partners at UW. The Partnership Program endowment aims to produce significant and sustainable improvements in health for all, while building both community and academic capacity to collaborate. *The Wisconsin Idea*, together with the focus of SMPH on engagement to improve health, are important cornerstones for the success of ICTR.

## Finding Common Ground to Achieve Mutual Benefit

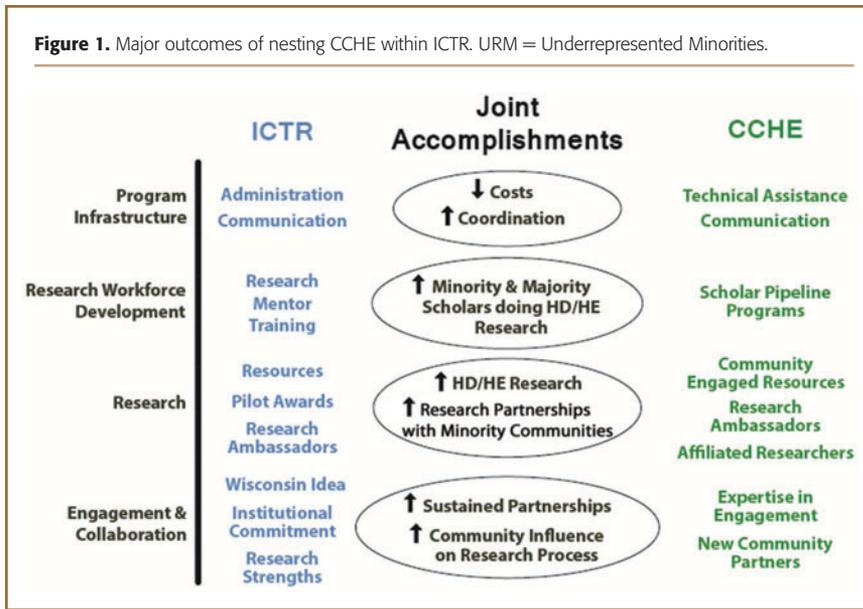
Nested within ICTR, the Collaborative Center for Health Equity (CCHE) is funded largely through the NIMHD P60 center grant. CCHE's mission focuses on engaging university and community partners in collaborative teaching, research, and service initiatives to improve health equity (HE) in Wisconsin's underserved communities. Integrating the missions of CCHE and ICTR yields mutually beneficial outcomes that neither could effectively accomplish alone. By sharing personnel, resources, and expertise, ICTR and CCHE are leveraging each other's strengths and developing novel approaches to reduce HD (*Figure 1*). The process of integration required identifying common and unique strengths; sharing resources; developing a common language around engagement; and sharing benefits.

Successful implementation of this nesting model requires the sharing of key leadership positions between the two entities. The director of CCHE is also an Assistant ICTR Director of Community and Engaged Research. Moreover, the Senior Associate Executive Director of ICTR also serves as the Associate Director of CCHE; the PI and Senior Executive Director of ICTR serves as the Director of the CCHE Research Core. Such shared leadership ensures strong lines of communication;

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**Figure 1.** Major outcomes of nesting CCHE within ICTR. URM = Underrepresented Minorities.



fidelity to the missions of both entities; and timely recognition of opportunities to advance HE programming across community engagement, research, and workforce development. In addition, CCHE and ICTR are co-located in the SMPH. This physical proximity facilitates a successful relationship, establishing a common language, establishing trust, and building an effective partnership to serve investigators and community collaborators. *Figure 1* depicts the major contributions of ICTR and CCHE, along with significant accomplishments resulting from their integration.

ICTR administrative core resources eliminate the need for CCHE to duplicate key functions (grants management, human resources, and regulatory compliance). Conversely, CCHE provides the singular focus on—and expertise to—address minority health/HD efforts through bidirectional community partnerships that ICTR cannot easily create or sustain. These are the two main contributions of each: program infrastructure from ICTR and expertise in community engagement from CCHE. Fiscal efficiencies are gained by this nesting configuration. Moreover, ICTR communication venues (web portal, newsletter, e-notifications) raise visibility about HD/HE research opportunities and achievements. And, ICTR promotes HD/HE research through its pilot awards program, and through the Advancing Health Equity and Diversity (AHEAD) program that provides small research dollars for junior scholars and faculty. (The P60 grant does not include a pilot award mechanism.) Ultimately, the ICTR infrastructure provides access to a broader variety of research resources, training, and expertise than would be possible if CCHE provided its own functions.

Equally important to this partnership is the expertise CCHE brings in community and team relationship building.<sup>3</sup> Despite the strengths of ICTR to engage partners in health services research and epidemiology, ICTR is limited in its ability to foster nonacademic engagement. CCHE greatly enhances the ability of ICTR and campus investigators to conduct community engaged research in underserved settings by providing technical assistance, mentoring, and direct access to communities via community-based research

ambassadors. CCHE's research ambassadors facilitate introductions into communities willing to partner; provide assistance with project implementation issues; and advance community research, service, and training needs that can be met via academic partnerships. For example, an ongoing clinical trial relating vitamin D status to cardiovascular health in American Indian women utilized CCHE assistance with tribal approval in multiple communities, research design and regulatory approval, and project implementation. The project easily reached its recruitment goals with no loss of participants; as well, new proposals are in development to continue the research.

The concept of interdisciplinary team science is new to many academic investigators. Engaged or partnered research is also challenging to advance with community partners who may not be familiar with the academic culture and language,

and who may not appreciate that research outcomes impact faculty tenure and grant acquisition. CCHE assists teams to create a common language and goals reflecting mutual benefit, specified in a project *Memorandum Of Understanding*. CCHE also encourages academics to define explicit roles and responsibilities with their community partners to achieve sustainable outcomes.<sup>4</sup> This expertise in community engagement is further augmented with research resources provided by both ICTR and CCHE, which span the entire translational research spectrum. Together, provision of resources and expertise allows ICTR and CCHE to improve community based HD/HE research and begin to develop metrics to gauge the true impact of this work.<sup>4-6</sup>

Critical to improving research conducted in the community is training, mentoring, and supporting researchers. Increasing the overall number of HE/HD researchers working with nonacademic partners is essential if research is to make actual improvements in human health. Both ICTR and CCHE are working to develop this pipeline of investigators. ICTR led a successful cross-CTSA effort to develop a research mentor training resource for both mentors and mentees.<sup>7-9</sup> CCHE annually hosts a week-long training session (Health Equity Leadership Institute, HELI) for biomedical, behavioral, and social scientists (minority and nonminority) from across the US whose work focuses on HD/HE research; more than half of these scholars are from academic institutions with a CTSA. Other CCHE initiatives provide opportunities for precollege, college, and graduate level students interested in science, medicine, and research. These workforce development efforts hope to increase the number of investigators competent to lead academic-community teams engaged in full partnerships ([www.cche.wisc.edu](http://www.cche.wisc.edu)).

### Exporting the Model

Developing and implementing a model of nesting our NIMHD P60 Center within our CTSA resulted in infrastructure efficiencies and accomplishments of trained personnel and increased community engaged HD/HE research. Perhaps most important is the culture change towards a more comprehensive and health

equity focused understanding of community-engagement within ICTR that results from this nesting. Broad-based institutional commitments to the success of ICTR and a historical legacy of community engagement at UW and the SMPH formed a strong foundation from which to implement this innovative model. We believe that this model substantively benefits both our academic work as well as our community partners, and may be a useful model for other sites to consider.

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