



**2023 REQUEST FOR APPLICATIONS:  
EVIDENCE TO IMPLEMENTATION AWARD  
RELEASE DATE MARCH 20<sup>TH</sup> 2023**

**PRE-PROPOSAL DUE APRIL 28<sup>TH</sup> 2023**

The UW Institute for Clinical & Translational Research (ICTR) is committed to supporting the translation of research into practice. Specifically, ICTR aims to develop targeted implementation support for high-demand research through the Dissemination and Implementation (D&I) Launchpad Program. In support of this aim, **the purpose of the Evidence to Implementation award is to facilitate and expedite the transfer or commercialization of evidence-based or evidence-informed practices, interventions, and innovations to appropriate end-users (i.e. support scale-up of an innovation in community or clinical settings).**

ICTR D&I Launchpad Program is a consultation service that provides resources to increase use of evidence-based research in practice. Service areas include education and training, research consultation, communication/translation packaging, and implementation support. For more information, please visit: <https://ictr.wisc.edu/dissemination-implementation/>

The Evidence to Implementation Award (E2I), *funded by the UW ICTR Pilots Awards Program, was made possible by the UW SMPH Wisconsin Partnership Program through its Strategic Education and Research Grant to the UW Institute for Clinical and Translational Research – CTSA #UT1TR002373*. This award is intended for investigators who:

- Have developed a successful evidence-based or evidence-informed innovation (care model, behavioral/health intervention, digital innovation, etc.) that meets a specific demand in healthcare or the community and has the potential for high impact.  
**Innovations that advance health equity are highly encouraged.**
- Are committed to disseminating and implementing their work / innovation broadly in practice.
- Are willing to work with the D&I Launchpad Team to develop materials and delegate responsibilities to partners or purveyors when necessary to support scale-up of their innovation.
- Are willing to have their work broadly show-cased and spotlighted, including having implementation materials disseminated and marketed publicly, such as posting on the HIPxChange website: <https://www.hipxchange.org>



- Are willing to provide and pursue impact metrics for at least five years after the award is completed.
- Are working or willing to work with stakeholders, partners, and purveyors through funding from the award to ensure the innovation's sustainability and impact.
- **NOTE: Please provide three dates/times your team is available for a one-hour meeting in May to meet with the D&I Launchpad. This meeting will be focused on application preparation and may be held in-person or virtual.**
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## DEFINITIONS:

- **Evidence-based** practices are approaches to prevention or treatment that are **validated by some form of documented scientific evidence**. Scientific evidence may include controlled clinical studies, registries, systematic reviews, publications in peer-reviewed journals, etc. **Evidence-informed** practices **use the best available research and knowledge (informed by research or practice)** to guide program design and implementation. Evidence informed practice allows for innovation while incorporating the lessons learned from the existing research literature. Ideally, evidence-based and evidence-informed programs and practices should be responsive to cultural backgrounds, community values, and individual preferences. *Adapted from:* <https://www.childwelfare.gov/topics/management/practice-improvement/evidence/ebp/definitions/>
- **Health disparities** are differences in the incidence, prevalence, mortality, burden of disease, and other adverse health conditions or outcomes that exist between population groups based on gender, age, race, ethnicity, socioeconomic status, geography, sexual orientation and identification, disability or special health care needs, or other categories. Most health disparities are also considered to be health inequities – disparities that are avoidable, unfair or unjust and(or) are the result of social or economic conditions or policies that occur among groups who have persistently experienced historical trauma, social disadvantage or discrimination, and systematically experience worse health or greater health risks than more advantaged social groups. (*Braveman P, et al, Am J Public Health, 2011;* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222512/> )



- **Underrepresented population:** A population that experiences a disparity in an aspect of health based on gender, age, race, ethnicity, socioeconomic status, geography, sexual orientation and identification, disability or special health care needs, or other categories.
- **Dissemination** is the targeted distribution of information and intervention materials to a specific audience to spread knowledge regarding an associated evidence-based or evidence-informed intervention.
- **Implementation** is the use of strategies to adopt and integrate evidence-based or evidence-informed health interventions in specific settings.
- **Adopter** is the decision-maker from an organization (such as a community agency, health system, schools etc.) that takes up an innovation and implements it to benefit a target group (e.g., community members, health care providers, patients).
- **Purveyor** is an organization that spreads an innovation through marketing and training activities to adopt and implement that innovation. The purveyor provides technical assistance to maximize high-fidelity implementation and sustainability.

This award supports the creation of an implementation package to support the dissemination and implementation of evidence-based or evidence-informed interventions or innovations. The elements of the implementation package will be unique to each project, but may include a business plan, value proposition, marketing, sales, financials, intellectual property review, memorandum of understanding, and other supportive tools and materials necessary for broad scale-up of the innovation in practice.

Despite ongoing efforts to address inequities, evidence suggests that socially at-risk individuals receive lower-quality health care and experience worse health outcomes than more-advantaged individuals. Without an intentional focus on health equity in evaluation efforts, the effects of an innovation on addressing health disparities and inequities can go unnoticed. Proposals are strongly encouraged to incorporate the advancement of health equity.

## AWARD:

This award includes up to \$75,000 in direct costs, in addition to substantial in-kind D&I Launchpad Program resources for up to 18 months. Matching resources are encouraged and can be monetary or non-monetary. A letter of support is required that details matching resources.



## IMPORTANT TO KNOW:

- This award is intended to support the steps needed prior to scale-up of innovations generated, at least in part, by researchers at UW-Madison or Marshfield Clinic Research Institute.
- Successful awardees will be given priority consideration for extended implementation support through ICTR D&I Launchpad Program.
- An evaluation of the innovation's implementation package will be included in the activities of the award.
- All activities under this award are subject to the University and Wisconsin Partnership Program policies on faculty conflicts of interest and use of state funding.

## FURTHERMORE:

- Developing a successful implementation package requires researchers' input. Thus, this award is intended to support Principal Investigator (PI) time to participate in this iterative process.
- This award provides direct support and in-kind resources from the ICTR D&I Launchpad team. The D&I Launchpad team will work closely with the applicant through the award period. In-kind support will include development of branding, marketing materials, toolkits, training materials, etc., as part of the business plan. At the end of the E2I award period, the goal is to scale-up the innovation broadly into practice. This may be accomplished by the University itself disseminating the innovation. Alternatively, if the University determines that the dissemination goals could be more effectively and efficiently accomplished by an external party, the University could authorize a third party to disseminate the innovation in a manner consistent with University policies and practices.
- Expectations for applicant participation, as well as D&I Launchpad team participation, will be specified in a mutually agreed upon work plan with milestones. Continued funding and in-kind support will be predicated on accomplishment of milestones after 18 months.
- The budget proposal will be developed in consultation with the ICTR D&I Launchpad team, and in-kind support from D&I Launchpad Program will be detailed in the budget.
- No-Cost extensions will **not** be considered.
- For reporting purposes to our funders, we will request demographics and other metrics from grantees.

## APPLICANT ELIGIBILITY:

This award is intended to support the dissemination and implementation of innovations generated by researchers at UW-Madison or Marshfield Clinic Research Institute.

- The PI must have faculty or scientist status at UW-Madison or Marshfield Clinic Research Institute (either sole or joint appointment).
- PI must be motivated to see their research implemented in practice and willing to work in tandem with the D&I Launchpad team to develop the implementation package and see it through to implementation.

The award PI need not be the individual who conducted the research leading to development of the featured innovation, although the researcher contributing to the evidence should be a collaborator in the dissemination efforts.

## IMPORTANT APPLICATION DATES

<b>STEP 1</b> <i>Required</i>	Application Workshop for PIs (team members welcome to join). Workshop will be recorded. PIs who are not able to attend must view the recording. PIs must indicate on pre-proposals that they have watched the presentation. Recording link and contact information on next page.	April 3, 2023 12:00-1:00
<b>STEP 2</b>	<b>Pre-proposal due</b>	April 28, 2023
<b>STEP 3</b>	Applicants notified of acceptance to submit a full proposal	May 5, 2023
	D&I Team meetings with applicant to support application development – minimum one 60min consultation	May, 2023
	First draft of application due	May 31, 2023
<b>STEP 4</b>	Final application due	June 30, 2023
	Review period	June 30-August, 2023
	Award start date	September 1, 2023
	Award end date	February 28, 2025

## APPLICATION PROCESS AND COMPONENTS

### STEP ONE:

**Mandatory Workshop:** Attend or review the recording of the workshop to learn about the Evidence to Implementation (E2I) Award. The workshop will review the intended processes, application needs, and award timelines. The workshop will also review the required

components of the pre-proposal and application and the restrictions on use of E2I and University funds. Please contact [di-launchpad@ictr.wisc.edu](mailto:di-launchpad@ictr.wisc.edu) if you have any questions.

## STEP TWO:

**Pre-proposal:** Pre-proposals must be submitted as a single PDF/Word document via email to [di-launchpad@ictr.wisc.edu](mailto:di-launchpad@ictr.wisc.edu) no later than **April 28, 2023**. *Please indicate in your pre-proposal that you have reviewed the recording of the workshop if you did not attend the workshop.*

The pre-proposal should be no longer than three pages (Arial 11-point font, 1-inch margins). The pre-proposal should include applicant's name, departmental affiliation, position, and contact information at the top. The following eight categories may be addressed in the pre-proposal to the best of your ability. Please include the number of the category in your response. It is understood that not all questions may have answers at the pre-proposal stage.

### 1. Features and Benefits

- What are the features and benefits included in the core elements?
- What problem or gap does the innovation solve?
- What value does this innovation offer over current solutions?
- What is the scientific merit for this innovation? This includes evidence-based or evidence-informed practices.
- What are the data on health outcomes for the innovation and to what populations do the data apply?
- If the intended end-users include people from historically underrepresented communities:
  - i. What steps were taken and what data is available to show that the innovation is appropriate and feasible to implement in this underrepresented population?
  - ii. Are there data on health outcomes for the innovation according to one or more underrepresented populations?

### 2. Demand, Adoption and Intended Customers

- Who are the intended end-users?
- What considerations have been given to populations that experience health disparities or are historically underrepresented communities? (See Appendix for Resources - Advancing Health Equity)
- What is the evidence of demand by potential adopters?
- Who has agreed to try or buy the innovation?



### 3. Competition/Barriers to Entry

- What is unique about the innovation?
- Who are the competitors, and how are others solving the problem?
- What are the barriers to entry by competitors into the market?

### 4. Potential for Impact

- How does the innovation positively impact both population health and health of individuals?
- How does the innovation improve health equity or address health disparities?

### 5. A. Readiness: Innovation

- Is the innovation ready for implementation?
- What stages of development and testing has it gone through?
- What steps have been taken to prepare for broad dissemination?
- If the intended end-users include people from historically underrepresented populations: Have dissemination partners who work with the intended underrepresented populations been engaged in the development process of the innovation?

### B. Readiness: Investigator & Team

- What experience and expertise does the team bring?

### 6. Sustainability: Dissemination and Implementation Partners and Purveyors

- Who do you envision will help market and distribute the innovation?
- What organizations have been identified as possible partners or purveyors?
- If the intended end-users include people from historically underrepresented populations: have dissemination and implementation partners or purveyors who serve those populations been identified?

### 7. Sustainability: Financial Expectations

- What financial and other resources are needed to make the innovation spread over time?
- How can the innovation generate revenue to be sustainable over time?

Additional information about these questions can be found in the Review Criteria portion of this RFA.

## STEP THREE:

**Full Proposal Development:** Eligible applicants with pre-proposals that are within the scope of the award will be invited to move to Step Three. This step consists of meetings to provide support for application development. The ownership of the application and the process resides



with the applicant. Applicants will be notified if they have been invited to advance to Step Three on **May 5, 2023**.

Typically, multiple meetings between applicant and D&I Team are necessary, but at **least one is required**. These meetings are designed to help the applicant develop the final application using the expertise of the D&I Launchpad team. The goals of the meetings are to:

1. Expand upon the responses in the pre-proposal, focusing specifically on understanding the demand by adopters, identifying a value proposition, and determining the mechanism for sustainable scale-up. These meetings will also identify what needs to be accomplished to ensure the innovation will be ready for dissemination/scale-up.
2. Develop a budget and a timeline associated with these steps. These discussions will clarify who will accomplish the steps, and where the Launchpad will provide in-kind support. Indirect costs are not allowed. Budget requirements are as follows:
  - Use the budget template which is bundled with the face page in the application materials.
  - Budget Justification is required (maximum 2 pages).
  - Signed Non-Supplanting (NS) Questionnaire is required. Download NS form here: <https://www.med.wisc.edu/wisconsin-partnership-program/grant-resources/>
  - For more on our supplanting policy see here: <https://www.med.wisc.edu/wisconsin-partnership-program/grant-resources/>

When creating your budget, please note the following parameters:

- Indirect costs are not allowed.
- Investigator salary support is allowed, but clear justification of why it is necessary should be provided, e.g.
  - Requested funds should be limited and used principally to directly support the project
  - Effort must be listed even when salary is donated
  - PIs proposing effort without salary support must provide documentation from your Department Chair attesting to dedicated research time for the proposed research
- “Months of effort” for each key personnel must be listed, even if no money is being requested to support their work under this pilot program.
- Matching resources are encouraged and can be monetary or non-monetary. A letter of support is required that details matching resources.





- Funds are available for personnel, supplies and other allowable expenses including payments to your community collaborators and/or stakeholders.
  - Only travel funds necessary for the project (e.g., participant travel) are allowed.
  - Equipment that is essential for the study, and is not otherwise available, may be requested, but large equipment expenditures are strongly discouraged.
  - All activity under this award is subject to the University and Wisconsin Partnership Program (WPP) policies. Please see “Policy on Allowable and Unallowable Expenses” here: <https://www.med.wisc.edu/wisconsin-partnership-program/grant-resources/>
  - Because ICTR is a NIH-funded Institute, pilot project budgets must follow the same rules/spending limitations as federal grants.
3. Develop key impact metrics that can be tracked for at least five years.

#### STEP FOUR:

**Final Proposal:** Final proposal must be submitted as a single PDF/Word document via email to [di-launchpad@ictr.wisc.edu](mailto:di-launchpad@ictr.wisc.edu) no later than **June 30, 2023**. The final application should be written in a clear and simple language, but some sections will require technical information.

#### D&I COUNCIL REVIEW: THE UW ICTR D&I COUNCIL WILL REVIEW THE FINAL APPLICATIONS AND PROPOSE THE FUNDING RECOMMENDATIONS TO ICTR LEADERSHIP. APPLICATION REVIEW INFORMATION

1. A preliminary review of the pre-proposal will be conducted for completeness.
2. A review of the pre-proposal will be conducted by the D&I Launchpad Team to ensure the pre-proposals are within the scope of the award. Successfully screened pre-proposals will be invited to move on to Step Three – Full Proposal.
3. D&I Launchpad will request names of potential stakeholders, including adopters, from the PI to contact for feedback on the potential value and feasibility of adoption/implementation of the innovation. This feedback will be included in the application and will be provided to the D&I Council.
4. Final applications will be submitted to the D&I Council. The D&I Council will review the final applications and make funding recommendations to ICTR leadership. The D&I Council members consist of UW-Madison faculty/staff and community members with



expertise in healthcare, public health, and business. They represent individuals both inside and outside of academia. The D&I Council:

- a. Provides overall strategic direction for the D&I Launchpad program
  - b. Ensures connectivity with healthcare and community organizations
  - c. Advises on gaps, needs, changes, and opportunities occurring within the health system
  - d. Provides a real-world assessment and prioritization of interventions and products being considered for commercial development and implementation through ICTR's D&I Launchpad program. This does not necessarily mean establishing a non-profit.
5. All applicants will receive de-identified reviewer comments.

## REVIEW CRITERIA

Proposals will be evaluated utilizing multiple criteria reflecting likelihood of long-term success with dissemination and potential to improve health equity. The review criteria for likelihood of long-term success with dissemination (criteria 1-7 below) are directly related to the 7 sections in the pre-proposal and proposal. Health equity review criteria are woven into sections 1, 2, 4, 5 and 6 in the pre-proposal and proposal. Successful projects will meet a specific demand in the health sector, offer a clear advantage for the implementing organization, have potential to reach end-users for substantial impact, and have identified a potential purveyor, whether that be inside or outside the University.

1. **Features and benefits** of the innovation describe the qualities of the innovation, the possible benefits of the innovation, what problems the innovation solves, how it matches with customer demand or expectations, and what costs and benefits it offers over current solutions.
  - a. Does the innovation offer performance advantages compared to currently available/deployed solutions?
  - b. Would the innovation create value for implementing organizations?
  - c. Is the innovation evidence-informed, evidence-based, or have scientific merit?
2. **Demand/Adoption/Adopter Customers** shows the innovation meets priority need in a health-related sector and demonstrates that innovation addresses that gap.
  - a. Has an adopter or a first customer been identified? Who has validated the need for the product or service and has agreed to implement?



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- b. Have one or more adopters or customers been involved in the development process, or is there third-party evidence that adopters or customers in the target market will purchase the innovation?
    - c. Is there evidence of pre-existing demand, such as requests for innovation by potential adopters or customers, web downloads related to the innovation, beta-test sites recruited for implementation, or use of the innovation?
    - d. Have appropriate adopter customers been identified and do they see it as filling a need?
  3. **Competition and barriers to entry** highlights the uniqueness of the innovation, and the potential to create an ongoing competitive advantage for both existing participants in the market and for potential new entrants. While patents offer one solution, there may be other ways of creating a sustainable competitive advantage, including licensing & certification, trademark, branding, and proprietary technology.
    - a. Who are the competitors currently in the market? What are their advantages and disadvantages, if any? If there are no competitors, how are the customers currently addressing the problem that the innovation solves?
    - b. What is unique or patentable about the product or service that represents a barrier to entry for potential competitors?
  4. **Potential for impact** is rated by the ability of the innovation to positively impact the health of individuals, significantly improve care processes, increase safety or efficiency for organizations, increase cost savings, improve health equity or policy, etc.
    - a. What is the likelihood the innovation provides incremental or substantial benefit to the population or a subset of the population while reaching the target audience?
  5. **Readiness for Implementation** has the following components:
    - a. Is the innovation close to “market ready?”
    - b. Has the innovation gone through different product/service development stages?
    - c. What steps have been taken to prepare for broad dissemination?
    - d. Does the Investigator and team have the expertise, resources, and ability to navigate challenges with partners and networks to optimize spread and uptake as evidenced by prior experience?
  6. **Sustainability - Dissemination & Implementation partners and purveyors** enable with the marketing and distribution systems that facilitate the implementation of innovation into practice. **A PI’s existing relationship with a purveyor is considered**



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- a plus.** The researcher with assistance from the D&I Launchpad develops a case for a dissemination model that relies on partners and purveyors to manufacture, distribute, promote, sell, service, and support the users of the innovation.
- a. Are there people who are willing to help source the product or service?
  - b. Are there service channel partners who are willing to help take the product or service to new and additional customers?
    - i. If so, why are they willing?
    - ii. What is their value proposition to serve as dissemination partner/purveyor?
  - c. Are the partners willing to collaborate with the researcher? These collaborations are optimized when roles and agreements are explicit, formal, and integrated. A higher score can be given if dissemination partners have statewide or nationwide reach.
7. **Sustainability – Financial expectations** display the extent to which the innovation's benefits can be effectively spread and maintained over time.
- a. Is the innovation feasible and acceptable to target audiences?
  - b. Can it become institutionalized within organizational or community settings?
  - c. Does it have the potential for sustainable revenue model (transactional, third-party reimbursement, licensing, demonstrated cost-savings) that will allow dissemination to continue?
8. **Health Equity – People/Customers examines** the extent to which data on health outcomes for the innovation have been described for one or more underrepresented populations that experience health disparities in the aspect of health that the innovation addresses.
- a. Are there data on health outcomes for the innovation according to one or more underrepresented populations?
9. **Health Equity – Partners/Purveyors** has the following components:
- a. Have dissemination partners who work with the intended underrepresented populations been engaged in the development process of the innovation?
  - b. Have dissemination partners who work with the intended underrepresented populations made firm commitments to participate as soon as the innovation is ready to scale-up?
10. **Health Equity - Approach** examines the extent to which the intervention and implementation strategy have been tailored for and are effective and feasible to implement with the intended underrepresented population.

- a. Are the intervention and its implementation strategies appropriate for the intended underrepresented audience?
- b. Is there evidence that the intervention is effective and feasible to implement in this underrepresented population?

## SUPPLEMENTAL INFORMATION ABOUT ADVANCING HEALTH EQUITY

For assistance considering your project through a health equity lens, please consider the list of programs below. The following organizations have offered to provide consultations for this RFA.

Program	Home	Leadership	Descriptions
<b>Center for Community Engagement and Health Partnership (CCEHP)</b>	UW SMPH – Milwaukee office	Gina Green-Harris - Director	CCEHP provides equity and inclusion recruitment science training to investigators with an interest in equity research. CCEHP uses an <a href="#">asset-based model</a> to work with investigators to use a resilience lens and partner with underrepresented communities and stakeholders for innovative research ideas. <b>Email:</b> <a href="mailto:greenharris@wisc.edu">greenharris@wisc.edu</a>
<a href="#">Community-Academic Aging Research Network (CAARN)</a>	UW SMPH	Jane Mahoney – Director  Will Palmer – Program Manager	CAARN brings together academic researchers and community partners to conduct clinical and dissemination research related to healthy aging. CAARN has expertise in health equity research in rural areas and with African American older adults with chronic conditions. <b>Email:</b> <a href="mailto:caarn@medicine.wisc.edu">caarn@medicine.wisc.edu</a>
<a href="#">Collaborative Center for Health Equity (CCEH)</a>	ICTR	Dorothy Farrar Edwards - Director Susan Passmore - Sr. Associate Director	CCHE provides individual consultation, educational programs and support regarding community engagement and health equity for researcher and research teams. <b>Email:</b> <a href="mailto:cche@ictr.wisc.edu">cche@ictr.wisc.edu</a>

Program	Home	Leadership	Descriptions
<a href="#"><u>Health Experiences Research Network (HERN)</u></a>	Center for Patient Partnerships	Rachel Grob - Steering committee member	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 15-minute module on the experience of African Americans with genetic testing. <b>Email:</b> <a href="mailto:rachel.grob@wisc.edu">rachel.grob@wisc.edu</a>
<a href="#"><u>Health Innovation Program (HIP)</u></a>	UW SMPH	Maureen Smith - Director	HIP is a campus-wide program that encompasses a community of investigators committed to conducting partnered research to improve health and health equity. HIP also provides extensive and easily-available data resources to support research and evidence-based decision making for health. <b>Email:</b> <a href="mailto:contact@hip.wisc.edu">contact@hip.wisc.edu</a>
<a href="#"><u>Marshfield Clinic Research Institute (MCRI) - Community Research Core</u></a>	Marshfield Clinic Research Institute (MCRI)	Bob Greenlee & Florence Becot - Co-leads ICTR Community & Collaboration	The community research core at MCRI includes the Center for Clinical Epidemiology and Population Health, and the National Farm Medicine Center. 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. Additional MCRI centers include the Center for Oral and Systemic Health, the Center for Precision Medicine Research, the Clinical Research Center, and the Cancer Care and Research Center.

Program	Home	Leadership	Descriptions
			<b>Email:</b> <a href="mailto:greenlee.robert@marshfieldresearch.org">greenlee.robert@marshfieldresearch.org</a> ; <a href="mailto:becot.florence@marshfieldresearch.org">becot.florence@marshfieldresearch.org</a>
<a href="#">Pharmacy Practice Enhancement and Action Research Link (PearlRx)</a>	School of Pharmacy	Kate Rotzenberg - Network Administrator	<p>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 535 community pharmacists across the state, one-third of which are in rural areas.</p> <p><b>Email:</b> <a href="mailto:katherine.rotzenberg@wisc.edu">katherine.rotzenberg@wisc.edu</a></p>
<a href="#">Wisconsin Network for Health Research (WiNHR)</a>	UW SMPH	Theresa Lins - Project Manager  Alexandria Moellner - Project Manager	<p>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.</p> <p><b>Email:</b> <a href="mailto:researchnetworks@lists.wisc.edu">researchnetworks@lists.wisc.edu</a></p>

Program	Home	Leadership	Descriptions
<a href="#"><u>Wisconsin Network for Research Support (WINRS) and Community Advisors on Research Design and Strategies (CARDS)</u></a>	School of Nursing	Barb King - Faculty Advisor  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.  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. See program flyer <a href="#">here</a> . <b>Email:</b> Kat Phelps at <a href="mailto:kephelps@wisc.edu">kephelps@wisc.edu</a>
<a href="#"><u>Wisconsin Public Health Research Network (WPHRN)</u></a>	School of Nursing	Susan Zahner - Co- chair  Sue Kunferman - Co-chair  Paula Bizot - Project manager	WPHRN links and supports public health practitioners and researchers to answer questions and disseminate discoveries to improve practice and population health. <b>Email:</b> Paula Bizot at <a href="mailto:pbizot@wisc.edu">pbizot@wisc.edu</a> ; Susan Zahner at <a href="mailto:susan.zahner@wisc.edu">susan.zahner@wisc.edu</a>
<a href="#"><u>Wisconsin Research and Education Network (WREN)</u></a>	Department of Family Medicine & Community Health	Sarina Schrager - Medical Director  Mary Henningfield - Associate Director	WREN is a voluntary network of primary care clinical practices across the state of Wisconsin that participate in practice-based research. WREN engages with boards, supports grant submissions, recruits participants, and coordinates funded projects with 200 community-based primary care clinicians, half of whom are in rural areas. <b>Email:</b> <a href="mailto:wren@fammed.wisc.edu">wren@fammed.wisc.edu</a>





## ADDITIONAL HEALTH EQUITY RESEARCH RESOURCES: ICTR AND BEYOND

- NIH designation of health disparity populations:  
<https://www.nimhd.nih.gov/about/overview/>
- **UW SMPH Center for Health Disparities Research (CHDR).** [The CHDR](#) seeks to examine how a person's environment and social conditions impact health down to the molecular level. CHDR researchers aim to identify new therapies, precision medicine approaches and other interventions.
- **[Cancer Health Disparities Initiative \(CHDI\)](#)** (CHDI): CHDI's mission is to reduce the burden of cancer and cancer health disparities within minority and underrepresented communities through impactful population science research, community outreach, and meaningful engagement across Wisconsin. <https://cancer.wisc.edu/community-outreach-and-engagement/>
- **[Center for Urban Population Health \(CUPH\)](#)** (CUPH): A collaborative between UW Madison, UW Milwaukee and Aurora Research Institute, CUPH seeks to advance population health research and education to improve the health of urban communities. We want to be a destination where researchers can lead innovative, community-connected population health research and education. <https://www.cuph.org/>
  - **Just Research Curriculum.** This ICTR workshop trains researchers and research staff in skills to promote research equity and diversity in study participation. <https://ictr.wisc.edu/just-research-program/>.
- **Equitable Design for Dissemination Tools:** This D&I Launchpad webpage provides useful information on how to design for equity, dissemination and sustainability. It includes useful information on how to engage adopters. <https://ictr.wisc.edu/research-resources/dissemination-implementation-launchpad/di-design-for-dissemination/>
- **Making Racial Equity Real in Research: The Greenlining Institute.** Founded in 1993, The Greenlining Institute is committed to building a just economy that is inclusive, cooperative, sustainable, participatory, fair, and healthy.
  - <https://greenlining.org/>
  - Making Racial Equity Real in Research: <https://greenlining.org/wp-content/uploads/2020/10/Greenlining-Making-Racial-Equity-Real-2020.pdf>
- **Neighborhood Health Reports:** The ICTR Neighborhood Health Partnerships (NHP) program can provide ZIP code-level data on 27 health outcome and care measures to complement existing community knowledge and experiences in these pursuits. Below is a list of reports available. For more information, see <https://nhp.wisc.edu/> or contact via email [nhp@hip.wisc.edu](mailto:nhp@hip.wisc.edu)



- **Neighborhood Health Reports:** Detailed information about a zip code's performance on one measure.
- **Health Measure Summary Reports:** Snapshot of a zip code's performance on most measures.
- **Diabetes Profile Reports:** Snapshot of a zip code's performance on all available diabetes measures and detailed information for each measure.
- **Sociodemographic Report:** Provides information on the social determinants of health at the zip code level using US Census Bureau American Community Survey (ACS) data to provide additional context about living conditions and demographics for most zip codes in Wisconsin.
- **[Office of Community Health \(OCH\)](#):** OCH designs or facilitates programs in partnership with communities, patients, learners, our faculty, and our academic and health system partners. We prioritize projects in collaboration with the communities we serve, as well as with DFMCH faculty and leadership. See more on community health projects [here](#).
- **[Population Health Institute \(PHI\)](#):** The UW Population Health Institute advances health and well-being for all by developing and evaluating interventions and promoting evidence-based approaches to policy and practice at the local, state, and national levels. The Institute works across the full spectrum of factors that contribute to health equity. <https://uwphi.pophealth.wisc.edu/>
- **Rural Health Information Hub:** <https://www.ruralhealthinfo.org/>
- **UW SMPH Population Health Institute Health Equity Resources:** <https://uwphi.pophealth.wisc.edu/match/match-health-equity-initiatives/>
- **Wisconsin Health Disparities Reports:** The [Wisconsin Collaborative for Healthcare Quality](#) (WCHQ), in collaboration with the UW Health Innovation Program (HIP) developed the 2019 Wisconsin Health Disparities Report and the 2020 Wisconsin Health Disparities Report: Rural and Urban Populations to identify where disparities in health outcomes and care exist in Wisconsin and to help inform and accelerate programs that are working to eliminate disparities.
  - Access both disparities reports via HIPxChange at this URL: <https://www.hipxchange.org/WCHQDisparities>
  - **Questions?** Contact Lauren Bednarz at [lauren.bednarz@wisc.edu](mailto:lauren.bednarz@wisc.edu)
- **Wisconsin Partnership Program (WPP): Health Equity Resources.** See here: <https://www.med.wisc.edu/wisconsin-partnership-program/health-equity-resources/>
- **Selected Reference Articles**
  - "On Racism: A New Standard For Publishing On Racial Health Inequities," Health Affairs Blog, July 2, 2020.



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- <https://www.healthaffairs.org/doi/10.1377/hblog20200630.939347/full/>
  - David R. Williams, Valerie Purdie-Vaughns; **Needed Interventions to Reduce Racial/Ethnic Disparities in Health**. J HEALTH POLIT POLICY LAW 1 August 2016; 41 (4): 627–651. doi: <https://doi.org/10.1215/03616878-3620857>
  - Merlin Chowkwanyun, Adolph L. Reed, Jr.; Racial Health Disparities and Covid-19 — Caution and Context. N Engl J Med 2020; 383:201-203. <https://www.nejm.org/doi/full/10.1056/NEJMp2012910>