2024 REQUEST FOR APPLICATIONS: PIPELINE AWARD

The Dissemination and Implementation Launchpad of the Institute for Clinical and Translational Research (ICTR) is pleased to announce its Pipeline Award to support the adaptation and scale-up of projects or interventions positioned to improve health and promote health equity. Principal Investigators will partner with community-engaged academic networks or Practice-Based Research Networks (PBRNs) to facilitate tailoring of their intervention or research project’s findings for dissemination to communities that are historically underrepresented in research. Projects or interventions supported by these funds should have proven effectiveness from a controlled study or, at a minimum, strong preliminary data to support likely effectiveness.

Overview of the Award

- **Length:** 9 months from July 1, 2024 – April 30, 2025
- **Amount:** Two awards of up to $20,000 each will be granted to applicants selected for Pipeline award funding in the 2024-25 cycle. Funds can be used in various ways, for example:
  - Covering investigator’s and research team’s time
  - Compensating community-engaged academic networks or PBRNs for their support
  - Compensating the community-engaged academic network or PBRN through which the intervention or project will be adapted and scaled up
  - Creating materials for dissemination/scale-up into new communities

Benefits to the PI

- Expert consultation on project or intervention adaptation and scale up from scientists at the D&I Launchpad
- Marketing research and support from the D&I Launchpad staff for creating a marketing package and associated materials for the project or innovation
- Strengthened professional networks through partnering with community-engaged academic networks or PBRNs to implement adaptation and scale-up

Applicant Eligibility

- PI must be UW faculty or scientist with PI or temporary PI status at UW-Madison

Application Requirements

- Email the D&I Launchpad (di-launchpad@ictr.wisc.edu) to request a link to the online Pipeline application. Application prompts will include requests for:
  - A description of the project or intervention and intended outcomes (e.g., feasibility, effectiveness, impact)
  - Evidence that dissemination is likely to be usable, acceptable, feasible, impactful, and will promote health equity. For example:
    - Is there a potential purveyor or confirmed purveyor or a partner who can disseminate?
    - Is there evidence of demand for the intervention among adopters? Have potential adopters engaged with the project or intervention?
  - A letter of support from the community-engaged academic network or PBRN. The letter should describe the network or PBRN’s role in the project and any additional potential community partners they will be able to engage.
  - A detailed budget and justification on how the funds will be used.
Selection Process

- D&I Launchpad administrative director, scientist, and faculty review the applications for final determination of funding. Applications are scored based on the strength of the evidence of the project or intervention’s:
  - Effectiveness
  - Acceptability among potential adopters
  - Feasibility of adaptation and scale-up
  - Potential to promote health equity and engage with populations historically underrepresented in research

- Priority will be given to those allocating funds to tailoring interventions for new populations or developing materials needed for further scale-up on an intervention. Projects that are devoted to disseminating information (research findings) rather than interventions will also be considered.

- Priority will be given to projects that allocate at least a portion of funds to tailoring dissemination or implementation materials for a group facing health disparities, through engagement with one or more community organizations serving that group. The ICTR definition of groups facing health disparities is:
  - Underrepresented racial and ethnic identities
    - American Indians/Alaskan Natives
    - Asian Americans
    - Blacks/African Americans
    - Hispanic/Latinx
    - Native Hawaiians and other Pacific Islanders
  - People of less privileged socioeconomic status
  - People residing in rural areas that are medically underserved
  - Sexual and gender minorities
  - People with disabilities or special health care needs

- Matching funds from the investigators’ department, foundations, professional organization, etc. are highly encouraged, and should be accompanied by a letter from the director of the organization providing matching funds indicating their support and what will be provided.

Post-funding Requirements

- Participate in a kick-off meeting and consultation with D&I Launchpad and affiliated consultants and subject matter experts, as relevant, including but not limited to:
  - Health policy experts
  - Collaborative Center for Health Equity (CCHE)

- Provide a mid-point progress report in which investigators will document challenges, accomplishments, and connections to stakeholders, collaborating partner organizations, or community advisory boards. This information will help the D&I Launchpad effectively support investigators in a timely fashion.

- Support dissemination of surveys (created by the D&I Launchpad) to project stakeholders to determine the acceptability, feasibility, and appropriateness of the intervention design.

- Provide a final report after project completion.

- Once final report has been submitted, participate in an interview with a D&I Launchpad scientist within two months of project completion for continued quality improvement purposes.

- In collaboration with a D&I Launchpad scientist, confirm evaluation metrics to be reported one year after project completion.
• Provide the follow-up report one year after project completion.

Timeline:
• RFA announced: April 8, 2024
• Applications due: May 20, 2024
• Funded projects announced: June 7, 2024
• Funding: July 1, 2024 – April 30, 2025
• Mid-point reports due: December 1, 2024
• Final reports due: May 31, 2025
• One-Year report due: June 30, 2026

Please contact Dr. Molly Murphy in the Dissemination and Implementation Launchpad (di-launchpad@ictr.wisc.edu) if you have any questions.
COMMUNITY-ENGAGED ACADEMIC NETWORKS AND PRACTICE-BASED RESEARCH NETWORKS (PBRNS)

PRACTICE-BASED RESEARCH NETWORKS (PBRNS)

❖ Community-Academic Aging Research Network (CAARN)

Community-Academic Aging Research Network (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.

❖ Pharmacy Practice Enhancement and Action Research Link (PearlRx)

Pharmacy Practice Enhancement and Action Research Link (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 grant submissions, 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.

❖ Wisconsin Network for Health Research (WiNHR)

Wisconsin Network for Health Research (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.

❖ Wisconsin Research & Education Network (WREN)

Wisconsin Research & Education Network (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.

COMMUNITY-ENGAGED ACADEMIC NETWORKS

❖ Center for Community Engagement and Health Partnership (CCEHP)

The Center for Community Engagement and Health Partnership (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 and stakeholders for innovative research ideas. For more information, please contact Gina Green-Harris, MBA, greenharris@wisc.edu.

❖ Collaborative Center for Health Equity (CCHE)

The Collaborative Center for Health Equity (CCHE) provides individual consultation, educational programs, and support regarding community engagement and health equity for researcher and research teams.
Health Experiences Research Network (HERN)

The Health Experiences Research Network (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. HERN 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. For more information, please contact Rachel Grob, PhD, rachel.grob@fammed.wisc.edu.

Health Innovation Program (HIP)

The Health Innovation Program (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.

Marshfield Clinic Research Institute (MCRI)

The community research core at Marshfield Clinic Research Institute (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 Precision Medicine Research, the Clinical Research Center, and the Cancer Care and Research Center. For more information, please contact Bob Greenlee, PhD, MPH, greenlee.robert@marshfieldresearch.org, or Florence Becot, PhD, becot.florence@marshfieldresearch.org.

Wisconsin Network for Research Support (WINRS)/Community Advisors on Research Design and Strategies (CARDS)/Board of Older Adults (BOAAs)

The Wisconsin Network for Research Support (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 (Community Advisors on Research Design and Strategies)® 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 here.

The Board of Older Adults (BOAAs) are a standing community advisory group of older adults that offer actionable feedback on study design and materials to researchers. One BOAA is located in Madison, WI. Members are primarily for the African American community. The other BOAA is located in Southwest WI and represents the rural community.