—Request for Applications—
Advancing Health Equity And Diversity (AHEAD) Research Pilot Awards Program
APPLICATION DEADLINE: April 20, 2021

PROGRAM OVERVIEW

One goal of the UW Institute for Clinical and Translational Research (ICTR) is to foster development of investigator-initiated translational research to eliminate health disparities and to promote health equity. The UW ICTR Advancing Health Equity and Diversity (AHEAD) Program addresses this goal by working to build a community of scholars dedicated to enhancing health equity and diversity research. In support of this endeavor, ICTR announces a Pilot Award funding mechanism for investigators focused on health equity research to gain experience in translational research that will facilitate future career development. Specifically, this pilot award program seeks to support post-doctoral scholars and/or assistant professors who embrace an interdisciplinary approach to research including genuine engagement of community partners and stakeholders. All applications must include a research mentor or experienced co-investigator/collaborator to ensure a mentored research experience and to connect the research team to relevant community partners and stakeholders.

- Proposed research must address health disparities or health inequities defined by the following: 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, citizenship/immigration status, 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.

- Applications must cite published evidence that the health disparity/inequity is recognized by state/federal agencies as significant and warrants intervention. Information adapted from noted documents may inform applications, as below.

  - From the UW Office of the Vice Chancellor for Research and Graduate Education (OVCRGE) Understanding and Reducing Inequalities Initiative:
    - “Pervasive inequalities exist in all realms of contemporary society, manifesting in widespread disparities in social, educational, economic, health, wealth, and political opportunities and outcomes across population groups. These include differential access to and returns from modern technologies, educational institutions, labor markets, housing markets, neighborhoods, and financial markets, as well as exposure to stress, trauma, and environmental toxins.” Health equity research should “build stronger bodies of knowledge on how to reduce inequalities; that is, it seeks to move beyond scholarship pertaining only to describing the causes and consequences of inequalities with the aim of identifying actionable pathways for reducing inequalities on the basis of race, ethnicity, gender, disability, economic standing, language, minority status, country of origin, and/or immigration status.”

RFA for the Understanding and Reducing Inequalities Initiative from the UW OVCRGE: https://research.wisc.edu/funding/understanding-and-reducing-inequalities-initiative
Collaborative Center for Health Equity (CCHE)

- Applicants are also referred to the Wisconsin Collaborative for Healthcare Quality (WCHQ) 2019 and 2020 Health Disparities Reports which identify Wisconsin statewide racial/health disparities and rural/urban disparities. [https://www.wchq.org/disparities.php](https://www.wchq.org/disparities.php)

- Proposed research must be translational in nature. Translation is broadly defined as “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—National Center for Advancing Translational Sciences (https://ncats.nih.gov/translation). Examples include: the research needed to implement and disseminate improvements in clinical practice, community programs, health services, and/or policy.

- Examples of activities that would be considered under this award include, but are not limited to: collection of pilot data using sound methodology directed to a topic aligned with this RFA (health equity) and an external funder’s mission, including community stakeholder engagement methods utilized throughout each phase of the project and, where appropriate, can advance understanding about how community/stakeholder engagement can be accomplished in complex research settings; Proposals that address contemporary and/or emerging health crises related to COVID-19 and its recovery; Proposals that advance methods to invite and build trust with population groups that are underrepresented in biomedical research to engage in health interventions; Proposals that address Wisconsin’s rural health disparities.

Examples of previously funded AHEAD and CHER Pilot Awards are provided. [AHEAD awards](https) & [CHER Awards](https)

**AWARDS**

The maximum dollar amount for these 12 month awards varies depending on whether the lead applicant is a postdoctoral scholar or an assistant professor.

- **Postdoctoral Scholars**: each award is for a maximum of **$10,000 in direct costs** for no longer than 12 months.

- **Assistant Professors**: each award is for a maximum of **$25,000 in direct costs** for no longer than 12 months.

**ELIGIBILITY of PRINCIPAL INVESTIGATORS**

- **Postdoctoral Scholars**: Principal Investigators may be a postdoctoral scholar of the training programs comprising the current UW ICTR AHEAD Program: T32 Health Disparities Research Scholars (HDRS), SMPH Building Interdisciplinary Careers in Women’s Health (BIRCWH), and the Family Medicine Primary Care Research Fellowship. Other UW post-doctoral scholars focused on health equity research with an engaged mentor may also be eligible and are encouraged to apply. Please contact AHEAD Program Administrator Caitlin Scott to confirm your eligibility at cscott8@wisc.edu.

- **Assistant Professors**: Principal Investigators must be a UW-Madison faculty member at the assistant professor level (tenure track or CHS) with a sole or joint appointment (e.g., VA Hospital) or a Marshfield Clinic investigator at comparable rank. All applications must include an experienced co-investigator/collaborator to connect the research team to relevant stakeholders.

- Include only one PI per proposal.
  - A mandatory recorded informational video for all PIs will be posted on February 23rd at 4:00 pm CST. This session will provide information about what is expected for each section of the grant. Applicants are invited to submit questions by February 18th about the RFA and the
Collaborative Center for Health Equity (CCHE)

review process. This session will be pre-recorded and posted on the ICTR AHEAD program page. [https://ictr.wisc.edu/program/ahead-program/](https://ictr.wisc.edu/program/ahead-program/)

- A live, optional Q&A session for those PIs who submitted an LOI will be offered on April 6th from 3-4pm. If interested, please email Caitlin Scott [cscott8@wisc.edu](mailto:cscott8@wisc.edu) by April 5th for the Zoom meeting link. Questions may be submitted in advance.

• Principal Investigators can only apply to a single ICTR funding mechanism in a calendar year. Investigators can be Key Personnel on additional ICTR submissions.

• Previous ICTR grant awardees are **not** eligible to receive a second ICTR award as PI if the previous award is still active.

• *If awarded*, research teams may be invited to participate in a facilitated Collaboration Planning process as part of the ICTR Team Science initiatives.

• Potential applicants are highly encouraged to contact Caitlin Scott at [cscott8@wisc.edu](mailto:cscott8@wisc.edu) with any questions regarding eligibility for this funding opportunity.

**APPLICATION and SUBMISSION INFORMATION**

• **Key Dates and Deadlines**

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<tr>
<th>Event</th>
<th>Date and Time</th>
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<tr>
<td>RFA Release</td>
<td>January 21, 2021</td>
</tr>
<tr>
<td>Informational Video posting (mandatory viewing)</td>
<td>February 23 at 4:00pm (submit questions by February 18)</td>
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<tr>
<td>Letter of Intent Due (mandatory)</td>
<td>March 9 by noon</td>
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<td>Q&amp;A Session (optional)</td>
<td>April 6 at 3:00pm</td>
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<td>Full Application Due</td>
<td>April 20, 2021 by noon</td>
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<td>Review Period</td>
<td>April-May 2021</td>
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<tr>
<td>Awards Announced</td>
<td>June/July 2021</td>
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<tr>
<td>Earliest Project Start Date</td>
<td>July 1, 2021</td>
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• **Letter of Intent**

Applicants are **REQUIRED** to submit a 1-page Letter of Intent that includes the following information:

1. Title of proposed research project.
2. Name, address, telephone number, email address, and AHEAD Program affiliation/UW-Madison affiliation of the Lead Applicant.
3. Name and contact information of the research mentor or experienced co-investigator/collaborator who will assist in the research and career development of the awardee.
4. A brief description of the proposed research with enough detail to determine project feasibility and programmatic relevance.
5. Brief description of collaborating community partners and stakeholders and their project roles

6. A statement that indicates whether this research is under review by other UW funding competitions eg VCGRE Understanding and Reducing Inequalities Initiative.

This mandatory letter of intent should be emailed to Caitlin Scott (cscott8@wisc.edu) by March 9, 2021.

• Content and Form of Application Submission

The pilot award application comprises information arranged into NINE separate components. A completed application in response to this Announcement will include these components in this order, each page numbered sequentially starting with the Face Page:

1. Face Page (use ICTR Face Page + Abstract form at the end of this document)
2. Abstract + Key Personnel (include name, department/division, project role, ERA Commons name)
3. NIH Biosketches for key personnel and for mentor using the NIH format
4. Budget page; budget justification (maximum ½ page); lack of existing resources to carry out project (maximum ½ page)
5. Project narrative (maximum of 5 pages)
6. Timeline for completion of the project and literature citations
7. A letter of commitment from the research mentor or experienced co-investigator/collaborator directing the proposed research describing mentoring, support, and collaboration. (Letter must include explicit plans for mentor-mentee interactions, and manuscript assistance and review; mentors must also briefly describe accordance of their research portfolio with the proposed research, a brief description of their mentoring history, and their potential dissemination strategies.)
8. Human subjects and biological safety letters of approval, if applicable and available (Regulatory approvals may be in preparation or pending.)
9. A letter of partnership from key collaborating community partners and stakeholders, outlining their commitment to the research, their specific role in the project, and anticipated return on investment for project participation.

• Submission of Completed Application

  o Submit all applications electronically as a SINGLE document, either in Microsoft Word or PDF format.

Submit completed applications directly to Caitlin Scott (cscott8@wisc.edu) on or before April 20, 2021. Applications are not processed by UW Research & Sponsored Programs.

APPLICATION CHARACTERISTICS

• Narrative

The project narrative is limited to 5 pages in length, 8.5” X 11”, single-spaced, with margins set at no less than 0.75 inches, each side. Use the font face Arial, 11-point. The narrative must include the following sections in the order presented below:

See the APPLICATION REVIEW SECTION below for more details about review criteria to be applied to this component.
1. Describe the proposed work to be supported by the requested funds, including the specific objectives, methods, expected outcomes, potential challenges, and next steps. In addition, if the proposed work is part of a larger project, describe how the proposed work relates to the larger project.

2. Describe how the proposed work specifically addresses the mechanism of the health disparity or how the work will impact the health of the specific population group experiencing the inequity.

3. Describe the collaborative nature of the project, including interdisciplinary approaches, and when relevant, the engagement of community partners. Also, mention involvement of any UW ICTR resources or partners (e.g., see ICTR Community-Academic Partnership programs here and/or download pdf here).

4. Describe briefly (2-4 sentences) the relationship of the anticipated work outcomes to the applicant’s future career development and how this work will support future research activities (e.g. future grant submission, peer-reviewed dissemination such as a publication or professional presentations).

- **Tiered Budget (up to $10,000 for 12 months for postdoctoral scholars or up to $25,000 for 12 months for assistant professors)**

  Describe the use of funds for the proposed research, including cost basis where necessary. Examples of allowable expenses: laboratory supplies and sample testing; research personnel; research participant reimbursement; conducting focus groups, and essential statewide participant honorarium expenses. PI salary and graduate student stipends are not allowed, nor is conference travel. Equipment purchases, with appropriate justification, will be reviewed on an individual basis. Indirect administrative costs are not allowed. Please contact Caitlin Scott (cscott8@wisc.edu) with any questions regarding allowable costs.

  When composing the budget, please consider that the award is limited to 12 months. Therefore, the applicant should apply for pilot grant funding in a time frame compatible with their research or career development. The “funding year clock” begins when all regulatory approvals are in hand. Project carry-over beyond 12 months will not be allowed. Applicants may use the PHS 398 budget form. Equally acceptable is to use a word processing program to create a line-item list of each expense. Present cost basis information in the budget justification.

**APPLICATION REVIEW INFORMATION**

Each proposal will be evaluated using the following three criteria:

- Scientific merit based on the strengths/weaknesses in each of the 5 areas listed below.
- A combination of programmatic relevance and judgment of the ability of funding to advance the career trajectory of the applicant.
- How the proposed work specifically addresses a health disparity recognized by state/federal agencies as significant and warrants intervention, or how the work will impact the health of the specific population group experiencing an inequity.

**Proposals without an actual health equity/health disparity connection will not be funded.** Please contact Caitlin Scott (cscott8@wisc.edu) with any questions.
All applications will be reviewed and discussed by a selected committee of individuals with relevant scientific expertise. The Review Committee will rank applications and make funding recommendations to ICTR Senior Associate Executive Director, Dr. Christine Sorkness and ICTR Executive Director, Dr. Allan Brasier. All applicant PIs will receive a brief summary statement detailing the evaluation of their proposal, following completion of the review process.

- **Significance.** If the aims of the project are achieved, how will scientific knowledge, technical capability, and/or clinical practice improve? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?

- **Investigator.** Are the PI, collaborators, and other researchers well suited to the project?

- **Innovation.** Are the concepts, approaches or methodologies, instrumentation, or interventions 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, instrumentation, or interventions proposed?

- **Approach.** Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Are potential problems, alternative strategies, and benchmarks for success presented? Are future plans included in the proposal (e.g. grants, toolkits)?

- **Resources.** Are the resources needed to successfully complete the project available to the applicant? Is the selected mentor able to meet his/her obligations?

**AWARD ADMINISTRATION INFORMATION**

All applicant PIs who receive pilot awards will be required to attend a mandatory investigators’ meeting to discuss administrative requirements. Among those requirements are the following:

- PIs must obtain the appropriate regulatory assurances for all protocols (e.g., IRB committee), and will forward copies of all approval documents to the ICTR grant administrator.
  - Following the expected award dates in June/July 2021, pilot recipients MUST have their regulatory & IRB assurances submitted by October 2021 to maintain appropriate timeline for completion of this 12-month project.

- Brief (1 paragraph) quarterly progress reports outlining accomplishments to date will be required of all PIs, as well as submission of final report upon project completion.

- In addition, awardees must acknowledge ICTR funding in all publications and presentations. *This project number will be provided to grantee, pending notice of grant award.*

- All grantees must inform the ICTR grant administrator of any publication submitted/accepted, as well as grants submitted/funded that use pilot data. Furthermore, grantees must adhere to the NIH Public Access Policy and obtain PMCID numbers for every publication utilizing pilot data.
INFORMATIONAL APPENDIX: Optional ICTR Resources for Applicants

1. Collaborative Center for Health Equity (CCHE)
   o Research Ambassador connections to community
     • https://ictr.wisc.edu/cCHE-technical-assistance/#research-ambassadors
   o Technical assistance materials such as Memorandum of Understanding (MOU) templates
     • https://ictr.wisc.edu/cCHE-technical-assistance/
   o Research methods, community partner, etc. consultation
     • Complete this form to get started: https://redcap.ictr.wisc.edu/surveys/?s=WD8MA8DJJ7

2. Grant Writing Group: UW Health Innovation Program
   o Numerous previous awardees have utilized the HIP Grant Writing Group (GWG)
   o Applicants are encouraged to start the group as early as the Letter of Intent stage and continue with monthly feedback through full proposal submission.
   o For information about how the HIP GWG works, see https://hip.wisc.edu/GrantWritingGroup
   o For information about joining the group, please email gwg@hip.wisc.edu

3. Engaging Stakeholders/Communities in Research
   o Consultations: ICTR-CAP partner programs are available to support patient/stakeholder engagement across the translational research spectrum via consultation. For brief descriptions of these programs see the here.
   o Online Tools and Toolkits via HIPxChange.
     • https://www.hipxchange.org/StakeholderEngagementTools
   o UW ICTR Stakeholder Engagement Research Resources
     • https://ictr.wisc.edu/stakeholder-engagement-resources/
   o If you need help determining which program best fits your research needs, request a consult with Kate Judge (kjudge@wisc.edu).

4. NEW ICTR Resources in 2020!
   o Rural/Urban Health Disparities: The 2020 WCHO Report on Wisconsin Rural and Urban Health Disparities was released on November 12, 2020. Rural and urban groupings for all ZIP codes in Wisconsin are available for download in a toolkit. The HIPxChange toolkit also contains detailed methodology, characteristics of the rural and urban groupings, and rural and urban ZIP code maps. See the toolkit here: https://www.hipxchange.org/RuralUrbanGroups
   o Neighborhood Health Reports: The Neighborhood Health Partnership (NHP) program delivers local health data to inspire action. Reports are available for many WI neighborhoods (zip codes) covering 27 health outcomes and care measures spanning the care continuum including wellness, prevention, risk factors for chronic diseases and chronic disease care. https://nhp.wisc.edu/
   o Cancer Risk that Runs in Families: Patient experience data is available via HealthExperiencesUSA on the following health conditions: Cancer Risk that Runs in Families, Traumatic Brain Injury in Veterans, and Depression in Young Adults. This data is available for use to support pilot grant proposals. https://www.healthexperiencesusa.org/topics