ACTION ITEM #1
Establish the Health Equity Research Center
(Daniel J. Bernardo)

November 16, 2018

TO ALL MEMBERS OF THE BOARD OF REGENTS

SUBJECT: Establishment of the Health Equity Research Center

PROPOSED: That the Board of Regents establish the Health Equity Research Center.

SUBMITTED BY: Daniel J. Bernardo, Provost and Executive Vice President

SUPPORTING INFORMATION: The College of Arts and Sciences (CAS) proposes the creation of the Health Equity Research Center (HERC). HERC will be a research center with a significant outreach focus through the establishment of community partnerships to work toward the common goal of understanding how to eliminate health disparities.

The primary benefit of HERC is to bring together interdisciplinary teams to address major health equity issues through an interdisciplinary focus on the social determinants of health. The causes of health disparities must be addressed with the combined and integrated expertise of diverse individuals across multiple specialty fields. Interdisciplinary collaborations formed through HERC will make Washington State University more competitive for larger team-oriented grants. HERC will enable field research by facilitating researchers’ access to relative health disparity populations and thereby aid these researchers in being more competitive for more grants. Given the field data collection aspect of many of these projects—facilitated by academic-community partnerships—there will be a feedback loop to community partners that can benefit their work throughout the region.

The complete proposal for the Health Equity Research Center is attached. This proposal was reviewed carefully and has support from the Provost’s Office. This recommendation was passed by the Faculty Senate on April 12, 2018.

The College of Arts and Sciences proposes establishment of the Health Equity Research Center effective as soon as feasible.

ATTACHMENT: Attachment A – Proposal to the Faculty Senate to Establish the Health Equity Research Center.
PROPOSAL TO THE FACULTY SENATE
WASHINGTON STATE UNIVERSITY

To establish the

HEALTH EQUITY RESEARCH CENTER

Housed administratively in the
College of Arts and Sciences
Table of Contents

SECTION 1: GENERAL INFORMATION, DESIGNATION AND BENEFIT
  Name and Contact 3
  Rationale 3
  Benefit 3

SECTION 2: INFRASTRUCTURE 5
  Mission, Purpose, and Goals 5
    Mission and Purpose 5
    Goals 6
    Nature and Scope of Unit’s Activities 6
    Review and Assessment Plan 11
  Administration and Membership 12
    Selection Criteria for Director 12
    Organizational Chart 13
    Administratively Responsible College 13
    Key Faculty Members and Selection Criteria 14
  Financial Support and University Resources 15
    Budgetary Support Requested 15
    Expected Funding Needed 16
    Non-Budgetary Support Needed 16

SECTION 3: UNIVERSITY ENDORSEMENT 17
  Supporting Letter 17
SECTION 1: General Information, Designation and Benefit

Name and Contact
Name of the unit; list the representative and/or author of the proposal who will serve as the point-of-contact during the review and approval process; and the preferred method of contact.

The proposed name of the unit is the **Health Equity Research Center (HERC)**. Dr. Paul Whitney will serve as the primary contact for this proposal, which is authored by Dr. Justin Denney, Dr. Pablo Monsivais, Dr. Tammy Barry, and Dr. Whitney. The preferred method of contact is to email Dr. Whitney at pwhitney@wsu.edu.

Rationale
Rationale for why the unit should be designated as a center, institute or laboratory. Indicate what type of CIL it will be: research, service, teaching or some combination of the three.

HERC initially began as the **Health Equity Research Collaborative**, which was awarded a Grand Challenge Strategic Reallocation grant in Fall 2016. As of November 2017, HERC has interim center status. Given its formation from one of WSU’s reallocation grants, the interim center status was requested by both the Vice President for Research and the Provost, and was approved by the Research and Arts Committee. We are now submitting this proposal for full approval as a center.

HERC will be a primary research center with a significant outreach focus through the establishment of community partnerships to work toward the common goal of understanding how to eliminate health disparities.

HERC should be designated as a center, given it is an organized unit that coordinates an integrated, interdisciplinary approach to examining health disparities and involves a broad constituency within the University (cutting across many disciplines in several colleges as described below) as well as community partners throughout the state of Washington. HERC provides support to researchers and opportunities for them to connect with others toward achieving a set of common research goals.

Benefit
What benefit does the proposed CIL status confer to the unit (directly or indirectly) to the university? Is there an expected contribution to and impact on the instructional programs? If so please explain. What is the expected contribution to the university and other clients?

The primary benefit of HERC to the University (as well as the region and the research community at large) is to bring together interdisciplinary teams to address major health equity issues through an interdisciplinary focus on the social determinants of health. The causes of health disparities must be addressed with the combined and integrated expertise of diverse individuals across multiple specialty fields. Interdisciplinary collaborations formed through HERC will make the University more competitive for larger team-oriented grants. HERC will
enable field research by facilitating researchers’ access to relative health disparity populations and thereby aid these researchers in being more competitive for more grants. Given the field data collection aspect of many of these projects—facilitated by academic-community partnerships—there will be a feedback loop to community partners that can benefit their work throughout the region.

At this point, there is no expectation of a direct impact on instructional programs in terms of curriculum. However, most faculty affiliated with HERC have graduate or advanced professional programs in their home academic departments. Participation in HERC will increase graduate/medical students’ opportunities to work on interdisciplinary teams addressing issues surrounding health disparities, thus enhancing their graduate/medical research education. Likewise, HERC provides some funds for graduate student fellowships and research assistantships, which allow more focused work in health equity research by these students (an opportunity that is unique to HERC and not otherwise available at the University). Graduate/medical students are also invited to events, such as the Community Partnership Workshop, also described below. Thus, HERC does not plan direct course instruction or a change in curriculum for any specific program, but it does expand opportunities for graduate/medical students working with HERC affiliated faculty.

Because HERC is not creating a new program and because it draws on the expertise of faculty from existing academic units who are already conducting research, there is no expectation that HERC will require new Library resources.
Section 2: Infrastructure

Mission, Purpose, and Goals

**Mission and Purpose**
The *mission and purpose of the proposed CIL*

The Health Equity Research Center (HERC) will focus on research illuminating the social determinants of health disparities in order to understand and build resilience in vulnerable individuals and communities. A crucial problem at the intersection of two of the WSU grand challenges—advancing opportunity and equity and sustaining health—is the elimination of health disparities between groups differing in economic and social resources. At issue are basic principles of fairness and social justice and the need to address the impact and costs of high rates of chronic illness and mental disorders that disproportionately affect members of disadvantaged groups. Despite considerable attention to this problem in the U.S. population since the 1999 publication of Healthy People 2010, disadvantaged children and adults continue to experience persistent and serious health inequities. For example, infant mortality rates are twice as high in African American and Native American populations as in the white majority population. Communities of color, low-income communities, and tribal communities suffer from greater exposure to violence, trauma, and environmental toxins, and they experience disproportionately higher rates of obesity, cardiovascular disease, cancer, depression, anxiety, and drug and alcohol abuse. Additionally, rural populations disproportionately suffer from higher rates of obesity and, increasingly, substance abuse. They are less likely to report having a personal health care provider, and they are more likely to report an inability to seek medical care because of cost. The Washington Department of Health identifies seventy-seven percent of the state’s counties as rural, and many of those are also considered medically underserved. Residents of these rural counties represent nearly a quarter of the total population of the state. Furthermore, the demographic profiles of rural populations (including those in Washington) reveal considerable heterogeneity in the social and economic makeup of populations, contributing, to a largely unknown degree, to unique health disparities. Thus, the greater Washington region is primed for a focused research effort addressing health inequities.

Not surprisingly, an overarching goal of Healthy People 2020, the current 10-year blueprint for addressing the health of the nation, is “to achieve health equity and eliminate health disparities.” The breadth and persistence of this challenge demands a bold vision in response. Funded by a Grand Challenge Strategic Reallocation grant to an initial team from College of Arts and Sciences (CAS), Elson S. Floyd College of Medicine (ESFCoM), and College of Agricultural, Human, and Natural Resource Sciences (CAHNRS), we have been working toward the creation of a center of excellence that will conduct cutting-edge research on the determinants of health disparities across biological, behavioral, family, and community levels as well as create partnerships with communities and health systems in the design and evaluation of interventions that address health disparities in a culturally-sensitive and scalable manner. Previously operating as a collaborative of engaged researchers (and currently granted interim
center status), an important element of our center strategy will be to create an intellectual environment that supports the investigation of resilience factors that allow some individuals and communities to achieve good health despite significant adversity. Consistent with the National Institute of Medicine’s roundtable reports on reducing health disparities, any such initiative must be interdisciplinary in nature.

We will not only conduct studies to identify determinants of risks to health in disadvantaged populations, but also target sources of resilience that some individuals and groups display by having better than expected health outcomes despite significantly disadvantaged circumstances. Understanding of resilience can then be used to guide the design of interventions.

The affiliated researchers of the proposed center have extensive experience in health disparities research at the global, national, and regional or local level. To accommodate broader missions of the University, the center will harness this experience to engage with large scale health disparities issues and focus some research efforts here at home in Washington state. In particular, many centers across the country focus on health equity in urban centers. Far fewer focus on rural areas. In many ways, the state of Washington presents the ideal setting in which to understand the implications of rural and urban spaces for health equity and resilience. Rural communities have worse health outcomes and less access to healthcare. As such, HERC will work with community partners to improve health equity in our region.

Goals
The unit’s goals.

Within the broad mission of conducting research on health disparities, the Health Equity Research Center has several specific goals:

1. develop and foster an interdisciplinary research program focused on an understanding of the determinants of health disparities across biological, behavioral, family, and community levels as well as on resilience factors that allow some individuals and communities to achieve good health despite significant adversity;
2. build capacity for health equity research at WSU through new training opportunities that bridge traditional academic units and forge interdisciplinary approaches and methodologies;
3. create local and statewide partnerships with communities and health systems in the design and evaluation of interventions that promote resilience and reduce health disparities and in a generalizable and scalable manner.

Nature and Scope of Unit’s Activities
The nature and scope of the unit’s research, scholarly and/or creative activities. Explain how these activities correlate with the unit’s goals.

The scope of research conducted by HERC will be focused on the social determinants of health at many levels, using an interdisciplinary approach. Studies will not only work to establish the
determinants of health disparities but also the nature of the relationships between these social determinants and health outcomes. That is, we want to better understand why some groups thrive and others do not, given similar risk factors. Our research is not only meant to document resilience but also to understand resilience. For example, we aim to understand the causal mechanisms between resilience factors and health outcomes. Based on these findings, intervention efforts can be guided by a strong theoretical understanding of resilience. In partnership with community health providers, HERC will help design and test interventions based on local community needs. In turn, outcomes of intervention studies will provide feedback to researchers working at a more basic or translational level regarding the efficacy of specific factors contributing to resilience, as suggested by our emerging theoretical understanding. A core tenet of HERC's philosophy is that the feedback loop from basic and translational research to intervention and back is critical to efforts to scale evidence based practice in addressing health disparities from a local level to a global level.

Goal 1: Research

Current affiliates of the collaborative have independent and established research programs aimed directly at the first overarching goal of the center, namely, understanding the multifaceted and intersectional determinants of health disparities as well as understanding resiliency. Our focus in this effort will be on the crucial roles that social and economic disadvantages, chronic stressors, and poor nutrition plays across multiple health problems—both physical and mental—in disadvantaged populations and across multiple units of analysis, including individual, family, and community. Importantly, stress and nutritional challenges have consistently been associated with poor health outcomes among historically underserved populations, especially insofar as they magnify risk factors and decrease both individual and communal resilience. Rarely, however, have these problems been addressed comprehensively across multiple dimensions. As an example of our initial work, HERC used funds from the Grand Challenge Strategic Reallocation grant to award seed grants to 10 teams initiating new interdisciplinary (and cross-college) research projects with strong potential for extramural funding. These seed grant projects included:

<table>
<thead>
<tr>
<th>PI</th>
<th>Co-PIs</th>
<th>Title/Topic</th>
<th>Funding</th>
<th>Target for Full proposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbosa-Leiker, Celestina, Nursing</td>
<td>Shaw, Wilson, Dotson, Skaer, Blum, Layton, Gartstein</td>
<td>Pregnancy to Parenthood on Medication Assisted Treatment for Opioid Use</td>
<td>$8,000</td>
<td>NIH R01</td>
</tr>
<tr>
<td>Burduli, Ekaterina, ESFCoM</td>
<td>Dedra Buchwald; Clemma Muller; Colin Martin; Caroline Hollins Martin; Sterling McPherson</td>
<td>Birth Satisfaction of Minority Women in the United States</td>
<td>$8,900</td>
<td>NIH Mentored Research Scientist Development Award (K01)</td>
</tr>
<tr>
<td>PI</td>
<td>Co-PIs</td>
<td>Title/Topic</td>
<td>Funding</td>
<td>Target for Full proposal</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>----------</td>
<td>----------------------------------------------------------------</td>
</tr>
<tr>
<td>Elliot-Groves, Emma ESFCoM</td>
<td></td>
<td>Aquaponics Farming for Indigenous Mental Health</td>
<td>$10,574</td>
<td>Robert Wood Johnson Foundation; NSF; NIH; USDA</td>
</tr>
<tr>
<td>Fyfe-Johnson, Amber ESFCoM</td>
<td>Anna Zamora-Kapoor</td>
<td>Health Outcomes in Outdoor Preschools: Innovations for Obesity Prevention</td>
<td>$12,979</td>
<td>NIH Mentored Research Scientist (Development Award (K01); PAR-15-346)</td>
</tr>
<tr>
<td>Meehan, Courtney Anthropology</td>
<td>Michelle McGuire; Edward Hagen; Maria Gartstein</td>
<td>Childcare choices, microbiomes, and infant behavior - are they related?</td>
<td>$20,000</td>
<td>Programmatic fits to both NIH and NSF</td>
</tr>
<tr>
<td>Monsivais, Pablo Nutrition &amp; Exercise Physiology</td>
<td>Glen Duncan</td>
<td>Developing data on environmental drivers of behavioral risk and inequalities in health (support the creation of new geographic databases (GIS) for Spokane and Whitman Counties)</td>
<td>$8,380</td>
<td>NIH; USDA; Robert Wood Johnson Foundation</td>
</tr>
<tr>
<td>Sinclair; Kai’mi ESFCoM</td>
<td>Anna Zamora-Kapoor; Bertha Lopez</td>
<td>A mixed methods approach to culturally tailoring a diabetes self-management education intervention for Hispanics in Washington</td>
<td>$4,000</td>
<td>PA-17-021 Addressing Health disparities in NIDDK Diseases (R01)</td>
</tr>
<tr>
<td>Suchy-Dicey, Astrid ESFCoM</td>
<td></td>
<td>Resilience and substance use in American Indian elders: Data from the Strong Heart Study</td>
<td>$10,000</td>
<td>Robert Wood Johnson Foundation</td>
</tr>
<tr>
<td>Wright, Bruce Psychology</td>
<td>Maureen Schmitter-Edgecombe; Diane Cook</td>
<td>The effects of a multimodal intervention to reduce cognitive decline in at risk rural healthy adults. Does APO E4 genotype matter?</td>
<td>$5,775</td>
<td>NIH PAR 15-349; NIH PAR 15-350</td>
</tr>
<tr>
<td>Zamora-Kapoor, Anna Sociology/ ESFCoM</td>
<td>Amber Fyfe-Johnson; Dedra Buchwald; Ka’imi Sinclair</td>
<td>The role of birth facilities in breastfeeding initiation outcomes and its disparities: Evidence from American Indian, Alaska Native, and non-Hispanic White first-time mothers in Washington State</td>
<td>$8,572</td>
<td>NIH Mentored Research Scientist Development Award (K01)</td>
</tr>
</tbody>
</table>

The faculty seed grants that have been awarded can be expected to produce 6-8 new major extramural proposals to the National Institutes of Health (NIH) and the Robert Wood Johnson Foundation (RWJF). Within this calendar year, we expect to see publications stimulated by HERC initiatives begin to be accepted for publication. Note that the timelines associated with community-based health disparities research is inevitably longer than many areas of basic
laboratory research. Over the next few years, we will be tracking the impact of HERC faculty publications (e.g., citations, quality of journals, press coverage). It should also be noted that HERC plans to continue to award seed grants in future years to further support interdisciplinary teams in novel work that should yield more competitive extramural proposals.

**Goal 2: Capacity Building**

With funds from the Grand Challenge Strategic Reallocation grant, we have already been successful in hiring key faculty to enhance WSU’s expertise in social determinants of health, which supports our second primary goal. These faculty hires are listed in the table below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
<th>Rank</th>
<th>Area of Expertise</th>
<th>Start Date</th>
<th>How Supports Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pablo Monsivais</td>
<td>ESFCoM</td>
<td>Assoc Prof</td>
<td>Nutritional epidemiology</td>
<td>2/16/17</td>
<td>Dr. Monsivais studies social and behavioral determinants of diet and obesity in order to inform policies to reduce health inequalities.</td>
</tr>
<tr>
<td>Justin Denney</td>
<td>CAS (Sociology)</td>
<td>Assoc Prof</td>
<td>Health and Mortality Disparities; Family; Community;</td>
<td>8/16/17</td>
<td>Dr. Denney, the WJW Distinguished Prof., provides a key bridging research focus between translational studies of the social determinants of health and intervention studies designed to address health disparities</td>
</tr>
<tr>
<td>Robert Danielson</td>
<td>C of Ed (Ed Psych)</td>
<td>Asst Prof</td>
<td>Pedagogical practices and learning technologies;</td>
<td>7/24/17</td>
<td>Dr. Danielson provides expertise on pedagogy and learning strategies to improve health education.</td>
</tr>
<tr>
<td>Mina Park</td>
<td>Murrow (will be Asst Prof in January)</td>
<td>Instructor</td>
<td>Health communication research</td>
<td>8/16/17</td>
<td>Dr. Park will contribute health communication expertise and experience in working with disadvantaged communities to community intervention research.</td>
</tr>
<tr>
<td>Anna Zamora-Kapoor</td>
<td>CAS &amp; ESFCoM</td>
<td>Asst Res Prof</td>
<td>Race, ethnicity, and social determinants of health</td>
<td>4/1/17</td>
<td>Dr. Zamora-Kapoor serves as Community Liaison for HERC and contributes community-based research with health disparity populations.</td>
</tr>
</tbody>
</table>
The funding awarded from the grand challenge grant will also allow for recruitment in
Psychology to build expertise in the psychophysiology of stress.

As our second goal highlights, HERC will support multiple interdisciplinary investigations into
health disparities and resilience. Just one example is a collaboration underway between one of
our newest faculty hires, Justin Denney in Sociology, and WSU’s Initiative for Research and
Education to Advance Community Health (IREACH), led by Dedra Buchwald. The initiative
proposes to build an Electronic Health Record (EHR) data and analysis system for WSU that will
ultimately benefit the clinical training and community health research objectives of the ESFCoM
as well as HERC affiliated researchers in CAS and CAHNRS. This system will be used as an
effective tool to mitigate and address health inequities across the state of Washington. We will
partner with the DARTNet Institute—a non-profit organization that supports practice-based
networks in the use of existing and newly collected electronic health data to conduct
research—to create a stable, systematic, and security compliant EHR database that positions
WSU as a leader in rural and urban health equity research and practice. Multiple proposals are
in development to support this system and its creation will put the center in a strong position
for competitive proposals to use it from sources such as the NIH and the RWJF.

Also consistent with our capacity building goal, we have awarded one graduate student
fellowship, which provides a one-year RA. The Anthropology student, Avery Lane, will use the
fellowship to master molecular analysis of biological samples to complement cultural studies of
disease risk in vulnerable populations. HERC plans to continue to award graduate student
fellowships in future years.

**Goal 3: Partnerships and Community Impact**

Consistent with the third overarching goal, several of the interdisciplinary teams funded by the
seed grant program are already building collaborative relationships with health districts in our
state that serve health disparity populations. Examples of these projects include investigations
into the unmet health needs of African Americans and Pacific Islanders in Kitsap and Whatcom
Counties and identifying barriers to attaining quality health care in Eastern Washington. These
pilot projects are designed to lead to major grants and publications directly related to HERC’s
mission and goals. Furthermore, in Spring 2017, we held the first Community Health
Partnerships Workshop to bring together faculty from across the University (not only HERC
affiliated faculty but any faculty member or graduate/medical student who has an interest in
understanding the factors that promote health resilience and decrease health risks associated
with social determinants was invited). The workshop aimed to facilitate partnership-building
between the University and community-based organizations. Representatives from six relevant
organizations (The Native Project; Spokane Regional Health District; Better Health Together;
Yakima County Health District; Pullman Regional Hospital; Washington State Department of
Health) presented ideas for research collaborations and extramurally funded projects that could
significantly increase their abilities to fulfill their healthcare missions. Additional breakout
sessions allowed participants to discuss specific ideas for projects. We created a faculty and
community partnership seed grant program to establish collaborations with community
partners who work directly with health disparity populations including people who experience racial discrimination, the poor, and rural individuals with poor health care access. In early September we awarded funds to six teams each of which included at least one community partner and one WSU scholar. We have thus taken a critical step toward building a robust network of community partners that will greatly enhance WSU’s capacity for community-based research funding. To build on our success with the first Community Health Partnerships Workshop, we will hold another workshop in the Spring 2018 semester to include reporting on progress of the community partnership seed grant funded projects and to engage new external agencies and faculty in extramural applications for community-based health equity research. We also plan to continue to offer future community partnership seed grants to build on these important relationships that are key to HERC’s goals and that will position WSU for unique funding opportunities.

**Review and Assessment Plan**

Unit review and assessment plan for measuring and analyzing the unit’s effectiveness in reaching its goals and fulfilling its functions (See Attachment A, CIL Review Guidelines).

All Grand Challenge Strategic Reallocation grant projects receive an annual review, including assessment by and meetings with an external review panel formed by the Office of Research. We have been assessed on fulfilling our hiring plans and, moving forward, on our grant and scholarly activity. HERC will also be tracking the number and depth of community partnerships we establish to promote health disparity research and interventions. As an example, our specific assessment plan/metrics include:

**Goal 1: Research**

- Number of total grants submitted*
- Number of external grants awarded (including federal agencies and foundations)*
- Total amount of grant funding received (in dollars)*
- Number of research projects completed*
  - Number of collaborative research projects completed**
- Number of total peer-reviewed publications*
  - Number of collaborative peer-reviewed publications**
- Number of total research conference presentations*
  - Number of collaborative research conference presentations**

* Limited to those that are directly related to the goals of HERC, have at least one author who is a HERC affiliated faculty member, and acknowledge HERC.

** Limited to those that are directly related to the goals of HERC, have at least two authors who are HERC affiliated faculty members and are from different academic departments, and acknowledge HERC. *Note in addition to measuring total projects/publications/presentations, collaborative projects will be considered as a specific subset, given HERC’s primary mission of building interdisciplinary teams.*
Goal 2: Capacity Building
- Student fellowships awarded
- Faculty seed grants awarded
- Number of affiliated faculty actively involved in HERC (defined as submitting one scholarly product or grant proposal acknowledging HERC)
- Number of graduate/medical students actively involved in HERC (defined as working on HERC-related projects with at least one HERC affiliated faculty member on HERC related research)
- Staff FTEs assigned specifically to HERC (currently .5 FTE for Program Assistant and .10 for Grant and Contract Coordinator)

Goal 3: Partnerships and Community Impact
- Community partnership seed grants awarded
- Number of projects with community partners (defined as actively working with a HERC affiliated faculty member)
- Creation of HERC advisory board
- Number of individuals from community groups on the advisory board

Administration and Membership

Selection Criteria for Director
Selection criteria and method for appointing a director; specify the director’s term of office and the benefit for the term’s length.

Given his track record of leadership in building interdisciplinary teams, his research interests in health broadly defined, and his leadership in CAS as Senior Associate Dean for Research and Graduate Education (at the time), the CAS leadership initially tapped Dr. Paul Whitney to lead a team in writing a Grand Challenge Strategic Reallocation proposal addressing issues of health disparity. Once the funding was secured, Dr. Whitney was put into place as the Executive Director of the collaborative by the CAS leadership and Office of Research. It is expected that he would continue in this role during the transition to and first years of center status. Dr. Whitney’s current role in the CAS Dean’s office is Senior Associate Dean for Strategic Initiatives.

In general, the HERC Executive Director will be vetted by the CAS administration and Office of Research and will be appointed by the CAS Dean in consultation with the leadership of participating colleges. Candidates must demonstrate: (1) an interest and track record in research relevant to health equity; (2) experience working in or building interdisciplinary teams; and (3) administrative and budgetary management experience. Time reassignment as HERC Executive Director is currently negotiated with CAS as .20 time. The term for the HERC Executive Director will be 5 years and is renewable.
**Organizational Chart**

The proposed organizational chart. **If applicable include unit support positions.**

**Health Equity Research Center**

![Organizational Chart]

**Figure 1. Health Equity Research Center Organizational Chart.** Note that current individuals holding specific positions are indicated in parentheses.

As outlined above and consistent with our third overarching goal, establishment of community partnerships is key to HERC’s mission; thus, they are included in our organizational chart. At the time of HERC’s Year 1 report (i.e., for the Grand Challenge Strategic Reallocation grant), the external review board recommended the creation of an Advisory Board. Our team agrees with this recommendation and will be working toward this goal in the coming year. We have included the to-be-formed Advisory Board in our organizational chart accordingly and will report on progress regarding the establishment of this board in our review metrics.

**Administratively Responsible College**

The college/regional campus to be administratively responsible for the day-to-day fiscal and programmatic activities.

Although the center is interdisciplinary in nature and involves faculty from numerous colleges, the HERC Executive Director will answer primarily to the Dean of the College of Arts and Sciences (CAS). CAS will be responsible for the day-to-day fiscal and administrative activities specifically linked to HERC.
Key Faculty Members and Selection Criteria

List the participating key faculty members associated with the proposed CIL and include their vita. Describe the membership selection process noting any special criteria that determines membership.

Faculty members who have earned a Ph.D. in their respective field and who have a track record of conducting research in health disparities (based on publications or grants) are eligible to become HERC affiliated faculty. These faculty members must indicate a commitment to training graduate/medical students in interdisciplinary health equity research either in their home department, through HERC collaborations, or both. To become an affiliated faculty member in HERC, the interested faculty member should contact the Executive Director expressing interest and providing his or her curriculum vita. These requests will be reviewed and approved by the Executive Director and the two Co-directors of Research. A majority (at least 2 of 3 in favor) is required to approve the addition of the faculty member. Current faculty members are listed below and CVs for key faculty are included as an appendix to this application.

Table 3. Current HERC Affiliated Faculty Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Academic Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbosa-Leiker, Celestina</td>
<td>Associate Professor and Associate Dean For Research, Nursing, WSU – Spokane</td>
</tr>
<tr>
<td>Barry, Tammy</td>
<td>Associate Professor and Director of Clinical Training, Psychology</td>
</tr>
<tr>
<td>Borah, Porismita</td>
<td>Associate Professor, Communication</td>
</tr>
<tr>
<td>Buchwald, Dedra</td>
<td>Professor and Director, Community Health; Co-director of Research, HERC</td>
</tr>
<tr>
<td>Burduli, Ekaterina</td>
<td>Assistant Research Professor, Nursing, WSU – Spokane</td>
</tr>
<tr>
<td>Butler, Todd</td>
<td>Associate Professor and Chair, English</td>
</tr>
<tr>
<td>Charles, Meilana</td>
<td>County Director, WSU Extension, Kitsap, WSU Extension Youth and Families</td>
</tr>
<tr>
<td>Christen, Kim</td>
<td>Professor, English</td>
</tr>
<tr>
<td>Cleveland, Michael</td>
<td>Associate Professor, Human Development</td>
</tr>
<tr>
<td>Danielson, Robert</td>
<td>Assistant Professor, Educational Psychology, WSU – Spokane</td>
</tr>
<tr>
<td>Denney, Justin</td>
<td>Associate Professor, Sociology; Co-director of Research, HERC</td>
</tr>
<tr>
<td>Duncan, Glen</td>
<td>Professor and Chair, Nutrition and Exercise Physiology, WSU – Spokane</td>
</tr>
<tr>
<td>Dutta, Geeta</td>
<td>Director, Office of Research Advancement and Partnerships</td>
</tr>
<tr>
<td>Gartstein, Masha</td>
<td>Professor, Psychology</td>
</tr>
<tr>
<td>Graves, Janessa</td>
<td>Assistant Professor, College of Nursing, WSU – Spokane</td>
</tr>
<tr>
<td>Johnson, Monica</td>
<td>Professor and Chair, Sociology</td>
</tr>
<tr>
<td>Kraft, Brian</td>
<td>Assistant Vice President, Innovation and Research Engagement Office</td>
</tr>
<tr>
<td>Lile, Joy</td>
<td>4-H Ext Regional Specialist, WSU Extension, Kitsap, WSU Extension Youth and Families</td>
</tr>
<tr>
<td>Mandal, Bidisha</td>
<td>Associate Professor, School of Economic Sciences</td>
</tr>
<tr>
<td>Matthew, Susan</td>
<td>Associate Professor, Veterinary Clinical Sciences</td>
</tr>
<tr>
<td>McDonell, Mike</td>
<td>Associate Professor, Community Health, WSU – Spokane</td>
</tr>
<tr>
<td>McGuire, Michelle</td>
<td>Professor, School of Biological Sciences</td>
</tr>
<tr>
<td>McNeil, Brian</td>
<td>Professor, Educational Leadership, Sport Studies, and Educational/Counseling Psychology</td>
</tr>
<tr>
<td>Meehan, Courtney</td>
<td>Associate Professor, Anthropology</td>
</tr>
<tr>
<td>Monsivais, Pablo</td>
<td>Associate Professor, Nutrition and Exercise Physiology, WSU – Spokane</td>
</tr>
<tr>
<td>Muller, Clemma</td>
<td>Assistant Research Professor, Community Health, WSU – Spokane</td>
</tr>
</tbody>
</table>
Notably, due to its focus on capacity building, HERC is dedicated to graduate/medical student training. Thus, any of the graduate/medical students working with HERC affiliated faculty (i.e., in their home academic departments) are able to engage in HERC projects and to benefit from the interdisciplinary teams to the extent that doing so is consistent with the student’s research and training goals. HERC already has students well integrated into the center and, thus, we have included this designation in our organization chart.

In addition to these faculty positions, we have the following staff contributing to the goals of HERC:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bennett, Alexandra (Lexie)</td>
<td>Office Assistant 3, College Of Arts And Sciences</td>
</tr>
<tr>
<td>Bonnefin, Maureen</td>
<td>Proposal Manager, Office or Research Advancement and Partnerships</td>
</tr>
<tr>
<td>Miller, Julie</td>
<td>Assistant to Director, Community Health</td>
</tr>
<tr>
<td>Pratt, Esther</td>
<td>Assistant to the Director, Foundation Relations, University Advancement</td>
</tr>
<tr>
<td>Strozewski, Jean-Paul</td>
<td>Program Assistant, College Of Arts And Sciences; 50% time HERC-specific position</td>
</tr>
<tr>
<td>Weinmann, Laurie Lee</td>
<td>Coordinator/Fiscal Analyst, University Advancement</td>
</tr>
<tr>
<td>Yager, Amanda</td>
<td>Grant and Contract Coordinator, College Of Arts And Sciences; 10% time HERC-specific position</td>
</tr>
</tbody>
</table>

A number of additional staff may routinely contribute support to HERC affiliated faculty through their support roles in the faculty members’ home academic units and are, therefore, also represented in the organizational chart.

Financial Support and University Resources

Budgetary Support Requested

Amount of budgetary support requested. Address the specific levels of support.

There is no additional budgetary support requested beyond funds already allotted from the Grand Challenge Strategic Reallocation grant, which initially funded the collaborative in the amount of $4,127,320 over five years. These funds have already been designated to HERC.
**Expected Funding Needed**

*Expected funding needed from university, state, external awards or gift sources.*

HERC is supported from the Grand Challenge Strategic Reallocation grant through 2021. At that time, it is expected that HERC will become self-sustaining for its regular activities through external grant support. The faculty and staff lines hired from HERC are funded from PBL.

The potential for HERC to obtain large, interdisciplinary grants to promote health equity is very high. This research area continues to be an important focus of NIH generally, and our specific strategies for integrating basic behavioral and social science with translational health research is the central focus of the 2017-2021 NIH OBSSR strategic plan: [https://obssr.od.nih.gov/about-us/strategic-plan/](https://obssr.od.nih.gov/about-us/strategic-plan/).


The following are a few examples of recent grant activities of HERC affiliated faculty that were identified as significantly benefitting from participation in HERC.

- **Title:** Suicide Prevention for Urban Natives: Keeping Our Youth (SPUNKY)
  - ORSO#: 129111-001
  - Lead PI: Dedra Buchwald
  - Co-PIs: Clemma Muller, Sean Murphy
  - Lead Organization: UC Denver
  - Funded: Amount for WSU $777,816

- **Title:** Native-Controlling Hypertension and Risks through Technology (N-CHART)
  - ORSO #: 127687-003
  - PI: Dedra Buchwald
  - Co-PIs: Amanda Boyd, Clemma Muller, Ka’imi Sinclair, Anna Zamora

- **Title:** Native Center for Alcohol Research and Education
  - ORSO #: 130996-001
  - Lead PI: Dedra Buchwald
  - Co-PIs: Amanda Boyd, Mike McDonell, Sterling McPherson, Clemma Muller, Lonnie Nelson

**Non-Budgetary Support Needed**

*Needs for space, equipment, supplies and other university resources (currently available and needed in the future).*

Because HERC brings together interdisciplinary teams of faculty from existing academic units, non-budgetary support is not applicable beyond resources currently available in affiliated faculty members’ offices and labs. As stated earlier, there is no expectation that HERC will significantly impact Library resources.
Section 3: University Endorsement

Supporting Letter
Supporting letter(s) from individual(s) to whom the unit will report to or interact with (chairs, deans, vice provosts, and/or others). Provide evidence of approval of the unit’s goals and financial support. Explain if departmental or college resources will be provided to support the activities of the unit (i.e., reduced class load, summer appointments, assistantships, start-up costs, administrative support, travel funds, equipment funds, space requirements, etc.).

Letter of support from Dr. Larry Hufford, Interim Dean, College of Arts and Sciences follows.
April 2, 2018

Dr. Paul Whitney
Associate Vice President, International Programs
Senior Associate Dean, Health Equity Initiatives, CAS
Washington State University
PO Box 645121
Pullman, WA 99163-5121

Dear Dr. Whitney,

I am pleased to provide this letter of support for your proposal to create the Health Equity Research Center (HERC). Since the awarding of the Grand Challenge Reallocation Grant to support your team’s health equity research activities, new and robust collaborations among Arts and Sciences and Medicine have grown and you have partnered with several organizations across the state of Washington. The establishment of the center will increase the visibility and impact of these efforts.

The mission of the proposed center, which is to bring together basic, translational, and intervention research in a coherent framework to address the social determinants of health disparities, is well-served by being housed in the College of Arts and Sciences (CAS) with strong collaborations among other colleges including medicine. CAS strengths in the social and behavioral sciences, as well as humanities and genetics, are fundamental to all three of HERC’s goals to:

(1) understand the determinants of health disparities across biological, behavioral, family, and community levels as well as on resilience factors that allow some individuals and communities to achieve good health despite significant adversity;

(2) build capacity for health equity research at WSU through new training opportunities that bridge traditional academic units and forge interdisciplinary approaches and methodologies; and

(3) create local and statewide partnerships with communities and health systems in the design and evaluation of interventions that promote resilience and reduce health disparities and in a generalizable and scalable manner.

Given that your goals are closely tied to CAS mission and capabilities I strongly endorse your aims and methods as outlined in your center proposal. I believe HERC will further the University’s Drive to 25 aspirations by providing a foundation for large multidisciplinary grants that impact the lives of people in our state and contribute to Washington State University’s land grant mission. I look forward to seeing the impact that this center will have in individuals, families, and communities both locally and beyond.

PO Box 642630, Pullman, WA 99164-2630
509-335-4381 | Fax: 509-335-8986 | cas@wsu.edu | www.cas.wsu.edu
Finally, from a financial perspective, I am satisfied that HERC’s growing contributions will be sustained well into the future. As part of the original application for a Grand Challenge reallocation grant, CAS (and Medicine) agreed to cost shares for seed grants and the Community liaison position, and we have honored that commitment. Moving forward, I am satisfied that HERC will remain a productive center using the PBL funds that have been permanently committed from the Grand Challenge reallocation grant to CAS and participating colleges.

Sincerely,

Larry Hufford, Interim Dean
College of Arts and Sciences