Mission Statement

The mission of the Center for Urban Population Health (Center) is advancing population health research and education to improve the health of urban communities. We conduct and facilitate original population health research and education initiatives that improve the health of urban communities through collaboration with academic and community organizations. The Center was officially established in April 2001 as a partnership among the University of Wisconsin, School of Medicine and Public Health (UWSMPH), the University of Wisconsin-Milwaukee (UWM), and Aurora Health Care, Inc. (AHC) administered by Aurora Research Institute, LLC (ARI), referred to collectively as the “Partner Institutions.” The Center’s research programs focus on projects that address the health needs of people across the lifespan, particularly women and children, the aging population, minority groups, and the economically disadvantaged.

To accomplish our mission, faculty, residents, students, graduates, and Center staff develop and maintain partnerships that address factors that contribute to individual and community health. These strategic partnerships are between the Center’s founding Partner Institutions, community organizations, and other academic institutions. Major population health research themes focus on issues such as but not limited to: (1) Maternal and Infant Health, (2) Child and Adolescent Health Risks, (3) Aging and Health Promotion, (4) Technology Innovations in Integrating Health Data Systems, and (5) Social and Cultural Health Determinants. The Center also provides learning opportunities in population health research for medical students, undergraduate and graduate students, residents and fellows, faculty and staff.

Purpose of the Center

Population health research is a way of understanding and studying the health and well-being of communities. The term population health refers to a conceptual framework for thinking about why some people are healthier than others as well as the policy development, research agenda, and resource allocation that flow from this framework including implications for clinical care. A population health perspective increases the understanding of critical health issues that are outcomes of social inequities and of policies that maintain them – that is, the social determinants of health. Population health research provides the benefit of increased prosperity as well as health, since a healthy population contributes to a vibrant economy with reduced health and social service expenditures and increased overall social stability and well-being. Population health also provides a framework and perspective to design and conduct research at the intersection of patient care and community health.
The Center focuses on conducting translational research across a continuum from the clinic to the community to the population at large. To accomplish this focus, the Center pursues two program areas to conduct translational research:

*Health Services Research*, which conducts research on patient-centered outcomes and addresses clinical effectiveness, quality care and costs and efficiencies in promoting health and treating disease; and

*Community Health*, which conducts research and evaluation of community and public health interventions and provides capacity building resources or partners with governmental and non-governmental organizations in community health planning, assessing, programming and evaluation.

To support these program areas, the Center has infrastructure in several areas of expertise:

- **Evaluation, Planning and Analysis**: facilitating and supporting quantitative and qualitative research with expertise in epidemiology, biostatistics, methodology, community-based participatory research, and program evaluation;

- **Information Systems and Technology**: developing and supporting database and information systems of research projects including developing new technologies;

- **Communication and Dissemination**: disseminating research and evaluation results in a targeted and diverse ways including: community forums, outreach, and through traditional methods such as the website, annual reports, presentations, publications and brochures, and communicating and facilitating quality public relations; and

- **Business Services and Operations**: providing administrative and operational support to the Center.

The Center’s approach includes fundamental elements such as applying epidemiological and clinical approaches, data analyses, identifying and implementing effectiveness research and program evaluation, disseminating results, and nurturing and maintaining community involvement. The Center embraces these principles and values:

- Promoting a *population health framework* as a unifying approach for addressing health determinants, interventions and outcomes;

- Forging *equitable and sustainable partnerships* with community and academic experts from diverse organizations, backgrounds and disciplines;

- Creating an environment of *innovation* by providing solutions to problems identified by partners, the community and the marketplace;

- Using research to *impact* effective policies, programs and practices;

- *Fostering knowledge transfer* through clinical-and community-based
learning;

- **Reducing health disparities**;
- Delivering *exceptional value* by integrating the best available resources and methodologies to address key issues with **integrity, objectivity and responsiveness**.

### Center Organizational Structure

The Center will be under the direction of a Director who reports to an Institutional Leadership Committee (ILC). An Advisory Committee provides advice to the director about research strategies and planning. Staff with appointments in the Center may have partial appointments. In addition, the Director may appoint Affiliate Members who participate in Center activities and who may utilize Center resources.

#### Institutional Leadership Committee (ILC)

The Institutional Leadership Committee (ILC) is made up of a designated leader from each of the Partner Institutions. The designation of the ILC members is made by the UWM Provost, ARI Vice President and UWSMPH Dean. Major responsibilities of the ILC are to:

1. Evaluate annually the Center’s progress and performance;
2. Review and approve annual budget;
3. Appoint Center Director and conduct annual review;
4. Review and approve rolling 3-year strategic administrative and operational plan; and
5. Review the utilization of funds – including funds derived from the partner institutions, grants, and other awards.

The ILC will meet no less than two (2) times during the year. ILC members may name a designee as representative in the event of a planned absence. All ILC members or their appointed designee(s) must be present, in person or by phone, to reach a quorum.

#### Advisory Committee

The Advisory Committee includes representatives from Partner Institutions and community leaders. The committee’s role is to articulate a community-wide vision and strategy for improving health, prioritize major population health improvement goals and initiatives, identify and develop funding opportunities and resources that support priorities, and evaluate outcomes on health improvement. The Advisory Committee responsibilities include:

1. Strategic planning and direction;
2. Networking to identify and recommend projects that mutually benefit the partner institutions and the community;
3. Developing alternative sources of funding.

The Advisory Committee shall consist of:
- Center Director (ex-officio)
- At least one representative from each of the three partnering institutions
- Community representatives.

These members are recommended by the Director and approved by the ILC.

The terms of all appointments for the Advisory Committee will be for three years. If possible, appointments will be staggered so that the entire Advisory Committee does not turnover every three years. Appointments may be renewed.

At the last scheduled meeting of each calendar year, the Advisory Committee will conduct an election for the position of Chair of the Advisory Committee for the upcoming year. A majority vote of the members present at a quorum of the committee is necessary to elect the Chair. The newly elected Chair will serve for a one-year term starting January 1 of the new calendar year. There is no limit to the number of terms a committee member can serve as Chair. The Chair may delegate another Advisory Committee member as acting Chair in his/her absence.

The Advisory Committee will meet at least three (3) times per year. A quorum shall be determined when there are at least 50% of the Advisory Committee members present, in person or by phone, including at least one (1) member each from the Partner Institutions and the community.

**Director**

The directorship shall be a 25% appointment to a faculty/scientist or physician already hired by one of the founding institutions.

The Director shall be responsible for oversight of all activities of the Center. This position consists of administrative responsibilities to the Center and academic responsibilities, the percepts to be determined by the appointing body. In matters concerning the Center, the Director shall report to the ILC.

The Center Director is jointly appointed by members of the ILC. The Center Director is an ex-officio member of the ILC and the Advisory Committee. The appointment of the Director is a limited term appointment that is renewable.

Responsibilities of the Director shall include Center leadership, budget preparation and oversight, vision/strategy and corresponding plans, hiring of Center staff.

1 Hiring of staff for the Center shall follow appropriate UW system and Aurora policies.
compliance, grants management, recommendation of appointment of affiliate members to the ILC, and all other aspects of activities to fulfill the Center's mission.

The Center Director shall receive a written annual review by the UWSMPH Associate Dean, UWM Vice Provost for Research and the ARI Vice President. The review will include input from the ILC and Advisory Committee. The evaluation will be shared with the UWM Provost, the UWSMPH Dean and ARI President. The Director shall be evaluated in relation to the academic responsibilities by his or her academic (tenure) department executive committee.

**Affiliate Members of the Center**

Faculty, staff, community members, and research centers/institutes may become Affiliate Members with the Center. The Affiliate Members include those who participate in Center projects, receive research support through the Center, or who self-identify as being active in Center-related research areas. Affiliate Members are approved by the Center Director.

**Space**

The Center Director shall determine needs for additional or improved space for collaborative work and develop plans for both. The ILC will consider these during its annual budget approval process, and decide on location and facilities for CUPH.

**Funding**

The core budget for the Center will be provided by the three partner institutions in equal shares. The Director will prepare a projected budget and use of core funding for approval by the ILC and implementation at the start of the fiscal year on July 1.

**Center Evaluation**

The Director of the Center shall submit an annual report of Center activities to the ILC who will review and forward recommendations to the UW-Milwaukee Provost and UWSMPH Dean, and ARI’s President. Every five years there shall be a comprehensive review of Center activities. Evaluation should meet the requirements and goals of Centers as outlined by the UW System and AHC.