

Donaghue Commissions Tech Transfer Survey

Donaghue worked with RPM Health during the summer and fall to survey university technology transfer offices around the country. This survey is one of several knowledge uptake initiatives being undertaken by the Foundation.

The purpose of the survey was to gain insight into the services provided by these offices and their possible role in moving the kinds of research funded by Donaghue into practice. Ultimately, Donaghue hopes to strengthen its linkages between grantmaking and the processes required to move research into healthcare practice and policy.

Using a variety of sources, 208 people at 82 universities were identified and sent a brief email questionnaire to request their participation in a more detailed survey. Responses from 52 universities were received, and 21 of those participated in the survey. Follow up in-depth phone interviews are being conducted with directors from several of those 21 offices who offered to provide Donaghue with additional information.

The results confirm the Foundation's observations over the past few years that a major cause for the gap between health-related research and practice is the lack of mechanisms to assist with this. "If a discovery has a fairly obvious use by a commercial business, then it has a fighting chance to be developed; if it doesn't, then there is little chance that it will be moved into a widespread application because there is no structure to do this," said Alex Hutchinson, managing partner of RPM Health. "A key question for Donaghue will be how it can build such structures."

"This survey has provided a lot useful information about the role of university tech transfer. These offices have a lot of experience that we may be able to draw on, though much of what Donaghue funds is not a good match for the priorities and domains of expertise generally found in tech transfer offices," said Nancy Yedlin, Foundation Vice President. The university tech transfer offices who responded put the majority of their efforts into promoting tangible assets derived from research, such as pharmaceuticals, biomaterials, non-medical engineering, energy-related technologies, and software. For example, almost two-thirds (63%) said they do not have a process to support researchers seeking non-commercial dissemination of research findings beyond the traditional publication route.

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Marissa at RPM Health speaks with one of the tech transfer office study participants.

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Alex Hutchinson
Managing Partner of RPM Health

Letter from the Trustees

By now, most of us have heard quite enough, thank you very much, about the economic distress in the US and beyond. Nevertheless, we feel it's important to write about the impact of this down market on the Foundation and what it foretells for our spending.

- Donaghue's Trustees have always pursued a conservative investment policy, and the Bank of America has provided an excellent execution of that policy. This means that in bull market years the Foundation will not reach the highest levels of investment returns that are possible, but in bear market years we don't lose as much, either. This proved to be the case during the most recent downturn in 2002, and we expect to benefit from this strategy again.
- We will continue to make multi-year grants, as that is what is required to fund research. We have always and will continue to honor our commitments to the future years of our grants.
- There is no getting around the fact that the recent year has taken a toll on the Foundation's assets and the result is less income available for grantmaking for the next one or two years. We haven't yet determined the specifics of "how much less," which will be an ongoing conversation between us over the next several months.
- Even bad news contains opportunities, and ours is to take a fresh look at all of our grant programs to make sure that they provide the greatest possible impact regardless of their spending level. It is in this spirit that we have decided to suspend accepting applications and making new grants in the Clinical and Community Health Issues program after the spring grant cycle while we conduct an assessment of the program and its accomplishments (see article on page 7).



Sheilah Rostow, Bank of America, Trustee and
Lynne Garner, PhD, Trustee and President

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As Trustees, our most important task is to interpret Ethel Donaghue's purpose for this Foundation in light of the circumstances of today. A close second to that obligation is to ask ourselves what work we believe the Foundation should accomplish in five, ten, or even twenty years and to structure our spending accordingly to meet that vision rather than to respond only to today's opportunities.

As always, we will continue to communicate with you on these issues and the changes they may bring to Donaghue's activities and programs.

Sheilah Rostow
Bank of America, Trustee

Lynne Garner, PhD
Trustee and President

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Ask the Trustees



Q: The Foundation's governance structure is unusual in that decisions are made by two trustees. What resources are available to assist you while doing your job as trustees?

A: We're fortunate to have many resources to draw upon. Of course, there is the professional experience we each bring to our position – the most significant to the job of trustee is Sheilah's work in fiduciary administration, trust and investment management and Lynne's previous experience as a senior staff member of the Foundation and her research background. But there are several organizations and individuals that we work with who provide us with technical assistance, guidance and counsel.

Donaghue is a long-standing member of the Connecticut Council for Philanthropy, a non-profit association of grant-makers that provides resources pertaining to effective philanthropy, such as workshops, databases, and networks. (Sheilah is currently a member of its board of directors.) Donaghue is also a member of the Health Research Alliance, another non-profit association but one that is comprised of private funders of medical research. As an HRA member, we attend two or three meetings a year that focus on best practices related to research grant-making (i.e., grant administration, peer-review, program evaluation, and translational philanthropy) and the latest trends in the health research enterprise. HRA also sponsors webinars in important, timely topics. And, as members, we have a ready network of other health research funders around the country to call on when a specific issue needs addressing or a question emerges.

We also seek out and develop collegial relationships with other funders who have a shared interest in research

or health improvement. For example, during the next few weeks we, along with Foundation staff, will be meeting with several philanthropies in the region. Each of these connections provides us with important insight on how other organizations approach similar challenges to those that Donaghue faces.

In addition, the Foundation has several long-standing associations with a number of professional advisers in the fields of accounting, law (including trusts and intellectual property), grant auditing, communications and public relations. And, of course, the Bank of America has deep resources and expertise to manage the Foundation's investments.

Finally, as many Practically Speaking readers know, we also have many science and policy advisers. During the past year the Foundation was fortunate to have the knowledgeable assistance of over 55 science reviewers, either as members of standing review committees or as ad hoc reviewers for one or more grants. The primary function of our science advisers is to provide us with their judgment as to the significance and methodological soundness of the grant applications we receive. We also have a policy advisory committee of ten individuals from a variety of professions and interests who meet three times a year to serve as an important sounding board by providing informed, thoughtful and diverse perspectives on the Foundation's current and future initiatives.

Donaghue Dictionary: Healing

On September 17th, Dr. Eric Cassell delivered the Donaghue Foundation's first Andrews Lecture, focusing on the importance of "healing" as a goal of medicine. The Foundation strongly concurs with Dr. Cassell's conviction that healing, as opposed to simply treating or curing, needs to be pushed to the forefront of our conversations in health care and in our medical school curricula, for it places the spotlight on the whole person and on each unique person's experience rather than just upon clinical symptoms, statistics or disease. Treatments and cures are necessary, but they are not alone sufficient to occupy our thinking and our training. Readers interested in pursuing the subject would do well to read Cassell's *Nature of Suffering* and S. Kay Toombs' *The Meaning of Illness*.



Practical Benefit Initiative Grant to Yale CARE

Donaghue has provided \$300,000 for the first year of the Yale University Community Alliance for Research and Engagement's (CARE) Community Interventions in Health project. CARE is a collaboration between the New Haven community and researchers from the Yale Schools of Public Health, Medicine, and Nursing as well as the university at large. CARE is guided by an Advisory Council co-chaired by City of New Haven Community Services Administrator Kica Matos and Yale's Deputy Provost Stephanie Spangler. CARE coordinates and disseminates existing research and community engagement efforts to strengthen community-university alliances around health. CARE also conducts and funds primary research within the community. The initiative receives core funding from the National Institutes of Health.

Community Interventions for Health (CIH) is an international collaborative that will address chronic disease through comprehensive, structural channels and evidence-based health promotion. New Haven will be the first US city to participate. Key stakeholders in neighborhoods, schools, health centers, community-based organizations, and organized philanthropy are enthusiastic about this collaborative.



Jeannette Ickovics from Yale School of Public Health is the CARE project director.



Above: Yale Care Diabetes Awareness Day event



Right: Yale CARE team at the Chatham Square Neighborhood Association Festival in New Haven.

The project has three major efforts:

- Intervention: New Haven Community and Yale University partners will develop and implement comprehensive and sustainable interventions based on evidence-based models and best practices, via: community coalition building; policy, economic and environmental change; social marketing; and health education. Neighborhood revitalization and health will be linked to improve quality of life for the community, working with neighborhoods, schools, health centers and worksites.
- Evaluation: CIH will include methods to demonstrate effectiveness in ways that are both practical and scientifically rigorous with regard to methodology and measurement. Using measures developed by CIH's Expert Advisory Panel, CARE will administer surveys to more than 6,000 New Haven residents in a variety of settings (neighborhoods, schools, worksites and health centers). A subset of participants will be asked to contribute physical and biological measurements such as height, weight, blood pressure, heart rate, blood glucose, and cholesterol. The survey results will inform community planning.
- Dissemination: CIH will communicate research results and relevant health information within the New Haven community to translate research into renewed engagement in the initiative.

Inaugural Andrews Lecture on the Voice of the Patient

Donaghue held its first annual Andrews Lecture on the Voice of the Patient on September 17 at the Anlyan Center at Yale University. Eric Cassell, MD, was the inaugural speaker for the series and spoke on the topic "Treating the patient or healing the person: What should be the goal of medicine?" The lecture was attended by more than 100 people, including medical students, former and current Donaghue grantees, Donaghue policy advisers, and members of the general public. Nancy Angoff, MD, MPH, Associate Dean for Student Affairs at Yale School of Medicine and Donaghue Policy Adviser, introduced Dr. Cassell. A reception for Ray Andrews, Dr. Cassell, and attendees was held in the Starr Atrium of the Anlyan Center.

Dr. Cassell spoke for nearly an hour on the responsibility of medicine to heal the patient rather than its current focus of treating a disease. Dr. Cassell said that the problem with medicine today is that it has two goals — curing the disease and attending to the patient — when it should be organized around only one goal — the well being of the patient.

The lecture series was established by Donaghue as a thank you and a tribute to Ray Andrews' leadership as the individual trustee of the Foundation for fourteen years. "Ray's contribution to the Donaghue Foundation really can't be overestimated," said Sheilah Rostow, Bank of America representative who worked with Ray for over ten years. "He came in at a formative time for the Foundation and was instrumental in helping us develop our mission and direction." The choice of the lecture topics, the Voice of the Patient, was chosen because of Ray's interest and the Foundation's beliefs that the topic is not adequately represented in medicine.

Video highlights of the lecture are available on www.donaghue.org. More can be learned about Dr. Cassell's writing by visiting www.ericcassell.com.



Betsy Bradley (former Donaghue Grantee) speaks with Martin III (at left) Foundation advisers Alvin Thompson (on right) and Katherine III.



The Foundation's guests at the lecture enjoying the reception that followed.



Ray Andrews and Eric Cassell leave the lecture hall to join the reception.

TRIPP Center Affiliates Reception

A networking reception for the Ethel Donaghue Center for Translating Research to Practice and Policy (TRIPP) Affiliates was held this summer. The TRIPP Center was established in 2006 with a five-year, \$1.7 million grant from Donaghue to provide an interdisciplinary collaborative resource for university and community researchers, clinicians, staff and students to further translational research of practical benefit. Affiliate members have access to the Center's pre-award support in grant application development; study implementation and analysis; and in ongoing education and networking opportunities. The TRIPP Center has over 45 current affiliates, and each year approximately eight to ten new affiliates join.

Recently appointed affiliates, TRIPP Planning and Pilot Grant recipients, and TRIPP faculty and staff gave presentations of their work, including Safety.net, a planning project funded by the Connecticut Health Foundation to assist



Melanie Martin-Peele (standing) describes TRIPP services to community-based health care organizations.

federally qualified health centers to build the capacity to implement electronic medical records.

This is the second annual reception for TRIPP affiliates and was attended by twice as many affiliates and interested community members and researchers as the previous year.

Donaghue Program for Research Leadership

Donaghue's new grant program, the Donaghue Program for Research Leadership, held its science review meeting on October 17. Twenty-one applications from senior investigators and their research teams were reviewed for their significance and research methodology. In addition to the proposed research study, applicants were also required to include a knowledge uptake component and a team building component, and these elements were also a part of the review process. Each award will be \$200,000 a year, plus a 10% indirect cost rate and a cost of living increase, for four years.

The review committee is composed of clinical researchers from a number of institutions outside of Connecticut and three individuals with extensive experience in incorporating best practices into health care delivery.

Four applicants were selected as finalists and will be interviewed by a panel that includes Foundation Trustees, staff, and advisers. Award winners will be announced in early December. Information about next year's grant program, application requirements and timeframes will be available at donaghue.org later this month.

DPRL Committee Members

Greg Diette, MD
Associate Professor of Medicine
and Epidemiology
Johns Hopkins University
School of Medicine

Rusty Bromley
Chief Operating Officer
Myelin Repair Foundation

Vincent Carey, PhD
Associate Professor of Medicine
Harvard Medical School

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Christina Gullion, PhD
Senior Investigator,
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Chief Quality Officer
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Jennifer Tidey, PhD
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Brown University

Dr. Elizabeth Matsui, MD, MHS
Assistant Professor of Pediatrics
and Epidemiology
Johns Hopkins Hospital

J. Douglas Rizzo, MD MS
Professor
Medical College of Wisconsin

AHRQ Innovation Exchange Update

The Agency on Healthcare Research and Quality's (AHRQ) Healthcare Innovation Exchange (www.innovations.ahrq.gov) was launched earlier this year to assist health care professionals' sharing and adopting innovations that improve the delivery of care to patients. For each innovation, the website presents a snapshot of the innovation and describes what the innovators did, how well it worked, and things to consider if others choose to adopt that innovation. Veronica Nieva, PhD, Editor in Chief of the AHRQ Healthcare Innovation Exchange and Vice President of Westat, was one of Donaghue's 2008 annual meeting speakers. In her remarks, she discussed the Innovation Exchange and invited researchers to submit their innovations. From this invitation, two innovations begun in Connecticut are featured on the AHRQ website, and more are on the way.

The Hospital Elder Life Program (<http://www.innovations.ahrq.gov/content.aspx?id=2059>), developed with the support of a Donaghue Investigator grant to Sharon Inouye, M.D., has been found effective in reducing the likelihood of delirium in older hospital patients. Before being featured in the Innovation Exchange, the Hospital Elder Life Program had already been adopted by over 60 hospitals across the US. In addition to describing this innovation, Dr. Inouye has provided an expert commentary to the website's discussion of group care visits for dementia patients and their caregivers. (<http://www.innovations.ahrq.gov/content.aspx?id=1781&tab=2>)

CenteringPregnancy and CenteringParenting, group care models for pregnant women and new mothers integrating health assessments, education and support, is also featured on the AHRQ website (<http://www.innovations.ahrq.gov/content.aspx?id=1909>). The program was developed and researched by Sharon Schindler Rising, CNM, MSN, FACNM of Centering Healthcare Institute and Jeannette Ickovics, PhD, Yale University School of Public Health. A randomized controlled trial of CenteringPregnancy found that women in the group care model received better prenatal care and had fewer preterm births, greater prenatal knowledge and use of breastfeeding than the women in the "usual care" model.

Anyone interested in sharing their healthcare innovation may contact the Innovation Exchange. Innovations featured on the website should either directly or indirectly improve patient care, involve one or more domains of healthcare quality, be truly innovative, be based on information that is publicly accessible, and have some evidence of effectiveness.

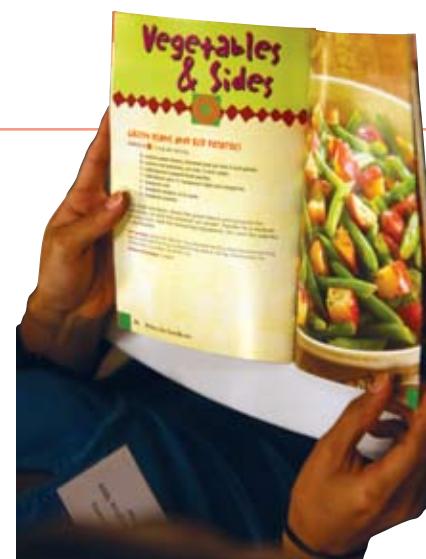
SisterTalk Summit

Many of our *Practically Speaking* readers are aware that Donaghue funded SisterTalk Hartford, a community-based participatory study that examined the feasibility and effectiveness of a healthy lifestyle program for African-American women who have strong ties to their church and faith. After a four year research study, we've continued with a different kind of support as part of our knowledge uptake and to answer the question "what should happen when the research ends?"

For six months, Donaghue staff member Nancy Yedlin has been working with some of the original research staff now at UConn's Ethel Donaghue TRIPP Center, leaders from some of the 12 churches that participated in the study, and section chiefs from the Connecticut Department of Public Health to bring SisterTalk Hartford to more women. As a starting point, the group has sought and gained seed funding from the Aetna Foundation to start the SisterTalk Hartford Resource Center (www.sistertalkhartford.org), which provides community outreach and support to new churches that start the program. The launch for this resource center, the SisterTalk Hartford Summit, was in September.

The summit was a gathering for church leaders from greater Hartford who were interested in learning more about SisterTalk. Kara Davis, MD, a Chicago-based physician whose latest book is "Spiritual Secrets to Weight Loss," was the keynote speaker. Her powerful talk centered on the connection between our spiritual and physical lives and the importance of taking care of one's health. Other speakers included women who had participated in the SisterTalk program, church leaders, and SisterTalk Resource Center staff.

Over 60 people attended the summit, and there have been numerous news articles related to the Summit. In addition, several of the churches represented by the attendees are working to establish a SisterTalk Hartford group for the women in their congregation.



Resources for healthy eating were distributed at the Summit.



Bishop Lance Davis, Kara Davis (Summit speaker), and Judith Fifield (UHC TRIPP Center).



The Summit planners: (standing) Nancy Yedlin (Donaghue) and Lisa Davis (CT Dept of Public Health); (seated) Renee Coleman-Mitchell (CT Dept of Public Health), Cheryl Smith (UHC TRIPP Center), and Barbara Headley (SisterTalk Hartford Community Advisory Team)

Clinical & Community Health Issues Program

Donaghue's Trustees have announced that they are suspending the Clinical and Community Health Issues program after the Spring 2009 award for at least the remainder of the year. November 14, 2008 was the last opportunity to submit a letter of intent to the program before it goes on this hiatus, and researchers who have an approved letter of intent from any time during 2008 will be able to submit their application for the January 23, 2009 deadline. In addition, all commitments to currently active Clinical and Community Health Issues grants will be honored.

After thirteen years and over \$16 million of funding to Connecticut institutions, the Foundation is conducting an assessment of the program to determine how well it continues to meet the Foundation's mission and goals and whether any adjustments are needed.

"We decided to suspend grantmaking from this program until we've concluded our assessment and determine what, if any, changes need to be made in the program," said Lynne Garner, Foundation Trustee. "This program typically accounts for about \$1.5 million each year, and if we're not certain that the program is structured in the best way for what the Foundation is doing now, then we shouldn't be funding grants from it." The Trustees, after consulting with the Foundation staff, had decided on this action before the economic downturn in the market earlier this summer and fall, "but those events only underscored our obligation to ensure the grants we make are the best use of the Foundation's resources to achieve our mission."

is published three times a year by the Donaghue Foundation to communicate its grantmaking and Knowledge Uptake activities. Readers are welcome to contact the Foundation office for more information about the work of the Donaghue Foundation.

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The Patrick and Catherine Weldon Donaghue Medical Research Foundation is a charitable trust created pursuant to the will of Ethel F. Donaghue, late of West Hartford, Connecticut. The Foundation, which began operations in 1991, is governed by Bank of America and Lynne Garner, Trustees. The Foundation is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, is a private foundation within the meaning of Code Section 509(a), and is subject to the jurisdiction of the Probate Court for the District of West Hartford.



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Donaghue thanks the universities who participated in the survey:

Donaghue is fortunately not alone in its interest to develop models to improve the path from research to benefit. For example, the Health Research Alliance (www.healthra.org), a membership organization of private medical research funds that last year funded over \$1 billion of research of which Donaghue is a member, has recently started a working group devoted to "translational philanthropy." The focus of this group is to seek collaborative and shared solutions to the barriers identified by HRA members to accelerating the benefit of their funding.

"It's increasingly clear that there's really no existing mechanism to assist with the research that we tend to fund. We need to consider this, empty space, as we think about the best way to fulfill the Foundation's purpose," said Nancy Yedlin.

Clinical and Community Health Issues
application deadline: January 23, 2009 at Noon
Donaghue Conference & Annual Meeting:
April 29, 2009
Donaghue Program for Research Leadership Letter
of intent deadline: March 27, 2009 (Noon)
Donaghue Program for Research Leadership
application deadline: July 17, 2009 (Noon)

Important Dates

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