



## Mayday and Donaghue Make Grant to VA for Pain Management

Last fall, the 2009 Program for Research Leadership, a grant program that supports transdisciplinary teams to conduct research on important health issues while exploring the best ways to move knowledge into practice, was awarded to Robert Kerns, PhD and his team of researchers at Yale University Department of Psychiatry and the West Haven VA Hospital. The solicitation and funding of the grant was a collaboration between The Mayday Fund and the Donaghue Foundation, each foundation working together throughout the process of reviewing letters of intent and applications, and developing a unified funding agreement and process to monitor the grant over its four-year term. The award is for \$200,000 a year for four years.

The Mayday Fund is dedicated to alleviating the incidence, degree and consequence of human physical pain (see more information about Mayday on page 4).

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Robert D. Kerns, PhD

## Clinical and Community Health Issues Grant Program Comes to an End

After sixteen years of awarding grants, one of Donaghue's signature programs, Clinical and Community Health Issues (C&CH), has been closed to new applications and future grant awards. The program will be supporting active grants through 2012.

The C&CH program funded research projects that addressed major medical conditions and health issues that affect individuals, group and communities. The program started with an annual solicitation of proposals for up to \$60,000 a year; by the last several years of the program, Donaghue reviewed and made awards twice a year for grants of up to \$240,000 for two or three years. Since the program made its first grant awards in 1994, it has awarded 110 grants and provided over \$18 million for research in a broad range of clinical, public health, and psychiatric research topics.

Although C&CH was open to all faculty level positions, many investigators in the early stages of their careers found this program to be well-suited for them. It was also a vehicle for researchers to develop pilot data that they could use in applications to larger funders, such

as the Institutes of Health (see article on page 7 for an example).

Ray Andrews, former Donaghue trustee, who initiated the C&CH program in 1993 as a first step in pursuing practical benefit through research, reflected, "The C&CH grant program introduced Donaghue to several individuals who would come to play key roles with the foundation over the years. Howard Bailit, DMD, PhD, joined Donaghue as the first chair of the C&CH review committee and continued to be influential through other roles at Donaghue. Another example is Cheryl Beck, DNSc, who received a C&CH grant early in the program, later served on the C&CH review committee and the two other Donaghue committees. Harlan Krumholz, MD, Donaghue Policy Advisor received his C&CH grant when I was a new trustee, and I've enjoyed watching his career develop as he conducts internationally-renowned outcomes research."

In fact, the list of C&CH recipients is filled with the names of scientists who have later given back to

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## Letter from the Trustees

We were recently asked by our friends at the Myelin Repair Foundation to be a partner in a new website and blog [www.wherethecures.com](http://www.wherethecures.com). The site is dedicated to educating all Americans about the current state of the medical research enterprise, the barriers that are slowing the delivery of patient treatments, and the innovators who are challenging the status quo. It provides a meeting place where patients, their families and all others can collectively raise their voices and gain momentum for change.

Of course, we were happy to say “yes.”

The Where Are the Cures? website points out that in 2008 twenty-one new drugs were approved by the FDA from the annual \$90 billion investment in medical research. Although many people are concerned about this slow pace in developing clinical treatments from our research dollars, it brings to our mind the question of *how* the impact from research is best measured. Counting the number of approved drugs is one way to assess the impact of investments in research, but not all health improvements emanate from medications.

For some time, we’ve been puzzled by the fact that there are so few outcome measures for medical research as it is applied to clinical treatments, improvements in the delivery of healthcare, or the prevention of chronic conditions. Ray Andrews, Donaghue’s former trustee, would often say, “This is a problem that somebody should do something about — and Donaghue is somebody.” We are exploring this issue, and we may need to take this on as one of our research



Lynne Garner, PhD, Trustee and President  
and Amy R. Lynch, JD, Bank of America, Trustee

initiatives. The Donaghue Foundation welcomes any comments or suggestions that our readers have on this question or on any of our ongoing initiatives.

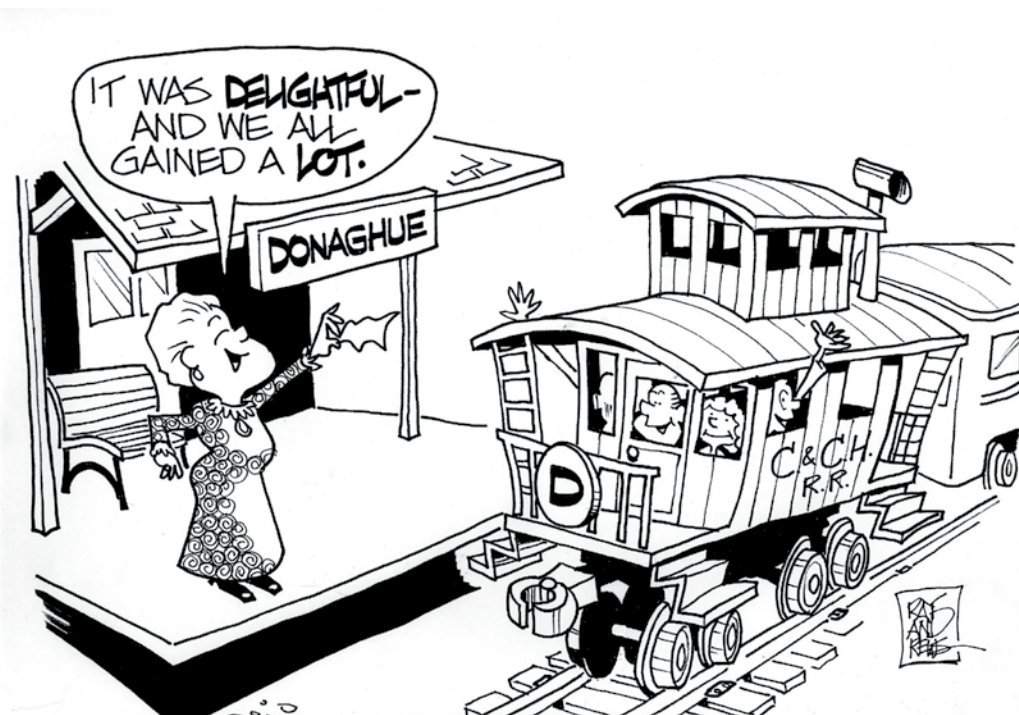
Amy R. Lynch, JD  
Bank of America, Trustee

Lynne Garner, PhD  
Trustee and President

## Donaghue Dictionary: De par’ ture

**A**s seen on the front page of this issue of Practically Speaking, Donaghue announces the departure of a foundation fixture: our Clinical and Community Health Issues grant program. This provides an occasion to focus on the importance of being able to leave things behind and move on, to depart one station to travel to another, to be willing to leave a comfortable place in search of progress.

C&CH was itself perhaps the first Donaghue departure back in 1994, when the concept of Practical Benefit took hold. Where Donaghue is today is a function of a logical progression. It’s the result of many arrivals along the way, many little journeys from point to point, and it began with our willingness to depart from a place, no matter how pleasant or beneficial the stay. One is reminded of Robert Frost’s *Stopping by Woods on a Snowy Evening* — the traveler, fascinated though he was by the setting, had to leave the woods to pursue his goals, to keep his promises. So has it been with Donaghue.



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## Ask the Trustees

**Q:** I recently learned about Mary Lasker, one of the main proponents for increasing funding of the NIH in the 1940s. She emphasized the importance of funding research that would directly impact health. Her interest sounds a lot like Ethel Donaghue's purpose for the Donaghue Foundation. Did the two women know each other?

**A:** This is an interesting question, and one to which we unfortunately are unlikely to know the answer. But there are similarities between the two women that go beyond their interest in seeing benefit flows from research.

They were contemporaries. Lasker was born in 1900, three years after Donaghue, and both lived into their nineties. Both women lived in families that were financially comfortable, and both women's parents died at a relatively early age. Lasker's parents died from strokes when she was in her thirties, Donaghue's father died from a heart attack when she was in high school and her mother died of cancer when she was thirty-five. Each woman received an extraordinary education. Lasker studied at the University of Wisconsin and then Radcliffe College. After graduating from Radcliffe with a degree in art history, she continued postgraduate studies at Oxford University. Donaghue graduated from Vassar and then the University of Pennsylvania Law School. In 1922, she earned a doctorate of juridical science from New York Law School.

They each had connections with New York City and Connecticut. Donaghue was a life-long resident of Hartford and West Hartford, but she also kept an apartment at the Hotel Carlyle in New York. Lasker spent most of her life in Washington, D.C. and New York City, but her obituary listed her as a resident of Greenwich, Connecticut.

Both women had an interest in urban beautification and parks. Lasker was instrumental in the construction of fountains and park lighting and getting more trees and flowers planted in Washington, D.C. and New York City. She also worked with Lady Bird Johnson on her campaign to beautify urban spaces in the U.S. In her will, Donaghue established a trust for capital improvements in the historic Elizabeth Park, which was just a few blocks from her home.



Elizabeth Park's Rose Garden, three blocks from Ethel Donaghue's house.

However, the most interesting connection between the two women is their shared interest in supporting medical research that provides, not just promises, benefit. In a letter she sent to President Johnson about the National Institute of Health, Lasker stated that "too much energy [was] being spent on basic research and not enough on translating laboratory findings into tangible benefits for the American people." In writing the purpose for the foundation that carries her parents' names, Ethel Donaghue said that the research supported by the foundation should "promote medical knowledge which will be of practical benefit to preserve, maintain and improve human life." Both women were working to influence the research enterprise to be more focused on the near-term improvement in people's health.

Given the similarities in their age, educational background, where they lived, and philanthropic interests, it is reasonable to consider that they may have met. Even if they didn't meet, it is quite likely that Ethel Donaghue knew of Mary Lasker's work to get federal funding for medical research to be more focused on health outcomes because it was written about in newspapers. As trustees, we have always been interested to know what influenced Ethel Donaghue to create the innovative purpose and structure for her foundation. One answer may be Mary Lasker.

## 2010 Grant Opportunity

**D**onaghue will be awarding one Program for Research Leadership grant in 2010. As in previous years, this will be a team-based award and will require applicants to provide a team building and a knowledge uptake plan along with their research plan. However, in a change from 2009, the topic will not be limited to pain management. The award will be for \$200,000 a year for four years. For additional information, go to [www.donaghue.org](http://www.donaghue.org).

## 2nd Annual Andrews Lecture

**D**onaghue held its second annual Andrews Lecture on the Voice of the Patient in September at Yale University's Anlyan Center, and the speaker was Karen Barrow. Ms. Barrow's topic, "More than an Anecdote: The New York Times Patient Voices Series," focused on her experience in telling the stories of people living with a chronic illness through audio and photographs in The New York Times' Well Blog. Barrow is the creator and producer of this series. Patient Voices has featured over 160 patients from the ages of six to 77 years old and has covered more than 23 topics. Barrow obtained a master's degree in biomedical journalism from New York University and a bachelor's degree in biology from Cornell University. Following the lecture, a reception for Ray Andrews, Karen Barrow, and attendees was held in the Starr Atrium of the Anlyan Center.

In discussing her work, Ms. Barrow explained that each



**Dr. Mary Tinetti asks a question during the lecture**

Patient Voices feature focuses on several individuals for each condition because everyone's experience is different. With that approach, she hopes that viewers will find at least one of the "voices" that they can relate to. Barrow also said that she owes a debt of gratitude to the people who choose to participate in the series. "They share a window



**Karen Barrow speaks with Katherine III, Donaghue Policy Adviser**



**Amy Lynch, Vice-President, Bank of America, and Ray Andrews**

into their life and hopefully help the other people that don't have that voice." Discussion with the audience at the Andrews Lecture led to a November 2009 feature on "Patient Voices: Coping With and Without Insurance."

The Andrews 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. 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 and medical research.

Video highlights of the lecture are available on [www.donaghue.org](http://www.donaghue.org). The Patient Voices series can be found at <http://well.blogs.nytimes.com/tag/patient-voices>.

## Mayday Fund — Dedicated to the Relief of Pain

**T**he 2009 Program for Research Leadership grant was co-funded by Donaghue and The Mayday Fund. The Mayday Fund supports research and implementation projects focused on alleviating physical pain. In addition to providing grant funding, their innovative *Mayday Pain & Society Fellowship: A Media and Policy Initiative* trains health providers, scientists, and legal scholars in the most effective ways of communicating their work to policy makers and the public. In 2009, Mayday convened a group of leaders in pain management, which resulted in a policy brief addressing the undertreatment of pain in health care and health reform. A Call to Revolutionize Chronic Pain Care in America is available at [www.maydaypainreport.org](http://www.maydaypainreport.org), and over 110 national health provider organizations and individuals have signed on to the report's recommendations.

Although the specific purpose of the two organizations is different, Donaghue and Mayday share similarities. As an



example of this and before they decided to work together on this funding effort, the two organizations independently decided to fund the same investigator. Both are focused on grant making as an avenue to improved health, and both are active in other collaborative efforts with several health funders.

"For the trustees of The Mayday Fund, supporting a project with the VA System has been a goal," said Christina Spellman, Mayday executive director. "The Donaghue Foundation's leadership and expertise in the field of knowledge uptake, and their willingness to share our mission to better care for pain, will enable us to achieve this. There is an additional value that comes from each foundation understanding more about the other's mission. We very much look forward to learning from the teams at the West Haven VA and at Donaghue, as we follow this project over the next four years."

## CARE's Neighborhood and School Survey — An Innovative Survey Approach

**W**e've been told this is award season (Golden Globes, Grammys, Oscars, etc), so we're wondering if there is an award category for the "Most Efficient and Innovative Data Collection Strategy." If so, the leaders of CARE at Yale University should be dusting off their tuxedos and sequined gowns; they are the smart money to win.

CARE, a collaboration of the New Haven and Yale communities, provides an opportunity to enhance the health of the citizens of New Haven by fostering rigorous community-based research and by translating scientific breakthroughs into practical benefits. CARE is a part of Yale's Center for Clinical Investigation and the Yale School of Public Health.

In seven weeks during the fall of 2009, the CARE team surveyed 1,205 households in six low income neighborhoods in New Haven, with a response rate over 85%, and 1,175 student surveys of 5th and 6th graders in 12 randomly selected schools, which accounted for 88% of all students in those grades. Four weeks after the survey ended, preliminary analysis of these data were being distributed to CARE stakeholders, school and neighborhood leaders. These surveys complement the health asset mapping completed last the summer by Youth@Work.

Two data collection surveys and the asset mapping were part of CARE's work in the Community Interventions for Health (CIH). The goal of CIH is to reduce the three risk factors (smoking, poor nutrition, and lack of physical activity) for the four diseases (diabetes, heart disease, lung disease, and most cancers) that account for 50% of preventable deaths worldwide. New Haven is the first U.S. city to participate in CIH.

In the neighborhood survey, teams of trained community interviewers, collected information on chronic disease such as whether the respondents had been told that they have high blood pressure, high cholesterol, diabetes or asthma; diet, smoking and exercise habits; mental stress; and access to health care. In the school survey, students were asked about their own assessment of their health, eating habits, physical activity; BMI, waist circumference, and blood pressure were also measured.

There were several factors that accounted for the team's ability to collect this large amount of data in such a short period of time, said Alycia Santilli, assistant director for CARE. They hired a cadre of interviewers and trained them

for this one specific task. "We realized that we could hire five people and do this over eight months or hire 20 people and have it done in two months," said Santilli. In addition, the people who were hired as surveyors were from diverse populations who reflected the sampled neighborhoods and schools; in fact, many of them lived in those neighborhoods. Every household received a letter explaining the survey, and fliers about the project were circulated in the neighborhoods, with additional outreach occurring the week before the surveyors would begin in a new neighborhood. "We were



Two CARE surveyors knock on the door of a health survey respondent in New Haven.

also lucky with the local press," said Santilli. "We had good press coverage in all major news outlets. All of the alders and community management teams were aware of our work and our presence in the neighborhoods, and this helped, too. We approached it like a campaign" rather than a traditional research study, said Santilli, whose education and work background are in community organizing.

"We were not a hundred percent certain that this would work," said Jeannette Ickovics, PhD, director of CARE, "but we were thrilled with how it turned out. With support our funders and a commitment to our community to 'minimize the burden and maximize the benefits' of research — this experience has shifted the paradigm of how we do research — now and in the future. And importantly, we now have the baseline data we need to move forward with interventions designed to improve health in New Haven through CIH."

## Interview with Wendy Vachon

In our third interview with Donaghue staff members, we check in with Wendy Vachon. Wendy began her employment as Administrative Assistant with Donaghue in February, 2007. She is Donaghue's "front door" and the voice that most people hear when they first call the foundation office.

### What are the basic outlines of your responsibilities at Donaghue?

I provide all of the administrative support to our trustee, vice president and grants administrator in relation to the entire office. I also provide the administrative support to several other of Donaghue's functions — most notably the various meetings and events that the foundation does each year. In 2009, Donaghue held its annual conference, to which over 300 people registered to attend, and three other, smaller events including one that was done in collaboration with the Robert Wood Johnson Foundation's INQRI program. I do all of the support for the planning, communications, and implementation of these events. It's a lot of work, but a lot of fun, too. I also make the day-to-day changes to our website, keep our database of contacts, applicants, and grantees up-to-date, and am Donaghue's link with the Health Resource Alliance's database of the grants that we've made.

### Donaghue has been focusing more on foundation-directed activities and functions this year. Has this had an impact on what you do?

The fact that the Donaghue Foundation is taking on various other activities and functions this year means that I have shifted from planning for the standard review committee meetings, and we used to have about four of those a year, to meetings that are more one-of-a-kind. I also haven't had to spend as much time in the work of receiving grant applications, logging them into our database, and working with our grants administrator in getting ready for review meeting. Of course, this lets me think about different ideas that I might be able to contribute to everyone at the office on what we may want to do differently, change how some



Wendy Vachon

things are done in the office to make it more efficient, or just how we could make Donaghue more successful.

This change in focus has also allowed me and my "Dream Team" partner, Stacy Cloud, grants administrator to get some grants "housecleaning" done and work to get Donaghue's grant information more organized. For example, in the past year I have added information about more than 100 past grants into our database. This helps all of us to be able to access our information faster and more accurately, and it will make it easier to look at the history of the Foundation's grant-making.

### What surprised you most about your day-to-day experience at the Foundation?

I've really enjoyed working with three other women of different personalities. I have been in the administrative field for over 20 years and have worked in a lot of different situations, with both men and women, and I must honestly say that the entire staff at the Donaghue Foundation are the greatest people to work with. We complement each other in every aspect in our daily routines at the Foundation, we give each other support when we need it, and we make each other laugh.

## C&CH —continued from page 1

Donaghue in various ways, as members of the foundation's review committees or providing ad hoc reviews, serving as informal advisers to trustees and staff, and as foundation boosters. The current committee chair, William B. White, MD, received a C&CH grant fourteen years ago.

As was the case in 2009, Donaghue will be focusing on foundation-directed activities during 2010 and will be initiating a very limited number of new grants. Grant opportunities developed by Donaghue during the past couple of years have successfully tested new grant features and requirements, and these may serve as the foundation for a new program in 2011.

"This has been a terrific program for Donaghue," said Lynne Garner, foundation trustee and president, "because it has allowed us to make connections with many investigators doing exciting, important research. And of course, we couldn't have conducted this program without the generous, voluntary assistance of our many peer reviewers. We owe each of them a huge 'thank you.'"

## First funded by C&CH, study now has 5 year federal grant

In 2006, The Minding the Baby (MTB) home visiting pilot study received funding from Donaghue's Clinical and Community Health Issues program. This funding supported the research team led by Linda Mayes, MD, Lois Sadler, PhD, RN, and Arietta Slade PhD, from the Yale School of Nursing, the Yale Child Study Center and the Fair Haven Community Health Center as they conducted a randomized clinical trial (phase II pilot study) of the home visiting intervention program for young families living in the Fair Haven neighborhood of New Haven, Connecticut. MTB is an interdisciplinary, integrated advanced practice nursing and mental health home visiting intervention for young first-time mothers and their families, aimed at preventing a range of negative maternal and child outcomes. Delivered by a team of nurses and mental health specialists, the program begins in mid-pregnancy and continuing with weekly home visits during the child's first year and every-other-week visits through the child's second year. MTB aims to enhance the strengths of the family unit, the health and development of infants and their mothers, the parenting capacities of young mothers, and the mental health of first-time mothers and their infants by focusing on maternal Reflective Functioning,

(the mother's capacity to understand her infant's emotional needs) as well as provide the needed physical care. The MTB moms experienced more success with breastfeeding their infants, delayed subsequent childbearing, returned sooner to school and work, and more regularly brought their children for regular pediatric health care and immunizations. No MTB families had child protective services involvement (vs. 4% of the control group). The children receiving the MTB services were significantly more likely to have secure attachment and their parents demonstrated more improvement in their reflective parenting capacities by the end of the program.

With these preliminary findings, Sadler, Slade and Mayes received funding from the National Institute of Child Health and Human Development for a larger clinical trial to test the efficacy of the intervention. The MTB pilot data also allowed the research team to secure program funding from the FAR Fund, beginning in the fall of 2008. Donaghue's C&CH funding for MTB not only provided many practical benefits to families in the New Haven community, but provided an important foundation for further funding to support development and testing of this promising program.

## Beyond Eureka! Conference April 21

The Foundation's 2010 conference will be held on Wednesday, April 21 at the Hartford Marriott Farmington from 7:30 AM to 12:30 PM. Donaghue will be expanding on its previous four *Beyond Eureka!* conferences with this year's program titled *Beyond Eureka! Why is getting healthy so hard? And what we can do about it. Behavioral and cultural perspectives.*

The two speakers, Dan Ariely and Val Curtis, will focus on the many hidden forces that shape our decision making about health behaviors — economic, cultural, and behavioral factors that influence us, often in ways that we are not aware.

The conference will be held in the same location as last year, but in a change from previous years it will end earlier. In addition, Dan Ariely will be available to sign his most recent book, *Predictably Irrational*, immediately following the conference. Representatives from Barnes & Noble will be at the book signing in case anyone would like to purchase a copy.

**Dan Ariely, PhD** is Professor of Behavioral Economics at Duke University and visiting Professor



at the MIT Media Lab. A behavioral economist, Ariely's research has shown that we all succumb to irrationality in situations where rational thought is expected. Ariely is also an occasional guest on NPR's *Marketplace*.



**Val Curtis, PhD** is Director of the Hygiene Centre at the London School of Hygiene and Tropical Medicine, a multidisciplinary group dedicated to improving hygiene and sanitation. With her expertise in evolutionary psychology and social markets, Curtis has worked worldwide to help increase the formation of habits — like hand washing with soap — that improve public health.

**Julio Urbina**, who heads the Healthy Aging Program at the Samuels Foundation in New York City, will bring both speakers together to discuss with the audience how their ideas can be put to use.

More information, including links to the speakers' websites and a link to the registration page, are available on the foundation's website at [www.donaghue.org](http://www.donaghue.org).

## Grant for Pain Management —continued from page 1

Like Donaghue, Mayday understands that sometimes existing knowledge is not effectively used and concentrating on closing the gap between knowledge and its application is important to improving health. This shared interest framed the basis for the joint effort by the two foundations to support the team looking to improve pain management for veterans, a top national priority of the Veterans Health Administration (VHA).

For many years, clinicians and researchers have worked toward developing a comprehensive, multidisciplinary, integrated, system-wide approach to pain management that reduces pain and suffering for veterans experiencing acute and chronic pain. In 2008, VHA adopted a 'stepped care' model of pain management as its single standard of pain care. As the name suggests, the model embraces different levels or steps of pain care. It starts with all-inclusive access to pain assessment and treatment services within primary care clinics. It continues with readily available secondary consultation services offering specialized pain care. The final 'step' is represented by tertiary interdisciplinary pain care services offering pain consultation and evaluation by an interdisciplinary team.

Through this grant, a team of clinicians and researchers will be able to evaluate the process of implementing this new process of care. The research team has complementary expertise to examine the implementation process both within and across the various steps of pain care and to disseminate study findings at a national level. Identifying factors critical to successful implementation and maintenance of the stepped care model will greatly benefit VHA as it launches this national program and will be instrumental in the improvement of pain management services for all veterans.

"System-wide implementation of a stepped pain care model represents an important advance that will assure equitable access to optimal pain care for our nation's heroes," said Robert Kerns, principal investigator on the grant. "This project will provide a unique and important opportunity to critically evaluate the process of change including a variety of clinician supports, processes for building teams, and methods for promoting not only dissemination of our findings but actual knowledge uptake."

THE DONAGHUE FOUNDATION



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