

# PRACTICALLY Speaking

The Donaghue Foundation Newsletter: Focused on research and knowledge uptake initiatives.

## Donaghue's 5th Annual Beyond Eureka! Conference



Val Curtis via video.

**340** people from nearly 100 organizations attended the fifth Donaghue *Beyond Eureka!* Conference. This year's theme was *Why is getting healthy so hard? And what we can do about it: Behavioral and cultural perspectives.*

The two speakers focused 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. Dan Ariely, PhD, Professor of Behavioral Economics at Duke University and visiting Professor at the MIT Media Lab, 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, sanitation, and water in households through advanced knowledge. With her expertise in evolutionary psychology and social marketing,

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## Program for Research Leadership Midpoint Review

**D**onaghue's Program for Research Leadership is at the midpoint in its planned five years of grantmaking. Even though each year has been a different experience, it is still a good place to review which of the program's elements have been successful and which are seemingly less so.

The program awards four-year grants of \$200,000 each year, plus a 10% indirect rate, for rigorous health research that incorporates effective approaches to translating research knowledge into practice. The principal investigator must be a faculty member in a research institution with at least two other co-investigators; team members can be from any type of organization — academic, nonprofit or for profit; local or not. The application must contain, in addition to the research plan, a team-building plan and a knowledge uptake plan, and the budget can support all three components of the project.

In addition to the specification of research, team-building and knowledge uptake plans, an important

component of the program is the use of "knowledge uptake experts" on the peer review panel.

The program was developed in 2007 with input from many foundation advisers. 2008 was the first year that letters of intent were reviewed and applications invited. We received 26 letters of intent and invited 21 to submit an application. At that time, Donaghue expected to award two grants. Because this was the first year of the program and we didn't want to prematurely eliminate projects that might prove to be significant possibilities, we invited nearly all of those who submitted a letter of intent to submit an application. However, the financial crisis of October 2008 caused Donaghue to fund only one grant.

Continuing to reduce its new commitments yet wanting to keep this program ongoing, Donaghue established a funding collaborative with The Mayday Fund in 2009 to share in the funding decision, cost, and ongoing monitoring responsibilities. Mayday's focus is on the

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## 2010 Andrews Lecture —continued from page 5



Perri Klass, MD

of hearing the voices of the patients they treat and support. That's why we thought Dr. Klass would be a great speaker. She uses her writing to learn about herself and the patients and families she treats with honesty, empathy and humor."

The Andrews lecture is open to the public. Dr. Klass will be introduced by Linda Pellico, Assistant Professor

at Yale School of Nursing, who developed the annual Yale School of Nursing Creative Writing Award. A reception will be held in the Anlyan Center atrium immediately following Dr. Klass' lecture. After the reception, Dr. Klass will be meeting with students in a closed roundtable session to talk about writing.

*"That's why we thought Dr. Klass would be a great speaker. She uses her writing to learn about herself and the patients and families she treats with honesty, empathy and humor."*

JUDY KUNISCH  
LECTURER AT YALE SCHOOL OF NURSING

Please check out [www.donaghue.org/events/andrews\\_lectures](http://www.donaghue.org/events/andrews_lectures) for video highlights of the two previous Andrews Lectures. As the inaugural lecture speaker, Eric Cassell, MD spoke on "Treating the Patient or Healing the Person: What should be the goal of medicine?" For the 2nd annual lecture, Karen Barrow presented "More than an Anecdote: The New York Times Patient Voices Series."

THE DONAGHUE FOUNDATION



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## Letter from the Trustees

It is always enjoyable to read the evaluations from the Donaghue conference held each spring. Responses are overwhelmingly positive about this event. This year, we also received one evaluation that questioned the foundation's current approach to fulfilling its mission. It said "The Donaghue Foundation has lost its way, and in my opinion is no longer offering the programs which are most likely to carry out Ethel Donaghue's wishes. Funding biomedical research will lead to greater and lasting benefit to the health of the citizens of Connecticut than funding social sciences."

Although it may be tempting to dismiss statements that are counter to one's position, we believed this merited reflection and a discussion with our Policy Advisory Committee. We began our reflection by reviewing the Trust Document that established the Donaghue Foundation. As Trustees, it is our duty to ensure that we are following the legal document as set forth by the donor. Ethel Donaghue was a knowledgeable, articulate lawyer who crafted her Trust Document with the flexibility to accommodate the broadest of discretion on the part of the Trustees bounded by certain criteria. The broad discretion provided in the Medical Foundation Trust to the Trustees is in direct contrast to the definite and step-by-step instructions that Miss Donaghue directed in the trust she created for Elizabeth Park. For this, she described in ten pages of great detail the specific role of the Trustee. In contrast, the trust document for the medical research foundation was described in only five pages.

The Foundation provides that the funds should be used solely for providing financial assistance for research in the fields of cancer and heart disease and/or other medical research to promote medical knowledge which will be of practical benefit to the preservation, maintenance and improvement of human life. In addition to this statement of purpose, Miss Donaghue acknowledged that she could not possibly anticipate or describe future activities that would carry out her stated purpose, and therefore she gave her trustees the "broad authority to do whatever they deem necessary or desirable" to carry out its purpose.

So within that broad authority, what are Miss Donaghue's wishes for us today? She wrote her Will over 30 years ago, and a lot has changed in the world of medical research since that time. How do we interpret her words in today's world?

One factor that has influenced our interpretation of Miss Donaghue's words is that there is significant funding for biomedical research, yet funding for the research to improve health care delivery systems is very limited. Stephen Woolf, MD, said in a 2006 Washington Post article titled "All Break-Through, No Follow-Through" that "for every dollar Congress allocates to develop breakthrough treatments, it allocates one penny to ensure that Americans actually receive them." The Patient Protection and Affordable Care Act, also known as health care reform 2010, begins to address this imbalance by authorizing funding for comparative effectiveness



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

research; still, basic biomedical research gets the lion's share of taxpayer and private research funder dollars. By funding the areas that do not receive the largest share of public and private funding, Donaghue can make a greater impact with its modest endowment.

Another part of our analysis is focused on the current state of the health environment - an aging population and a growing burden of chronic diseases. Preventing and managing these chronic diseases is often possible. We know how to avoid these health burdens and how to manage them with better outcomes than is usually the case; unfortunately this knowledge is often not used. The piece that is missing is the understanding of how to get current knowledge used more effectively to bring significant health improvement. This gap between what we know and what we do is an important part of our consideration of Donaghue's mission.

Over the past 19 years, Donaghue has made grants across a wide range of research fields. And we expect that the list of Donaghue grants made over the next two decades will also reflect a changing research landscape. We are confident that our current funding approach, though focused differently from Donaghue's early years when it had a stronger biomedical focus, is well within Miss Donaghue's intent. And we will continue to stay alert to the other changes in the medical research landscape that provides new opportunities for Donaghue to fulfill its purpose.

Amy R. Lynch, JD  
Bank of America, Trustee

Lynne Garner, PhD  
Trustee and President

### Sign up for emailed Donaghue news.

Don't miss out on emailed news from the Donaghue Foundation. You can now receive electronic updates, including video highlights of Donaghue events, by visiting [www.donaghue.org](http://www.donaghue.org) and signing up. Look for the link at the bottom of our home page.

## Ask the Trustees

**Q:** Does Donaghue expect the health reform legislation passed last spring to have an impact on its funding programs?

**A:** The short answer to this question is “no, not directly.” Although the health reform legislation offers many opportunities for pilot studies on new payment mechanisms and innovative structures for organizing health care systems, such as accountable care organizations, the majority of this research will be funded by the federal government. Yet we expect that these opportunities will also spur smaller, more targeted, opportunities for research that Donaghue may be able to support.

One outcome from the health care reform debate that framed the legislation is the increasing understanding among the public and its elected leaders that the cost of our current health care system is unsustainable and that we have many opportunities to improve its outcomes. Private philanthropy can be a partner along with public funders in seeking solutions to these enormous challenges.

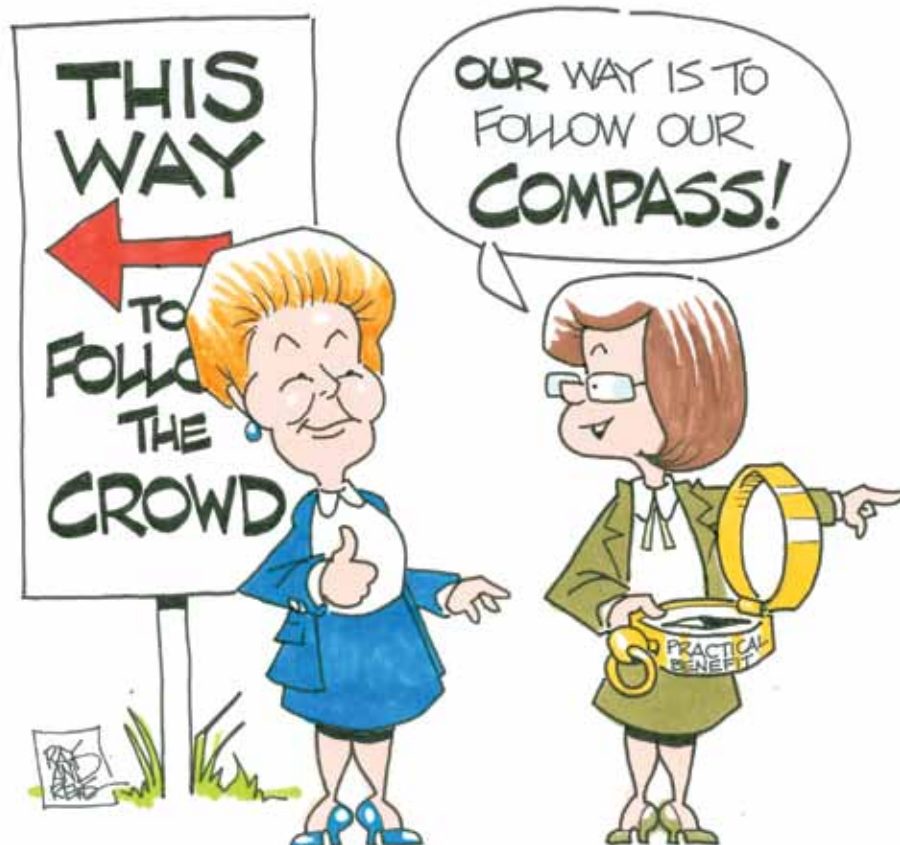
Two members of the Donaghue Foundation staff recently served on Sustinet advisory committees: Lynne Garner on the Healthcare Quality and Provider Advisory Committee and Nancy Yedlin on the Preventive Healthcare Advisory Committee. Four committees were developed to provide recommendations to the Sustinet Board of Directors. Sustinet is Connecticut’s self-insured health care delivery plan that is designed to provide wider access to high-quality health care coverage without unnecessary costs.

For more information on the Sustinet plan, visit [www.ct.gov/sustinet](http://www.ct.gov/sustinet)

## Donaghue Dictionary: Way

It’s been said (see *Letter from the Trustees, page 2*) that Donaghue has lost its way by investigating behavior-related failures to act on potentially beneficial health knowledge instead of simply funding biomedical research in the traditional manner. But what in fact is Donaghue’s “way”? The word connotes either of two things: it can describe a route, path or course (as in highway, byway or right-of-way) or it can refer to a style or manner of acting (Frank Sinatra boasted, “I did it my way.”) In either sense, it is the Donaghue trustees who define our own way to faithfully

follow the stated wish of Miss Donaghue that we pursue practical benefit to human life in a context of changing facts and ongoing learning. That’s why Miss Donaghue chose a trust instead of simply giving away her money. A way that is familiar to or popular with one group need not be the way careful assessment of options informs another – here specifically the Donaghue trustees. In seeking out practical benefit, nobody could work harder than we do to **find our way, stay on course, follow our compass, and do so in the particular Donaghue way.**



## Donaghue's 5th Annual Beyond Eureka! Conference —continued from page 1

Curtis has worked worldwide to help increase the formation of habits — like hand washing with soap — that improve public health. Although the Icelandic volcano prevented Curtis from being at the conference in person, a live video feed carried her from London to the conference ballroom.

Following the speakers, Julio Urbina, PhD, who heads the Healthy Aging Program at the Samuels Foundation in New York City, led both speakers and Leslie Curry, PhD, Yale School of Epidemiology and Public Health, in a discussion of how their ideas can be put into action.

Video highlights and photographs of the conference are available at [www.donaghue.org](http://www.donaghue.org).



*With so much of today's politically motivated speech designed to push our emotional buttons rather than engage and inform our minds, I felt that the speakers' identification of the levers of human behavior to be both valuable and timely to our efforts to promote good policies as well as healthy lifestyles.*

STEVE UPDEGROVE, MD  
PEDIATRICIAN, CORNELL SCOTT-HILL HEALTH CENTER, NEW HAVEN



*Beyond Eureka! was a phenomenal experience! This was my first year attending the conference, so I did not have a point of reference for the impact it would have on my personal and professional life.*

*I learned about new methodologies that I could integrate into my professional tool kit as well as personal behavior modifications that could increase my likelihood of success.*

*Kudos to the Donaghue team, job well done!*

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KRISTI RODRIGUEZ  
DIRECTOR, MARKET LAUNCH - DIABETES PREVENTION AND CONTROL ALLIANCE,  
UNITEDHEALTH GROUP



Dan Ariely, PhD



*I had missed a couple of the Eureka conferences prior to this year, and I was particularly struck this time by the number and diversity of people who attend.*

*Everyone from researchers to health care providers, to hospital administrators and community*

*health center directors, all gathered as a learning community on how we can get the best of the research to actually transform practice to help and empower people. One memorable a-ha moment for me was Val Curtis noting that "getting healthy is not a motivator" and that to change a habit, you have to change motivation. What a simple idea, yet so challenging!*

FRANCES G. PADILLA  
ACTING PRESIDENT, UNIVERSAL HEALTH CARE FOUNDATION OF CONNECTICUT



*I recently used the behavioral modification techniques discussed at the conference when I was asked to help at a charity perennial plant sale. Instead of telling the membership that "it would be really good if you donated plants to this worthy cause," which generally elicits no response, I told them that "90% of our members felt more joy in their gardens and were perceived as better gardeners when they divided and shared their perennials." We're having a great response to that message. Thank you.*

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JAMES B. STIRLING  
CHIEF EXECUTIVE OFFICER  
STIRLING BENEFITS, INC.



Julio Urbina (left) leads panel discussion with Dan Ariely, Leslie Curry, and Val Curtis (not shown).



*What a powerful and fascinating conference! Their insights (Dan Ariely and Val Curtis) encouraged me to embrace my dreams despite the “poo” (Val Curtis’ term referring to the fecal matter that causes diarrheal disease, a major cause of death in children worldwide) that may be in my path and respond passionately to crucial public health issues. I plan to co-teach a course in Tanzania and because of these compelling presentations handwashing will definitely be included in the community intervention portion of the curriculum. Thanks again.*

DAWN MAYS-HARDY, MS  
CT DIRECTOR, HEALTH PROMOTION AND PUBLIC POLICY  
AMERICAN LUNG ASSOCIATION OF NEW ENGLAND



*This year’s Donaghue conference speakers, Val Curtis and Dan Ariely, suggested that researchers who conduct health-promotion research need to go beyond providing rational information. If Ethel Donaghue had been sitting with us in the Marriott ballroom, I think this practical approach would have led to her clapping enthusiastically by the end.*

BECCA LEVY, PHD  
ASSOCIATE PROFESSOR, DIVISION OF CHRONIC DISEASE EPIDEMIOLOGY  
YALE UNIVERSITY SCHOOL OF EPIDEMIOLOGY AND PUBLIC HEALTH  
DONAGHUE INVESTIGATOR GRANT RECIPIENT



## 2010 Andrews Lecture

### Mark your calendar for Perri Klass, author and pediatrician

The 2010 Andrews lecture is being held October 7th at 5 pm at Yale University’s Anlyan Center Lecture Hall, 333 Cedar Street, New Haven. This year’s lecturer is Perri Klass, MD, Professor of Journalism and Pediatrics at New York University. A much admired author of both fiction and non-fiction, Dr. Klass writes extensively about medicine, children, literacy, and knitting. Her short stories have won five O. Henry Awards and she is a frequent contributor to *Health Affairs* and *The New York Times*.

The Andrews lecture series was inaugurated in 2008 to honor Ray Andrews’ stewardship of the Donaghue Foundation as its individual trustee from 1993 through 2007. Because of Ray’s abiding interest in making sure that the voice of the patient is heard by those in clinical research and practice and by health systems leaders, the lecture series has sought to inform and educate a medical audience by addressing the patient’s experience from a variety of perspectives.

To plan this year’s lecture, Donaghue convened a group including Ray Andrews and several colleagues and Donaghue advisers to make topic and speaker recommendations. The group, chaired by Judy Kunisch, Lecturer at Yale School of Nursing, included, along with Ray, Nancy Angoff, Associate Dean, Yale School of Medicine; David Smith, Director of the Yale Interdisciplinary Center for Bioethics; and Sheilah Rostow, former Bank of America trustee for Donaghue. The group chose to focus this year’s theme on how self-reflection by clinicians helps increase their capacity to listen to and empathize with their patients.

“Listening to patient stories, understanding one’s own reaction to those stories and then writing about them is increasingly an important part of the nursing and medical school curricula at Yale and other institutions” said Kunisch. “Our group felt that more emphasis on this during training will enable the next generation of practitioners to do a better job

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## National Scale-Up Conference

**E**arlier this summer, Donaghue participated in “A Conference to Advance the State of the Science and Practice on Scale-up and Spread of Effective Health Programs” held July 6th-8th at the Gaylord National Hotel, Washington, D.C. The conference was supported by the Agency for Healthcare Research and Quality, Commonwealth Fund, and the US Department of Veterans Affairs, with additional contributions from the Donaghue Foundation and the John A. Hartford Foundation.

The conference built upon a dinner meeting held last year at the NIH Conference on the Science of Dissemination and Implementation. Brian Mittman, PhD, Center for Implementation and Practice and Research Support at the VA and Wynne Norton, PhD, University of Alabama at Birmingham, coordinated the 2009 meeting, and along with Joe McCannon, Vice President of the Institute for Healthcare Improvement, were the lead planners for this year’s event. Nearly 100 people from 80 organizations attended this year’s conference.

Although there are several definitions of “scale-up,” it is generally referred to as the activities that bring effective, evidence-based innovations to a wider population. In speaking to conference attendees at the first session, Joe McCannon outlined the need to address our current efforts at scaling-up health programs and ensure their sustainability by saying “we’re under performing, we’re balkanized, and we’re stalled.”

The conference had four main objectives:

- To review existing knowledge and current practices related to the scale-up and spread of effective programs in health care and public health;
- To identify key challenges and gaps in current research, policy, and practice related to scale-up and spread in health care and public health;
- To develop and disseminate a detailed agenda outlining critical innovations, research, policy, and practice initiatives on these topics for the next five to seven years; and
- To launch specific activities to operationalize this agenda, including prioritization of research, policy, and practice activity and powerful demonstrations of regional, national, and international scale-up in health care and public health.

For much of the conference, attendees worked in groups to identify features of an ideal system for scale-up and spread, identify the gaps between that and our current system, and to develop specific recommendations for moving toward a future where effective programs are scaled-up to meet the needs of many.

The work products of the five groups, including their recommendations to improve scale-up, commissioned papers on scale-up, as well as other information related to the meeting, are on the conference blog <http://thisscaleup-conference10.blogspot.com/>

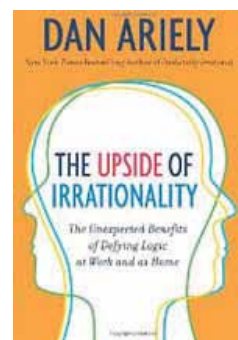
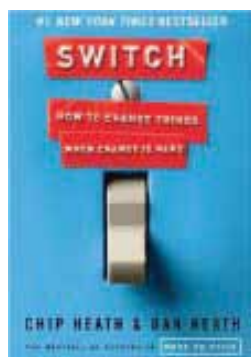
## Author’s Corner

**D**onaghue has been fortunate to have a number of authors participate in our past conferences and other events. Three of them have recently published books — you may want to check these out:



**Chip Heath (with Dan Heath) – *Switch: How to Change Things When Change is Hard***

Chip and Dan Heath follow up their best seller *Made to Stick: Why Some Ideas Survive and Others Die* with their examination of our rational and emotional selves and how they related to our motivation to change.



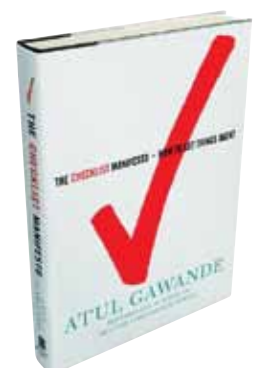
**Dan Ariely – *The Upside of Irrationality: The Unexpected Benefits of Defying Logic at Work and at Home.***

Behavioral economics to help us understand the seemingly illogical way that we behave.



**Atul Gawande – *The Checklist Manifesto: How to Get Things Right.***  
Can a simple checklist

reduce complexity and improve performance? Gawande looks at a variety of endeavors — medicine, construction, and aviation — to provide examples of this idea.



## Program for Research Leadership *—continued from page 1*

reduction of human physical pain, so application topics were limited to that field of research. The narrowed topic combined with Donaghue's focus on Connecticut-based projects resulted in only four LOIs, each of which was invited to submit an application.

For the 2010 award year, Donaghue is expecting to be the sole funder and is again allowing the wider range of research topics used in the first year of the program; 26 letters of intent were received. However, having the experience of the two previous years, only a smaller number of LOIs were invited for submission.

From this varied experience, we have learned that there are many investigators that appreciate this type of grant program. PRL offers researchers an opportunity to work with people or organizations that are outside of their particular institutions to address a particular research question and to move their findings toward greater use. We have also realized that collaborating with other funders is rewarding to Donaghue and enables more grants to be made in this program.

Elements that have worked well from our perspective are:

- Requiring teams and allowing non-traditional team members.
- Requiring a statement about knowledge uptake. We don't expect every project to be ready for adoption at the end of the grant — very few are — but we do believe that thinking about how the research data may ultimately be used by those who are outside of the academic setting will shape a better health intervention.
- Including reviewers who are not from the research world but have experience in using information in large organizations. Each application is reviewed by two clinical researchers and one person who has deep experience in adopting and using new knowledge in a health-related large organization. This provides a different perspective into the feasibility of proposed interventions.

Elements of the grant program that we are questioning include:

- Requiring that the PI be a faculty member. Donaghue successfully used a different model in its patient safety research program in 2006, with a hospital leader as the PI and a co-investigator from a research institution.
- Inviting investigators from outside Connecticut to apply by invitation. For 2010, Donaghue reserved the right to solicit a letter of intent from investigators in academic institutions outside of Connecticut who meet the above eligibility requirements within their own institution.
- Allowing the length of the Letter of Intent to be longer than 500 words. We've heard you!



Donaghue's first PRL is centered on a family-focused diabetes prevention program at Fair Haven Community Health Center in New Haven.

During the remaining two years of this program, we will continue to refine it but keep its core features. Please check the Donaghue website in early 2011 for the requirements and provisions for the 2011 Program for Research Leadership.