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, PhD, 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.
Letter from the Trustees

In 1979, Miss Donaghue signed her will that directed the overwhelming majority of her fortune to be used to create The Patrick and Catherine Weldon Donaghue Medical Research Foundation with the purpose of “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.”

...we’re focusing our role in funding research in a manner that optimizes uptake and adoption — to make research as relevant and ready as possible to make a sustainable impact on health.

A critical duty of the trustees is to determine the best way to fulfill Miss Donaghue’s purpose of funding research that is linked with practical benefit. To accomplish this, we must take into account both the Foundation’s modest resources and the significant changes in the delivery of health care since 1979. We must also keep our eye on changes in the research environment and on evolving philanthropic tools available to assist us in building a platform for what Miss Donaghue’s purpose means today.

There is general agreement among many academic researchers, funders, and practitioners that the funding and conducting of research has limited impact on improving health, certainly in any way that could be considered timely and direct. Scientific journals have identified the existence of “translational blocks” that impede our investment in research. Even when research-based clinical innovations are adopted into clinical practice, their use is unevenly diffused. Lay periodicals have also featured the disappointing track record of our research investment.

Similarly, many philanthropic organizations are increasingly concerned about how the outcomes from their grant awards can be scaled-up to create a more enduring benefit. Organizations such as the Growth Philanthropy Network and the Social Impact Exchange are working to multiply funders’ efforts by increasing investment in scaling effective social programs and solutions. Many of the largest private funders are spending their resources on research and consultation to understand how to scale their health initiatives from one setting to many. Philanthropies are using “impact investments,” investing a part of their portfolio on enterprises that further their mission, to stretch beyond what traditional grant-making can accomplish.

These trends in research and philanthropy have resonance for our work, but our challenge is to use them within the specific framework of Miss Donaghue’s purpose. For that, we’re focusing our role in funding research in a manner that optimizes uptake and adoption — to make research as relevant and ready as possible to make a sustainable impact on health. This includes not only the topics we fund but the requirements and the structure of the funding program itself.

If Miss Donaghue were looking at today’s research and philanthropic landscapes, what would she want her trustees to do? We believe that to be prudent stewards of her trust, we must fund research in ways that we know will make it more likely that knowledge of practical benefit will be promoted — we must work to make Donaghue-funded research relevant and ready to improve health. We will continue to use the broad range of scientific possibilities and philanthropic opportunities to fully achieve her purpose written thirty-three years ago, and in doing so make it current with the challenges and opportunities of today.

Lynne Garner, PhD
President and Trustee

Amy R. Lynch, JD
Bank of America, Trustee
History & Purpose

History
The search for knowledge by Donaghue-funded scientists has been made possible by the lifelong prudence and beneficent vision of one far-sighted West Hartford woman, Ethel F. Donaghue, who died in 1989 without immediate family to inherit her carefully husbanded fortune of about $60 million. Miss Donaghue was one of Connecticut’s first woman lawyers, having earned degrees from the law schools of both the University of Pennsylvania and New York University by 1922, but her wealth did not derive from the practice of law. She was required to close her Hartford practice early to care for her ill mother Catherine and manage the family finances, which were extensive as a result of the shrewd entrepreneurial spirit of her father Patrick, an Irish immigrant to Hartford in the late 1800s. Patrick had died in 1910 of heart disease, when Ethel was only fourteen, and Catherine succumbed to cancer in 1933. Although Miss Donaghue enjoyed enviable wealth and was able to travel widely for many years, she lived those years alone in her West Hartford mansion, with only household help for companionship. Spurred on by living through several family health problems and outliving her entire immediate family by over three decades, Miss Donaghue developed an abiding interest in health care and research. She often contributed to hospitals and established two trusts during her lifetime to support research. Her commitment to advancing human health culminated in a trust created under Article Fourteenth of her will and devoting the bulk of her estate to The Patrick and Catherine Weldon Donaghue Medical Research Foundation, which honors the memory of her parents and is now reporting on the completion of its twentieth year of grantmaking.

Purpose
The testamentary intent of Ethel Donaghue is the immutable mandate for the Donaghue Foundation trustees, who have developed statements of vision, mission and goals to give ongoing current meaning to Miss Donaghue’s purpose. Miss Donaghue said in her will that her trustees should seek out useful health knowledge through research. She envisioned a steadfast pursuit of knowledge that would be of practical benefit to human life, and the trustees have adopted Practical Benefit as a policy and operations compass. Prominent among Ethel Donaghue’s traits were a strong will, a championing of women’s causes, a keen sense of the practical, and a healthy dose of common sense. These traits loom large in the trustees’ reading of her words, particularly her urging that they undertake unusual and non-standard activities in furtherance of her purpose. A frequent question in trustee discussions of policy and program design is “What would Miss Donaghue do, were she here and in possession of the facts we have?” Nearly as important to the ongoing work of the Donaghue Foundation as what we are to do is how we are to go about it. That is expressed in our statement of goals and has characterized our work up to and including the just-completed year of 2011.
Vision Statement
We envision continual improvement in people’s health as a result of research being converted to practical benefit.

Mission Statement
We will be an imaginative, collaborative and engaged participant in the process that begins with rigorous health research and ends in realized health benefits and by doing so give the vision of Ethel Donaghue its best expression.

Goals
1. Promote knowledge uptake of health research into the realms of health care delivery, practice, and policy.
2. Advance the Foundation’s mission by collaborating with people and organizations that have the opportunity and responsibility to improve health.
3. Ensure that our grantmaking programs are structured to support rigorous research that more directly leads to a positive impact on health.
4. Identify and support researchers and organizations whose work encompasses the principles of knowledge uptake.
5. Build networks and collaborations to test innovative ideas related to grantmaking and health research.
6. Contribute to efforts, both internal and external to the research enterprise, that optimize the capacity of health research to address the needs of policymakers, practitioners, and consumers.

Values
Steadfast in our commitment
The purpose entrusted to us by Miss Donaghue in her will is an immutable mandate for us, and we will be unwavering in our resolve to give her vision its proper meaning and best expression in a context of changing facts and conditions.

Principled and practical
Guided by the balance between Miss Donaghue’s lofty vision and her common sense practicality, we will ground our execution of her trust upon solid principles while applying them in ways that focus on the practical. While being ready to risk in our search for ways to make a difference in health, we will maintain the integrity and the prudence that mark the work of a fiduciary.

Engaged to the point of effect
Our method of operation will be active engagement with those involved in seeking to benefit human health. As a complement to our research funding, we will collaborate with others to promote uptake of health knowledge. Somebody should be seeing to it that scientific advances are actually taken up by users — and we are somebody.

Respectful and reflective
We respect not only Miss Donaghue’s intent but also, through an integration of ethics and science, the human subjects of research and those with whom we work for the betterment of human health. We will strive to balance: our pursuit of new knowledge with its translation into actual use; scientific exploration with thoughtful reflection upon the implications of discovery; and the gaining of knowledge with the pursuit of wisdom to temper its use for practical benefit to human life.
DEFINING DONAGHUE:

A powerhouse of change and innovation

Connecticut may be the land of steady habits, but it is also the home to a foundation that eschews the status quo, seeks new horizons, and embraces change while always remaining firmly anchored to its purpose and its mission.

So how does one define such an unique beast? From the comfortable distance of forty miles and three years of retirement, I have been able to contemplate that question without any responsibility for the answer.

To begin, Donaghue is small in the pantheon of medical research foundations. One might imagine that its very size limits what it can do, but it is that small size that makes Donaghue the powerhouse of change and innovation that it is. By looking for innovative ways to stretch resources, new doors to collaborations and cooperative funding ventures have been opened. Even when partnering with a much larger foundation calls for an understanding of bureaucracy and top down decision-making so counter to Donaghue’s culture, the response is to learn from the experience and to find ways to make the partnership valuable to all involved.

The ability to move on and seek new and fertile ground, the ability to go out at the top of one’s game instead of waiting for inevitable decline has led to some surprising decisions over the years, but all of them strengthened the foundation and broadened the access to the foundation’s resources for many more innovators. If resounding success in bringing cutting-edge thinking and researchers to the annual Donaghue conference might lead to complacency, don’t look for that to happen at Donaghue. Reimagining what the foundation does well is part of the Donaghue way, as is being creative, nimble, thought-provoking, fearless and yes, small.

Sheilah B. Rostow
Former Donaghue Foundation Trustee for Bank of America

One might imagine that its very size limits what it can do, but it is that small size that makes Donaghue the powerhouse of change and innovation that it is.
The Program for Research Leadership is a team-based award that supports research that has the potential for making a direct, near-term impact on improving public health, clinical practice, or community health interventions; related knowledge-uptake activities; and activities to create a learning environment among the team. Awards of up to $220,000 a year for four years are made.

Over 40 percent of older Medicare patients have three chronic diseases, and nearly one-quarter have four or more chronic diseases. Yet the tools that practitioners have to treat their patients focus on one disease at a time. Often, these guidelines were developed to maximize longevity at the expense of promoting functioning in the areas of activities that are most important to the patient. Treating different diseases sequentially also leads to a higher number of prescribed drugs leading to drug interactions and more side effects. Thus, many experts in treating older people have recognized that a new framework is needed.

The 2011 Program for Research Leadership Award was awarded to Terri Fried, MD, Professor of Medicine at Yale School of Medicine, for developing methods to improve treatment decision-making for older persons. Dr. Fried is known nationally and internationally for her research in patient preferences. Her work has been recognized by several visiting professorships, many speaking engagements, and receiving the Outstanding Scientific Achievement for Geriatric Research Award from the American Geriatric Society.

Fried’s research program will focus on enhancing shared decision-making between physicians and patients to better meet their treatment preferences and life goals. Her team will address this need by first identifying the best evidence on treatment strategies that optimize outcomes in the realms of survival, functioning, and symptom relief; establishing a set of recommendations that are tailored to older person health priorities; and then testing these recommendations in the VA health system. Dr. Fried’s research team includes experts in the fields of health communication from Texas A&M University; informatics, decision making and clinical practice guidelines from the VA Health Care System in Palo Alto, California; and informatics from Yale University and the West Haven VA.

Fried’s research program will focus on enhancing shared decision-making between physicians and patients to better meet their treatment preferences and life goals.
In addition to the Research Leadership grant, Donaghue also funded three small and diverse projects.

Health Funders Survey
Donaghue is working with four other Connecticut-based health foundations to conduct a survey that gauges the quality of health care that Connecticut residents receive. The research, modeled on similar national surveys, will be the first of its kind in Connecticut to examine patient views of health care at the state and county level. Comparable national data will allow important comparisons between Connecticut and the rest of the nation. Results are expected in early 2013 in a report entitled, “The State of Health for the State of Connecticut.” The University of Massachusetts Medical School’s Center for Health Policy and Research has been tapped to conduct the $379,000 study; Donaghue is contributing $22,000 to this effort. Researchers will carry out a randomized telephone survey of 4,000 Connecticut adults over a 12-week period in the summer of 2012. The sampling will reflect Connecticut’s population and cover the state’s eight counties. Interviews will be conducted in English and Spanish. The survey will focus on patients’ experiences with primary care. The other funders in this collaborative are the Aetna Foundation, Connecticut Health Foundation, Community Health Foundation, and Universal Health Care Foundation of Connecticut.

Neuroscience 2011: Promoting Recovery with New Treatments
Approximately 250 people attended Neuroscience 2011: Promoting Recovery with New Treatments conference on Saturday April 9, 2011, sponsored by Yale University Department of Psychiatry, the State of Connecticut Department of Mental Health and Addiction Services (DMHAS), and the Connecticut National Alliance on Mental Illness (NAMI-CT). Donaghue provided a $5,000 grant to support this work. This twentieth annual neuroscience conference characterizes the strong collaboration that has been built between Yale, DMHAS, and NAMI-CT to promote advocacy, research, and clinical care and improve the lives of those afflicted with brain disorders. It is also a strong statement of the importance of communicating research findings to those who hope to ultimately benefit from them. Some of the researchers participating in the conference are former Donaghue grantees. Those attending the conference were principally mental health care consumers, their family members, and community providers. The conference provides an opportunity for them to hear from researchers on novel treatments being developed, and the popular “Ask the Experts” session allows participants the opportunity for in-depth discussion with researchers and clinicians.

Big Food! Health, Culture and the Evolution of Eating
There are many ways to promote knowledge to create benefit. In the academic world, publishing is key, but what about a museum exhibit? The Community Alliance for Research and Engagement (CARE) and the Rudd Center for Food Policy and Obesity at Yale University teamed up with the Yale Peabody Museum of Natural History to create Big Food: Health, Culture and the Evolution of Eating to communicate the latest science on the evolving social, cultural, environment and policy factors that influence what we eat. The exhibit will run from February through November 2012, and it is expected to attract an estimated 150,000 visitors, including school groups, children and families from across the region. The interactive and multi-media exhibits are designed to be family-friendly and provide information such as the amount of calories expended by different forms of exercise, the amount of sugar in different beverages, and the change in portion sizes over the past few decades. Donaghue contributed a $20,000 grant to support this exhibit.
Lee Woodruff spoke on “A Caregiver’s Journey” to a full house for the fourth annual Andrews Lecture. The lecture was on December 5 at the Anlyan Center at Yale School of Medicine.

Woodruff described the events that followed from the instant her husband, Bob Woodruff (who had just begun as anchor on the ABC Nightly News), was severely injured in Iraq by a roadside bomb. She spoke of the people and events during their seven month experience while he was in a coma and in a rehab hospital. In her discussion, she described the medical and nursing personnel who were helpful and gave her that needed lift and those, although technically competent, made her job as caregiver more challenging. In doing so, she addressed the nursing and medical students who attended the lecture to offer her thoughts on how the health care system and its practitioners might better serve patients and families. Woodruff recalled those doctors and nurses who were able to provide accurate and sometimes dire medical information while at the same time allowing her to remain hopeful about her husband’s prospects for recovery.

Woodruff was introduced by Cheryl Beck, ScD, RN. Beck is a Distinguished Professor of Nursing at University of Connecticut, a Yale School of Nursing graduate, and a Donaghue policy adviser and former grantee. Dr. Beck called Woodruff’s book a “must read,” particularly for students entering the nursing profession, and encouraged them to embrace the important role they can play in helping patients and families cope with critical illness.

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. The fifth and last Andrews lecture will be held in Fall 2012.
Making Research Relevant

The public’s attention is captured by announcements of new medical breakthroughs — deep brain stimulation provides a cure for Alzheimer’s disease or new antibody-based therapy increases the longevity of prostate cancer patients. While these advances may well be important in the future, we are struggling now to achieve what we already know is important to improve the lives and lower the cost of healthcare for many people. Diabetes, a disease that costs the US economy nearly $2 billion in health care costs, missed work and premature death and is rapidly increasing in prevalence, is a good example.

In my experience as a practicing physician as well as a health plan medical director, I have been struck by the need for research to help all participants in health care reach the best outcomes. The major gap in knowledge in many cases is not what targets we should have, what guidelines we should use, or even what doctors should do, but rather how all stakeholders can work together to achieve those goals. Stakeholders are not just patients and doctors, but hospitals, clinics, public health organizations, health plans, government programs, employers, and family members.

The most relevant research for many stakeholders is that which “has the potential for making a direct, near-term impact on improving public health, clinical practice or community health interventions.” This is the kind of research that is much more likely to be immediately implemented, especially now that there are significant financial incentives from Medicare for health plans and health care providers to improve outcomes.

What is the most relevant research to me? It is research that addresses the drivers of the greatest disease burden and cost of care for the population and has the greatest opportunity for improvement. There are now wonderful sources of data such as NCQA and AHRQ that identify the current quality of care for conditions that cause the greatest burden of illness in terms of both quality of life and cost. Research that provides practical, feasible, cost effective activities that can address these conditions is the research that we need. To help us get to relevant research, I suggest that research funders ask these questions of those applying for their grants: if your research is successful, what effect will it have on the disease burden and cost for the population as a whole? What stakeholders would implement the findings and how can you reach them? For funders, I suggest they specify how they will know if the research has had the desired effect beyond the research setting.

Even small improvements in the prevention or management of diabetes would decrease the number of new cases of blindness, kidney disease, heart disease and stroke. Similar opportunities exist for other conditions, and this is where the most relevant research should be directed.

Charles M. Cutler, MD, MS
Chief Medical Officer
Complex Care Clinical Programs
Magellan Health Services

Research that provides practical, feasible, cost effective activities that can address these conditions is the research that we need.
What does it mean to fund research that is “ready to make an impact?” It is a question core to Donaghue. It is also one that every foundation interested in advancing knowledge and making a difference should be asking.

Certainly all funded research should have practical benefit either directly or indirectly. Rarely is research devoid of an anticipated application, and without research on molecular models, public health, or miniaturization, little of the medical progress we take for granted would now exist.

In the current health environment, however, this becomes a complex question. Given the trends in the U.S. and globally, foundations are advocating a healthier population, better quality care, improved access and affordability, and sustainable costs. Yet with limited — and perhaps declining — resources, and multiple meaningful paths or interventions to choose from, including research, what is the best investment one can make?

To help regional leaders answer questions such as these, the Rippel Foundation’s ReThink Health Dynamics group has created an interactive simulation model that helps teams explore alternative scenarios for designing a regional health system using local community data. With improved health care, and costs as the goal, the model allows users to test the impact of investing either alone or in combination in more than twenty interventions such as addressing disparities, improving care coordination, expanding hospice, restructuring primary care, and providing comprehensive insurance. The model allows users to examine alternatives at a level impossible to do without computer assistance. And surprisingly, the results are often counter-intuitive. Without such empirically based modeling, we do not have the mental capacity to know what might be possible, beneficial, right, or “ready.”

But even with such tools, identifying research that is “ready to make an impact” will ultimately be an informed, value-based choice. It will come from a shared vision for the future; logic models and hypotheses on how we might get from here to there; precise yearly goals that test the hypotheses and help advance the vision; clear criteria, appropriate measures for success; and the discipline to know that all outcomes are valuable if we capture the learning and apply it to how we move forward.

While this sounds like a textbook formula, each step is profoundly challenging and important — and none of us do all of it well. The Donaghue Foundation brings to the philanthropic community the curiosity, insight, intelligence, and thoughtfulness that can help set standards for us all.

Laura Landy
President & CEO
Fannie E. Rippel Foundation

The Donaghue Foundation brings to the philanthropic community the curiosity, insight, intelligence, and thoughtfulness that can help set standards for us all.
Earlier in my career, I was a doctoral student in Aeronautical and Astronautical Engineering at MIT. I remember quite clearly how several of my professors and other graduate students established companies to help commercialize the work that we were doing. Often they used simplified versions of our research, but they stayed true to the concepts and thus helped to ensure that the progress we made translated to the broader society, and not just the niche that we worked in.

In medicine and health, this translation may not be as easily facilitated. Researchers may not want their ideas simplified and the benefit diluted. The precision with which they develop their practices may not translate well into the messy world of real life. The concepts may not be as readily incorporated into products or a paying consumer may not be so easily identified. For all of these reasons and more, it has proven challenging over the years to take sound medical research (beyond pharmaceuticals and surgeries) and translate it into practical benefit for people’s health.

The Donaghue Foundation nobly seeks to address this exact problem. They support research that can translate into real-world practices. They search for ways to make these practices self-supporting and sustainable. They convene individuals and organizations to highlight exciting new practices, inspire new ways of thinking, and encourage greater collaboration.

It is an important and critical role to fill, as research ultimately has value and importance only if it changes the way that real people lead their lives and care for their health.
To complement its grant funding, each year Donaghue conducts activities that are designed to help it achieve its goals by better understanding the link between research findings and their application.

Beyond Eureka! Design Thinking
Nearly 350 people came to Donaghue’s sixth Beyond Eureka! Conference on May 6 at the Hartford Marriott Farmington. Three experts in using design thinking to improve health were the keynote speakers at the conference, and they explored how design thinking is used to reduce fragmentation in today’s health care system and to recast the confusing barrage of health information by making it more understandable, compelling and persuasive. Jeneanee Rae, president of Motiv Strategies, started the day by outlining design thinking and defining how it works. She identified the three stages of design thinking — inspiration, ideation, and implementation — and provided examples from health care and other industries on how these stages are used. Camille Kubie and Ben Fry turned the focus to designing in the world of data. Kubie, Brand Manager at GE, and Fry, founder of Fathom, created the Healthymagination data visualizations from GE. Data visualizations use graphical means of communicating complex data bases in ways that are easily understood and intuitive. The conference’s Data Viz Café provided opportunities for conference attendees to check out data visualizations that were set up at six laptops.

New Ventures Advisory Group
In 2011, the New Ventures Advisory Committee (see the membership list on page 15) continued their work to provide guidance to Donaghue on avenues deploying resources to address the gaps between research and its use. With help from Wellspring Consulting, the New Venture Advisory Group participated with Donaghue staff and trustees in evaluating several options that the Foundation could take over the next few years to support knowledge translation. This initiative builds on Donaghue’s previous work — convening funders with similar interests, surveying university technology transfer offices, and commissioning a study of the scaling up of evidence-based community health programs. An outcome of this work led to Donaghue’s new grant program, currently being designed, which will connect former Donaghue grantees with vetted experts who can provide resources to address barriers to scaling, disseminating and sustaining the researchers’ evidence-based health care innovations.
Throughout the year, different activities are conducted that result in grants awarded, events sponsored, and communications published. Here are a few of these activities that occurred behind the scenes at Donaghue.

**Reviewing goals and mission**
It had been more than five years since the Foundation reviewed and rewrote its mission and vision statements and its goals and values. Our purpose, written by Ethel Donaghue, never changes and the Foundation was created to keep that purpose in trust. But from time to time, we review our past accomplishments, take a close look at the research and philanthropic landscapes, survey new opportunities and then make whatever the changes we feel are needed for the work of the Foundation going forward in support of that purpose. The consensus of staff members and trustees was that, in general, the mission and goals established five years ago are still relevant for the Foundation, so only minor revisions were done to those. However, we created a new goal to reflect Donaghue’s growing interest and influence in the wider research environment: Contribute to efforts, both internal and external to the research enterprise, that optimize the capacity of health research to address the needs of policymakers, practitioners, and consumers.

**Exploring New Opportunities in Grantmaking**
We realize that if we’re going to be working to make research relevant and ready for practical benefit, we need to continually explore new ways to do grant funding and new avenues of research to support. We’ve found that a good way to do this is to partner with other funders who share our mission. In 2011, our collaboration hit a new stride with three new ventures. The payouts for these grants will be in 2012 or 2013, and all of these projects will receive a more complete description in their funding year. But because a significant amount of work was accomplished in 2011 to create these collaborations and specify the details of the shared funding agreements, we are reporting them here.

**Future of Nursing Campaign for Action Research Agenda** is a unique, multi-funder initiative that will identify, generate, synthesize and disseminate evidence essential to informing the efforts to implement recommendations outlined in the Institute of Medicine report, “The Future of Nursing: Leading Change, Advancing Health.” The Robert Wood Johnson Foundation developed and is coordinating this initiative. The purpose of this activity is to increase and focus national attention on a common research agenda related to the IOM recommendations and to facilitate and coordinate funding activity across a range of funders of nursing research. In addition to Donaghue, the funder’s community currently includes The Robert Wood Johnson Foundation, The Gordon and Betty Moore Foundation, The John A. Hartford Foundation, The Blue Cross and Blue Shield of Florida Foundation, and The Rita and Alex Hillman Foundation.

Proposals are reviewed and scored by at least two peer reviewers. Those that receive an above-the-threshold score on the proposal’s relevance to the funding aims, potential impact, and methodological rigor will be considered for funding by the funders’ community. Using this coordinated approach, applicants will have access to a broader range of potential funders than they would have in a typical application process. Individual funders or combinations of co-funders who are interested in pursuing a funding relationship with an applicant will follow up directly with the applicant to request additional information, including more detailed proposals and budgets. Through this initiative, Donaghue will be providing $53,000 for a work force analysis by RAND with the RWJF INQRI project.
Applying Behavioral Economics to Perplexing Problems in Health and Health Care will fund rapid-cycle research that uses behavioral economics to help resolve perplexing health problems, and this initiative is being funded by both the Robert Wood Johnson Foundation and the Donaghue Foundation. The goal for this grant program is to generate and test pioneering ideas that may lead to breakthrough solutions in health. The program also aims to increase the number of behavioral economists addressing health and health care issues. Grants of up to $100,000 will be made for projects that will last approximately 18 months.

In addition to collaborating in the design of the initiative, Donaghue will support two of the eight teams of researchers, one from Swarthmore College and one from University of Pennsylvania, in the first of two rounds of funding. The teams supported by Donaghue were randomly selected from the eight finalists. All grantee teams will be part of The RWJF/Donaghue Foundation “Applying Behavioral Economics to Perplexing Problems in Health and Health Care Initiative” and will receive the same benefits and be subject to the same reporting requirements and expectations to attend a conference of the awardees.

Hospital Strategies to Reduce Mortality for Patients with Heart Attacks The Commonwealth Fund and Donaghue are partnering to award a grant to Yale University’s School of Epidemiology and Public Health for a mixed-methods study focused on improving treatment of acute myocardial infarction in hospitals nationwide. The Commonwealth Fund will support the majority of the study, with Donaghue funding the last phase that will take a concentrated look at the most successful hospitals to understand how they are able to change key strategies, particularly those related to internal organizational environment, so that these success stories may be replicated. Donaghue’s portion of the funding will be $112,000.

New Philanthropy Models for Impact Most philanthropic organizations are striving to create greater impact from their spending, and Donaghue is not an exception to this trend. During 2011, Foundation staff continued to engage in the growing scale-up field by participating in a variety of opportunities. For example, Donaghue was invited to participate in AHRQ’s Innovation Exchange Scale-Up and Spread event in May. This one-day event in Washington DC brought together experts in scaling-up evidence-based health care innovations with creators of promising health care improvements. Donaghue also participated in the two-day Social Impact Exchange conference, a meeting that underscores the growing movement of philanthropy, non-profits, and investors working together to develop new approaches for turning effective innovations into self-sustaining social programs. Finally, Donaghue is providing leadership to the Health Research Alliance work group on Translating Research into Practice and Policy. HRA is a membership organization of nearly fifty non-governmental research funders who provide over $1.5 billion of funding to over 5,500 researchers annually, and the TRIPP work group focuses on getting prevention and outcomes research more quickly adopted into practice and policy.
Awards

2011 NEW Awards

PROGRAM FOR RESEARCH LEADERSHIP
Terri Fried, MD
Yale School of Medicine
Development and Implementation of Patient-Centered Guidelines

PRACTICAL BENEFIT INITIATIVES
Big Food: Health, Culture and the Evolution of Eating
Yale Peabody Museum of Natural History

Connecticut Health Care Survey
University of Massachusetts School of Medicine

Neuroscience 2011: Promoting Recovery for New Treatments
Yale School of Medicine

2011 CONTINUATION AWARDS

CLINICAL AND COMMUNITY HEALTH ISSUES
Robert Beech, MD
Yale University School of Medicine
Gene-expression algorithms to predict lithium response

Naomi Driesen, PhD
Yale University School of Medicine
Prefrontal development in youths at risk for schizophrenia

Augustus Mazzocca, MD
University of Connecticut Health Center
The effect of early range of motion on clinical outcomes, patient satisfaction, and cuff integrity following arthroscopic rotator cuff repair

Peggiee Wupperman, PhD
St. Luke’s-Roosevelt Hospital
Female-focused treatment for domestic violence and alcohol use

DONAGHUE INVESTIGATOR
Hal Blumenfeld, MD, PhD
Yale University School of Medicine
Impaired consciousness in epilepsy: Mechanisms and consequences

Becca Levy, PhD
Yale University School of Medicine
Promoting older individual’s health behaviors through positive age beliefs

Jennifer Prah Ruger, PhD
Yale University School of Medicine
Ethics and economics of healthcare disparities

William T. Zempsky, MD
Connecticut Children’s Medical Center
Sickle cell pain: A novel approach to assessment and relief

Quing Zhu, PhD
University of Connecticut
Novel imaging devices for diagnosis and treatment of breast cancers

PRACTICAL BENEFIT INITIATIVES
Judith Fifield, PhD
University of Connecticut Health Center
Ethel Donaghue Center for Translation Research into Practice and Policy

Terri Fried, MD
Lianna Fraenkel, MD
Yale University School of Medicine
Improving the quality of care for atrial fibrillation by promoting patient-centered decision making

Jeannette Ickovics, PhD
Yale University School of Medicine
CARE: Community Alliance for Research and Engagement

Multiple Myeloma Research Foundation
Myelin Repair Foundation

PROGRAM FOR RESEARCH LEADERSHIP
Robert D. Kerns, PhD
Yale University School of Medicine — VA Connecticut Healthcare System
Implementing a VA Stepped Care Model of Pain Management

Harlan M. Krumholz, MD
Yale School of Medicine
Hospitalomics: A system-based approach to hospital performance

William Tamborlane, MD
Yale University School of Medicine
Changing life-styles for better health

GRANT PROGRAMS

Clinical and Community Health Issues
For research studies that address major medical conditions and the health of individuals, groups and communities. Grants were up to $240,000 over two or three years. This program is no longer open to new applications.

Donaghue Investigator
Supports particularly promising medical researchers holding faculty appointments at Connecticut research institutions. Awards were for $100,000 a year for five years. This program is no longer open to new applications.

Program for Research Leadership
The Program for Research Leadership is a team-based award that supports research that has the potential for making a direct, near-term impact on improving public health, clinical practice, or community health interventions; related knowledge uptake activities; and activities to creating a learning environment among the team. Awards were for up to $220,000 a year for four years. This program is no longer open to new applications.

Practical Benefit Initiatives
The Foundation initiates research projects in an interactive process with prospective investigators, and funding is based upon promise of practical benefit to human life.
## Committees

### Policy Advisory Committee

- **Michael Rion, PhD** (Chair)
  - West Hartford
  - Principal, Resources for Ethics and Management
- **Nancy Angoff, MD, MPH**
  - New Haven
  - Associate Dean, Yale School of Medicine
- **Cheryl Beck, DNSc**
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  - Professor, University of Connecticut
- **Carrie Brady, JD**
  - Wilton
  - Healthcare Consultant
- **John Charde, MD**
  - Salisbury
  - Medical Director, Senior Whole Health New York
- **Lisa Davis, RN, BSN, MBA**
  - Glastonbury
  - Deputy Commissioner
  - State of Connecticut Department of Public Health
- **Bruce Gould, MD**
  - West Simsbury
  - Associate Dean, University of Connecticut School of Medicine
- **David Knecht, PhD**
  - Storrs
  - Professor, University of Connecticut
- **Marie Massaro**
  - Wethersfield
  - Massaro Consulting
- **Dennis May**
  - Guilford
  - CEO, Connecticut Hospital Association (Retired)
- **TV Rajan, MD, PhD**
  - Farmington
  - Professor, University of Connecticut School of Medicine

### Program for Research Leadership Review Committee

- **Gregory B. Diette, MD, MHS** (Chair)
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  - Associate Professor of Medicine, Environmental Health Sciences & Epidemiology
- **Nancy Berlinger, PhD**
  - The Hastings Center
  - Research Scholar
- **Russell Bromley**
  - TRAC Consulting
  - Principal
- **Pablo A. Celnik, MD**
  - Johns Hopkins University School of Medicine
  - Associate Professor
- **John Charde, MD**
  - Senior Whole Health New York
  - Medical Director
- **Charles Cutler, MD**
  - Magellan Health Services
  - Chief Medical Officer for Complex Clinical Care Programs
- **Michael Gaffney, PhD**
  - Pfizer, Inc.
  - Vice President, Statistical Research & Consulting
- **Carol A. Landis, DNSc, RN**
  - University of Washington
  - Professor of Biobehavioral Nursing and Health Systems
- **Stephanie A. Studenski, MD, MPH**
  - University of Pittsburgh
  - Professor of Medicine

### New Venture Advisory Group

- **Michael Rion, PhD**
  - Resources for Ethics and Management
  - Principal
- **Russell Bromley**
  - TRAC Consulting
  - Principal

### Voice of the Patient Lecture Series Committee

- **Judith Kunisch, MBA** (Chair)
  - Yale School of Nursing
  - Lecturer
- **Ray Andrews**
  - Donaghue Foundation
  - Trustee, retired
- **Sheilah Rostow**
  - Bank of America, Donaghue Foundation
  - Trustee, retired
- **Nancy Angoff, MD, MPH**
  - Yale School of Medicine
  - Associate Dean of Student Affairs
- **Linda Pellico, PhD, MSN**
  - Yale School of Nursing
  - Associate Professor
- **David Smith, PhD**
  - Yale University
  - Senior Scholar in Theology & Medical Ethics
Grants

Miss Donaghue’s testamentary gift in trust: $53,438,074
Current value: $58,143,135
Grants made since Foundation’s inception: $83,686,375

Financials

Investment in marketable securities $57,260,304
Cash and cash equivalent $833,186
Other assets $49,645
Total assets and fund balance $58,143,135
Income $2,096,788

Expenditures

Program Grants
Clinical and Community Health $146,645
Donaghue Investigator $157,368
Practical Benefit Initiatives $485,520
Program for Research Leadership $999,586
Subtotal $1,789,119
Program support and Foundation-administered projects $445,246
Management and General $637,169
Investment Management $146,927
Total Expenditures $3,018,461

Note 1: In addition to these expenditures, an estimated amount of up to $1,992,000 has been earmarked for future spending in support of ongoing grants. The figures listed above are unaudited. Fair market values are approximate.

Note 2: In addition to this amount, the Foundation facilitated $100,000 in research grants for foundations or other philanthropic sources.
Ethel Donaghue’s legacy would be even more meaningful if her Foundation’s efforts prompted others to support health research as a part of their own philanthropic planning. The Donaghue Foundation supports the work of Leave a Legacy Connecticut and encourages people to include charitable bequests for health research purposes in their wills. While the Foundation will accept additional funds itself only if they are solely and expressly for Miss Donaghue’s own testamentary purpose, we do believe strongly in the public value of committing private sector resources to the ongoing cause of health research.

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