

RESEARCH

THE PATRICK AND CATHERINE WELDON DONAGHUE MEDICAL RESEARCH FOUNDATION

VIEW **WH** HEALTH

GD **AT** TOPIC

SYSTEM **MA** PPLY

ARG **TT** TEAM

DEN **ER** REPLY

SULT **S?** SCIE

ANNUAL REPORT 2013 NUMBER 22

DONAGHUE

WHAT MATTERS?

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 healthcare 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
Principled and practical
Engaged to the point of effect
Respectful and reflective

'13 trustees letter

A good part of our work in 2013 was to ask "What matters in research?" Throughout the year, we posed this question to multiple parties — healthcare providers, academic leaders, public and private healthcare directors, business leaders, researchers, other research funders, along with our Donaghue advisers. We asked questions of each of them so we could learn and better understand their perspectives on how research affects the work they do. The reason we conducted this inquiry was to assist Donaghue as we shaped and developed new grant programs for 2013 and 2014. We wanted to know what relevant and ready research looks like to those who will ultimately use, and communicate, the new knowledge that is created.

The answers we heard reflected the fact for many conditions there are good strategies for treatment and perhaps even better strategies for the prevention of many health concerns. Yet, there seemed to be a resounding message that we often don't know how to ensure that treatments are delivered

"...we work to inform the Foundation's programs with the answers we heard to our question 'What matters?'"

in the most effective way or whether prevention programs are successful for multiple populations. Specifically, we heard that what matters in research is

- Finding more effective ways to inform all in the healthcare system about new evidence; publishing research results is not sufficient for front-line providers who seek to improve the work they do.
- Achieving real patient and consumer engagement; beyond the broad agreement that this is important, there was little confidence that we know how to do it.
- Bringing diverse stakeholders together with those doing the research.
- Embedding research into the delivery systems to maximize its relevant and responsiveness.



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

It is through the Foundation's grant programs that we realize Miss Donaghue's purpose of funding research that will promote knowledge of practical benefit to improve health. In all we accomplished in 2013, we tried to fully realize the Foundation's goals, mission and values, and we work to inform the Foundation's programs with the answers we heard to our question "What matters?"

Lynne Garner

Lynne Garner, PhD
President and Trustee

Amy R. Lynch

Amy R. Lynch, JD
U.S. Trust, Bank of America,
Trustee

'13 committees

POLICY ADVISORY COMMITTEE

Michael Rion (Chair)
Principal
Resources for Ethics and
Management

Nancy Angoff, MD, MPH
Associate Dean
Yale School of Medicine

Cheryl Beck, DNSc
Professor
School of Nursing
University of Connecticut

Carrie Brady, JD
Principal
CBrady Consulting

John Charde, MD
Medical Director
Senior Whole Health New York

Lisa Davis, RN, BSN, MBA
Deputy Commissioner
Connecticut Department of
Public Health

John Lynch, MPH
Director
Connecticut Center for Primary Care

Marie Massaro
Principal
Massaro Consulting

Dennis May
CEO (Retired)
Connecticut Hospital Association

NEW POLICY ADVISERS FOR 2014

**Heather Crockett-Washington,
DDS, MPH**
Chief Dental Officer
Community Health Center, Inc.

Jean Larson, MBA
Education and Community Outreach
Manager, Yale University Human
Investigation Committee

Thomas Van Hoof, PhD
Associate Professor
University Connecticut Schools of
Nursing and Medicine

ANOTHER LOOK

Mary Jane Koren, MD, MPH (Chair)
Vice President
Delivery System Reform
The Commonwealth Fund

Dorothy Baker, PhD
Research Scientist
Yale School of Medicine

Alice Bonner PhD, RN
Associate Professor
School of Nursing
Northeastern University

John Charde, MD
Medical Director
Senior Whole Health New York

Leslie Curry, PhD, MPH
Senior Research Scientist
Yale School of Public Health

James Grady, DrPH
Professor
Community Medicine and
Health Care
University of Connecticut Health
Center

Kimberly S. Van Haitsma, PhD
Director
Polisher Research Institute
Madlyn & Leonard Abramson Center
for Jewish Life

Deborah McDonald, RN, PhD
Associate Professor
School of Nursing
University of Connecticut

Martha Radford, MD
Professor
Departments of Population
Health and Medicine
NYU Langone Medical Center

Barbara Resnick, PhD, CRNP
Professor
School of Nursing
University of Maryland

Stephen Walsh, ScD
Associate Professor, School of
Nursing
University of Connecticut

R3 – MAKING RESEARCH RELEVANT & READY

Konstantine Drakonakis
Director, New Haven Office
Launch Capital, LLC

Marie Massaro
Principal
Massaro Consulting

Veronica Nieva, PhD
Vice President
Westat

Laurel Pickering, MPH
President & CEO
Northeast Business Group on Health

C. Todd Staub, MD
Board Chairman
ProHealth Physicians

Eleanor L. Tandler
Founder & CEO
NovaTract Surgical

Julio Urbina, MPH, PhD
Vice President
Samuels Foundation

What matters in an adviser?

Imagination. Integrity. Commitment to Ethel Donaghue's purpose.

Donaghue's Policy Advisory Committee was created in 1995 to provide ongoing, informed, thoughtful, and diverse perspectives into issues the trustees are considering as they carry out the charitable purpose of Ethel Donaghue. Committee members bring to the Foundation the breadth of their experiences in health care, philanthropy, public policy, and research. By presenting their opinions and offering the benefit of their related experiences to the trustees and to Donaghue's staff, these policy advisers assist the Foundation in carrying out the testamentary intent of Ethel Donaghue, who established the Foundation.

Committee members are provided with periodic updates on the Foundation's work and are convened about three times each year by the trustees. At these meetings, the Committee is briefed on important issues that drive grantmaking, programs and policy at Donaghue or that relate more generally to the fields of research or philanthropy. Committee members discuss these issues with the trustees and the staff, share insights and offer advice to the trustees from a public perspective, much as the scientific advisers are asked to do from the perspective of science. Policy advisers are also called on outside of standing meetings to provide their insight, and they serve a four-year term that can be renewed one time.

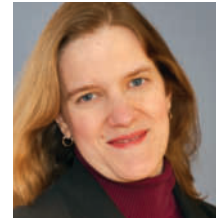
Over the years, the Donaghue trustees and staff have gained enormous benefit from the interest of its policy advisers in the well-being of the Foundation.



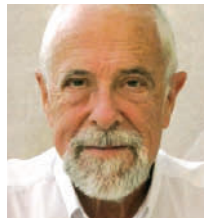
Nancy Angoff



Cheryl Beck



Carrie Brady



John Charde



Lisa Davis



John Lynch



Marie Massaro



Dennis May



Michael Rion

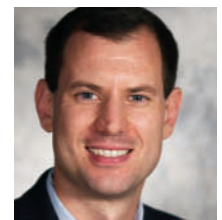
NEW POLICY ADVISERS FOR 2014



Heather
Crockett-Washington



Jean Larson



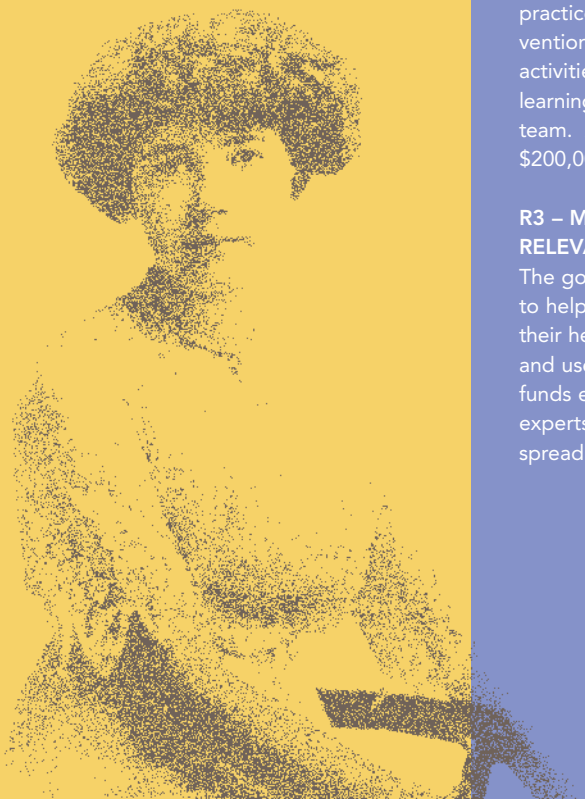
Thomas Van Hoof

history

The search for knowledge by Donaghue-funded scientists has been made possible by the beneficent vision of Ethel F. Donaghue, who died in 1989 without immediate family to inherit her 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 healthcare 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 devoted the bulk of her estate to The Patrick and Catherine Weldon Donaghue Medical Research Foundation, which honors the memory of her parents.

The testamentary intent of Ethel Donaghue is the immutable mandate for the Donaghue Foundation trustees. Miss Donaghue said in her will that her trustees should seek out useful health knowledge through research, and she gave them permission to undertake unusual and non-standard activities in furtherance of her purpose. Therefore, 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?"



GRANT PROGRAMS ANOTHER LOOK

Another Look provides funding to use existing data to answer a research question that has the near-term potential to improve health. In 2013, the focus was on improving quality of care and quality of life for the elderly population in care facilities.

FUNDING PARTNERSHIPS

In a variety of initiatives, Donaghue partners with other funders to leverage its resources

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.

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 create a learning environment among the team. Awards are made for up to \$200,000 a year for four years.

R3 – MAKING RESEARCH RELEVANT & READY

The goal of the R3 grant program is to help researchers better prepare their health interventions for adoption and use in real world setting. R3 funds enable grantees to access experts in areas relevant to scaling, spread and implementation.

'13 awards

2013 NEW AWARDS

ANOTHER LOOK

Lisa Barry, PhD

University of Connecticut Health Center
"A Community-Based Skilled Nursing Facility for Difficult-to-Place Residents"

Randi Berkowitz, MD

Commonwealth Care Alliance
"Skilled Nursing Facility Shared Savings Plan"

Lew Lipsitz, MD

Beth Israel Deaconess Medical Center
"Evaluating the ECHO-AGE: Remote Video-Consultations for NHS"

Joann Reinhardt, PhD

Jewish Home Lifecare
"Improving End-of-Life Care in a Nursing Home"

Jennifer Tjia, MD

University of Massachusetts Medical School
"Evaluating an Elder Care Resident Intervention"

R3 – MAKING RESEARCH

RELEVANT & READY

Nancy Berlinger, PhD

The Hastings Center
"Reaching Non-Self-Identifiers: Marketing The Hastings Guidelines to Health Care Professionals Outside End-of-Life Networks"

Michelle Cloutier, MD

Connecticut Children's Medical Center
"Payer-Based Provider Portals to Accelerate Adoption and Dissemination of Easy Breathing™"

Judith Fifield, PhD

University of Connecticut Health Center
"Translating a regionally developed and academically supported health promotion program for dissemination in new regions and in collaboration with a non-profit health plan."

Sharon Inouye, MD

Hebrew SeniorLife
"HELP 2.0-Relevant, Ready and Reachable"

Linda Mayes, MD & Lois Sadler, PhD

Yale University
"Minding the Baby®"

Diane Meier, MD

Mount Sinai School of Medicine
"IT Enhancement/Integration for the National Palliative Care Registry™ – Data Drives Access to Quality Palliative Care"

FUNDING PARTNERSHIPS

Amber E. Barnato, MD, MPH & Rebecca Sudore, MD
University of Pittsburgh & University of California, San Francisco
"Consumer-Directed Financial Incentives to Increase Advance Care Planning Among Medicaid Beneficiaries"
With The Robert Wood Johnson Foundation

2013 CONTINUATION AWARDS

PRACTICAL BENEFIT INITIATIVES

Jeannette Ickovics, PhD

Yale University School of Medicine
"CARE: Community Alliance for Research and Engagement"

Ann Bonham, PhD

Association of American Medical Colleges
"Advancing Effectiveness Research and Implementation Science in our Own Backyard: Donaghue Grant Opportunity for Academic Medical Centers"

PROGRAM FOR RESEARCH

LEADERSHIP

Terri Fried, MD

Yale School of Medicine
"Development and Implementation of Patient-Centered Guidelines"

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"

FUNDING PARTNERSHIPS

Ellen Magenheim, PhD

Swathmore College
"Fighting Viruses with Viral Marketing: Using Online Social Endorsements"
With The Robert Wood Johnson Foundation

Judd Kessler, PhD

University of Pennsylvania
"Using Behavioral Economics to Promote Medication Adherence"
With The Robert Wood Johnson Foundation



'13 grants

In 2013, Donaghue began a new grant program that provided funding for health-related research projects that can improve the quality of care and the quality of life for the elderly population in nursing homes or other care facilities.

Called "Another Look," the program invites researchers to address a particular problem affecting the elderly in care facilities with data that already exists. Researchers applying for this grant were also required to identify a stakeholder in the care delivery or policy arena with whom they will either consult or collaborate and who is willing to work with the researcher to develop a research product that may be readily used to improve care.

Six projects were funded for a total of \$519,000.

Lisa Barry, PhD
University of Connecticut
Health Center
Farmington, Connecticut
Award: \$97,790
Duration: 24 months

"A Community-Based Skilled Nursing Facility for Difficult-to-Place Residents"

In partnership with the Connecticut Department of Mental Health and Addiction Services and the Department of Correction, this research project will evaluate the quality-of-care and quality-of-life outcomes of patients transitioning to a specialized skilled nursing facility. Long-term patients from psychiatric hospitals and from correction facilities who need skilled nursing care often cannot be placed in the facilities they need. Connecticut has established a specialized facility to care for these patients with the goal of providing high quality care. Key patient behaviors, including acts of aggression towards staff and other patients and wandering, will be evaluated; quality of life indicators such as depression, cognitive status, and satisfaction will be assessed; and changes in the use of health services use will be measured.

Randi Berkowitz, MD
Commonwealth Care Alliance
Boston, Massachusetts
Award: \$127,600
Duration: 24 months

"Skilled Nursing Facility Shared Savings Plan"

This project seeks to develop a value-based payment system to stimulate better health, better care, and lower cost for participants needing care in skilled nursing homes. Using basic shared savings ideas from cooperative economic and game theory and health informatics, a financial model will be designed that health plans, hospitals, government, and accountable care plans could use to incentivize nursing homes to lower unnecessary hospitalizations by providing higher quality acute care in skilled nursing facilities. This financial incentive plan might be an approach that other healthcare systems could adapt for their partnerships in the new healthcare system evolving in our country. For frail patients in skilled nursing facilities, aligning payment with value is a critical step to ensuring that healthcare resources will be provided to meet patients' acute care needs.

Low Lipsitz, MD
Beth Israel Deaconess Medical Center
Boston, Massachusetts
Award: \$121,000
Duration: 12 months

“Evaluating the ECHO-AGE: Remote Video-Consultations for Nursing Homes”

A biweekly video-consultation program called ECHO-AGE provides an interdisciplinary geriatric team to consult with clinicians in 14 nursing homes in Massachusetts and Maine over a secure internet video connection; these consultations are focused on helping the nursing home staff provide better management for behavior problems in residents with dementia. A comparative analysis of changes in antipsychotic medication use and rates of New York resident participation in activities, disruptive behaviors, functional decline, falls, pressure ulcers, and restraint use in 14 participating nursing homes and 28 matched control facilities will be undertaken using Medicare’s “Nursing Home Compare” database. A descriptive analysis of the outcomes of individual cases discussed during the ECHO-AGE sessions from June 2012 to June 2013 using our chart review database will also be analyzed.

Joann Reinhardt, PhD
Jewish Home Lifecare
New York, New York
Award: \$56,800
Duration: 8 months

“Improving End of Life Care in a Nursing Home”

The aim of this project is to examine the relationship between end of life care indicators, such as clinical status variables, documented discussions between clinicians and families, family attendance at care plan meetings, and variations in end of life care outcomes (directives/medical orders in place, treatment interventions, distressing symptoms). Significant predictors of better care outcomes will be analyzed using existing data from electronic medical records for all decedents (N=300) over the previous period in a large healthcare system that includes three nursing homes. The findings from this study will provide information about current strengths and weaknesses in clinical practice and outcomes for end of life care. They will be used to improve care, promote systemic change, develop best practices, and design training to sustain these practices in end of life care.

Jennifer Tjia, MD
University of Massachusetts Medical School
Worcester, Massachusetts
Award: \$116,450
Duration: 24 months

“Evaluating an Elder Care Resident Intervention”

Over one hundred nursing homes in Massachusetts were trained in the use of a promising staff-development program to improve skills in person-centered care for elderly residents with behavioral challenges. This program, called OASIS, is predicated on the key ideas that person-hood trumps patient-hood, and that behaviors are expressions of unmet core human needs. Prior research indicates changes in staff attitudes and institutional culture are necessary but missing components in most efforts to improve antipsychotic use. This study will conduct a rigorous evaluation to answer the question of whether OASIS is effective, improves resident-centered care, and should be adopted by other facilities. This research will fill an important gap in the evidence-base of how to improve the well-being and safety of elderly residents of nursing facilities.





Robert Wood Johnson Foundation

In 2013, Donaghue continued its partnership with The Robert Wood Johnson Foundation on the *Applying Behavioral Economics to Perplexing Health and Health Care Challenges*. This year, six grants were made; each grant was for two years and for \$200,000. The focus of the program in this cycle was to test interventions using behavioral economic strategies that would reduce the use of low-value health care.

For administrative ease one of the research teams was randomly selected to receive the Donaghue funds. However, all grantee teams are part of The Robert Wood Johnson Foundation/Donaghue Foundation *Applying Behavioral Economics to Perplexing Problems in Health and Health Care initiative*, receive the same benefits, and are subject to the same reporting requirements and expectations, including participating in a conference of awardees to learn about their research findings.

Amber Barnato, MD and Rebecca Sudore, MD, University of Pittsburgh and University of California, San Francisco
"Consumer-directed financial incentives to increase advance care planning among Medicaid beneficiaries"

Jeremiah Schuur, MD, Brigham and Women's Hospital, Inc.
"Decision Fatigue in the Emergency Department and the Use of Hospital Services"

Jeffrey Kullgren, University of Michigan Medical School
"Decreasing Overuse of Low-Value Health Care Services through Physician Precommitment"

Mark Vogel, PhD and Scott Halpern, MD, Genesys Health System and University of Pennsylvania
"BEACON - Behavioral Economics for Advanced Care Options"

Richard Frank, PhD and Abigail Friedman, PhD Harvard Medical School
"Behavioral Experiments in Improving Medicare Coverage Choice"

Mark Schlesinger, PhD and Rachel Grob, PhD, Yale University and University of Wisconsin – Madison
"Precommitment, Provider Choice, and Forgoing Low-Value Health Care"

R3 – Making Research Relevant & Ready was created to help promote the knowledge gained from Donaghue-funded research so that it will improve health. This grant program recognizes that expertise from disciplines outside those traditionally eligible for research funding is needed for scaling, dissemination, and sustainability of evidence-based programs and practices. The R3 program provides researchers with financial support to access those experts. Donaghue grantees, past and present, were eligible for the 2013 R3 program. Six awards were made and each grantee received \$55,000 to conduct their project over an 18 month period.

Donaghue is collecting the experiences of the six grantees and their consultants to gain better understanding of the knowledge-to-practice challenge. The R3 grant program has already taught Donaghue a lot, so we know it will help the Foundation be a smarter funder with our future grant programs.

Nancy Berlinger, PhD
The Hastings Center
“Reaching Non-Self Identifiers: Marketing the Hastings Guidelines to health care professionals outside end-of-life networks”
 BWB Solutions, project consultant

Based on 2006 Donaghue research grant of \$180,000 for updating and expanding the “Guidelines on the Termination of Life-Sustaining Treatment and the Care of the Dying,” originally developed in 1989

Using prospective user research, the project seeks to expand the use of the guidelines to practitioners who care for patients who are facing decisions about life-sustaining treatment or nearing the end of life but do not view themselves as providing end of life care. The results will be used to develop and pilot a web-based Guidelines implementation toolkit tailored for these audiences.

Michelle M. Cloutier, MD
Connecticut Children’s Medical Center
“Payer-Provider Portal to Enhance Easy Breathing Adoption
 Rising Tide Health, project consultant

Based on 1998 grant of \$1,200,000 to test effectiveness of a best-practice model for asthma diagnosis and treatment in Hartford pediatric health clinics

The project will develop and pilot a payer-based provider portal as the vehicle to integrate a web-based Easy Breathing application with multiple EHRs.

Judith Fifield, PhD
University of Connecticut Health Center
“Translating SisterTalk for Dissemination in New York City”
 Wellspring Consulting and Burke PR, project consultants

Based on 2002 grant of \$900,000 to test effectiveness of a faith-based healthy lifestyle-weight loss program, developed and tested collaboratively by researchers, hospital leaders and the leadership and volunteers of 12 African-American churches

The project will adapt and rebrand SisterTalk in a collaboration with Emblem Health, one of New York’s largest health plans, to meet the expectations, motivations and needs of Emblem and its members in target neighborhoods in Manhattan.

Sharon K. Inouye, MD, MPH
Institute for Aging Research Hebrew SeniorLife
“HELP 2.0 – Relevant, ready and reachable”
 Steady Vision, project consultant

Based on 1998 Donaghue Investigator Award of \$595,000 that helped to develop the HELP Dissemination Program and original website (HELP, the Hospital Elder Life Program, is an innovation model of care designed to reduce delirium and functional decline of older inpatients

The project will redesign and relaunch HELP’s decade old website to the advance the spread of the Hospital Elder Life Program by providing enhanced functionality and more robust support to current and prospective user hospitals, interested seniors, family members, and caregivers.

Linda Mayes, MD and Lois Sadler, PhD
Yale School of Medicine Child Study Center
“Minding the Baby® Home Visitation Program: Transitioning from research to service”
 Frameworks Institute and RPM Health, project consultants

Based on 2005 grant of \$240,000 to conduct a phase II pilot study of Minding the Baby® home visiting intervention program effectiveness in improving health and life course of young first-time at-risk mothers, their children, and families

This project will assist Minding the Baby® developers in determining the program’s readiness to transition from a research program to a service program with the potential to sustain itself and grow.

Diane E. Meier, MD
Center To Advance Palliative Care
“IT Enhancement/Integration for the National Palliative Care Registry™ – Data drives access to quality”
 DatStat, project consultant

Based on 2008 grant of \$210,363 to CAPC to collect and analyze data associated with successful hospital palliative care in order to develop the National Palliative Care Registry™ a repository for benchmarking and comparing hospital-based palliative care programs

This project will provide resources to undertake fundamental technical improvements to CAPC’s National Palliative Care Registry™ so it can produce reliable, web-based, scalable systems and immediate real-time results reporting for hundreds of users simultaneously for a growing and diverse set of users in multiple clinical and community palliative care settings.

'13 knowledgeuptake

Donaghue started its annual *BeyondEureka!* conference in 2006 to bring together leaders from government, healthcare delivery, business, academia, and philanthropy who share the common goal of improving health and health care. Each year's keynote speakers and panel discussions featured provocative ideas and sparked discussions that have lasted well past the close of each conference. For Donaghue, hosting *Beyond Eureka!* has been one way of demonstrating what we think matters in creating practical benefit from research.

Donaghue's eighth *Beyond Eureka!* conference focused on the question "How is Science Serving us? Why this question matters and how you can shape the answer."

Arturo Casadevall, MD, PhD, spoke on the topic of "Science at a Crossroads: Time for Reform?" and expressed the view that although science holds the keys to solving our greatest problems — epidemics, hunger, climate change, genocide — reforms are needed to improve science's productivity and to keep it healthy. One way to do this, according to Casadevall, is to put the "Ph (philosophy) back in the "PhD." Casadevall notes that when the discipline of natural philosophy, the precursor of science of today was separated from philosophy in the seventeenth century, it became divorced from the fields of epistemology, logic, ethics and metaphysics. These fields are essential, Casadevall argues, for a broader and therefore



Arturo Casadevall, Guy Fish, and Darlene Cavalier discuss the public's role in science.

more successful type of scientific pursuit.

Darlene Cavalier, MLA, spoke on the role of citizen in the scientific enterprise and described two major initiatives she has started to foster greater involvement of the public in science. SciStarter.com is an online science community for citizen scientists as well as for researchers wishing to enlist the public as investigators. SciStarter has over 600 scientific projects available for participation by children or adults. Science Cheerleader, an organization of over 250 former and current NFL and NBA cheerleaders who work in science, math, medicine and engineering, encourage girls to enter these fields. Both SciStarter and Science Cheerleader share the same goals — to bring a strong voice of the public into science. "By helping people rediscover, do, and shape science, technology, engineering and math, we can better mobilize one of our greatest resources."

During the conference break *Beyond Eureka!* hosted a Science Opportunity Fair that featured a dozen organizations promoting science to children and families and highlighted a wide array of programs ranging from futuristic robots to ancient fossils.

The third part of the conference was a panel discussion moderated by Guy Fish, MD, MBA. Casadevall and Cavalier each spoke about the public's current lack of science literacy and the negative consequences this may have on the future. Both offered examples on how interest in science can be expanded. Casadevall summed it up well. "Anyone who is inquisitive is a scientist," he noted. "Whether someone is in their backyard looking for a new comet or someone in the lab, as long as they are trying to generate new knowledge that can be used by humanity."

Connecticut *Choosing Wisely*[®] Collaborative

Biomedical research produces evidence on treatment and screening tests and procedures that are effective and on those that are less valuable, even potentially causing harmful. But with nearly 100,000,000 scholarly articles published each year, how can health care providers and consumers find, evaluate and use this information in a way that is most beneficial? For Donaghue, a funder of research, finding the answers to this question is what matters.

This is why Donaghue has been working with others to advance *Choosing Wisely*[®], an initiative of the ABIM Foundation in partnership with Consumer Reports.

“By participating in *Choosing Wisely*, employers can help employees make informed choices about their medical care. This results in better outcomes for patients and reduces waste in healthcare spending.”

Paul Grady
Connecticut Business Group on Health

“I often see consumers being confused when they agree to have treatments that may not be helpful to their medical problem. Education is what matters to us, and *Choosing Wisely* is way to bring practitioners and patients together.”

Victoria Veltri
State of Connecticut Healthcare Advocate

The ABIM Foundation began the *Choosing Wisely*[®] campaign in 2010 to elicit recommendations from physician specialty groups of procedures that have been shown through research to provide limited value. *Choosing Wisely*[®] aims to promote conversations between physicians and patients on how to choose care that is supported by evidence, not duplicative of other tests or procedures already received, free from harm, and truly necessary. *Consumer Reports* has used its time-tested method of disseminating easy-to-understand information to consumers to encourage conversations on how to work with physicians to wisely choose testing and treatment options. Provider, business and labor, health and consumer organizations from around the country have formed partnerships with ABIM and *Consumer Reports* and received their support to launch their own *Choosing Wisely*[®] campaigns.

In Connecticut, a collaborative that began with informal conversations among individuals from several organizations, all with a common interest in improving health care quality, has resulted in the formation of the Connecticut *Choosing Wisely*[®] Collaborative. Led by Donaghue’s Nancy Yedlin, the CCWC has begun work to identify opportunities for and barriers to implementing *Choosing Wisely*[®] in Connecticut, including which recommendations to focus on; and how *Choosing Wisely*[®] can contribute to other initiatives underway that are aimed at improving health and health care delivery in Connecticut.

The Collaborative includes the Connecticut Center for Primary Care, Connecticut Business Group on Health, Connecticut Health Foundation, Office of the Health Care Advocate, Qualidigm and Universal Health Care Foundation of Connecticut, Inc. CCWC is also seeking participation from other consumer and provider oriented groups.

'13 financial review

2013 GRANTS

Institution	New	Continuation	Total
Association of American Medical Colleges	1		1
Beth Israel Deaconess Medical Center	1		1
Commonwealth Care Alliance	1		1
Connecticut Children's Medical Center	1		1
Hebrew SeniorLife	1		1
Jewish Home Lifecare	1		1
Mount Sinai School of Medicine	1		1
Swarthmore College		1	1
The Hastings Center	1		1
University of Connecticut Health Center	1	1	2
University of Massachusetts	1		1
University of Pennsylvania		1	1
University of Pittsburgh	1		1
Yale University School of Medicine	1	4	5
Total	12	7	19

2013 FINANCIALS

Investment in marketable securities	\$68,746,771
Cash and cash equivalent	\$ 388,315
Other assets	\$ 51,017

Total assets and fund balance \$69,135,086

Income \$ 1,495,108

Expenditures

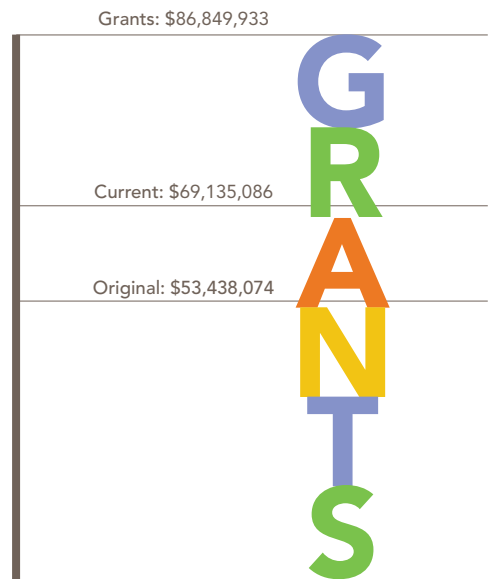
Program	
Grants	
Another Look	\$ 350,260
Funding Partnerships	\$ 280,000
Practical Benefit Initiatives	\$ 548,228
Program for Research Leadership	\$ 541,000
R3 - Making Reserch Relevant & Ready	\$ 330,000
Subtotal	\$ 2,049,488
Program support and Foundation-administered projects	\$ 299,381
Management and General	\$ 493,182
Investment Management	\$ 379,700
Total Expenditures	\$ 3,221,751

Note: In addition to these expenditures, an estimated amount of up to \$1,620,380 has been earmarked for future spending in support of ongoing grants.

The figures listed above are unaudited. Fair market values are approximate.

Funds Awarded by Grant Program for Grant Cycle

Another Look	\$ 350,260
New (5)	
Continuing (0)	
Funding Partnerships	\$ 280,000
New (1)	
Continuing (2)	
Practical Benefit Initiative	\$ 548,228
New (0)	
Continuing (2)	
Program for Research Leadership	\$ 541,000
New (0)	
Continuing (3)	
R3 - Making Research Relevant & Ready	\$ 330,000
New (6)	
Continuing (0)	
Total	\$2,049,488



Current value: \$69,135,086

Grants made since Foundation's inception: \$86,849,933

Original value of Ethel Donaghue's gift: \$53,438,074



LEAVE A LEGACY

LEAVE A LEGACY CONNECTICUT

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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