



Making Research  
Relevant & Ready

# Practically Speaking

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

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*Practically Speaking* is published three times a year by the Donaghue Foundation to communicate its grantmaking and knowledge uptake activities. Readers are welcome to contact the Foundation office for more information about the work of the Donaghue Foundation by calling 860.521.9011 or by sending an email.

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## New Donaghue Grant Program

Donaghue has recently opened a new grant program — R3, Making Research Relevant & Ready — that will award four grants early next year. The goal of the R3 grant program is to help researchers better prepare their health innovations for adoption and use in applied settings. The R3 funds will give the grantees access to experts in areas relevant to scaling and implementation.

This new program recognizes that expertise from disciplines outside those generally available through research funding is needed for scaling, dissemination, and sustainability of evidence-based programs and practices or, in the language of Ethel Donaghue’s purpose for the Foundation, to promote research knowledge of practical benefit. It is the Foundation’s goal that by providing modest financial support to researchers to work with these experts the health interventions will be better positioned to grow and be sustained following the completion of the research phase. The Foundation expects to make up to four awards of \$50,000 each that will begin in February 2013.

The R3 award will support a researcher, who must be a former Donaghue grant recipient, and the experts with whom he or she contracts to undertake a specific project proposed in the application. The nature of the funded projects

may vary widely; however, to be considered, the outcomes of all funded projects should result in the grantees and their teams gaining insight or tools that will make their research-based intervention, program or practice more sustainable and replicable. The following kinds of activities will be considered for funding through the R3 award:

- Prospective user or customer research through focus groups or other methods
- Material or website design
- Strategic, business, or marketing analysis for sustainability
- Outreach, public relations, or social media strategy
- Product refinement and packaging
- IT enhancement or integration

Applicants will have the opportunity to propose other activities in their application. The Donaghue Foundation has identified a number of individuals and organizations who have agreed to make themselves available to work with grantees. Grantees may elect to work with

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

## Letter from the Trustees

What does Donaghue's funding for medical research look like to an economist?

This may seem like a strange question, but we're prompted to consider it since we've been reading *How Economics Shapes Science* by Paula Stephan. Stephan is a professor of economics at Georgia State University and a research associate at the National Bureau of Economic Research. Her book describes the role of money and incentives in the production of science and the supply of scientists and engineers. She uses the economist's perspective of efficiency when viewing the current practice of organizing, rewarding and funding science, including medicine and biology, physics, astronomy, mathematics, chemistry and engineering. Many of her observations challenge the status quo.

Is it better to provide smaller grants to more investigators or larger grants to fewer? A study by the National Institute of General Medical Sciences (a branch of the NIH) found that the marginal product, or the additional unit of scientific knowledge created with additional funding, is nearly zero, indicating that more grant money is not necessarily linked with greater outcomes. In the same vein, other studies have shown that the amount of grant money received has low correlation with the number of articles published. Yet, as we've all heard that the stop-and-go funding of NIH has proven to be harmful to the broader research community, so, too, the stop-and-go funding for individuals is inefficient for their careers.

And what is the best way to select what projects to fund? Our current method of funding grants that are competitively sought through an evaluation system conducted by peers is understood to produce the best science, but it comes with a significant cost. A study of faculty scientists found that they spend more than 40% of their time on applying for grants and on post-award administration. The peer-review process itself takes significant time from scientist; as an acknowledgement of this problem, NIH recently shortened their applications because of the large amount time it was requiring of their reviewers.

In addition, Stephan points out the inefficiencies that develop when universities require their faculty's salaries be paid through grants. She explains that when scientists must find their own salaries, the incentive is to pursue lower risk experiments because funders tend to reward "success" as described by positive findings.

As an economist who studies the careers of scientists, Stephan also understands the relationship between training programs and available jobs. She notes that our current system of training scientists, which is closely tied to the university-based production of science, also has its inefficiencies. University scientists often depend upon the low wages and innovative ideas of graduate students and post-doctoral fellows. These senior scientists and their universities have no incentive to discourage young people from entering these programs even when there aren't enough jobs for them when their training is finished. As a result, the current levels of highly educated but un- or underemployed scientists is concerning. A recent article in *The Washington Post* echoes this worry ("Scientist heeded call but few can find jobs," July 8, 2012).

And what might an economist say about how our science funding is allocated among the different disciplines in science? Currently, medical and life science gets two-thirds of all U.S. science funding, with all other sciences combined getting only one-third. Does this distribution of our science investment give society its best return? Or, like an investment portfolio manager, should we consider realigning our allocation from time to time?

Paula Stephan will be addressing these and other questions to the representatives of over 50 non-governmental medical research funders at the next biannual meeting of the Health Research Alliance in Bethesda Maryland, and Donaghue is looking forward to being a part of this discussion. Just as Donaghue advocates that others should use evidence-based health practices, we should also use evidence-based practices for the efficient use of our resources to fund science.

As always, we welcome your thoughts on this topic. You may contact us by using Lynne's email address, [garner@Donaghue.org](mailto:garner@Donaghue.org).

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

Lynne Garner, PhD  
President and Trustee



## New website

Just like we've recently updated the appearance of this newsletter, Donaghue has also recently updated its website. Please take a moment to check out what we've done there. Along with information about the Foundation's new grant program, it features short narratives of individuals who make the many activities of Donaghue

possible, and we'll be adding to these stories from time to time.

The site also has an interactive timeline of events that are important to the Donaghue family and foundation, medical discoveries in the U.S, and national and world events since 1848, the year that Patrick Donaghue was born.



## Rose Arch Restoration

In addition to the medical research foundation, Ethel Donaghue created a trust to help support Elizabeth Park in Hartford and West Hartford. For 63 years before her death in 1989, Miss Donaghue lived just one block away from the park. She undoubtedly grew to love the park and therefore created this way for her to support it over many years. Since its inception in 1991, the Ethel F. Donaghue Trust for Elizabeth Park has provided over \$1.5 million for capital improvement project in the park.

The trust recently gave a grant of \$12,500, matching donations from 600 individuals who also value Elizabeth Park. The funds were used to restore over 30 rose arches that were damaged in the October 2011 snow fall. The rose garden is the centerpiece of the park; it is the oldest municipal rose garden in the U.S. The rose arch restoration was conducted by the Friends of Elizabeth Park.



The October 2011 snowstorm damaged over 30 of the rose garden arches. With the assistance from individuals and the Ethel F. Donaghue trust, these arches have now been restored.

## DONAGHUE DICTIONARY “rel’ e vant”



The Donaghue Foundation states that it funds research that's relevant and ready. According to a dictionary, “relevant” means “having a direct bearing on the matter at hand.” “Relevant to what?” is a reasonable question. In order to make the term meaningful in its Donaghue usage, we have to answer the question, “What is the matter at hand?” And, of course, for Donaghue, it's practical benefit. For the research funded by the Foundation to be relevant, it must bear directly on — or promise to lead to — the promotion of a practical benefit for improving health.



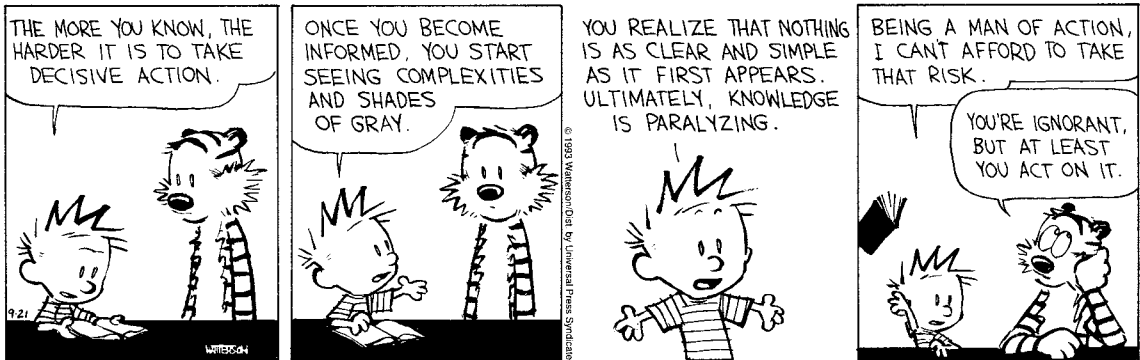
# Evaluating Risk: How perception shapes our health

## 2012 BeyondEureka! Conference

Emotions and context...these are the things that dictate how we perceive risk, according to the two BeyondEureka! speakers at the Foundation’s conference in May. The Foundation’s seventh conference focused on the topic of the how we evaluate risk and how our perceptions of risk shape our health.

David Ropeik — journalist, blogger, consultant, and author of *How Risky Is It Really, Why Our Fears Don’t Always Match the Facts* — explored the way our brains are hard-wired to respond to risky situations with emotion first and reason second. He spoke of the perception gap — the difference between our fears and what the evidence suggests — and how this gap often leads us to make the wrong choices about risky issues and worry more than is necessary. Perhaps one of the largest risks we face as a society is that the perception gap prevents us from taking the actions that we should take based on the facts. However, we can make smarter choices for ourselves by understanding that our fear response is real and then putting it into perspective with what we know about the issue.

Using stories of four individuals facing treatment decisions about different clinical conditions, Brian Zikmund-Fisher, PhD, Assistant Professor of Health Behavior and Health Education at University of Michigan, spoke about how risk information on healthcare treatment decisions is often communicated. These stories illustrated the kinds of issues that we have to face in managing risk and navigating the decisions we face in the health care system. Problems with the way that risk is communicated in clinical settings include that fact that much of the population has a low numeracy level, that the numbers presented are more frequently the chance of getting



the disease and don’t include the number who won’t get the disease, and that the information is usually a single number — “you have an eight percent chance of developing heart disease” — but doesn’t include information about what actions we should take. With regard to the first two problems, Zikmund-Fisher advocated the use of icon arrays, pictures that show the proportion of individuals who are and who are not affected by a particular outcome.

Following their presentations, Chisara Osamuga, MD, Community Services Administrator for the City of New Haven, led Ropeik and Zikmund-Fisher in a discussion of how their ideas regarding risk communication can be put into action. Using questions from the audience, the panel members discussed the everyday application of our understanding of risk perception from the vantage of public health as well as clinical medicine. These questions included the challenge in weighing risks and benefits of immunizations for diseases that are extremely rare, how to communicate the risk of disease from obesity in a way that promotes positive action, and how public officials can respond to

the problems of chronic urban stressors as opposed to the more visible but rarer catastrophic stressors.

To view more photographs from the day, go to the Foundation’s website [Donaghue.org](http://Donaghue.org)



Brian Zikmund-Fisher, PhD, was one of the keynote speakers







Nancy Yedlin, Foundation Vice President, chats with a guest during one of the conference breaks.



Chisara Asomuga, MD moderated the Q & A panel.



In the conference evaluation, most people say they appreciate the opportunity to network with colleagues.



Continuing education credits for attending the conference were available from The John D. Thompson Hospice Institute.



David Ropeik signed copies of his book at the conclusion of the conference.



## Donaghue and Pioneer Team Up for a Second Year

Donaghue will again be working with the Pioneer Program of the Robert Wood Johnson Foundation to conduct a grant program in “Applying Behavioral Economics to Perplexing Health and Health Care Challenges.” The Pioneer Program works with innovators who often look at the world differently — those who reframe problems and the pathways to solutions in order to create a significantly better health and health care future for all Americans.

As before, a two stage process will be used to select grantees; a brief idea is first submitted and then a subset of those investigators will be requested to submit a full application. Grants for the research will each be for a maximum of \$100,000 for up to 18 months. Details will soon be available from both the Robert Wood Johnson Foundation and Donaghue website, or you can call the Donaghue office.



In its first year, the program received over 300 brief ideas for research projects on behavioral economic interventions to resolve challenging issues in health care. From those, 28 proposals were requested and eight projects were funded. Topics of the studies funded during the first year are:

- Using novel patient financial incentives to improve uptake of routine mammography
- Comparing feedback mechanisms to increase walking
- Improving the structure of financial incentives for exercise
- Impacts of public announcements of individual’s goals and goal completion
- Feedback, incentives and point-of-purchase interventions to engage employees in healthy eating behaviors
- Social goals and individual incentives to promote walking in older adults
- Using online social endorsements to enhance incentives to sign up for flu vaccinations
- Using behavioral economics to promote medication adherence and habit formation

## Commonwealth Fund and Donaghue Fund Research on Hospital Quality

The Commonwealth Fund and Donaghue are partnering to award a grant to Elizabeth Bradley, PhD and Leslie Curry, PhD of 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.

Because mortality rates for patients with acute myocardial infarction vary substantially across hospitals in the United States, improving the care of patients with AMI is a national priority. The publication of new evidence on hospital strategies that reduce mortality rates for patients with AMI and a new national alliance for quality, sponsored by the American College of Cardiology and several partners, provide an ideal opportunity to address this important issue.

The project will evaluate changes in the presence of these recommended strategies to reduce risk-standardized 30-day mortality rates for patients with acute myocardial infarction and changes in mortality rates for patients with AMI over two years. In addition, the study 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. The Commonwealth Fund is scheduled to pay \$350,000 for the portions of the study that supports the quantitative assessment of the hospital features and mortality rates at baseline and over the next two years; Donaghue will pay \$111,000 for the qualitative portion of the study that will be done in the third year and will identify why some hospitals were more successful than others.

Anne-Marie J. Audet, MD, Vice President of Health System Quality and Efficiency at the Fund, is the program officer at the Commonwealth Fund for this project. Audet notes that “Bradley and her team recently demonstrated that improved processes alone are not sufficient to improve outcomes: organizational characteristics, among them a solid performance improve-



Elizabeth Bradley, PhD



Leslie Curry, PhD

...the study 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.

ment infrastructure and dedicated resources, are equally essential. This project builds nicely on this work and will yield important and timely information for hospitals and policymakers about the capabilities and conditions that are necessary to spread evidence-based practices for reducing mortality in the weeks following a heart attack.”

The Commonwealth Fund, among the first private foundations started by a woman philanthropist — Anna M. Harkness — was established in 1918 with the broad charge to enhance the common good. The mission of The Commonwealth Fund is to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society’s most vulnerable, including low-income people, the uninsured, minority Americans, young children, and elderly adults. Like Donaghue, the Fund supports independent research on health care issues; it also makes grants to improve health care practice and policy.

## New Donaghue Grant Program

*continued from page 1* — one of these experts or choose one of their own.

“We’re very excited about this new program,” said Lynne Garner, Donaghue President and Trustee. “We expect that we will learn a tremendous amount about the interplay between research and the application of that knowledge from the researchers who obtain these grants, and that will ultimately make us better at fulfilling our mission.”

“By doing this program in a limited way — only awarding four grants — we’re testing these ideas that we’ve been developing over the past couple of years,” said Nancy Yedlin, Foundation Vice President. “We hope that if it is successful

we might be able to grow this program — perhaps with other funding collaborations.”

In order to receive the R3 award, the applicant must demonstrate how previous Donaghue funding has led to the innovation for which the grant monies will be used. R3 grantees may use this award to fund a project that is a complement to another grant they currently have.

The application process will have two phases. Phase 1 is a letter of intent due in September 28. Invitations to submit an application in Phase 2 will be issued following a review of the letters of intent, and applications will be due December 7.

Additional information about the program is available on the Foundation’s website, Donaghue.org

# Fifth and last Andrews Lecture this fall. Mark your calendar to hear Sue Sheridan, patient engagement expert

Sue Sheridan, Deputy Director for Patient Engagement at the Patient-Centered Outcomes Research Institute (PCORI) will be the keynote speaker at the fifth and last Andrews Lecture. The lecture will be held on Tuesday, October 5 at 4:00 PM at the Anlyan Center of the Yale

University School of Medicine. A reception will be held before the lecture.

For the final lecture in this series, Donaghue will highlight examples of how the voice of the patient is playing an increasingly important role in three areas all aimed at improving health outcomes — patient safety, patient preferences in treatment decisions, and research. Sheridan has personal experience in all three areas. She has spoken publicly about the consequences of two serious medical errors that happened to her family; as a result, she has used her voice to improve healthcare systems. At PCORI, Sheridan is responsible for creating networks and engaging patients across the nation to provide broad-based input on the development and execution of PCORI’s research. A panel of health care providers will follow Sheridan’s presentation and discuss the role for young clinicians in using the patient’s voice to improve healthcare.

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 other colleagues and advisers to Donaghue to make topic and speaker recommendations. The group was chaired by Judy Kunisch, Lecturer at Yale School of Nursing and included, along with Ray, Nancy Angoff, Associate Dean, Yale School of Medicine; David Smith, Senior Lecturer in Bioethics at Yale University; Linda Pellico, PhD, Assistant Professor, Yale School of Nursing; and Sheilah Rostow, former Bank of America trustee for Donaghue.

More information will be sent in the fall. To join the Donaghue mailing list, go to [Donaghue.org](http://Donaghue.org) and click on “Subscribe to our newsletter.”

Previous Andrews Lectures were:

Eric Cassell, MD on “Treating the patient or healing the person: What should be the goal of medicine?”

Karen Barrow, New York Times web producer, on “More than an Anecdote: The New York Times Patient Voices Series”

Perri Klass, MD on “Patients and Providers: Stores and Secrets”

Lee Woodruff on “In an Instant, a family’s journey of love and healing”

Information about previous lectures, including short videos by each lecturer, is available on the Foundation’s website, [Donaghue.org](http://Donaghue.org)

## Donaghue Staff at National Institute

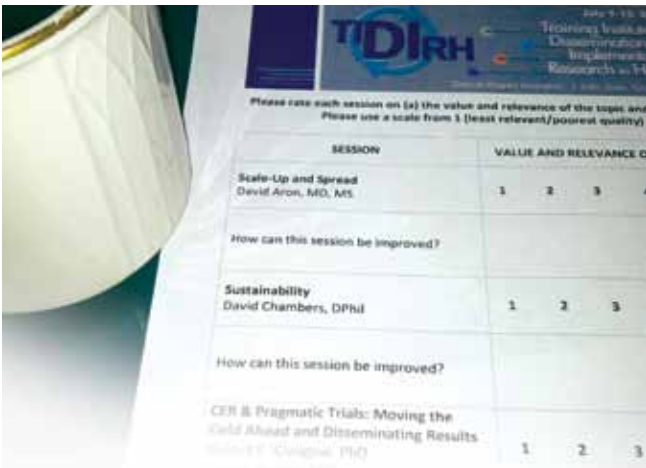
In July, Nancy Yedlin, Donaghue Vice President, attended the second Training Institute for Dissemination and Implementation Research in Health held in San Jose, California. The institute was sponsored by the Office of Behavioral and Social Sciences Research, National Institutes of Health, in collaboration with the National Cancer Institute, the National Institute of Mental Health, and the U.S. Department of Veterans Affairs. The goal of this five-day training workshop was to provide the 36 participants with a thorough grounding in conducting dissemination and implementation research in health. The trainees, all researchers who arrived at the workshop with a specific research project to refine throughout the week, came from academic institutions. Although most were from the U.S., a few trainees came from other countries, bringing an international perspective on this topic.

The Institute agenda featured faculty from several universities and the sponsoring government agencies, who gave presentations and worked in small groups with the trainees on their research projects. Topics over the five days included the rational for the science itself; appropriate interventions, methodologies and measurements for conducting dissemination and implementation work; and looking at how dissemination and implementation research can contribute to some

of today’s larger issues in health and health research, such as addressing disparities, engaging patients in comparative effectiveness research, and conducting research that will be actionable and useful to policymakers and practitioners.

Yedlin served as a guest faculty member for the institute and gave a brief presentation on the non-governmental funder’s perspective on dissemination and implementation research. While many non-governmental funders, including Donaghue, make grants to support the development and testing of effective methods to prevent disease or to improve health or health care systems, there is often some frustration among those who fund research because so few are able to gain wide-spread traction outside the research community. The standard closing lines of many journal articles that say “more research is needed” may be true, but increasingly those who pay for that research are feeling that “more implementation is needed” is equally true.

But what is the best way to get that scale up accomplished? This is the basic issue that dissemination and implementation research aims to resolve. Increasingly, mixed research methods — having a design strategy that includes both quantitative and qualitative data analysis — is recognized as a powerful tool for this type of study. Another area under discussion is the fact that although

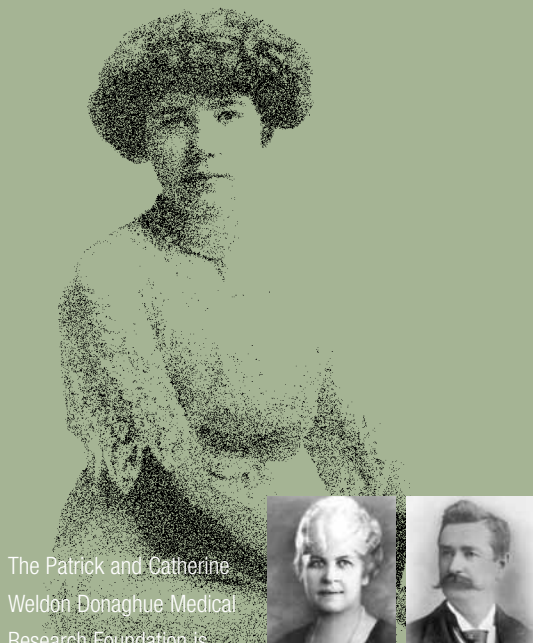


randomized control trials are effective for controlling competing hypotheses for why a new intervention may work, RCTs are poorly suited for understanding the external context in which the intervention is situated. And implementation is all about moving an effective innovation to the next external context. Dissemination and implementation research, therefore, is often focused on studying the characteristics of the larger environment in which new health interventions are placed.

“I really found that my week spent at the institute was valuable” said Yedlin. “I learned a great deal from the terrific faculty and trainees and was able to contribute a funder’s perspective that was different from the government funders who participated. I believe this experience will help Donaghue be a more effective grant maker.”

Check out the TIDIRH website for the presentations from the 2012 Institute.





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



Summer 2012 *Practically Speaking* The Patrick and Catherine Weldon Donaghue Medical Research Foundation

## Yale CARE Starts 2nd Health Survey in Neighborhoods

Later this fall, the Yale Community Alliance for Research and Engagement will spend about two months in six low income New Haven neighborhoods to ask residents about their health. This survey will repeat much of the health assessment survey conducted in 2009. Going door-to-door and wearing the CARE bright orange jackets, interviewers hired and trained especially for that project collected data from 1,205 households in the six neighborhoods in only seven weeks. (In a separate effort in 2010 and 2011, health information was also collected from 1,175 students in twelve New Haven schools.) During the following winter and spring, the CARE team presented the analyzed data to the residents in the six neighborhoods.

Since then, CARE, along with other New Haven organizations, has been working on a number of healthy neighborhood and school initiatives, including a healthy corner store initiative, walking groups, and developing community gardens for residents to grow their own vegetables. The New Haven Public Schools promotes the health of their students through its Health Heroes and PAW (Physical Activity and Wellness) programs.

Having established this baseline three years ago, CARE is conducting a second canvass of the same neighborhoods to determine if these health initiatives have made a difference. This

survey will focus on changes in residents' perceptions of their health and the impact that changes in their neighborhoods may mean for their health. In addition, this second survey will include more questions on the relationship between emotional health and stress on chronic disease. This year's survey will also provide

greater comparability to other national health surveys. As was the case for the 2009 survey, 20 people, many from New Haven, will be hired and trained to conduct the survey.

So, when you see those CARE health surveyors in their orange jackets this fall, give them a friendly wave.

