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
from the trustees

Last fall we received a generous gift of an oil painting of Ethel Donaghue. The painting reveals a woman, maybe in her thirties, looking directly at the viewer and wearing an elegant gown, a pearl brooch, and fur-trimmed jacket. We were delighted to receive this gift because we have so little from her life that describes who she was as a woman.

We do know she was ahead of her time in terms of her education and career. After graduating from Vassar, she received a law degree from University of Pennsylvania where she received a prize for "having attained the highest standing for three years in evidence, pleading and practice." She worked for a short while in Washington, D.C. as a special assistant in charge of admiralty affairs at the U.S. Justice Department, and she later returned to Hartford to establish her own law practice.

We believe that her interest in improving health through research stemmed from her experience with the ill health of her parents. Her father died from heart disease when she was still in high school, and her mother died from breast cancer when Miss Donaghue was in her thirties. Both her final will that created the medical research foundation and a smaller trust that began while she was still living specify cancer and heart disease, among other diseases, as the targets for new research knowledge.

She was devoted to her family. Miss Donaghue ended her legal practice to care for her mother when she was ill with cancer. She named her largest legacy for her parents and established a fund for prayers to be said on the birthday of each of her family members.

We know she enjoyed her family's wealth with world-wide cruises, a luxury suite at the Hotel Carlyle in New York City, summers at Wentworth-by-the-Sea in New Hampshire, and her family's 30 room mansion just off of Elizabeth Park in West Hartford.

However, our understanding of Ethel Donaghue is most significantly shaped by the few words she used to describe her forward-thinking gift of $53 million for medical research that promotes practical benefit to improve health. We trust that the grants described in this report of the Patrick and Catherine Weldon Donaghue Medical Research Foundation are a contemporary reflection of what Miss Donaghue hoped for when she wrote her will 36 years ago.

Lynne Garner, PhD
President and Trustee

Amy R. Lynch, JD
U.S. Trust, Bank of America, Trustee
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 2014, the focus was on improving quality of care and quality of life for the elderly population in care facilities.

DONAGHUE INVESTIGATOR
This program supports particularly promising medical researchers holding faculty appointments at Connecticut institutions.

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.

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.

new awards

ANOTHER LOOK
Jennifer Gaudet-Hefele, PhD
Brandies University
“Chasing Medicare: Impact of Post Acute Specialization”

Joseph Hanlon, PharmD
University of Pittsburgh
“Cumulative CNS Medication Dosage and Serious Fall Injuries”

Yue Li, PhD
University of Rochester
“Reducing Avoidable Hospital Uses from Nursing Homes”

Kimberly Van Haitsma, PhD
Pennsylvania State University
“Assessing Resident Preferences to Advance Person Centered Care”

R3 – MAKING RESEARCH RELEVANT & READY
Anne Camp, MD
Fair Haven Community Health Center
“Replicating a Healthy Lifestyle Program in FQHCs”

Robert Kerns, PhD
Yale School of Medicine
“Pain Care Quality Improvement/ Research Marketplace”

Martha Page, MPH
Ann M. Ferris, PhD
Hartford Food System, Inc.
University of Connecticut Health Center
“Healthy Food Marketing in Hartford Grocery Stores”

Anne Thorndike, MD
Massachusetts General Hospital
“Scaling and Implementation of a Worksite Healthy Eating Program”

William Zempsky, MD
Connecticut Children’s Medical Center
“SEED - Greater Understanding of Sickle Cell Disease”

FUNDING PARTNERSHIPS
Mildred Z. Solomon, EdD
The Hastings Center
“Training for Journalists on End of Life Care Research”

continuation awards

The awards listed below received funding in 2014. Other awards may still be active but did not receive additional funds during the year.

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 Shavings Plan”

Jennifer Tjia, MD
University of Massachusetts Medical School
“Evaluating an Elder Care Resident Intervention”

DONAGHUE INVESTIGATOR
William Zempsky, MD
Connecticut Children’s Medical Center
“Greater Understanding of Sickle Cell Disease”

PRACTICAL BENEFIT INITIATIVES
Jeannette Ickovics, PhD
Yale University School of Medicine
“CARE: Community Alliance for Research and Engagement”

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

FUNDING PARTNERSHIPS
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”
Another Look

AWARDEES

During 2014, Donaghue awarded $500,000 for four grants in the second round of its Another Look: Improving the Health of Elders in Care Facilities. Another Look was established to provide funding for research projects that can improve the quality of care for the elderly population in nursing homes or other care facilities. Researchers must use data that already exist for their study. In addition, researchers applying for this grant must 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.

Jennifer Gaudet-Hefele, PhD
The Heller School for Social Policy and Management, Brandeis University
Stakeholder organization: Massachusetts Senior Care Foundation

Nursing homes face increasing pressure to specialize in rehabilitation care and increase the number of Medicare patients they serve. The substantial difference between Medicare and Medicaid payments has long sustained an incentive to admit and care for post-acute patients rather than long-term care residents. Intensifying this incentive are the new Accountable Care Organizations, which develop relationships with select post-acute partners. The desire to win engagement in these relationships may lead nursing homes to pay even more attention to post-acute care as they attempt to meet new performance criteria.

Some studies suggest that focusing on one type of care can lead to deficiencies in others. Therefore, this research seeks to analyze existing data to determine whether increases in Medicare post-acute patients are associated with decreases in quality for long-stay residents. This longitudinal study will examine the relationship between changes in proportion of Medicare and Medicaid and performance measures from 2005 through 2011. Understanding the broad and sometimes unintended consequences of policy changes will be of interest to policy-makers and quality improvement organizations, as well as nursing home industry leaders. These results will be used by nursing home leaders in our partner organization to better understand how specialization can impact care for all residents and by quality improvement leaders to develop a best practices framework for use in future quality improvement trainings and initiatives.

Joseph T. Hanlon, PharmD
University of Pittsburgh
Stakeholder organization: University of Pittsburgh Medical Center Senior Communities

Do nursing home residents taking higher doses of central nervous system medications have a greater risk of serious fall injuries compared to those taking no or lower doses. This national cohort study will use 2009-2010 Medicare Parts A, B, and D data merged with Minimum Data Set assessments for nearly 70,000 long stay nursing home residents to attempt to answer this question. The main outcome will be injuries documented by validated emergency room or hospitalization ICD-9 codes. Using Medicare Part D data, we will create a cumulative central nervous system medication dosage measure for antidepressants, antipsychotics, benzodiazepine receptor agonists, anticonvulsants, opioids and skeletal muscle relaxants by dividing the total daily dose for each agent by the minimum effective geriatric daily dose and aggregating these standardized doses across medications. The effect of potential demographic and health status...
confounders will be controlled via propensity score matching.

The results of this study will provide health professionals with a more useful and practical way to assess central nervous system medication risk and to reduce injuries in nursing home residents. Working with their stakeholders, the investigators will deliver an educational outreach program to six local nursing homes to improve prescribing of central nervous system medication. These same educational materials will also be made available nationally for use by other nursing homes.

Yue Li, PhD
University of Rochester Medical Center
Stakeholder organization: Finger Lakes Health Systems Agency

Emergency room visits and hospitalizations of nursing home residents are common, and at least 40% of them are for conditions that could have been prevented or safely managed in nursing homes. Recently, New York State proposed a Delivery System Reform Incentive Payment plan to reduce avoidable hospital use. The plan identified “Long Term Care Transformation” as one targeted area to achieve this goal. In response, the Finger Lakes Health Systems Agency established a Healthy Seniors and Long Term Care Work Group to promote region-wide collaborations and system transformations to reduce avoidable hospital transfers originating from long term care settings.

The overall goal of this study is to inform these efforts by developing and disseminating evidence-based performance measures regarding nursing home-to-hospital transfers for all Finger Lakes nursing homes. Existing nursing home and hospital data will be analyzed to develop nursing home-level structural and care-process measures that may impact hospital transfers, and risk-adjusted outcome measures of overall and potentially-avoidable hospital utilization for all nursing homes in the region. The investigators will also perform in-depth analyses to identify specific areas of nursing home care that contribute to hospital transfers, and identify the subset of nursing homes with particularly problematic transition patterns in order to inform actionable priorities and targeted interventions. Performance data for all Finger Lakes nursing homes and research findings will be disseminated through the Finger Lakes Health Systems Agency. Other stakeholder input on dissemination will also be sought. Results from this project can be extended to other regions in New York or the U.S.

Kimberly Van Haitsma, PhD
The Pennsylvania State University
Stakeholder organization: The Pennsylvania Culture Change Coalition

The goal of this study is to use data from a National Institutes of Nursing Research-funded study of assessing preferences for everyday living in a nursing home to advance understanding of how to deliver person-centered care. Specifically, four key questions will be answered with this data:

- What types of people are most likely to report consistently on their preferences over time and what types of preferences tend to remain stable?
- How accurate are family members and friends in reporting the preferences of another person living in a nursing home?
- How are resident choice, preference importance ratings and preference satisfaction related?
- How can staff perceptions of residents’ preferences be used to advance the delivery of care based on those preferences?

The project will collaborate with the Pennsylvania Culture Change Coalition, a longstanding statewide stakeholder partnership, to interpret empirical results and develop practice-based recommendations for long-term care providers.
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. Donaghue grantees, past and present, were eligible for the 2014 R3 program.

Anne Camp, MD
Fair Haven Community Health Center
Replicating a Healthy Lifestyle Program in Federally Qualified Health Centers
Project Consultant: Health Management Associates (HMA)

The original grant was a four-year Program for Research Leadership award to William Tamborlane, MD, Yale School of Medicine and Anne Camp, MD, Diabetes Program Director, Fair Haven Community Health Clinic. The study demonstrated that an intensive lifestyle intervention would prevent diabetes in inner city women and their children. The R3 award provides Fair Haven Community Health Center with the expertise to develop a sustainability plan so that the “Healthy Lifestyle” program can be successfully incorporated into their clinical services and made available to other federally-qualified health centers.

Robert Kerns, PhD
Yale University School of Medicine
Pain Care Quality Improvement: From Research to the Marketplace
Project Consultants: RPM Health & Evergreen Design

Dr. Kern’s first grant from Donaghue evaluated the implementation of an evidence-based stepped-care model for pain management at the VA Connecticut Healthcare System. Changes in group and organizational processes and evaluation of pain management were examined while the model was adopted. The R3 award is being used to evaluate the feasibility of expanding the stepped-care model for pain management to other health systems outside the VHA. To do this, Dr. Kerns and his R3 consultants are determining the most appropriate business model to sustain the program in a variety of different health care systems; conducting an initial evaluation of the potential market; assessing what set of products, tool, and services should be developed for a market environment; and developing detailed initial business, financial and marketing plans.

Martha Page, MPH
Hartford Food System Inc.
Ann Ferris, PhD
University of Connecticut Health Center
Healthy Food Marketing in Hartford Grocery Stores
Project Consultant: Alpha 1 Marketing
The original Donaghue grant was to Ann Ferris, PhD and Katie Martin, PhD, who worked with Hartford Food System to test whether a “Healthy Food Retailer Initiative” would result in healthier food being offered in Hartford’s small markets. The study showed that the larger, mid-sized stores and stores that were WIC-certified offered healthier food. Factors that inhibited improving the food selection were an inconsistent supplier chain, not using SKU inventory tracking that could identify opportunities to improve profits while providing healthier food to their customers, and a lack of marketing techniques. The R3 grant focuses on bringing the skills of an experienced grocery marketing firm to address the needs of mid-sized urban grocery stores so that they are able to increase the selection of healthier foods in ways that contribute to the stores’ and surrounding community’s economic health.

Anne N. Thorndike, MD
Massachusetts General Hospital
Scaling and Implementation of a Worksite Healthy Eating Program
Project Consultant: Kathy Diamond Design Associates

The original study by Dr. Thorndike applied principles of behavioral economics to a food labeling intervention in a large hospital cafeteria. A traffic-light labeling system for all food and beverage items and a choice architecture intervention with individual feedback resulted in healthier purchases among hospital employees, including minority and low-income employees.

The R3 grant enables Massachusetts General Hospital to expand the intervention tested in one cafeteria to all its food service venues. Under the guidance of the marketing consultant, signage, labels, and brochures explaining the traffic-light system will be designed and produced for all the cafeterias, and communication materials will be tailored for each food service venue.

William Zempsky, MD
Connecticut Children’s Medical Center
SEED (Strategies for Education in the Emergency Department) Greater Understanding of Sickle Cell Disease
Project Consultant: Jumpstart Healthcare Communications, LLC

As a part of his five-year Donaghue Investigator grant that focused on ways to relieve pain in children with sickle cell disease, Dr. Zempsky explored the communication challenges between adolescents with sickle cell disease and health care providers. Individuals with sickle cell disease who need to go to emergency departments for pain relief may be stigmatized as drug abusers and treated with distrust. To improve communication and increase understanding of this issue, the R3 grant is supporting the creation and distribution of educational materials — including videos, a PowerPoint slide deck, and a CME test — to Connecticut emergency departments with the greatest number of visits by young adults with sickle cell disease.
The Linking Evidence and Practice Portfolio is designed to help Donaghue fulfill its mission to fund research that will be of practical benefit in improving health by focusing on supporting opportunities that connect research evidence creators with healthcare policy, health systems and practice leaders.

Through its Linking Evidence and Practice Portfolio, Donaghue has provided modest support for activities of other organizations whose work is aligned with the Donaghue mission. In assessing requests for this support, Donaghue considers sponsorship of events and programs that:

- offer opportunities to connect research evidence and evidence creators with healthcare policy, health systems and practice leaders;
- place special emphasis on advancing the work of Donaghue grantees and;
- focus on evidence-based efforts that may improve health and healthcare in Connecticut.

The following organizations have been provided funding during 2014 through Donaghue’s Linking Evidence and Practice Portfolio:

**Connecticut Center for Patient Safety**
**Medication Safety: Your Role on the Team**
Support for a one-day conference with patients, families and healthcare professionals on reducing medication errors.
$5,000

**Connecticut Center for Primary Care**
**7th Annual Connecticut Primary Care Center Annual Summit – Evolving Care Models: Collaboration, Co-Management, Continuity**
The purpose of the summit was to engage participants in the evolving mandate to transform primary care practice.
$1,500

**Connecticut Choosing Wisely Collaboration**
Donaghue, along all of the other members of the Collaborative, provided financial support for a Choosing Wisely® fellowship and other program costs.
$5,000

“Through its Linking Evidence and Practice portfolio, Donaghue has provided modest support for activities of other organizations whose work is aligned with the Donaghue mission.”
Connecticut Council for Philanthropy
Mobilizing a Multi-Sector Approach to a Healthier America
Donaghue partnered with the Connecticut Council for Philanthropy and the Connecticut Association of Nonprofits to join colleagues from the philanthropic, nonprofit and academic sectors in a discussion on The American Health Care Paradox: Why Spending More is Getting Us Less by Elizabeth H. Bradley, PhD and Lauren A. Taylor, MPH.
$2,600

Connecticut Health Advancement & Research Trust
Reform to Transform Forum on Empowering Consumers: Strengthening Our Voice to Transform Health Care
The forum featured a panel discussion among policy experts and advocates to discuss efforts to engage consumer in healthcare systems change.
$500

Northern Connecticut Black Nurses Association
2015 Annual Scholarship Luncheon
This funding supported an annual conference that focuses on developing emerging leaders and connecting research to improve the health and health care practice environments.
$2,150

Yale University School of Medicine,
Department of Psychiatry
Neuroscience 2014: A Symposium of New Treatments for Mental Illness – From Emergence to Recovery
This free conference was for all who work with people with mental illness and to mental health consumers and their families. The conference featured presentations of research on mental illness that were directed toward a lay audience, with plenty of time allowed for questions from the audience. The conference is sponsored by Yale Department of Psychiatry, Connecticut Department of Mental Health and Addiction Services, and NAMI (National Alliance of Mentally Illness) Connecticut.
$7,500
DONAGHUE FUNDS “Bootcamp for Journalists”

To support journalists in their effort to cover end-of-life care with sophistication, nuance, and accuracy, The Hastings Center conducted a “Bootcamp for Journalists” at a pre-conference workshop just prior to the annual meeting of the Association for Health Care Journalists in Denver on March 27, 2014. This opportunity built upon Donaghue’s funding of The Hastings Center Guidelines for Decisions on Life-Sustaining Treatment and Care Near the End of Life in 2006-2008 and its 2013 R3 award to help with the dissemination of the updated Guidelines.

The AHCJ is an independent, nonprofit organization dedicated to advancing public understanding of health care issues. Its membership includes more than 1,400 journalists from throughout the U.S. and 15 countries who work for newspapers, magazines, TV, radio, and online publications. The AHCJ’s mission — to improve the quality, accuracy, and visibility of health care journalism — aligns with The Hastings Center goal of expanding implementation of its updated Guidelines.

The Bootcamp consisted of three related one-hour sessions that drew upon Guidelines content, and the speakers included Guidelines working group members. The sessions were developed by Nancy Berlinger, PhD, the lead author of Guidelines and R3 award recipient; Mildred Z. Solomon, EdD, Hastings Center president and CEO and a member of the Guidelines project working group; and Susan Gilbert, the public affairs and communications manager.

DONAGHUE FUNDS Connecticut Choosing Wisely Collaborative

Connecticut Choosing Wisely Collaborative is a diverse, multi-stakeholder group whose member organizations have a shared interest in seeing the goals of Choosing Wisely® — improved patient and practitioner communication, increased consumer engagement, and reduced harm and waste — are maximized in Connecticut. Choosing Wisely® is an initiative of the ABIM Foundation working in partnership with Consumer Reports Medical and other healthcare professional societies, health systems, academic institutions, and health collaboratives across the U.S. and internationally.

Founding members of the Connecticut Collaborative’s Leadership Council include Access Health CT, Connecticut Business Group on Health, Connecticut Center for Primary Care, Connecticut Health Foundation, Office of the Healthcare Advocate, Qualidigm, the Universal Health Care Foundation and the Donaghue Foundation. Donaghue took a leadership role in establishing the Collaborative and chairs the leadership council.

Activities during 2014 both established the Collaborative’s structure and advanced its mission and include the following:

• Became an official partner of Consumer Reports in the Choosing Wisely® campaign, participated in webinars, conferences and learning communities hosted by the ABIM Foundation and Consumer Reports, and launched a CCWC information sharing microsite.

• Developed guiding principles that defined the roles of its members, created governance and membership structures, and developed a memorandum of understanding that defined member’s financial contributions to the collaborative.

• Sponsored an Urban Service Track project on antibiotic use with an interprofessional student team that conducted focus groups and interviews with practitioners. They shared their conclusion about Consumer Report’s Choosing Wisely® informational materials with the Consumer Report’s Health team.

• Conducted an interest survey with providers, health systems, employers, community groups, policymakers on CCWC goals to plan for a summit held in March 2015.
advisory committees

POLICY ADVISORY COMMITTEE
Marie Massaro
Principal
Massaro Consulting

Carrie Brady, JD
Principal
CBrady Consulting

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 (retired)

John Lynch, MPH
Executive Director
Connecticut Center for Primary Care

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 (retired)
The Commonwealth Fund

John Charde, MD
Medical Director
Senior Whole Health New York

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

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

Julie Robison, PhD
Associate Professor of Medicine
University of Connecticut

Phillip Sloane, MD, MPH
Professor of Family Medicine
University of North Carolina

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
Funds Awarded by Grant Program for Grant Cycle

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Institution | New | Continuation | Total
---|---|---|---
Association of American Medical Colleges | 1 | 1 | 1
Brandeis University | 1 | 1 | 1
Commonwealth Care Alliance | 1 | 1 | 1
Connecticut Children's Medical Center | 1 | 2 | 2
Fair Haven Community Health Center | 1 | 1 | 1
Hartford Food System, Inc. | 1 | 1 | 1
The Hastings Center | 1 | 1 | 1
Partners Healthcare System | 1 | 1 | 1
Pennsylvania State University | 1 | 1 | 1
University of Connecticut Health Center | 1 | 1 | 1
University of Massachusetts | 1 | 1 | 1
University of Pittsburgh | 1 | 1 | 1
University of Rochester | 1 | 1 | 1
Yale University School of Medicine | 1 | 2 | 3
Total | 10 | 7 | 17

Financial Information

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Income | $1,221,420

Expenditures

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Note: In addition to these expenditures, an estimate amount of up to has been earmarked for future spending in support of ongoing grants.
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.