The Donaghue Foundation
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.

2008

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Working the puzzle — one piece at a time

Puzzles are intricate, often difficult, but solvable problems. And here’s the puzzle that we are working on: why does so little of the tremendous creativity of our medical research effort get put into practice in our health care system? Although exciting gains in health care are often rooted in research, the fact remains that after more than $100 billion a year spent for medical and health-related research in the US, our country’s health system continues to be rated below other industrialized countries.

Donaghue is working this puzzle to find new ways to achieve its purpose of funding research of practical benefit. Through our grant funding and our Foundation-directed activities including conferences, commissioned studies, and collaborations, we are working to find the right pieces to solve this puzzle.

It often takes a new perspective to understand the clues to a puzzle. This is why Donaghue is seeking new experiences and new partners to bring a different vantage point to this work. Our report on the activities of 2008 describes some of these puzzle pieces, and we look forward to discovering more in 2009.
History & Purpose

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

Purpose
The testamentary intent of Ethel Donaghue is the immutable mandate for the Donaghue Foundation trustees, who have developed statements of vision, mission and goals to give ongoing current meaning to Miss Donaghue's purpose. Miss Donaghue said in her will that her trustees should seek out useful health knowledge through research. She envisioned a steadfast pursuit of knowledge that would be of practical benefit to human life, and the trustees have adopted Practical Benefit as a policy and operations compass. Prominent among Ethel Donaghue’s traits were a strong will, a championing of women’s causes, a keen sense of the practical, and a healthy dose of common sense. These traits loom large in the trustees’ reading of her words, particularly her urging that they undertake unusual and non-standard activities in furtherance of her purpose. A frequent question in trustee discussions of policy and program design is “What would Miss Donaghue do, were she here and in possession of the facts we have?” Nearly as important to the ongoing work of the Donaghue Foundation as what we are to do is how we are to go about it. That is expressed in our statement of goals and has characterized our work up to and including the just-completed year of 2008.
Our Vision for Donaghue
We envision constant improvement both in people’s health and in the way research is converted into practical benefit.

The Mission of Donaghue
We will be an engaged, imaginative and collaborative participant in the process that begins with rigorous health research and ends in realized health benefits and thereby gives the vision of Ethel Donaghue its best expression and honor her and her family.

Donaghue’s Goals
Promote knowledge uptake of health research into the realms of health care delivery, practice and policy.

Strengthen and widen understanding of the Foundation’s mission by other people and organizations who have the potential to improve health.

Ensure that our grantmaking programs are structured to support rigorous research that more directly leads to a positive impact on health.

Support promising researchers whose work specifically encompasses the principles of knowledge uptake.

Create networks and collaborations to test innovative ideas related to health research and health outcomes.

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

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

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

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

This report on Donaghue’s activities during 2008 demonstrates our continuing commitment to learn about the challenges of funding research that has practical benefit. In doing so, sometimes it feels that we are working on a puzzle.

During the past year, we started a new grant program, and we ended (at least temporarily) another one. We began a new lecture series, and we continued what has become a perennially successful conference. We commissioned studies to better understand the links between research and the world beyond academic institutions. With these and other grant funding and foundation-directed projects, Donaghue continues to recognize that there are many pieces to be put together in order to solve the puzzle of translating research knowledge into application.

For example, one of our recent grants was in support of CARE’s Community Intervention for Health. This project uses a research model that focuses on community-led programs that arise more organically from the community and, as a result, have a better chance of being sustained there. This approach is different from traditional, tightly controlled experiments that may have more clearly derived conclusions but do not have a great resemblance to the world in which the research innovation is intended to take place. How often has well-designed research demonstrated the effectiveness of an intervention, but its impact is never optimized because it requires the enriched resources of a research study? In researchers’ language, this may be a problem of too much internal validity and not enough external validity. Maybe this is a piece of the puzzle?

We are also excited about the Donaghue Program for Research Leadership award to researchers at Yale University School of Medicine and the Fair Haven Community Health Center. Applicants to this newly structured program are required to present a plan that describes how their research will ultimately advance toward benefit. As one of our policy advisers recently said, translation cannot start with the finished research study; translation and application of research findings have to be a part of the process that formulates the research question. We have also restructured the traditional science review committee to include experts in using new knowledge. These reviewers work in unison with experts in research design and methods. We are confident that this new grant program will further our quest to fund research teams that conduct high quality research and translate it into a practical benefit; this is surely another piece to the puzzle.

Finally, as you will read in the following pages, we have invested in other activities that complement our research funding. And because we know that sometimes a different perspective can help you put a piece of the puzzle in just the right place, we are also stepping up our collaboration with other organizations. We look forward to more of that in our future.

Lynne Garner, PhD
Executive Director and President

Sheilah B. Rostow
Senior Vice President Bank of America, Trustee
Programs

The Donaghue Foundation conducts several programs and initiatives in support of Connecticut-focused research and related work. Interested persons should contact the Foundation office for detailed program information and application forms.

The Clinical and Community Health Issues Program
The Clinical and Community Health Issues Program is for health-related research projects that address major medical conditions and social problems affecting the health of individuals, groups and communities. Of particular interest are studies focusing on more effective methods of preventing, diagnosing, and treating illnesses and conditions that have a major impact on health in Connecticut. C&CH grants are up to $240,000 over periods of one to three years. As of the end of 2008, this program is under review and letters of intent or applications are not being accepted in 2009.

The Donaghue Investigator Program
The Donaghue Investigator Program supports particularly promising medical researchers holding faculty appointments at Connecticut institutions. The program emphasis is upon the researcher rather than upon a specific research project. Awards of $100,000 per year, for up to five years, are made. 2007 was the last year applications were accepted for this program.

Donaghue Program For Research Leadership
The Donaghue Program for Research Leadership is a Connecticut-focused grant program that supports transdisciplinary teams of health researchers led by a senior investigator who has demonstrated leadership in innovative and useful health research and in transferring knowledge gained from research into clinical and/or public health practice. The overall goal of the program is to fund rigorous health research while creating opportunities for team members to learn or demonstrate new approaches to translating knowledge from research. Therefore, the grant project must contain the following three components: research, knowledge uptake, and team building. Awards are for $200,000 per year for four years.

Practical Benefit Initiatives:
The PBI program has no specific timeline for applications and no pre-determined award amounts. The Foundation itself initiates research projects in an interactive process with prospective investigators. Funding is based upon promise of practical benefit to human life and a likelihood that but for the Foundation’s support, the research might not be done.
The 2008 Donaghue Foundation Grant Recipients

Top photos - Left: C&CH Recipient Robert Beech, MD, PhD; Center: C&CH Recipients Augustus Mazzocca, PhD and Mark Cote, PT; Right: C&CH Recipient Peggilee Wupperman, PhD.

Bottom photos - Left: DPRL Recipients (front row) William V. Tamborlane, MD and Anne W. Camp, MD (back row) Elizabeth Magenheimer, APRN, CNM; Maria Mauldon, MSN, APRN; Mari Montosa; Center: PBI Recipients (from left to right) Alycia Santilli, Maurice Williams, Jeannette Ickovics, PhD; Right: PBI Recipient Diane Meier, PhD.

www.donaghue.org
Clinical & Community Health
The Clinical and Community Health Issues Program is for health-related research projects that address major medical conditions and social problems affecting the health of individuals, groups and communities.

Robert D. Beech, MD, PhD
Assistant Professor, Yale University School of Medicine
Gene-expression algorithms to predict lithium response
Lithium is the standard therapy for bipolar disorder. However, there are no established methods to predict one’s response to lithium – and response to this treatment is varied. The purpose of Robert Beech’s study is to develop a reliable way to predict which patients with bipolar disorder will respond positively to treatment based on the levels of expression of a small number of specific genes in blood cells.

Augustus D. Mazzocca, MD
Assistant Professor, University of Connecticut Health Center
The effect of early range of motion on clinical outcomes, patient satisfaction, and cuff integrity following arthroscopic rotator cuff repair
Rotator cuff tear is one of the most common injuries that occur in the upper half of the body, causing significant disability and discomfort. With his Donaghue grant, Augustus Mazzocca will compare the effectiveness of a rehabilitation protocol that uses motion earlier with the standard motion protocol. Both the patient’s experience and the actual repair of the cuff tissue will be assessed to determine differences in the rehabilitation techniques.

Peggilee Wupperman, PhD
Associate Research Scientist, Yale University School of Medicine
Female-focused treatment for domestic violence and alcohol use
Estimates indicate women are as likely to engage in domestic violence as frequently as men, albeit often in response to violence initiated by men, and there is a strong predictive relationship between female alcohol use and domestic violence. Peggilee Wupperman will use her Donaghue grant to test a treatment that focuses on both alcohol use disorder and domestic violence and will hopefully lead to more effective treatments and, ultimately, healthier families.
Donaghue Program for Research Leadership

The Donaghue Program for Research Leadership is a Connecticut-focused grant program that supports transdisciplinary teams of health researchers led by a senior investigator who has demonstrated leadership in innovative and useful health research and in transferring knowledge gained from research into clinical or public health practice.

William V. Tamborlane, MD
Professor, Yale University School of Medicine
Changing Lifestyles for Better Health

Responding to the alarming increase in diabetes, William V. Tamborlane, MD and a team of practitioners based at Fair Haven Community Health Center, headed by Anne Camp, MD, Diabetes Program Director, are testing an intensive lifestyle intervention to prevent diabetes in inner city women and their children. Conducted in both Spanish and English, the program includes nutrition education, behavior modification instruction, and a structured exercise program. The combined impact of the intervention on clinical, operational and fiscal impact for community health center will be assessed.

Practical Benefit Initiatives

The Practical Benefit Initiatives program helps to initiate research projects showing particular promise for producing practical benefit to human health.

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

Through its engagement in Community Interventions for Health (CIH), an international collaborative that addresses chronic disease through comprehensive, structural channels and evidence-based health promotion, New Haven is working to create a healthier community and improve the health status of its residents. Key stakeholders in neighborhoods, schools, health centers, community-based organizations, and philanthropy are working together in this collaborative and its three major efforts of intervention, evaluation, and dissemination. Donaghue, along with other national and local funders, is supporting this work.

Diane Meier, MD
Professor, Mount Sinai School of Medicine
Factors Associated with Successful Palliative Care Programs in Hospitals

Palliative care has been shown to be effective in improving the care provided to individuals with serious chronic diseases and to their families. However, the specific organizational structures and processes that are associated with the most successful palliative care programs are not known. This study by Diane Meier, MD and Sean Morrison, MD of the Center for Palliative Care Programs will examine the structure and care processes of these services and develop a database that will support comparative studies to improve hospital palliative care programs. The results will be used to assist hospitals in developing and strengthening the quality of their palliative care programs.
In 2008, Donaghue established the Andrews Lecture in the Voice of the Patient as a tribute to Ray Andrews, the individual trustee of the Foundation from 1993 to 2007. Its focus recognizes Ray’s long-standing interest in listening to the voice of the patient in healthcare. Over the years, the lecture will feature speakers who have demonstrated the value of the patient’s experience from a variety of perspectives, such as an individual’s perception of illness, a person’s view of him or herself as a “patient,” or the patient’s interaction with family and health care practitioners, the health care system and broader society.

The inaugural lecture was presented by Eric Cassell, MD on September 17 at the Anlyan Center at Yale University School of Medicine. Dr. Cassell spoke on the responsibility of medicine to heal the patient rather than its current focus of treating a disease. He observed that medicine focuses on two goals – treating the disease and attending to the patient – when it should be organized around only one goal - the well being of the patient. Dr. Cassel, who retired from his practice in internal medicine in 1998, continues to be active in writing, lecturing, and consulting.

In commenting on the new lecture series when it was first announced, Ray Andrews said “A focus on the patient’s perspective is a wonderful idea, and I’m thrilled that the first lecturer will be Dr. Eric Cassell, from whose insightful writings I derived inspiration for my Donaghue work.”
Knowledge Uptake Initiatives

In 2008, the Foundation conducted several projects and initiatives to further its mission that were in addition to and complemented its research grant awards.

Tech transfer study
Most universities have offices that assist researchers in getting their innovations into the commercial world, and Donaghue wondered how these resources may be helpful in its practical benefit quest. In the Spring of 2008, Donaghue commissioned a study of university tech transfer offices across the US to gain insight into the services provided by these offices and their possible role in moving the kinds of research funded by Donaghue into practice. Specifically, the study gathered information about the resources and capabilities of these offices and the nature of the tech transfer activity in which they engage. The results confirm the Foundation's observations over the past few years that a major contributor to the gap between health-related research and practice is the lack of mechanisms to assist with the kind of knowledge-based innovations that Donaghue and other funders sponsor.

Market assessment study
A second study commissioned by Donaghue focused on the feasibility of using market-based distribution channels to more effectively disseminate evidence-based clinical and public health information. Potential users of medical and health information from the commercial, non-profit and public sectors were included in this study.

Not surprisingly, the study found that those entities with the potential to realize a financial return from the research-based innovation have the highest level of interest in adopting them. Other barriers were identified, too. The study respondents identified two conditions needed to use research-based innovations. The first is that the innovation must be “packaged” in a way that maximizes the potential for adoption. This seems obvious, but many research studies do not focus on this. In addition, potential users of research-based knowledge need a straightforward, relatively low-cost way to measure the impact from adopting the innovation.

SisterTalk Hartford Summit
Donaghue staff joined with the original research staff, leaders from some of the 12 churches that participated in the SisterTalk Hartford study, and section chiefs from the Connecticut Department of Public Health to bring SisterTalk Hartford to more women. As a starting point, the group gained seed funding from the Aetna Foundation to start the SisterTalk Hartford Resource Center, which provides community outreach and support to new churches that start the program. The launch for this resource center, the SisterTalk Hartford Summit, was in September.

The summit was a gathering for church leaders from greater Hartford who were interested in learning more about SisterTalk. Kara Davis, MD, a Chicago-based physician, whose latest book is “Spiritual Secrets to Weight Loss,” was the keynote speaker. Her powerful talk centered on the connection between our spiritual and physical lives and the importance of taking care of one’s health. Other speakers included women who had participated in the SisterTalk program, church leaders, and SisterTalk Resource Center staff.

The Summit was another way that Donaghue worked outside the standard framework of a research funder. By taking on the tasks required to sustain this innovation, Donaghue is learning firsthand about the challenges of knowledge uptake.
Donaghue Conference – Beyond Eureka! True Tales of Knowledge Uptake: Reflections, Success Stories, and Cautionary Tales

In April, Donaghue brought together more than 250 people to hear Atul Gawande, MD, MPH and three panelists — individuals who have their own experience in using research findings in practice or policy — to discuss the importance of using knowledge, not just creating knowledge.

As the keynote speaker, Dr. Gawande spoke on the topic of “Better: The Problem of Performance in Medicine.” He stated that a new aspect of medicine today is to understand outcomes and then ask how we can make those outcomes better. This new approach requires the science and innovation to understand “how to make sure we do what we aim to do.”

Harlan Krumholz, MD described “D2B” (Door to Balloon), an effort to decrease the elapsed time between when a patient arrives at the emergency department with a heart attack and the time he or she is treated in the cath lab. He asserted that how to implement changes in the way care is organized and delivered to shorten wait time was the knowledge required to improve this aspect of healthcare, but unfortunately the “how to” is often left out of research.

Elizabeth Pivonka, PhD, President of the Produce for Better Health Foundation, moved the discussion from clinical examples to one that focused on strategies for disease prevention. She emphasized that simply knowing that something is good for you, like eating more fruits and vegetables, doesn’t translate into changed behavior. More knowledge is needed to understand the best ways to change health behaviors.

Veronica Nieva, PhD, spoke about the Agency for Healthcare Research and Quality’s Innovation Exchange. This website is a vehicle for health care professionals to share and adopt innovations that improve the delivery of care to patients. Rather than creating only a one-way dissemination of information, the website is designed to invite users to be a part of an innovators’ community, which includes commentaries by experts in related fields and explores the specifics of innovation adoption and what can be learned from attempts and successes.

AHRQ Innovation Exchange and Donaghue grantees

The Agency for Healthcare Research and Quality has a new website focused on evidenced-based innovations in health care. The site, www.innovations.ahrq.gov, is intended for the health care professional and is focused on sharing and adopting innovations that improve quality. In April, Donaghue introduced its conference audience to the Exchange one week after its launch. In addition, Donaghue has been working with the Exchange’s project manager to recommend Donaghue grantees as potential contributors.

Yale School of Management Healthcare 2008 Conference

For the second year, Donaghue was a leading sponsor of the Yale University School of Management and the health professions schools Healthcare conference. The conference, “Whose Healthcare is it anyway? Understanding the Patient as Consumer,” planned by Yale MBA students along with other students from the schools of public health, nursing and medicine, brought together people from different sectors of the health care industry and academic communities. The patient as the central stakeholder in healthcare and issues related to how the healthcare industry identifies and meets the needs of consumers and patients were the central themes of the day.
New Awards

CLINICAL AND COMMUNITY HEALTH ISSUES

Robert Beech, MD, PhD
Yale University School of Medicine
Gene-expression algorithms to predict lithium response

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

Peggilee Wupperman, PhD
Yale University School of Medicine
Female-focused treatment for domestic violence and alcohol use

DONAGHUE PROGRAM FOR RESEARCH LEADERSHIP

William Tamborlane, MD
Yale University School of Medicine
Changing lifestyles for better health

PRACTICAL BENEFIT INITIATIVES

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

Diane Meier, MD
Mount Sinai School of Medicine
Factors associated with successful palliative care programs in hospitals

Continuation Awards

CLINICAL AND COMMUNITY HEALTH ISSUES

Sheila M. Alessi, PhD
University of Connecticut Health Center
Contingency management and pharmacotherapy for smoking cessation

Larry Davidson, PhD
Yale School of Medicine
Restoring hope and health to adults with serious mental illness

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

Thomas M. Gill, MD
Yale School of Medicine
Enhancing independent bathing in community-living elders

Nina Kadan-Lottick, MD, MSPH
Yale School of Medicine
Survivors of cancer in adolescent and young adults

Vinod H. Srihari, MD
Yale School of Medicine
Specialized treatment early in psychosis

Carlos M. Grilo, PhD
Yale School of Medicine
RCT for obesity and binge eating in monolingual hispanic persons

Chirag Parikh, MD, PhD
Yale School of Medicine
Novel biomarkers to detect delayed graft function

Srijan Sen, MD, PhD
Yale School of Medicine
The roles of genes and stress in medical intern depression

Meredith H. Stone, PhD
Carrie Redlich, MD, MPH
Yale School of Medicine
Reducing isocyanate exposure in the Connecticut autobody industry

DONAGHUE INVESTIGATOR

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

Elizabeth Bradley, PhD
Yale School of Medicine
Quality improvement efforts in the care of older adults

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

Alexander Neumeister, MD
Yale School of Medicine
Contribution of life trauma to the neurobiology of depression

Cheryl Oncken, MD
University of Connecticut Health Center
Maternal genetics, cigarette smoking and infant birth weight

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

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

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

Maureen Donahue, DNP, MSN
Danbury Hospital
Leadership initiative to educate and monitor paraprofessionals

Mary Finnegan, BSN, Med
Goodall Hospital
Improving patient safety through leadership and teamwork

Gregg Meyer, MD
Massachusetts General Hospital Physician Organization
Engaging leaders in patient safety through simulation

Kenneth Sands, MD, MPH
Beth Israel Deaconess Medical Center
Safety through knowledge: Improving institutional learning from adverse effects

Ann Ferris, PhD
University of Connecticut
Evaluating changes to the local food environment

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

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

Anne Kenny, MD
University of Connecticut Health Center
The Donaghue nutrition research competition

David Smith, PhD
Yale University
Donaghue initiative in biomedical and behavioral research ethics

Multiple Myeloma Research Foundation

Myelin Repair Foundation

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The Commonwealth Fund
Executive Vice President

Meredith Stowe, PhD
Yale University School of Epidemiology & Public Health
Associate Research Scientist
### Grants

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<tr>
<td>Myelin Repair Foundation</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>University of Connecticut - Storrs</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>University of Connecticut Health Center</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Yale University</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Yale School of Medicine</td>
<td>4</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6</strong></td>
<td><strong>30</strong></td>
<td><strong>36</strong></td>
</tr>
</tbody>
</table>

### Financials

#### 2008 Financial Information

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment in marketable securities</td>
<td>$46,185,082</td>
</tr>
<tr>
<td>Cash and cash equivalent</td>
<td>$932,392</td>
</tr>
<tr>
<td>Other assets</td>
<td>$58,598</td>
</tr>
<tr>
<td>Total assets and fund balance as of December 31, 2008</td>
<td>$47,176,072</td>
</tr>
<tr>
<td>Income</td>
<td>$2,098,709</td>
</tr>
</tbody>
</table>

**Expenditures**

<table>
<thead>
<tr>
<th>Program</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants</td>
<td></td>
</tr>
<tr>
<td>Clinical and Community Health</td>
<td>$770,429</td>
</tr>
<tr>
<td>Donaghue Investigator</td>
<td>$889,280</td>
</tr>
<tr>
<td>Practical Benefit Initiatives</td>
<td>$1,213,031</td>
</tr>
<tr>
<td>Subtotal</td>
<td>$2,872,740</td>
</tr>
<tr>
<td>Program support and Foundation-administered projects</td>
<td>$305,277</td>
</tr>
<tr>
<td>Management and General</td>
<td>$508,734</td>
</tr>
<tr>
<td>Investment Management</td>
<td>$97,920</td>
</tr>
<tr>
<td>Total Expenditures</td>
<td>$3,856,671</td>
</tr>
</tbody>
</table>

**Note 1:** In addition to these expenditures, an estimated amount of up to $6,622,378 has been earmarked for future spending in support of ongoing grants. The figures listed above are unaudited. Fair market values are approximate.

**Note 2:** In addition to this amount, the Foundation facilitated $114,110 in research grants for foundations or other philanthropic sources.

1 - Current value: $47,176,072
2 - Miss Donaghue’s testamentary gift in trust: $53,438,074
3 - Grants made since Foundation’s inception: $76,574,778
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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Photography: Spencer Sloan
Printing: Velocity Print Solutions

Leave 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.

Answers can be found at www.donaghue.org

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Printing: Velocity Print Solutions