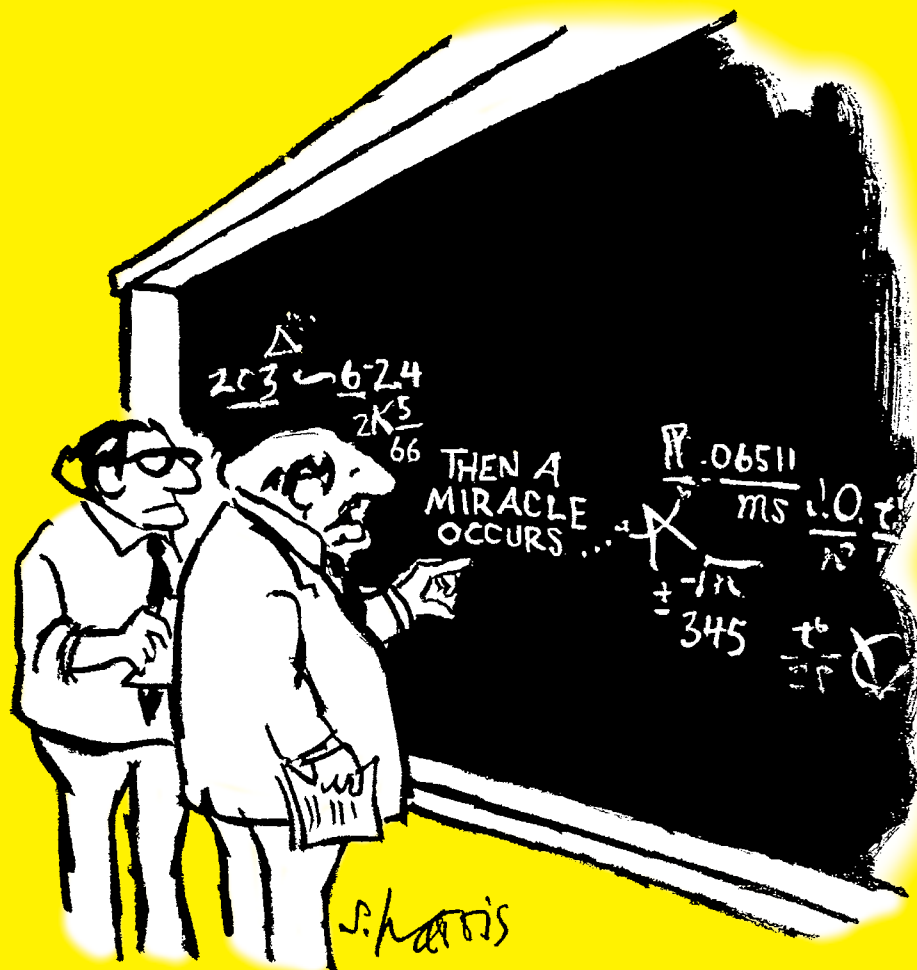


THE DONAGHUE FOUNDATION



"I THINK YOU SHOULD BE
MORE EXPLICIT HERE IN STEP TWO."



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**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.

A hand is shown writing mathematical equations on a chalkboard. The equations are complex, involving variables like 'a', 'y', 'A', and 'x', and exponents. The hand is holding a piece of white chalk and is in the process of writing a fraction with '2' over '3'. The background is filled with other equations, some of which are partially obscured or faded.

Making practical benefit happen

Learning the best ways to
bridge the two sides of the equation

The Sydney Harris cartoon that we are using on the cover of our 2009 annual report is one of Donaghue's favorite depictions of the challenge in getting research to be of practical benefit. The realities and constraints of the research world are on the left side of the equation, and the users of research knowledge — practitioners, policy makers and health consumers — are on the other side. As investors in research, we are often left to cross our fingers and hope that a miracle happens.

We believe that we can do better, but it will take collaborative efforts among those on both sides of that equation and their funding organizations to develop new paradigms for the research-to-benefit connection.

Our year was full of activities that are helping us to make that “step two” more explicit. We’ve been fortunate to find researchers, health philanthropies, and advisers to assist us in understanding the best ways to bridge the two sides of the equation and make our work more focused on benefit. We’ve been researching new models to translate evidence-based health programs to wider adoption, studying some of the successful examples of research-to-benefit, and working with experts in translation — three of whom have shared their thoughts on this challenge in the following pages. Descriptions of these research-to-benefit activities may also be found in this annual report, and we hope you will find them useful as you consider your “step two.”

Honoring Her Parents Through Benefit to Others

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 eighteenth year of grantmaking.



Ethel F. Donaghue

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 2009.

Shorten the Improvement Cycle

Making research useful now

by Gregg Meyer, MD



We can no longer be content for “miracles to happen” to allow us to translate research into practice. In healthcare, we have viewed the translation of research into practice as miraculous because we did not understand it; we have made a much greater effort to push the edge of scientific understanding than to rigorously evaluate how that understanding can be spread to routine care.

The “miracle step” need not be dependent upon serendipity and the passage of time. We are now learning that the application of industrial principles, such as the use of standardized patient care protocols, careful studies of those situations requiring a customized response, and a rigorous evaluation of outcomes, provides an alternative to waiting for miracles. By paying attention to the science of spread and the general principle of making the right thing the easiest thing to do, we have found that we can shorten the cycle time of translation. For example, a simple but revolutionary checklist to improve safety for patients undergoing operations developed just two years

ago has already been tested on five continents and is now being applied in surgical settings worldwide. Whether you are in Connecticut or Calcutta, it is likely that your surgical team is now using this aviation-inspired checklist, and we are certainly better and safer for it.

Applying lessons from other industries is not enough; we need the other crucial ingredients — vision and leadership. The vision is one of not waiting for years of testing and validation for important ideas to spread. We need to test the science in our real worlds quickly, exchanging “try-storming” for endless brainstorming in the pursuit of perfection. Leadership provides the courage to recognize that not all of the science we attempt to translate will work as planned. In those failures lie the seeds of understanding not only where our science fell short but how we could do a better job of translation as well. When the translation does work, we have the obligation to be equally

rigorous in our attempts to understand that success, the exciting and potentially fruitful pursuit of research into “positive deviance.”

As investigators we all need to think ahead to translation, the important work of spread, and the explicit linkage of our findings to their adoption. Before the ink dries on our p-values or case studies, we have to provide the same attention to how we can test and promote the spread of our results as we did to our initial study design. This new work requires discipline and a whole new set of tools, which are becoming increasingly available. By applying lessons from other industries and incorporating the expectation of translation of our findings into real world practice as an essential part of what it means to be a healthcare researcher, we can do better than the professor in Sydney Harris’s cartoon. Our patients and the public should no longer be content with waiting on miracles.

Gregg Meyer, MD, is Senior Vice President for Quality and Patient Safety at Massachusetts General Hospital and Massachusetts General Physicians Organization. Prior to this position, he was the Medical Director of the Massachusetts General Physicians Organization, the largest physician group practice in New England. From 1998 to 2002 he served as Director of the Center for Quality Improvement and Patient Safety at the Agency for Healthcare Research and Quality (AHRQ). Meyer was a 2007 Donaghue grantee for his work in engaging leaders in patient safety through simulation.

Transition, innovation, collaboration

Dear Friends,

The year 2009 has been a year of transition for the Donaghue Foundation. Through innovative activities including collaborations with new and old colleagues, we have made inroads into what we perceive are the challenges of delivering medical and health-related research out to the public for practical benefit.

In previous years, most of our time had been dedicated to soliciting, evaluating, awarding and administering grants. This year, we stretched beyond our usual grantmaking. For example, although we awarded only one new grant, it was in partnership with the Trustees of The Mayday Fund. This partnership combined Donaghue's focus on knowledge uptake with The Mayday Fund's learned attention to pain management. It allowed us to share the cost of the award, important during this turbulent economic time, while simultaneously testing a new collaborative grantmaking model for the Donaghue Foundation. We were fortunate to have the Trustees of The Mayday Fund as our partner in this effort. We learned about their core mission — alleviating human physical pain — as we reconsidered our grantmaking process by coordinating our administrative procedures with those of The Mayday Fund. Consistent with this team approach to grantmaking, we continue to communicate with our grantees from previous years and to pursue collaborations and opportunities related to reducing the barriers that prevent research from being more effective in improving health.

We hope that you will read the short essays in this report; one appears just before this letter and the other two are found among the following pages. We asked three individuals who know Donaghue and who know the challenges of translating knowledge



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

into practice to comment on the theme of this issue. As a fellow grantmaker, a Policy Advisory Committee member, and a Donaghue grantee, they each see a different side of Donaghue; more importantly, they each have different experiences with the final product of research — using knowledge to improve health.

As a final note, we'd like to acknowledge the contribution to Donaghue by our many advisers and friends. So many of the accomplishments about which you will read on these pages simply would not be possible without assistance from a number of individuals. Some are named on page 14 in our list of committees members; others are individuals who share their expertise and time with us in alternative ways. Our thanks go to each of them.

Lynne Garner

Lynne Garner, PhD
Trustee and President

Amy R. Lynch

Amy R. Lynch, JD
Bank of America, Trustee

Strategies to Optimize Impact

The Experience of The John A. Hartford Foundation

by Amy Berman



Is it a miracle when proven innovation becomes the mainstay? While it may be possible to haplessly fall into success, The John A. Hartford Foundation employs three strategies in order to optimize the possibility that research will be of practical benefit.

The first strategy begins with the selection of the innovator. Leading research and leading change require two different skill sets. An outstanding individual in research may view his or her role as culminating in publications and presentations. We look for those unique individuals who want to dedicate their careers to making change occur. Change is messy. It happens outside the hallowed halls of academia. Innovators must be adept at building collaborations with leading organizations in the practice sector. They will

need to develop a business case for the innovation. They may need to inform policy or regulation to engineer a health care environment that is receptive to change. They may engage consumers to demand change. Is this the life the researcher wants? This is the innovator we want.

The second strategy focuses on getting the right people to the table. In order to develop an innovation and have it adopted, we need potential adopters to be involved in the development of the effort. Models can't be

developed in an ivory tower. When we bring together key stakeholders, we have the chance to build innovation in a way that is practical. This also fosters communication and buy-in from the onset, giving adoption a healthy head start.

And the last strategy is to take the long view as a funder. Dissemination takes greater time and resources than research. Funding partnerships are key to sustaining efforts until we reach the tipping point to practical benefit.

Amy Berman is a Program Officer at the John A. Hartford Foundation. She heads the Foundation's Integrating and Improving Services portfolio, focusing on the development and dissemination of innovative, cost-effective models of care that improve health outcomes for older adults. Prior to that, she served as nursing education initiatives director for the Hartford Institute for Geriatric Nursing at New York University College of Nursing. Before joining the university, Ms. Berman worked in health care administration for twenty years with responsibility for performance improvement efforts through data-driven change, team facilitation, health information technology, accreditation, and regulatory compliance issues.

2009 Voice of the Patient Andrews Lecture

*More than an Anecdote:
The New York Times Patient Voices Series*



Karen Barrow

New York Times

Donaghue held its second annual Andrews Lecture on the Voice of the Patient in September at Yale University's Anlyan Center. Ms. Barrow's topic, "More than an Anecdote: *The New York Times* Patient Voices Series," focused on her experience in telling the stories of people living with a chronic illness through audio and photographs on *The New York Times*' Well Blog. Barrow is the creator and producer of this series. Patient Voices has featured over 160 patients from the ages of six to 77 years old and has covered more than 23 topics. Following the lecture, a reception for Ray Andrews, Karen Barrow, and attendees was held in the Starr Atrium of the Anlyan Center.

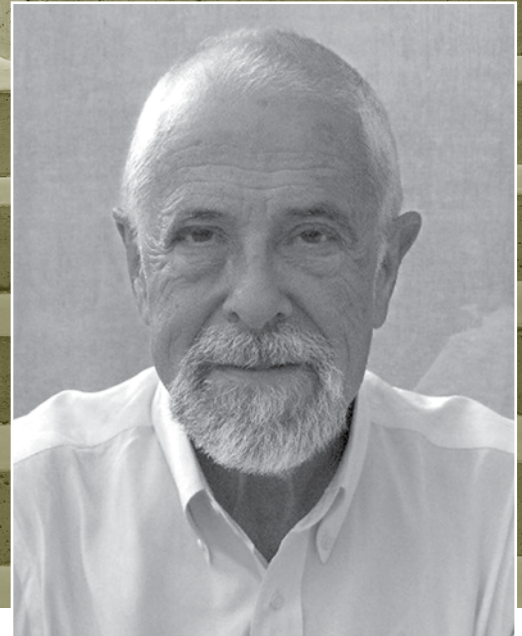
In discussing her work, Barrow explained that each Patient Voices feature focuses on several individuals for each condition because everyone's experience is different. With that approach, she hopes that viewers will find at least one of the "voices" that they can relate to. Discussion with the audience at the Andrews Lecture led to a November 2009 New York Times feature produced by Barrow on "Patient Voices: Coping With and Without Insurance."

Barrow also said that she owes a debt of gratitude to the people who choose to participate in the series. "They share a window into their life and hopefully help the other people that don't have that voice."

Use Known Principles to Make the Miracle Happen

Working with what we know will work

by John Charde, MD



I think that our popular idea of research is that it is done in a laboratory and the results are a new drug or device, but there is a lot of other research whose results significantly impact health in other ways. Some examples include research on smoking, drinking and driving, and hospital infections and hand washing. Evidence has accumulated from repeated research findings over the years, but implementing the action to bring about the change seems like it has taken forever.

Dr. Ignaz Semmelweis made the connection between hand washing and postpartum infections in 1847, nearly 20 years before Louis Pasteur confirmed the germ theory. We are still working on instituting some of the implications of his discovery.

Why did it take so long to decrease auto accidents for drunken driving? Why has all the research about smoking

and health taken so long to have an impact? How come ‘nosocomial’ infections (and deaths) still occur in hospitals when we have repeatedly demonstrated research evidence that hand washing by everyone all the time drops the rate down close to zero?

In our heads we know what we should do, but for a lot of reasons we do not do it. We haven’t had the knowledge and tools to translate. There is the idea if we have a ‘truth’ and we communicate and teach it widely, presto — the miracle of change happens. And most of us are reluctant to give up belief systems which don’t fit our own or for which there is no connection with our personal experience and reality.

“I have driven after drinking a lot and never had an accident.” “My grandfather lived to be 88 and he smoked 2 packs a day.” “None of my patients have ever gotten an infection from me.”

There are no easy or magical answers to this problem. But here are some general principles that I have been intrigued with that help put what we’ve learned from research into our actions:

- Make a behavior easier to do than not.
- Involve everyone in bringing about the change, not just the experts but the patients and families and others.
- Use social networks and multiple communication channels to bring about cultural change.
- Make it financially attractive to do the right thing or prohibitive to not do it.
- Use laws when needed, especially when not changing the specific behavior poses public health threats.

John Charde, MD, is a consultant for healthcare companies and public health agencies focusing on quality management, improving clinical care in organizations, and improving treatment and care coordination for people with chronic diseases. He has worked locally, nationally and internationally on health care policy, financing, public health and clinical issues. Charde currently serves on two committees for the Donaghue Foundation; he is a member of the Policy Advisory Committee and serves as one of the knowledge uptake reviewers for the Program for Research Leadership review committee.

Implementing a VA Stepped Care Model of Pain Management

In 2009 the Program for Research Leadership, a grant program that supports transdisciplinary teams to conduct research on an important health issue while incorporating the best ways to move knowledge into practice, was awarded to Robert Kerns, PhD and his team of researchers at Yale University Department of Psychiatry and the West Haven VA Hospital by The Mayday Fund and Donaghue. The funding of the grant is being shared, and the two foundations working together throughout the process of reviewing letters of intent and applications, and developing a unified funding agreement and process to monitor the grant over its four-year term. The award is for \$200,000 a year for four years.

Pain management is a top national priority of the Veterans Health Administration. For many years, clinicians and researchers have worked toward developing a comprehensive, multidisciplinary, integrated, system-wide approach to pain management that reduces pain and suffering for veterans experiencing acute and chronic pain. In 2008, VHA adopted a “stepped care” model of pain management as its single standard of pain care. As the name suggests, the model embraces different levels or steps of pain care. It starts with all-inclusive access to pain assessment and treatment services within primary care clinics. It continues with readily available secondary consultation services offering specialized pain care. The final ‘step’ is represented by tertiary interdisciplinary pain care services offering pain consultation and evaluation by an interdisciplinary team.

Through this grant, a team of clinicians and researchers will be able to evaluate the process of implementing this new process of care. This team has complementary expertise to examine the implementation process both within and across steps

The Mayday Fund

The Mayday Fund is dedicated to alleviating the incidence, degree and consequence of human physical pain. Through supporting research, implementation projects, developing consensus statements on the need to focus on alleviating physical pain, Mayday has become a leader in the field of pain treatment. As a funder, Mayday is aware that excellent research has already led to a wealth of information about the treatment of pain, but that existing knowledge is not always effectively used. The Program for Research Leadership program collaboration is one way that Mayday is working on closing this gap.

of pain care, and to disseminate study findings at a national level. Identifying factors critical to successful implementation and maintenance of the stepped care model will greatly benefit VHA as it launches this national program, and it will be instrumental in the improvement of pain management services for all veterans.

Robert Kerns, PhD, the project principal investigator noted that “this project will provide a unique and important opportunity to critically evaluate the process of change including a variety of clinician supports, processes for building teams, and methods for promoting not only dissemination of our findings but actual knowledge uptake.”

Bottom Row: Joseph Goulet, PhD, PRIME Center Director of Methodology and Biostatistics Core, VACHS; Robert Kerns, PhD, National Director for Pain Management, VA Central Office, Director, PRIME Center; (also study PI); Elizabeth Lincoln, MD, Attending Physician, VACHS

Top Row: Fred S. Wright, MD, Associate Chief of Staff for Research & Development, VACHS; Patricia H. Rosenberger, PhD, Research Psychologist, VACHS; Linda Pellico, PhD, Assistant Professor, Yale School of Nursing; Gerald Grass, MD, Chief, Anesthesia Pain Medicine, VACHS

Not Pictured: Daren Anderson, MD, Director of Primary Care, VACHS; John Sellinger, PhD, Director, Comprehensive Pain Management Center, VACHS; Carmen Hall, Implementation Research Coordinator, Polytrauma & Blast-Related Injuries QUERI, Minneapolis VA Medical Center



Our continuing examination of knowledge uptake and its role in promoting benefit from research has only reinforced the challenge of the Donaghue's purpose, and it leads us to the question "exactly how does benefit result from research?" We believe that by better understanding the dynamic between research and practical benefit, we will be in a stronger position when we are ready to again focus on new grant programs. Therefore, in 2009 Donaghue invested in several activities that focus on this goal.

2009 Beyond Eureka! Conference

Donaghue's 2009 "Beyond Eureka! Conference — Innovation in the Quest for Better Health" was held in April. The conference explored the realities of consumers and healthcare providers embracing new technologies that enhance connectivity, research, innovation and collaboration. The first speaker, Dr. Alejandro (Alex) Jadad, Chief Innovator and Founder of the Centre for Global eHealth Innovation based in Toronto, discussed how immediate access to information and the ability to communicate across the world through the web is changing relationships among generations. He also discussed his own initial reluctance to embrace new ways of communicating with patients and the fears other physicians have in using new technologies. Sharon Terry, President and CEO of Genetic Alliance, picked up on many of the themes presented by Jadad in her talk "*Participants at the center: Accelerating the pathway from research to health*" on consumer participation in genetics research, services and policy. Terry discussed Genetic Alliance's evolution from its traditional roots as a membership organization representing patients and families affected by rare genetic conditions. Today the organization acts as a conduit as it convenes diverse stakeholders to create networks and novel partnerships in advocacy and ensures that individual, family, and community perspectives are at the center of efforts to improve the use of genetic information. The last speaker, Ben Heywood, is Co-founder of PatientsLikeMe, the leading online community for people with life-changing conditions. Heywood described how PatientsLikeMe has created a platform for collecting and sharing outcome-based patient data and real life experiences among patients. The site has brought about data-sharing partnerships with doctors, pharmaceutical and medical device

companies, research organizations, and non-profits for a growing number of diseases and health conditions. PatientsLikeMe is leading the way in offering effective ways to capture and communicate the real-life experiences of patients, including symptoms, the progression of disease, and treatment outcomes, and then share them with other patients, healthcare professionals, and industry organizations that are trying to treat disease.



“Is your Research Ready for Prime-Time?” Lecture



In January, more than 65 grantees and foundation advisers met to hear Guy Fish, MD, MBA, Vice President of Fletcher Spaght Ventures, speak about the role of venture capital in moving medical research into broader application. Fish explained the basic economics of venture capital and the evaluation metrics

used to determine the potential success of a technology or product. “What are the unmet needs, how big is it, who is willing to pay for it, and why haven’t others been able to do it so far” are some of the issues that need to be assessed in the evaluation process. He noted that the funding gap between university-based research and the markets that distribute health care innovations, where funding often dries up and is referred to as the “valley of death,” exists in all areas of discovery – drugs, IT, devices, and the kinds of behavior-based innovations that Donaghue funds. In her introduction of Fish, Lynne Garner, Donaghue Trustee, acknowledged that some people were probably surprised that Donaghue is hosting a discussion by an officer in a venture capital firm but explained that Donaghue is interested in knowing about all paths that get innovations to application.

New Targets for Research Findings: SisterTalk Hartford

Presenting findings from a study is a frequent occurrence for researchers, but the presentation made to the World Health Care Obesity Congress in October on the results and continuing work of SisterTalk Hartford had two big differences. One was the audience, who were health benefit managers for large employers, federal and state health policymakers, and funders of programs to reduce obesity. A second difference was the team of presenters, which included one of the university researchers, the chair of the community advisory team for the research project, and the research funder. This is a way to build alliances beyond the research world with individuals and organizations who are adopting policies to reduce obesity and improve health.

Donaghue–Robert Wood Johnson Funders Forum

Donaghue teamed up with the Robert Wood Johnson Foundation’s INQRI (Interdisciplinary Nursing Quality Research Initiatives) program to sponsor a forum that brought together health funders to discuss “Creating Opportunities and Breaking Down Barriers to Adoption.” The purpose of the forum, which was held in July, was to begin a conversation among health funders to determine more effective ways to ensure their philanthropic investments are successfully implemented to improve health and health care. In addition to Donaghue, the Robert Wood Johnson Foundation and the INQRI program, participants in the forum represented the John A. Hartford Foundation, the Commonwealth Fund, The California HealthCare Foundation, the Gordon and Betty Moore Foundation, the Fannie E. Rippel Foundation, the W. K. Kellogg Foundation, Grantmakers in Health, the Universal Health Care Foundation of Connecticut, Agency for Healthcare Quality and Research, and the V.A. Center for Implementation Practice and Research Support. Work continues among some of the forum participants to develop a statement of grantmaking principles for funders who are interested in implementation-focused funding.



“Getting from Research to Practice” Symposium



In November, Donaghue co-sponsored, along with the Yale Center for Clinical Investigation's CARE (Community Alliance for Research and Engagement) and the University of Connecticut's TRIPP (Translating Research into Practice and Policy) Center, a half-day educational seminar titled “Getting from Research to Practice: A case study in scaling-up from research trial to national replication” at Yale's Greenberg Center. Peggy Hill, Director of Program Development at the Nurse-Family Partnership's (NFP) National Replication Office was the guest speaker. Ms. Hill presented the experience she and her colleagues have had in replicating the research by David Olds, PhD, on mentoring programs for low-income, first-time mothers. What first began as a research trial over 20 years ago, the NFP now serves families in more than two dozen states. Staying true to the promise of the research results, NFP continues to document positive short and long-term outcomes for first time mothers and their children in many settings throughout the US. More than 80 local health researchers, community agency heads and foundation leaders attended Ms. Hill's talk to learn more about the NFP and how the program has been able to successfully translate its research outcomes into a reliably replicated community-based mentoring program serving low-income women.

“Achieving Scale-Up” Study of Community-Based Health Improvement Programs

Donaghue commissioned a study by Wynne Norton, PhD (Department of Health Behaviors, University of Alabama — Birmingham) and Brian Mittman, PhD (Center for Implementation Practice and Research Support, VA Greater Los Angeles Healthcare System) to examine key barriers and facilitators to scaling-up health promotion or disease prevention programs that were started through research. Both private and public funders, researchers, and health delivery organizations have contributed to the development of many effective community-based health programs. These interventions, developed and tested through research, are frequently not converted to sustainable programs that reach their intended goals. By identifying ten examples of community-based health programs that have moved from their original research structure and have been successfully scaled-up in the community, this study outlines some characteristics of the program, researcher, collaborating community organization, funder, and the external environment that enhances or impedes their sustainability and, consequently, their ability to provide health benefits. The report, *Scaling-Up Health Promotion/Disease Prevention Programs*, is available on the Donaghue website www.donaghue.org.



2009 New Award

PROGRAM FOR RESEARCH LEADERSHIP

Robert D. Kerns, PhD

Yale University School of Medicine — VA Connecticut Healthcare System
Implementing a VA Stepped Care Model of Pain Management

2008 Continuation Awards

CLINICAL AND COMMUNITY HEALTH ISSUES

Sheila M. Alessi, PhD

University of Connecticut Health Center
Contingency management and pharmacotherapy for smoking cessation

Robert Beech, MD

Yale University School of Medicine
Gene-expression algorithms to predict lithium response

Larry Davidson, PhD

Yale University School of Medicine
Restoring hope and health to adults with serious mental illness

Naomi Driesen, PhD

Yale University 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

Carlos M. Grilo, PhD

Yale University School of Medicine
RCT for obesity and binge eating in monolingual hispanic persons

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

Vinod H. Srihari, MD

Yale University School of Medicine
Specialized treatment early in psychosis

Peggilee Wupperman, PhD

St. Luke's-Roosevelt Hospital
Female-focused treatment for domestic violence and alcohol use

PROGRAM FOR RESEARCH LEADERSHIP

William Tamborlane, MD

Yale University School of Medicine
Changing life-styles for better health

DONAGHUE INVESTIGATOR

Hal Blumenfeld, MD, PhD

Yale University School of Medicine
Impaired consciousness in epilepsy: Mechanisms and consequences

Becca Levy, PhD

Yale University School of Medicine
Promoting older individual's health behaviors through positive age beliefs

Alexander Neumeister, MD

Yale University School of Medicine
Contribution of life trauma to the neurobiology of depression

Jennifer Prah Ruger, PhD

Yale University School of Medicine
Ethics and economics of healthcare disparities

William T. Zempsky, MD

Connecticut Children's Medical Center
Sickle cell pain: A novel approach to assessment and relief

Quing Zhu, PhD

University of Connecticut
Novel imaging devices for diagnosis and treatment of breast cancers

PRACTICAL BENEFIT INITIATIVES

Judith Fifield, PhD

University of Connecticut Health Center
Ethel Donaghue Center for Translation Research into Practice and Policy

Terri Fried, MD

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

Jeannette Ickovics, PhD

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

Anne Kenny, MD

University of Connecticut Health Center
The Donaghue nutrition research competition

Diane Meier, MD

Mount Sinai School of Medicine
Factors associated with successful palliative care programs in hospitals

Gregg Meyer, MD

Massachusetts General Hospital Physician Organization
Engaging leaders in patient safety through simulation

Multiple Myeloma Research Foundation
Myelin Repair Foundation
Kenneth Sands, MD, MPH

Beth Israel Deaconess Medical Center
Safety through knowledge: Improving institutional learning from adverse effects

David H. Smith, PhD

Yale University
Donaghue initiative in biomedical and behavioral research ethics

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.

Grant Programs

Clinical and Community Health Issues

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

Donaghue Investigator

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

Program for Research Leadership

A team-based award that funds rigorous health research while creating opportunities for team members to learn or demonstrate new approaches to translating knowledge from research. Awards are for \$200,000 a year for four years.

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. This program is not currently open for new initiatives.

Donaghue Advisory Committees

PROGRAM FOR RESEARCH LEADERSHIP REVIEW COMMITTEE

Greg Diette, MD (Chair)

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Associate Professor of Medicine & Epidemiology

Russell Bromley

Myelin Repair Foundation
Chief Operating Officer

Vincent Carey, PhD

Harvard Medical School
Associate Professor of Medicine (Biostatistics)

John Charde, MD

Enhanced Care Initiatives, Inc.
Senior Medical Director

Charles Cutler, MD

President, Cutler Healthcare Consulting
Aetna, Chief Medical Director of National Accounts (retired)

Mary B. Daly, MD, PhD, FACP

Fox Chase Cancer Center
Senior Vice President & Deputy Scientific Director

Kathleen Foley, MD

Professor of Neurology, Neuroscience and Clinical Pharmacology
Weill Medical College of Cornell University

Tony George, MD

University of Toronto
Professor & Head, Addiction Psychiatry Program

Christina Gullion, PhD

Kaiser Permanente Northwest
Senior Investigator, The Center for Health Research

Erin Krebs, MD

Indiana University
Assistant Professor of Medicine

Elizabeth Matsui, MD, MHS

Johns Hopkins Hospital
Assistant Professor, Pediatrics & Epidemiology

Martha Radford, MD

New York University Medical Center
Chief Quality Officer

Barbara Rakei, PhD, RN

University of Iowa College of Nursing
Assistant Professor

Jennifer Tidey, PhD

Brown University
Assistant Professor of Psychiatry & Human Behavior

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Judge, US District Court, Hartford

Nancy Angoff, MD

New Haven
Associate Dean, Yale School of Medicine

Cheryl Beck, DNSc

Tolland
Professor, University of Connecticut

John Charde, MD

Salisbury
Senior Medical Director, Enhanced Care Initiatives, Inc.

Bruce Gould, MD

West Simsbury
Associate Dean, University of Connecticut School of Medicine

George C. Hastings, Esq.

West Hartford
Of Counsel, Robinson & Cole

Katherine C. III, MD

Bristol
President & CEO, Hospital for Special Care (Retired)

David Knecht, PhD

Storrs
Professor, University of Connecticut

Harlan Krumholz, MD, FACC

Guilford
Professor, Yale University School of Medicine

Dennis May

Guilford
CEO, Connecticut Hospital Association (Retired)

Michael Rion

West Hartford
Principal, Resources for Ethics and Management

Grants

Institution	New	Continuation	Total
Beth Israel Deaconess Medical Center	0	1	1
Connecticut Children's Medical Center	0	1	1
Massachusetts General Hospital Physician Organization	0	1	1
Mount Sinai School of Medicine	0	1	1
Multiple Myeloma Research Foundation	0	1	1
Myelin Repair Foundation	0	1	1
St. Luke's Roosevelt Hospital	0	1	1
University of Connecticut - Storrs	0	1	1
University of Connecticut Health Center	0	4	4
Yale University	0	1	1
Yale University School of Medicine	1	13	14
Total	1	26	27

Funds Awarded by Grant Program for Grant Cycle Beginning in 2009

Research in Clinical & Community Health Issues

New (0)	—
Continuing (9)	\$ 665,839

Donaghue Investigator Program

New (0)	—
Continuing (6)	\$ 566,275

Practical Benefit Initiative

New (0)	—
Continuing (10)	\$ 1,611,612

Program for Research Leadership

New (1)	\$ 100,000
Continuing (1)	\$ 447,700

Total	\$ 3,391,426
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Financials

Investment in marketable securities	\$54,107,805
Cash and cash equivalent	\$ 306,318
Other assets	\$ 58,598
Total assets and fund balance	\$54,472,721

Income	\$ 1,487,188
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Expenditures

Program	
Grants	
Clinical and Community Health	\$ 665,839
Donaghue Investigator	\$ 566,275
Practical Benefit Initiatives	\$ 1,611,612
Program for Research Leadership	\$ 547,700
Subtotal	\$ 3,391,426

Program support and Foundation-administered projects	\$ 381,888
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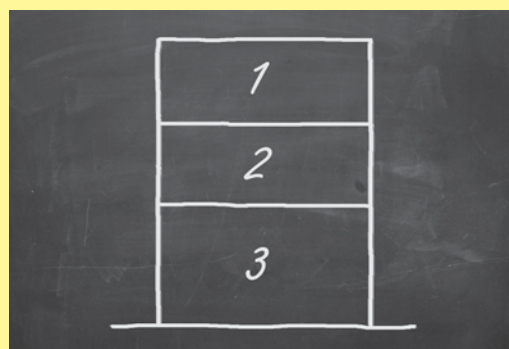
Management and General	\$ 414,671
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Investment Management	\$ 122,391
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Total Expenditures	\$ 4,310,375
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Note 1: In addition to these expenditures, an estimated amount of up to \$2,980,432 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 \$97,879 in research grants for foundations or other philanthropic sources.



- 1 - Current value: \$54,526,953
- 2 - Miss Donaghue's testamentary gift in trust: \$53,438,074
- 3 - Grants made since Foundation's inception: \$79,888,583

Vision

We envision constant improvement both in people's health and in the way research is converted into practical benefit.

Mission

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 give the vision of Ethel Donaghue its best expression and honor her and her family.

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.

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.



Leave a Legacy Connecticut

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

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