

Winter 2012

NUMBER 34

PRACTICALLY Speaking

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

2011 Program for Research Leadership Award Winner

The 2011 Program for Research Leadership grant was awarded to Terri Fried, MD, School of Medicine at Yale University, for a research program to develop and test a set of patient-centered guidelines for older persons with multiple chronic diseases.

Over 40% of older Medicare patients have three chronic diseases, and nearly one-quarter have four or more chronic diseases. Yet the tools that practitioners have to treat their patients focus on one disease at a time. Often, these guidelines were developed to

We had a number of proposals in important areas with targeted interventions, but in the end we decided to fund this one because of its potential for significant impact.

maximize longevity at the expense of promoting functioning in the areas of activities that are most important to the patient. Treating different diseases sequentially also leads to a higher number of prescribed drugs leading to drug interactions and more side effects. Thus, many experts in treating older people have recognized that a new framework is needed.

Dr. Fried's team will address this need by first identifying the best evidence on treatment strategies that (article continues on page 6)



Terri Fried, MD

Health Survey of Connecticut Residents

Donaghue is working with four other Connecticut-based health foundations to conduct a survey that gauges the quality of health care that Connecticut residents receive. The research, modeled on similar national surveys, will be the first of its kind in Connecticut to examine patient views of health care at the state and county levels. Comparable national data will allow important comparison between Connecticut and the rest of the nation. Results are expected in early 2013 in a report entitled, "The State of Health for the State of Connecticut."

The University of Massachusetts Medical School's Center for Health Policy and Research has been tapped to conduct the \$379,000 study. Researchers will carry out a randomized telephone survey of 4,000 Connecticut adults over a 12-week period in the spring of 2012. The sampling will reflect Connecticut's population demographics and cover the state's eight counties. Interviews will be conducted in English and Spanish.

Much of the survey will focus on patients' experiences with primary care and explore whether patients have a regular doctor, how easily they can make appointments and how well their care is coordinated with specialists or

other providers. Other questions will examine the patient-doctor relationship and how well patients' questions are answered, patient's experiences with medical errors, and whether patients' needs and preferences are respected.

The survey also will explore whether patients receive timely preventative care services, such as PAP smears and blood pressure screenings, and patients' perceptions of the care they receive. Additionally, a series of demographic questions will help identify racial and ethnic disparities in care and health outcomes and the impact of education, income and insurance coverage on the quality of care the patients receive.

Along with Donaghue, the other funders working on this project include:

The Aetna Foundation, Inc. is the independent charitable and philanthropic arm of Aetna Inc. Since 1980, Aetna and the Aetna Foundation (article continues on page 6)

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Letter from the Trustees



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

Well, we don't blog — micro or regular-sized. We don't have an avatar. We don't use a wiki. And we don't have a twitter handle. We did recently attend our first tweet-up, which was fun, but we didn't connect with the follow-up twitter chat later that week.

But we have started a Facebook page, and we hope you will join us there and let us know what's important to you in the work we do.

For example, you can let us know what you think of the Foundation's

updated vision and mission statements and five year goals. We recently reviewed our former statement and goals, and found that they are still largely relevant with a few modifica-

tions. Most notably, we added a goal about working with others to optimize the capacity of health research to improve health. Over the past few years, we have met so many individuals and organizations who are doing innovative things to increase the impact of their philanthropic support for research. We're looking forward to learning from them — and adding our own ideas to this effort. To read all of our revised goals, please see page 4.

We look forward to staying connected with you via social media, old-school media, and even face-to-face at the upcoming Donaghue conference on May 3.

Amy R. Lynch, JD
Bank of America, Trustee

Lynne Garner, PhD
Trustee and President

Translating Knowledge into Practice — D&I Training Institute

Last year, NIH launched its Training Institute for Dissemination and Implementation (D&I) Research in Health held at the University of North Carolina at Chapel Hill. Through funding provided by Donaghue and The Mayday Fund to study the implementation of the "Stepped-Care Model for Pain Management" at the state's Veterans Administration (VA) Hospital in West Haven, Patricia Rosenberger, PhD, was able to attend the inaugural D&I institute session.

Rosenberger, a VA research psychologist and assistant professor at Yale University School of Medicine, spent five days in August at the Training Institute for Dissemination and Implementation (D&I) Research in Health. The relatively new science of D&I is the systematic study of factors that affect widespread distribution and adoption of evidence-based interventions. Funded by the National Institutes of Health, among other agencies, the institute trains participants to develop expertise in D&I research and grant writing, who are then charged to return to their home institutions to share what they have learned.

"The conference was a wonderful opportunity for intense D&I training," says Dr. Rosenberger. We learned to ask, 'What questions are best suited for D&I research?' 'How does intervention X get implemented in setting Y?' and 'How do we collect evidence on an intervention that will shorten the timeline to its widespread adoption and consistent implementation?' It currently takes about 17 years from the time

research is published in a journal to its adoption as best practice."

The Donaghue-Mayday grant is funding researchers at the VA, headed by Robert Kerns, PhD, to study the implementation of a new process of health care. The VA's pain management model is a three-step approach to pain management. Step one is all-inclusive access to pain assessment and treatment services within primary care clinics. Step two includes consultation services and specialized pain services. The third step involves comprehensive consultation, evaluation, and intervention by an interdisciplinary team.

Studies show that half of male veterans and three-quarters of female veterans report pain in a primary care setting. "Pain afflicts an estimated 50-70% of combat veterans from Iraq and Afghanistan. Pain is often a chronic health condition rather than a symptom." Pain is one of the most costly conditions to treat in the veterans healthcare system, with treatment of low back pain alone estimated to cost \$2.2 billion annually. "Providers need more training in pain assessment," said Rosenberger. "With the help of stepped care resources, most chronic pain conditions can be managed effectively in the primary care setting."

"There are very few healthcare 'systems' in the United States," says Donaghue Trustee Lynne Garner, PhD. "The VA is very well-suited to allowing clear guidelines for its evidence-based approach to pain management to be diffused successfully throughout a huge system. This is one reason that we were delighted to learn that Dr. Rosenberger was able to participate in the D&I Training Institute."

A second D&I institute will be held in July in San Jose, California. More information about the institute and its application procedures are located at <http://bit.ly/xUiMTV>.



Check out our Facebook page and join in the conversation!

Ask the Trustees

Q: Why does it take so long to conduct a grant program cycle? In the Program for Research Leadership, the letters of intent are due in May but the award isn't given until the end of the year. Do you really need six or seven months?

A: This is a challenging issue for Donaghue and other research funders. We would like to be as responsive as possible to potential grantees and to quickly decide on applications. We're pleased to note that we have a fairly quick turnaround time for the letters of intent phase; we allowed two weeks from the date that LOIs are due at the Foundation office to the time we notify people about whether they may submit an application. However, we recognize that the next phases take a long time. This is because we are committed to having timelines that provide enough time for applicants to develop an excellent proposal, for the Foundation to secure appropriate reviewers, and for reviewers to carefully read and critique the applications they are assigned. Let's break down these three components to see what each one takes.

Time for the applicant to develop the proposal — We know that researchers are busy and have multiple commitments — possibly clinical work and/or teaching; serving on academic and review committees; presenting their findings at meetings and in papers; developing ideas and relationships that are needed for their next research project; writing grants; responding to funders; and, yes, even doing their research. Therefore, it seems unrealistic to expect a fully developed, high quality proposal to be submitted within a few weeks. And as the complications of the grant program increase — the Program for Research Leadership is a team-based program with three components over four years — one has to expect that it will take even longer to develop and coordinate all the necessary components. For this grant program, we allow about eight weeks for this phase.

Time for the Foundation to find appropriate reviewers — Arguably, one of the most important jobs of the funder organization is to assign reviewers to each application that are highly knowledgeable about the topic and research

methods contained in the proposal. Without this, the proposal does not get a fair hearing. Some grant programs have a panel of reviewers that are already recruited; this makes the process go more quickly, but inevitably not all proposals are a good match for the standing panel and additional reviewers with the appropriate expertise need to be identified and recruited. In smaller grant programs, there isn't a review committee established and all reviewers have to be selected on an ad hoc basis. And in the very rare case when a reviewer doesn't come through on their agreed participation, we have to go back to the drawing board and get another reviewer. We begin thinking of possible reviewers when we know who has been approved to send in an application, but it still may take up to four weeks after the application due date to make final reviewer selections; this time is needed because the letter of intent provides only a brief description of the research idea.

Time for the reviewer to critique the proposal — Every applicant wants their proposal to be carefully read — preferably while the reviewer is in a good mood. Shoulder massage, anyone? Unfortunately, we can't regulate reviewers' moods, but we can provide them with enough time so that they can fit this added commitment into their schedule without feeling pressured. Donaghue tries to give our reviewers between six and eight weeks to read the proposal(s) and write their critiques.

Donaghue would like to shorten the time between the announcement of a grant programs and when we award the grant without jeopardizing the quality of the review process. We will be discussing this with our advisers and former grantees to see how this might be possible. Have you got any ideas for us? If so, please let us know! Email us at office@donaghue.org or friend us on Facebook and add a comment.

Donaghue Dictionary “Research”

Although scientists who conduct research are commonly called investigators, there's a difference between investigation, which covers a lot of territory and may be very intuitive (think Sherlock Holmes), and true research, which is a rigorous, disciplined, replicable process for seeking new generalizable knowledge. Donaghue's view of research adds a silent modifier to the term: the Foundation promotes scientific rigor in the pursuit of knowledge promising a near-term practical benefit.



Updating Donaghue’s Goals

As we discussed in the previous Practically Speaking, Donaghue has recently reviewed its vision and mission statements and five year goals. In most cases, we felt that only small changes needed to be made to reflect our thoughts about the best ways to fulfill Ethel Donaghue’s purpose. We did, however, add a new goal — the sixth one below.

For each goal, we’ve described activities that are currently being done or planned to illustrate how we envision these goals being reflected in our work.

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.

Five Year Goals

Goals	Examples of Activities
1. Promote knowledge uptake of health research into the realms of health care delivery, practice, and policy.	<ul style="list-style-type: none">• Expand use of social media to promote the key ideas in our mission and connect with others who are also interested in these ideas• Continue to provide leadership for Health Research Alliance work group on knowledge translation
2. Advance the Foundation’s mission by collaborating with people and organizations that have the opportunity and responsibility to improve health.	<ul style="list-style-type: none">• We are exploring possible opportunities to collaborate with AAMC efforts to promote implementation science and comparative effectiveness• Work with organizations who have the incentive to adopt evidence-based, higher-value clinical innovations
3. Ensure that our grantmaking programs are structured to support rigorous research that more directly leads to a positive impact on health.	<ul style="list-style-type: none">• We are in the process of developing new grant programs that will be announced later this year, first grants to be begin 2013
4. Identify and support researchers and organizations whose work encompasses the principles of knowledge uptake.	<ul style="list-style-type: none">• Support scale-up activities — “Support” may mean funding; it might also mean staff members working on committees, participating in workshops
5. Build networks and collaborations to test innovative ideas related to grantmaking and health research.	<ul style="list-style-type: none">• Funding collaboratives that Donaghue is currently involved in and that are exploring new grant making procedures include the future of Nursing Research Action, the RWJF INQRI program and funding community
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.	<ul style="list-style-type: none">• Work with other local funders to explore the creation of a “social venture” that can quickly respond to opportunities to test health care innovations

The 4th

Andrews Lecture



Lee Woodruff

Lee Woodruff spoke to a full house for the fourth annual Andrews Lecture on December 5 at the Anlyan Center at Yale School of Medicine. Woodruff was the 2010 Andrews Lecturer, and more than 120 people attended to hear her speak about “A Caregiver’s Journey.”

For nearly an hour, Woodruff spoke extemporaneously about the events that followed from the instant her husband, Bob Woodruff, was severely injured in Iraq by a roadside bomb. She spoke of the people and events during their seven month long experience while he was in a coma and the subsequent weeks spent in a rehab hospital. She spoke of medical and nursing personnel who were helpful and gave her that needed lift and those that, although technically competent, made her job as caregiver more challenging. In doing so, she addressed the nursing and medical students who attended the lecture to offer her thoughts on how the health care system and its practitioners might better serve patients and families. Woodruff recalled those doctors and nurses who were able to provide accurate and sometimes dire medical information while at the same time allowing her to remain hopeful about her husband’s prospects for recovery. She noted to the practitioners in the audience that they, too, will likely be a caregiver for a loved one at some point and

to let their thoughts of how they would want to be treated guide their interactions with patients and families.

After the lecture, a reception was held in the atrium of the Anlyan Center, during which Woodruff signed copies of her books for attendees.

Woodruff was introduced by Cheryl Beck, ScD, RN. Beck is a Distinguished Professor of Nursing at University of Connecticut, a Yale School of Nursing graduate, and a Donaghue policy adviser and former grantee. Dr. Beck called Woodruff’s book a “must read,” particularly for students entering the nursing profession, and encouraged them to embrace the important role they can play in helping patients and families cope with critical illness.

The choice for this year’s speaker came from a group convened by Donaghue to make speaker recommendations for the series. The group was chaired by Judy Kunisch, Lecturer at Yale School of Nursing, and included Ray



Ray Andrews with Judy Kunisch (left) and Nancy Angoff (right); all were on the planning committee for this year’s lecture.

Andrews; Nancy Angoff, Associate Dean, Yale School of Medicine; Linda Pellico, Associate Professor, Yale School of Nursing; Sheilah Rostow, former Bank of America Trustee for Donaghue; and David Smith, Senior Scholar, Yale Interdisciplinary Center for Bioethics.

The Andrews lecture series was inaugurated in 2008 to honor Ray Andrews’ stewardship of the Donaghue Foundation as its individual trustee from 1993 through 2007. This was the fourth of five Andrews Lectures. Because of Ray’s abiding interest in making sure that the voice of the patient is heard by those in clinical research and practice and by health systems leaders, the lecture series has sought to inform and educate a medical audience by addressing the patient’s experience from a variety of perspectives.

You can learn more about Woodruff at www.leewoodruff.com and the work she and her husband do to assist veterans and their families, particularly those suffering with traumatic brain injuries, at www.ReMIND.org. Look for an interview with Lee Woodruff about her presentation at Anlyan for the Andrews lecture series at www.donaghue.org.



Lee Woodruff signed copies of her two books during the reception.

PRL Award Winner —continued from page 1

optimize outcomes in the realms of survival, functioning, and symptom relief, establishing a set of recommendations that are tailored to older persons' health priorities, and then testing these recommendations in the VA health system. Dr. Fried's research team includes experts in the fields of health communication from Texas A&M; informatics, decision making and clinical practice guidelines from the VA Health care System in Palo Alto, California; and informatics from Yale University and the West Haven, VA.

"This was a challenging year to decide on the one award winner. We had a number of proposals in important areas with targeted interventions, but in the end we decided to fund this one because of its potential for significant impact. It's true that as compared to the other proposals, this one can be considered higher risk, but we believe that this grant program, with its longer time frame, is well suited for that purpose."

The PRL was first envisioned as awarding multiple grants in one year. But the recession caused the Foundation to scale back the number of grants it awarded while it kept the amount of the award the same. "In effect, we had to trade doing more grants for keeping the original structure of

the program with the larger scale of the award," said Lynne Garner, Foundation President and co-Trustee. The PRL award is nearly \$900,000 over four years.

Because of this trade off, the Foundation has decided to end the program after four years and in its place develop two new grant programs that will award more grants each year at a smaller amount per grant. "An important goal for Donaghue is to make sure our grantmaking programs are structured to support research that has a positive impact on health. However, we also need these programs to be structured in a way that is best for the ongoing health of the Foundation. This change will allow us to support more investigators and will prevent us from locking in large financial commitments at a time of continuing uncertainty."

"We are very proud and excited about the research that we've funded during the past four years in this program, we believe they will make a positive impact on health," said Garner.

The Foundation is currently developing two new grant programs, and details of these programs will be available in summer 2012.

Health Survey —continued from page 1

have contributed \$394 million in grants and sponsorships, including \$15.6 million in 2010. As a national health foundation, The Aetna Foundation promotes wellness, health, and access to high-quality health care for everyone; current giving is focused on addressing the rising rate of adult and childhood obesity in the U.S.; promoting racial and ethnic equity in health and health care; and advancing integrated health care.

Connecticut Health Foundation is the state's largest independent, philanthropic organization dedicated to improving lives by changing health systems. Since it was established in July 1999, the foundation has supported innovative grant-making, public health policy research, technical assistance and convening to achieve its mission — to improve the health of the people of Connecticut. Since 1999, CT Health has awarded grants totaling \$44.7 million throughout the state in the following priority areas: improving access to children's mental health services; reducing racial and ethnic health disparities; expanding access to and use of children's oral health services; and supporting advocacy and public policy research to create enduring state-wide change.

The Foundation for Community Health is a private, not-for-profit organization dedicated to improving the health and well-being of the residents of the greater Harlem Valley in New York and the northwest corner of Connecticut. While increasing access to quality health-related services in this very rural area is its top priority, the foundation has focused on the locally identified "critical needs" to improve access to mental health and oral health services, especially for those most vulnerable. Since 2003, the Foundation has distributed over \$4 million dollars. In addition to grant making, the foun-



ation brings people together to solve problems, conducts research, provides technical assistance, supports collaborations, and advocates for policy change.

The Universal Health Care Foundation of Connecticut is an independent, not-for-profit activist philanthropy whose mission is to serve as a catalyst that engages residents and communities in shaping a health system that provides universal access to quality health care and promotes health in Connecticut. UHCF believes that health care is a fundamental right and sees its work as part of a broader movement for social and economic justice. It supports public policy advocacy and community organizing, research and communications. The Foundation, with its broad-based coalition partners in the statewide grassroots healthcare4-every1 effort — including members from the business, health care provider, labor, clergy, consumer advocacy and philanthropic communities — played a significant role in the successful passage of landmark planning laws for state health reform in 2009 and 2011.

Join us for the Foundation's 2012 Beyond Eureka! Conference on May 3

Risk — it's all around us. And in health, the different ways we communicate and respond to risk have a profound impact on both clinical treatment and population health strategies. That's why we're excited to be focusing on this topic at Donaghue's 2012 conference **Evaluating Risk: How perception shapes our health**; it will be held on Thursday, May 3 at the Hartford Marriott Farmington between 7:30 AM and 12:30 PM.

Our two speakers will describe how we can better understand our responses to perceived risk — what is known about it and how psychology, literacy, and experience all influence our decisions about how much risk to accept.

David Ropeik is an author, award-winning television reporter, teacher, consultant, and public speaker. For the past decade, Ropeik's focus has been on applying a better understanding of the way people perceive risk to the challenge of risk communication and overall risk management. Ropeik develops in-depth knowledge about areas of public interest (which range from using cellphones, to getting flu



David Ropeik



Brian J. Zikmund-Fisher, PhD

shots, to preparing for hurricanes) then he synthesizes that knowledge and presents it in a clear, entertaining, relevant, and thought provoking way. Ropeik is a regular contributor to the *Huffington Post* and *Scientific American* blogs and other media outlets, and he is the author of *How Risky is it Really? Why Our Fears Don't Always Match the Facts*. His book will be available for purchase by Barnes & Noble at the conference, and he will be signing copies of his book.

Brian J. Zikmund-Fisher, PhD (Assistant Professor of Health Behavior and Health *(article continues on page 8)*

What's New in Health Research Funding?

Donaghue was fortunate enough to be a speaker in the University of Connecticut CHIP Lecture Series this fall on the topic "What's New in Health Research Funding?" Being a Health Research Alliance member, we turned to the Alliance to get some answers by posting that question on our list-serve. We received some really interesting responses from funders about what they are considering as they look ahead to fund research on health risk factors and health behaviors.

- **Obesity prevention**, particularly in children
- **Technologies to help people stay healthy** — facebook, health kiosks, skypeing groups that do exercise together over the internet, primary care docs skypeing with their cancer survivor patients about staying well
- **Technologies in research and in practice** — techniques for using big data sets, nanotechnology, robotics
- **Collaborative research** is more common as the economy gets worse and money gets tight
- Large focus on **common patient records and survivor records** that can be kept with the patient and information can be sent from doctor to doctor
- More **genetic studies** will be able to define more precisely who is really at risk for disease or complications based on detailed genetic markers not just race, ethnicity, etc.

- **Behavioral economics** and choice theory
- **Multidisciplinary** research or **team** science
- **Financial reset** has impact on employment, lifestyle, global positioning
- **Demographic shifts** — especially important are growing Hispanic, elderly and urban populations and their health
- **Technology** — mobile, big data, nanotechnology, robotics
- **Happiness and well-being** factor more into the definition of "health" — it's not just the absence of disease
- **Focus on the brain** and growing interest in neuroscience to counteract burden of Alzheimer's, vascular dementia, etc
- **Open:** publications, access, data, participatory medicine

We also asked for additions to this list on our Facebook page and got other suggestions, such as telehealth and cross-disciplines explorations on behavior.

What would you add to this list?

2012 Beyond Eureka! —continued from page 7

Education, University of Michigan School of Public Health) uses his interdisciplinary background in decision psychology and behavioral economics to understand and improve health and medical decision making, with a particular emphasis on the role of numeracy and risk communication. He co-directed the National Survey of Medical Decisions (the DECISIONS Study), a large scale survey of U.S. adults that looked at how patients consider, discuss and make common medical decisions such as initiating medications for hypertension and depression, going for preventive cancer screening tests, and

Risk — it's all around us. And in health, the different ways we communicate and respond to risk have a profound impact on both clinical treatment and population health strategies.

undergoing back and hip surgeries. Zikmund-Fisher currently studies risk perceptions and risk communication (especially using visual displays) in contexts as diverse as cancer treatment, genetic testing, carotid artery surgery, and dioxin exposure.

Although registration for the conference is required, the conference is free, and anyone interested

Thursday, May 3
The 2012 Donaghue Conference

EVALUATING RISK

How perception
shapes our health

in learning about innovative approaches to improve personal and community health and wellbeing are welcome to attend. CME credits will be available for some disciplines. More information, including more extensive speaker bios and a link to the registration page, are available on the Foundation's website www.donaghue.org.

THE DONAGHUE FOUNDATION



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 **The Donaghue**
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Making Research Relevant & Ready

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is published three times a year by the Donaghue Foundation to communicate its grantmaking and Knowledge Uptake activities. Readers are welcome to contact the Foundation office for more information about the work of the Donaghue Foundation.

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