



Making Research  
Relevant & Ready

# Practically Speaking

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

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

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## Grant Opportunities for 2015

The Donaghue Foundation is announcing three grant programs being offered this year. All of these programs underscore the Foundation's purpose of funding medical research that promotes knowledge of practical benefit to improve health, but each has a different purpose, funding amount, and eligibility criteria.

### Another Look: Better Health for Elders in Care Facilities



In its third year, the goal of this program is to provide funding for research focused on improving the quality of care and quality of life for the elderly population in nursing homes or other care facilities. Specifically, this program invites researchers to address a particular problem affecting the elderly in care facilities with data that already exists. New data collection will not be funded through this program. Researchers applying for this grant must identify a stakeholder in the care delivery or policy arena with whom they will either consult or collaborate and who is willing to work with the researcher to develop a research product that may be readily used to improve care or quality of life.

**Eligibility:** This program is open to investigators at tax-exempt institutions in the six New England states, New York, New Jersey and Pennsylvania.

**Funding amount:** Donaghue expects to invest \$1,000,000 (including a 10% indirect rate) to fund eight projects.

**Grant duration:** Up to 24 months.

**Due dates:** Letters of intent are due May 1; requested applications are due July 15.

### Greater Value Portfolio



This is a new grant award program for the purpose of developing and testing new approaches to amplify the benefits of medical research and effective health care delivery to more people at an equivalent or reduced cost. The goal of this program is to spur new approaches that will bring greater value to healthcare delivery in the United States. Many successes in healthcare have been achieved through the combined efforts of the U.S. research enterprise and healthcare systems. Yet experts in the healthcare sector have pointed out that our nation's high cost of healthcare brings into question our ability to continue to provide these life-saving and health-enhancing treatments at a cost that can be afforded over the long-term.

Investigators conducting research within the following areas are encouraged to submit a letter of intent:

- Improving efficiency in clinical treatment processes
- Engaging consumers in a better understanding of value as they make their own healthcare decisions
- Engaging providers and health systems in new methods to assess the value of their services and work to improve them
- Extending the benefit of effective prevention or treatment programs to more people without significantly higher expenditures
- Demonstrating strategies for how social services and healthcare agencies can work together to improve population health at an equivalent overall cost and therefore bring greater value to the public sector

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

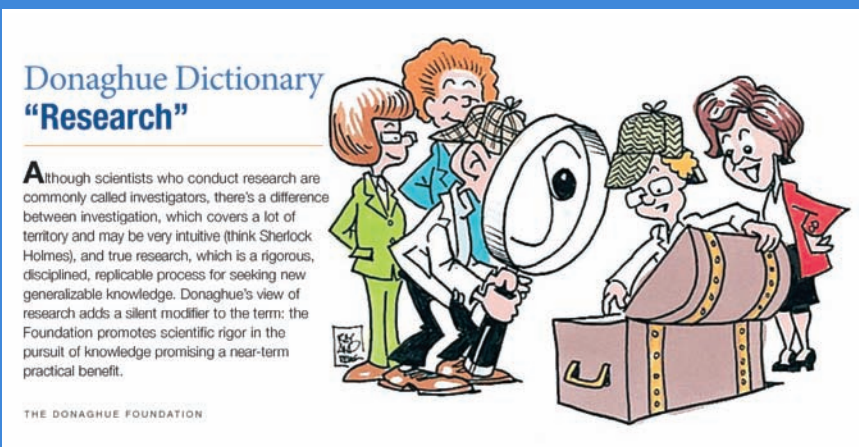
# Letter from the Trustees

Dear Friends,

When we’re out and about, we’re often asked “What does Donaghue mean by ‘research?’”

A good way to answer this question is to refer to the “Donaghue Dictionary” from the Winter 2012 issue of this newsletter. It defined research this way:

“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.”



The key component of this definition — rigorous method of inquiry that supports replication and findings that provide new, generalization knowledge of a near-term practical benefit — is also at the heart of our scientific review process of all our grant applications.

Although the discussion at our review meetings is framed in a somewhat different way, the topics that are discussed cover the same ground. We ask our reviewers to provide their review commentary on the following three dimensions:

**Does the research deal with important issues?**

When discussing this dimension, reviewers often assess whether there is ample knowledge already

available on the topic, whether the question is framed in such a way to result in information that is likely to be readily applicable to medical or healthcare practice, whether the findings will be widely useful or have a more narrow impact.

**Are the objectives of the research achievable with the proposed research methods?**

With this dimension, reviewers assess the rigor of the proposed project (whether the appropriate methods are used; for example, could the finding result from confounding factors or biases in the data?). If the methods are appropriate to the research question, others should be able to follow the same steps and come to the same conclusion — the critical “replicability” standard of science.

**Are the researchers qualified to carry out the project?** The third dimension of our reviewer’s assessment isn’t directly related to the question of “what is research,” but it’s critical to determine the feasibility of the study as proposed and, consequently, whether it would be a prudent investment of the Foundation’s resources.

Of course, not every reviewer comes to the same conclusion on each of this question, which is why we use multiple reviewers. And ultimately, it’s our job to determine, guided by our reviewers’ expertise, which of the proposed studies will be the best way to fulfill Miss Donaghue’s purpose.

“We’re often asked “What does Donaghue mean by ‘research?’”

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

Lynne Garner, PhD  
President and Trustee



## Ask the Trustees

### How does Donaghue decide the topic of its grant programs?

**W**e acknowledge that from a distance the different topics of Donaghue's grant programs may make one wonder if a dart board is used in our planning. (It's not.) Although the specific content of the programs differ, they all start out at the same point: Ethel Donaghue's purpose of providing financial assistance for medical research that promotes knowledge of practical benefit to improve health.

A significant part of the background research for each program comes from the interactions of staff and trustees with other funders, our advisers, colleagues in similar organizations, and reading about current research. However, the programs are also shaped by the realities of our finances and by the methods used in previous grant programs that we've found useful in tightening the link between creating and using evidence.

Let's take one program, *Another Look — Better Health for Elders in Care Facilities*, and walk through our process of how we determined the content and structure of that program.

The background for this program is our retrenched spending during and following the recession. In 2010, 2011 and 2012, we spent less than \$250,000 each year in new grant awards while honoring our existing grant commitments. By 2013, we felt we could (and we were eager to!)

spend more, but we still wanted to keep the overall cost relatively low to continue rebuilding the Foundation's assets. Therefore, we wanted to develop a new program that would fund needed research but within a smaller per grant amount than had been done in the past. Several years ago we had a conversation with one of our grantees about the ethics of data collection and what some see as an overabundance of resources spent on collecting data that may be used for only one study. Could we bring a higher value to Donaghue's research spending by emphasizing the use of existing data? This intrigued us, though we recognized that if we required that existing data be used we would have to focus on a topic that could be supported by significant sources of available data.

Knowing that we would be expanding new grant funding, we began a series of conversations in the summer of 2013 with healthcare providers, health system directors, payers, and policy makers on how research influenced their work and what they felt was needed from research to improve health. We heard a consistent message that new knowledge was needed to improve healthcare delivery — not new treatments, per se, but better ways to use existing prevention and treatment processes.

Given what we heard in those conversations, we decided that one way to make sure that the knowledge created could be maximally useful

to those responsible for healthcare delivery is to require applicants to have a stakeholder organization to assist them in shaping the research question. Having seen this occur with some of our recent grantees in the Program for Research Leadership as they worked with their partnership organizations and with our familiarity with PCORI's experience with requiring stakeholders in the research process, we believed this would be a positive element.

Bringing these ideas together — using existing data, incorporating stakeholder organizations for partnering, and aiming for near-term improvement in one field of healthcare delivery — what topic would be suitable? Having supported geriatric research as part of Donaghue's past grants, it was an easy step to consider elder health as a domain. After several interviews with both research and policy experts in this field, we were convinced that it met our other criteria and, more important, it confirmed that it would serve an important ongoing need to improve quality of care and quality of life in care facilities.

Since then, we've funded nine studies in the *Another Look* program, and this year we're planning on doubling our investment with about \$1 million for approximately eight new studies.

This is just one example, but hopefully it gives the picture of the several sources of ideas and past Donaghue experience coming together to shape one of our current grant programs.

## Donaghue Welcomes New Policy Advisers

**A**t the beginning of each year, Donaghue welcomes new policy advisers to start their four-year term. We are excited to have the following individuals join the committee:



**Carol Buckheit** is Director of Communication for the College of Education, Nursing and Health Professions at the University of Hartford. She has also managed

communications for Connecticut's Legislative Commission on Aging and web and social media endeavors for the Hartford Foundation for Public Giving. Her business, Nonprofit MediaWorks, provides strategic communications planning and training, grassroots advocacy, public relations, and social media consulting to nonprofits and small businesses.



**Katie Martin, PhD**, is Assistant Professor of Nutrition and Public Health at the University of Saint Joseph, where she is serving as the school's first director of their bachelor degree program in public health. Before her appointment to the University of Saint Joseph, she was on the faculty of the University of Connecticut's Department of Allied Health. In 2007 and 2008, Dr. Martin was a Donaghue grant recipient.



**Patrick McKenna, AIA**, is an architect and the Project Manager at Community Solution's Northeast Hartford Partnership, where he is responsible for the real estate development activities of the property that was formerly the M. Smith & Sons gold leafing factory. He is the co-founder of Architecture for Humanity in New Haven and the chair of the building committee of the local Habitat for Humanity.

**Patrick McKenna, AIA**, is an architect and the Project Manager at Community Solution's Northeast Hartford Partnership, where he is responsible for the real estate

Later this year, we will again add to the membership of the Policy Advisory Committee with the inclusion of two students. Our goal in adding these student members is to expand the Policy Advisers' discussion by adding the perspectives of those who are preparing for careers in medical research or healthcare delivery. We also hope that membership on this committee will offer insights to students about the challenges faced by philanthropic funders and the role of policy advisers. Each of the students will be matched with one of our experienced committee members to provide them with an orientation before the first meeting and ongoing support, as desired, subsequently. Although our other members have a four-years term, we believe that a two-year term would be most beneficial for our student members.

The purpose of Donaghue's Policy Advisory Committee is to have a standing group of individuals from various perspectives related to health care, philanthropy, or medical research to consider policy and program issues that are before the Foundation. This is strictly a policy advisory committee – it doesn't provide any review of grant applications and it doesn't vote on any action for the Foundation to take.

# Linking Evidence and Practice Portfolio

Last year, Donaghue announced a new program that complements its research grant funding. The Linking Evidence and Practice Portfolio is designed to help Donaghue fulfill its mission to fund research that will be of practical benefit in improving health by focusing on supporting opportunities that connect research evidence creators with healthcare policy, health systems and practice leaders.

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

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

Since the start of 2014, the following support has been provided by Donaghue through its Linking Evidence and Practice Portfolio:

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

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

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

**Connecticut Council for Philanthropy**  
*Mobilizing a Multi-Sector Approach to a Healthier America*  
 Donaghue partnered with the Connecticut Council for Philanthropy and the Connecticut Association of Nonprofits to join colleagues



Members of the “Reform to Transform Forum on Empowering Consumers” panel along with the meeting sponsors.

from the philanthropic, nonprofit and academic sectors in a discussion on *The American Health Care Paradox: Why Spending More is Getting Us Less* by Elizabeth H. Bradley, PhD and Lauren A. Taylor, MPH.  
**\$2,600**

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

**Health Research Alliance**  
*2015 New Frontiers in Science Distinguished Lectureship Program at the Food and Drug Administrative*  
 Along with the Burroughs Wellcome Trust and the Juvenile Diabetes Research Foundation, Donaghue contributed to the this program that aims to strengthen scientific expertise at the FDA and to foster interactions between the scientific community and the FDA by bringing outstanding scientific leaders to the FDA for short periods to serve as Distinguished Lecturers.  
**\$5,000**

**Northern Connecticut Black Nurses Association**  
*2014 and 2015 Annual Scholarship Luncheon*  
 This funding supported an annual conference that focuses on developing emerging leaders and connecting research to improve the health and health care practice environments.  
**\$2,150**

**Yale University School of Medicine, Department of Psychiatry**

*Neuroscience 2014: A Symposium of New Treatments for Mental Illness – From Emergence to Recovery*

This free conference was for all who work with people with mental illness and to mental health consumers and their families. The conference featured presentations of research on mental illness that were directed toward a lay audience, with plenty of time allowed for questions from the audience. The conference is sponsored by Yale Department of Psychiatry, Connecticut Department of Mental Health and Addiction Services, and NAMI (National Alliance of Mentally Illness) Connecticut.  
**\$7,500**

**Yale University School of Public Health**  
*InnovateHealth Yale Mentorship Program*  
 The mentorship program supports Yale School of Public Health students who are focused on using the principles of entrepreneurship and innovation to promote health and prevent disease.  
**\$5,000**

**Yale University**  
*Healthcare Conference 2015*  
 The Yale Healthcare Conference is a joint effort between the Yale School of Management and the Health Professional Schools at Yale University that brings together professionals, scholars, and students to engage in an instructive conversation concerning current healthcare issues. The theme for this year’s conference is “Optimizing Healthcare Outcomes: Translating Information into Innovation.”  
**\$3,000**



# Infographic

## on Non-Profit Research Funding

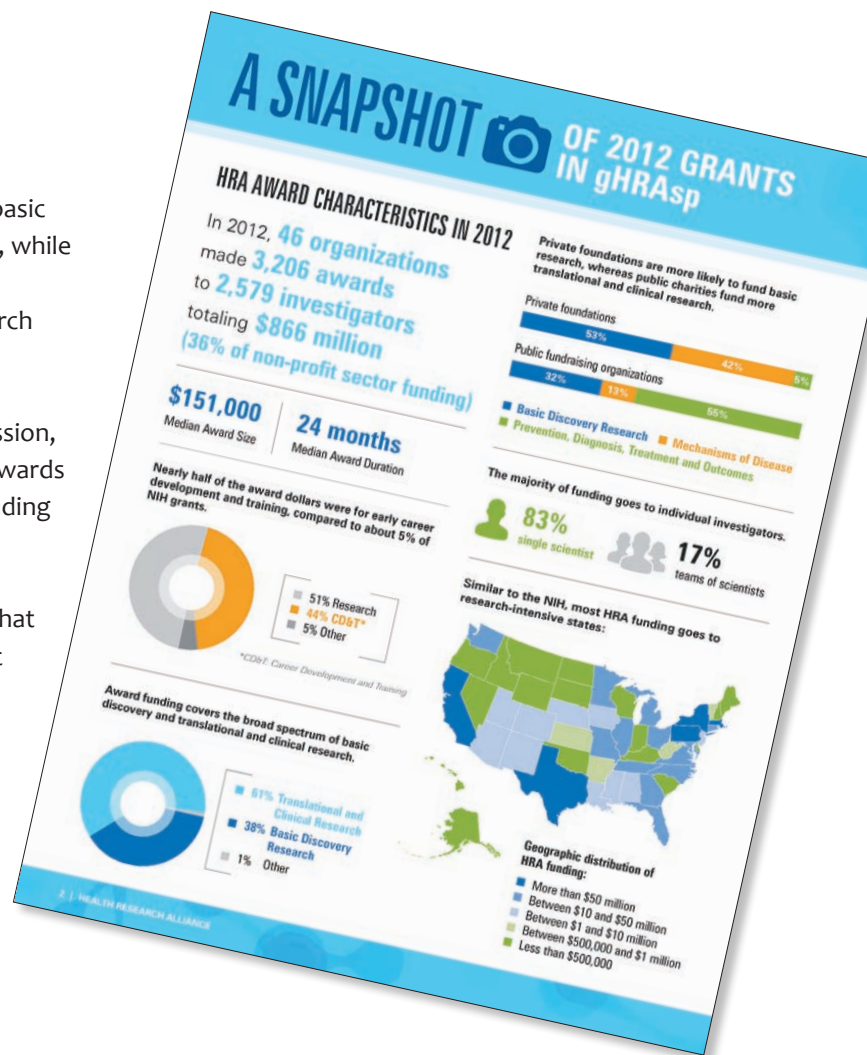
For the first time, aggregated data showing the scope and role of non-profit biomedical research funders is available. This report summarizes data in Grants in the Health Research Alliance Shared Portfolio (gHRAsp) database. The data is report to gHRAsp by Health Research Alliance member organizations, and this report summarizes data on awards from 2006 to 2012.

Some of the information presented in the report includes:

- About 36% of the non-profit sector is represented by these awards (In 2012 HRA had 46 members organizations; it now has 62 members.)
- Nearly half of the funding was for early career development and training as compared to about 5% of NIH grants.

- Private funders funded more basic research (53% of their awards), while public charities funded more translational and clinical research (55% of their awards).
- Following the 2008-2009 recession, HRA members reduced they awards by 34%, but then increased funding by 26% from 2010 to 2012.
- Research America! estimates that private foundations and public charities represent \$2.4 billion of the \$130.4 billion spend for biomedical research in the U.S. (data from 2012).

The four-page infographic report can be downloaded from [healthra.org](http://healthra.org).



# CCWC Summit

On a Saturday morning this March, more than 80 healthcare providers, payers, and policymakers attended the Connecticut Choosing Wisely Collaborative Summit at the North Haven Campus of Quinnipiac University. The goal of the summit was to engage the healthcare provider community and patients in promoting adoption of Choosing Wisely® in Connecticut to improve health care practice and culture. Choosing

Wisely® is an initiative of the ABIM Foundation to start conversations between providers and patients and to make sure that the right care is delivered at the right time. Over 70 medical specialties have contributed to the initiative since it began in 2012. Consumer Reports has partnered with the ABIM Foundation to develop and disseminate materials related to Choosing Wisely® to patients.

Representatives from two successful Choosing Wisely® campaigns in Maine and throughout the Vanderbilt Healthcare System in Nashville Tennessee were the keynote speakers.

Following the keynote sessions, participants had an opportunity for more in-depth discussions related to activating and supporting Choosing Wisely® in the following settings: in communities; training and education programs for health professionals, in health systems, promoting conversations at the point of care, and supporting initiatives in the workplace

The Connecticut Choosing Wisely Collaborative Leadership Council which sponsored the Summit includes representatives from Access Health CT, Connecticut Business Group on



Lynne Garner and Sandra Czunas at CCWC Summit. Lynne and Sandra worked together at the Connecticut Office of Health Care Access but hadn't seen each other before the Summit.

Health, Connecticut Center for Primary Care, Connecticut Health Foundation, Donaghue Foundation, Office of the HealthCare Advocate, Qualidigm, and Universal Health Care Foundation. Based on feedback from the Summit participants, the Leadership Council will be planning future initiatives to help consumer/patient groups and health care organizations interested in implementing Choosing Wisely®.





# April 29 Discussion on **Getting to Better Health: Connecting Care and Community**

On Wednesday, April 29, from 8:00 AM to Noon, Universal Health Care Foundation of Connecticut will host a half-day discussion of improving health through a multi-sector approach.

Although most health reform is focused on achieving affordable access to improve health, evidence shows that social and economic factors such as housing, employment and healthy food options have a greater impact on health than clinical care.

Elizabeth M. Bradley, PhD, Donaghue grantee and Professor at Yale School of Public Health, and Jenny Samuelson, MS, Assistant Director of Vermont's Blueprint for Health, will be the speakers. Bradley is also co-author of *The American Health Care Paradox: Why spending More Is Getting Us Less*. After Bradley and Samuelson speak, there will be panel of local experts to discuss implementation of these reform principles.

The meeting will be at Quinnipiac University, North Haven Campus. For more information and registration details, go to [bit.ly/uhcfevents](http://bit.ly/uhcfevents).



Elizabeth M. Bradley, PhD, Donaghue grantee and Professor at Yale School of Public Health



Jenny Samuelson, MS, Assistant Director of Vermont's Blueprint for Health

## subhead — continued from page 1

- Demonstrating strategies to discover, highlight and resolve structural dysfunctions or inefficiencies between healthcare settings
- Developing methods to measure value in health care

**Eligibility:** This program is open to investigators at tax-exempt research institutions in the United States.

**Funding amount:** Donaghue plans to fund three projects with a maximum of \$600,000 per award plus a 10% indirect rate in 2015, 2016 and 2017 for a total of nine projects and \$5,940,000.

**Grant duration:** Investigator may choose either a three, four or five year project.

**Due dates:** Letters of intent are due May 1, 2015; requested applications are due July 30, 2015.

## R3 – Making Research Relevant and Ready

**R3** recognizes that expertise from disciplines outside those traditionally eligible for research funding is needed for scaling, dissemination, and sustainability of evidence-based programs and practices. It is our goal to provide researchers with financial support to access those experts, thus better positioning the health interventions to grow and be sustained following the completion of the research phase.

In order to receive the R3 award, the applicant must demonstrate how previous Donaghue funding has directly led to the intervention or evidence-based practice or program for which the grant monies will be used. R3 grantees may use this award to augment funding for a project already funded by another grant.

The R3 award will support the grantees and the experts with whom they contract to undertake the specific project proposed in the application. The nature of the funded projects may vary widely; however, to be considered, the outcomes of all funded projects should result in the grantees and their teams gaining insight and/or tools that will make their research-based intervention, program, or practice more sustainable and replicable, and therefore more likely to have a positive health impact.

Donaghue has already provided nine R3 awards to former Donaghue grantees.

The following kinds of activities will be considered for funding through the R3 award:

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

**Eligibility:** This program is open to current or former Donaghue grantees including grantees in programs sponsored or co-funded by the Donaghue Foundation

**Funding amount:** Donaghue hopes to fund four projects at \$50,000 per project plus a 10% indirect rate.

**Grant duration:** Up to 18 months.

**Due dates:** Letters of intent are due April 22, 2015; requested applications are due June 15, 2015.

**Detailed information about all three programs is available at [Donaghue.org](http://Donaghue.org)**

Please keep in mind that Donaghue uses a blinded review process at the letter of intent stage for the Another Look and Greater Value Portfolio programs, so all inquiries regarding these two programs may only be sent to Stacy Cloud ([cloud@donaghue.org](mailto:cloud@donaghue.org)).

# Donaghue Working with Others for Engaged Research

In February, Donaghue President Lynne Garner participated in a PCORI “Engagement in Research Roundtable” in Washington, D.C. About two dozen individuals from non-profit research funders, government agencies, and industry met for two days to share promising practices in patient and stakeholder engagement in the evaluation of grant applications and the conduct of research. Also discussed were ways to identify and evaluate strategies for building the evidence base for engagement in research.

What does engagement in the conduct of research really look like and how can organizations committed to it assess and continue to improve their efforts were the major topics on the agenda.

Since 2007, Donaghue has included stakeholders in its science review process for grant applications. Called “knowledge uptake reviewers,” their role is to impart the experience of those who work in organizations that provide healthcare or are focused on improving health into the discussion of the ultimate utility of the proposed research projects. In one Donaghue grant program, the Program for Research Leadership, applicants were required to write a four-year “knowledge uptake” plan that described activities to be done concurrently with their research. The plan was meant to help investigators consider how their research findings may be translated into the next phase, whether it is a more refined research question, clinical practice, public health campaign, policy initiative or other avenues.

“Participating in the roundtable allowed me to learn the different methods that funders use to incorporate patients and stakeholders into their research process,” said Garner. “The discussion showed that there’s no one ‘right’ way to do this, and that many funders

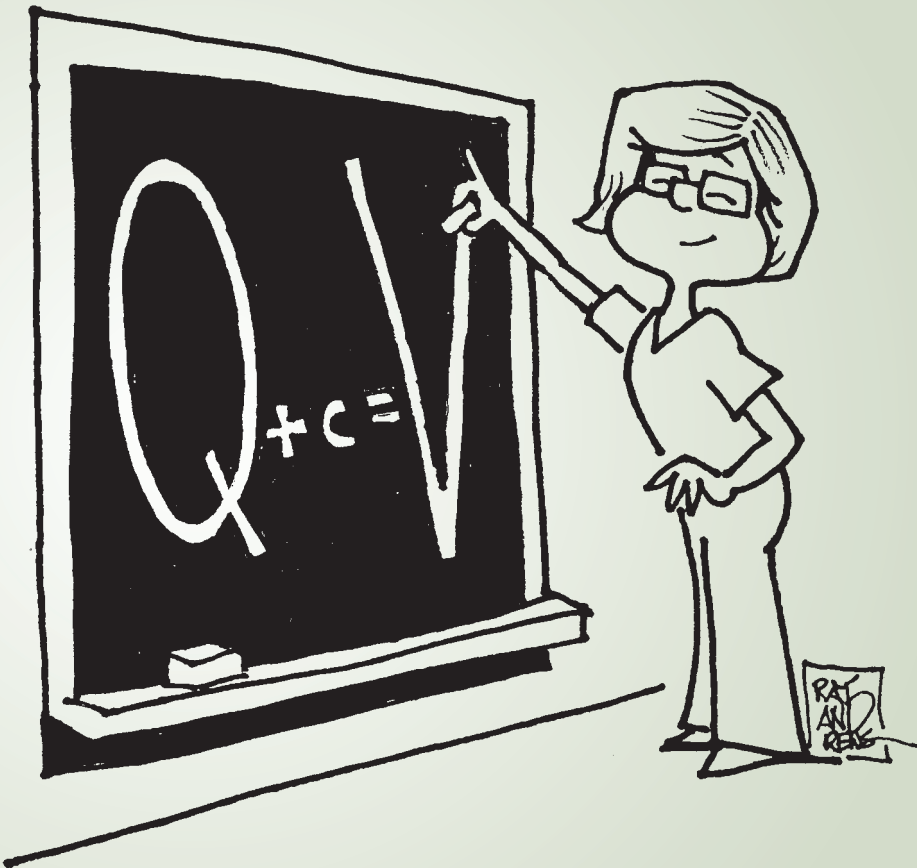
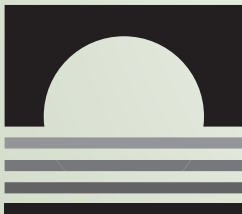


“Participating in the roundtable allowed me to learn the different methods that funders use to incorporate patients and stakeholders into their research process.”

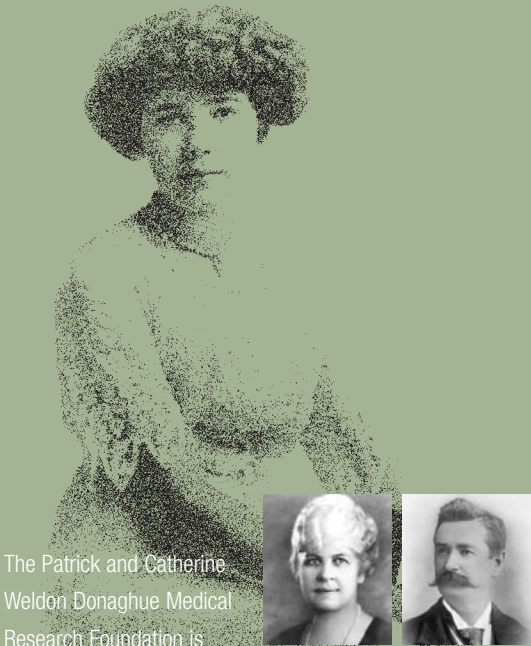
are working toward the goal of incorporating promising practices that will ultimate improve the research that they fund.”

## Donaghue Dictionary “value”

Donaghue values value — which is to say that the Donaghue Foundation places a premium on the discovery and implementation of health solutions that are not only clinically effective but also cost effective. Quality, in and of itself, is not enough — the quality should come at reasonable cost so as to be readily accessible to people. Desired quality at acceptable cost equals value.







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

Spring 2015 *Practically Speaking* The Patrick and Catherine Weldon Donaghue Medical Research Foundation

# Elizabeth Park Summer Concert Series

In addition to establishing the medical research foundation, Ethel Donaghue created a trust to benefit Elizabeth Park. For decades, she lived just a block from the park in West Hartford, and we imagine that she, like so many others, spent many hours enjoying the gardens. And maybe if there was a summer concert series during the years that she lived there, she might have walked down to enjoy the music, too.



*This year's Elizabeth Park Summer Concert Series will feature the following bands:*

July 1	First Company Governor's Foot Guard Band
July 8	LaTanya Farrell
July 15	Eight to the Bar
July 22	MassConnFusion
July 29	Mighty Soul Drivers
August 5	Goza
August 12	Locomotion

The concerts begin at 6:30 pm. If it's raining on one of the scheduled concert dates, the concert will be held on the day. If it also rains on that next Thursday, the concert will be held in the Pond House.

